In the summer of 2009, I went on holiday to southern Cádiz (Spain), close to Gibraltar, together with Raquel, my partner at the time. There I met her parents, and Tita Meme (her grandma’s sister, who had been for her the closest thing to a grandmother). They all knew that since late 2007 I had been working on my PhD, an ethnographic study of how telecare services – which had spread all over Spain as part of the public social services portfolio – might entail a change in formal and informal practices of care for older people. In fact, on many occasions they reminded me that Tita Meme, a very lively and vigorous older woman herself, was also a telecare user. Hence, I ended up interviewing her in her flat, where she lived with the only company of Jacky, a nervous little dog, constantly barking and sniffing everything.

By then, I had spent more than seven months following different workers of a telecare service in Madrid (providing support at a distance through a series of information technologies, comprising ‘social alarm’ pendants to call for help through a gadget, terminal or hub installed in the house; also, they were prototyping other technologies, such as video assistance and home sensors to monitor older people in their homes). Accompanying social workers or emergency phone operators and, mainly, the installation, maintenance and repair technicians daily, I had been going in and out of many older people’s homes. Hence, I had witnessed all kinds of material-technical and emotional issues in dealing with how a new gadget irrupts in established modes of dwelling, changing older people’s perceptions of their autonomy, as well as the ways in which people wanted to take care and be taken care of.
In the very enjoyable interview I had with her, Tita Meme told me she only had the pendant in case of an emergency, and that she was not usually wearing it (in fact, it was usually placed on her bedside table). The main reason she gave, joking the whole time, was that if she fell, she would ask for help, dragging herself across the floor if needed. She even jokingly called some of her friends who also have telecare ‘chickens’ (cagonas) as she argued they are always afraid something might happen to them. She argued that she wishes to continue living in the flat where she has lived most of her life, and was not planning on moving anywhere (not to a residential

Figure S3.1. Tita Meme posing with her telecare pendant (picture taken with permission by the author in August 2009).
facility, and definitely not to her niece’s house). In fact, she also told me, it had been her niece (Raquel’s mother) who had pushed her to request the service, as there was a worry in the family that something might happen to her: her small dog Jacky could easily trip her up, or because she was already

Figure S3.2. The pendant in its usual place, on top of Tita Meme’s bedside table (picture taken with permission by the author in August 2009).
Tomás Sánchez Criado

an aged person (eighty-five at the time) she could develop any sort of complex condition, limiting her movements at any time. Telecare, hence, was giving Tita Meme’s relatives a certain peace of mind, while at the same time ‘supporting her autonomy’ (as the services frequently advertise).

A few weeks later, I returned alone to Madrid. One day Raquel called me and told me an intriguing story. Apparently, the telecare service had been trying to contact Tita Meme via their regular phone checks for several weeks, but were met with a puzzling female voice at the other end of the phone, stating ‘La señora no está’ (the lady is not here) and abruptly hanging up the phone. Telecare workers were astonished, as no record in their databases showed that Tita Meme had anyone working for or living with her. They demanded to know whether this was the case (mainly so they could have the phone number of that person, and register her as a ‘contact’). As it turned out, after Raquel’s parents became involved in dealing with the situation, it had been Tita Meme herself who had replied to those calls, resulting in a quite hilarious family drama: why was she answering the service in this way? Why wasn’t she wearing the pendant at all times, as the service requested? Tita Meme replied to all these questions that she was fit, and that whenever she felt something was not working, she would of course use the pendant.

This tension (which continued for a long time afterwards) proved very interesting food for thought, since in behaving like this Tita Meme was testing the limits of telecare services as such. Telecare services have to constantly monitor not only the technical equipment, but also the contractual borders of the service (made up of particular behaviours by the users and the people nearby whom they have defined as ‘contacts’, who should be activated in case there is a need, for example, to open the doors of the flat). In this regard, the work of these services’ operators, technicians and social workers is to repair the service. Repair has indeed been addressed in the growing body of literature in the social sciences either as a restoration of social order (Henke 1999) or as a form of care for fragile things (Denis and Pontille 2015). But in Tita Meme’s case, repair mainly addresses the ‘flesh and bones’ side of it, not a restorative form of medical rehabilitation, but a constant restoration of a web of embodied, legal and technical practices so that she could be considered a user of a service, and, hence, for the service to ‘tele-care’ for Tita Meme in meaningful ways.

Telecare is a biopolitical strategy for older people, premised upon constant self-screening and monitoring activities. This requires that older users always practise themselves as beings potentially in danger, according to each individual’s bodily and environmental proclivities and vulnerabilities (from having a chronic illness or a particularly dangerous condition to being at risk because of loneliness). However, Tita Meme rather unfolded as
an intermittent user: now she took the pendant and put it around her neck, now she didn’t; now she felt insecure and bad, and placed the pendant on her bedside table, now she forgot. These behaviours caused multiple problems, since for telecare companies to be able to provide their service, a certain ‘continuity of the (tele)cares’ is needed. In fact, all providers struggle in connecting the dots, the intervals, the segments of any gap in the functioning of such a complex legal, technical and behavioural ecology. And they engage in a constant supervision of what might put the service in jeopardy, since this is what makes them able to respond and provide immediate care, should it be needed (López and Domènech 2008).

Are these activities of the telecare providers a form of repair of a broken social order, or instead its technical support? In my view, what the service workers and Tita Meme’s relatives were together doing was maintaining an *infrastructure of usership* (Sánchez Criado et al. 2014), that is, creating and ensuring the conditions for (tele)care to happen or take place in compliance with contractual terms. Rather than as a form of ‘re-instauration’ (going back to square one, revitalising and polishing in practice the terms of the contract), this form of repair that I call ‘underpinning’ entails going with the flow, and acting thereon. For Tita Meme to be a user (indeed, she could be rejected from the service because of a breach of contract), and for that to be meaningful in her care as a woman living alone in her flat, with her little dog, she has to be constantly dammed like an overflowing river. In these underpinning efforts, it not only matters what the telecare provider, relatives or contacts do to ensure that Tita Meme keeps acting as a user, but also what she herself does. Thus, underpinning could be described as a form of repair that addresses habits as things going beyond the skin, in and through different mediators that connect uneven events and places. To underpin, hence, is to ensure on the go that a certain topology of habit – a *habitality* (López and Sánchez Criado 2009) – can take place; or, to put it briefly, that Tita Meme is held in her own way of practising herself as a telecare user, whatever may happen, and in case anything happens. . .

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**Note**

References


