

Summary: 'Autonomy and automation in an information society for all'

The research project 'Autonomy and automation in an information society for all' (A3: 2009 - 2014) had as its objectives

- 1) to contribute to new understandings of how digital automation processes in the public services sector interact with the autonomy needs of the users of these services, and the effects of these interactions on the inclusive information society, and
- 2) to develop new designs for public sector services that support flexible configurations of digital automation and human autonomy.

The project is organized as three cases, each focusing on one kind of public service and the effects that a digitizing of that service has on the citizens' autonomy. Furthermore, the project has suggested alternative solutions that may improve the space for action of the citizens.

The project has focused on the digitizing of public services, i.e., use of IT for automating tasks and decisions that are included in such services. The project has investigated if and how citizens make use of automatized services where IT is a part of the usage. The project has defined autonomy as the experience of having a space for action, where both humans and technologies can contribute to increasing the space for action. Autonomy is hence seen as something relational and situated.

In case A the project has collaborated with the tax authorities and carried out a study of the Tax Information Call Centre (SOL): who calls and why? What do the callers ask? Tax is a public service that no citizens can choose not to use. To many of us tax is a fully automated service, and many citizens feel that the automation has increased their autonomy. However, SOL receives more than two million telephone calls every year, and we have tried to find out why. It turns out that very often the tax itself is not so difficult, but rather happenings in life (e.g., to have a baby, change work) that influences citizens' tax. It is not so easy to find out where in the tax system one's situation fits. Many citizens do not meet the preconditions for using the service: they lack e.g., net access, pin code. Many people call to confirm that they did the right thing. SOL delivers good public service when diagnosing the problem and helping the caller to do the next step. When SOL does more than the rules recommend they increase the callers' autonomy. Guri Verne has been responsible for this case.

Case B is about accessibility of patient information on the net. From 2013 the project has collaborated with the Ahus hospital on design of digital services for chronically seriously ill young patients. The project has studied examples of social media designed by hospitals (Upopolis in Canada) and also how patient information is shared through social media (PatientsLikeMe etc.). The transition from child to adult patient creates problems for young patients. The project has therefore developed a transition app for youth in this situation. The app was developed in collaboration with young patients at Ahus, and has been a freely accessible pilot system (see <http://www.kulu.no>). The Kulu app emphasizes

privacy as an important aspect of patient autonomy. The responsible researcher for this case has been Maja van der Velden.

Case C is about what happens when health care services move to the home. This case is a collaboration with Oslo Municipality on evaluation of their procurement of 'welfare technologies' in their Care+ apartment housing. The Care+ concept includes small rental apartments, 24/7 staffed reception, café that serves dinner every day, activity centre for elderly people, gym, etc. In the newly built Kampen Care+ (with 92 apartments, 104 residents) welfare technology was installed in December 2012, and we have evaluated the technical solution. We have also collaborated with the homecare services in Gamle Oslo district on designing technical solutions that make possible a renewal of the home care services. We found that the existing solutions do not function very well and developed alternative technical solutions together with employees and residents at Kampen Care+. Our studies of current practices have contributed to the requirements specification for the next round of welfare technology. The responsible for this case has been Sisse Finken.

The three cases show different ways that digital automation interplays with the autonomy of the citizens, and this interplay changes over time. 'Invisible' automatic systems can prevent users in using the services because they do not understand what they should do. Digital competence is only one aspect of the competencies needed for using digital public services. The services are often presented as simple but are experienced as difficult and complex – often because they are based on unrealistic assumptions about the users' competencies. By involving users the A3 project has developed prototypes of new and alternative designs for public services that can expand citizens' autonomy. Tone Bratteteig was the project leader.