Empowering frail older people through ICT: lessons from the CARICT and INNOVAGE projects

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Contents of presentation

1. The needs of frail older people from a participatory perspective

2. Can ICT help? Results from the CARICT project

3. Setting common standards for support services across Europe: the INNOVAGE project
For which tasks do frail older people need help? (%)

- **DOMESTIC CARE**
- **CARE ORGANISATION**
- **SOCIAL / EMOTIONAL SUPPORT**
- **HEALTH CARE**
- **TRANSPORTATION**
- **PERSONAL CARE**
- **FINANCIAL SUPPORT**

Current help is insufficient for fully dependent older people.
Who provides help for **domestic care** (%)?
Who provides help for social/emotional needs? (%)

- Sweden
- Italy
- Germany
- UK
- Greece
- Poland

Legend:
- Green: formal services only
- Blue: both
- Orange: family only
Who provides help for transportation? (%)

- **Sweden**: 40% formal services only, 60% family only
- **Germany**: 30% formal services only, 70% family only
- **Italy**: 20% formal services only, 80% family only
- **UK**: 10% formal services only, 90% family only
- **Greece**: 5% formal services only, 95% family only
- **Poland**: 10% formal services only, 90% family only

Legend:
- **Green**: formal services only
- **Blue**: both
- **Orange**: family only
Main difficulties experienced by users in accessing care services or supports in Europe

- Bureaucracy: 14%
- High costs: 14%
- Lack of information: 10%
- Distance/lack of transports: 8%
- Long waiting lists: 7%
- Poor quality of services: 7%
- Limited opening hours: 6%
- Lack of services: 4%
- Other reasons: 30%

Source: Lamura et al. 2008
Most important service characteristics (%)

Help is available when you need it most

Care workers treat elder with dignity and respect

Care workers are skilled

Help arrives at the time it is promised

Help improves elder’s quality of life

Help provided is not too expensive

Help fits in with your own routines

Help focuses on needs of both carer and elder

Help is available when you need it most

Care workers treat elder with dignity and respect
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Data collection (in 12 EU countries):
- Secondary data (literature review, presentations, project reports, online data bases etc.)
- Primary data (expert interviews per care regime)

Inclusion criteria (53 out of 76 chosen):
- Cases beyond pilot status
- Min. 3 per country (if possible)
- Diversity across countries, diseases & disabilities

Cross-analysis: Based on case study reports including quantitative and qualitative information

Limit: database is not representative!
Informal Carer

Migrant Care Worker

Training, information, linguistic help

Care assistant

Social Inclusion

Self-help Groups

Social participation

Work

Friends & Civic Engagement

Family

Social integration

Work reconciliation

Organiisation of groups

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Informal Carer

Supply & demand

Respite, counselling & psychological support

Family support

Family

Linguistic support

E-learning

improving knowledge and skills of the carer via web

Care Quality

Care Recipient

Care

Training, information, linguistic help

Web-based information services

accessing information on the web certified by experts and professionals

Self-help Groups

Organisation of groups
• **Websites for matching supply and demand of care workers**
  improving the opportunities for family carers and migrant care workers to satisfy their needs

• **Counselling services via web**
  personal support (e.g. emotional and psychological) provided to carers by professionals via web
Social Inclusion

- **On-line fora**
  - communities for mutual support and experience exchange among carers

- **Tele-work**
  - opportunity for carers to work at home without leaving the older person alone

- **Social networks**
  - enabling social participation and integration through new media devices

- **Social alarm**
  - relieving the carer from the constant presence at home

**Informal Carer**

- **Self-help Groups**
  - Organisation of groups

- **Work**
  - Work reconciliation
  - Telework

- **Friends & Civic Engagement**
  - Respite

- **Family**
  - Family support
  - Self-help Groups

- **Linguistic support**

- **Organisation of groups**

**Care assistant**

- Care

**Formal Care Provider**

**Care Recipient**
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Project Partners

1. University of Sheffield, UK (Coordinator)
2. Lund University, SE
3. Heidelberg University, DE
4. Newcastle University, UK
5. National Institute of Health and Science on Ageing (INRCA), IT
6. Age Platform Europe, BE
7. Eurocarers, LU
8. Sheffield Hallam University, UK
9. Latvian Council of Science, LT

WP 3
ICT-based social support for Carers of Older People

WP 2
User-driven Housing for Older People

WP 1
Increasing Healthy Life Expectancy

WP 4
Improving Obesity Related Outcomes in Old Age

WP 5
Long-term Care in Motion

innovAge
SOCIAL INNOVATIONS PROMOTING ACTIVE AND HEALTHY AGEING
A multilingual web platform of support services for informal carers, care professionals and employers

INRCA and EUROCARERS have developed as INNOVAGE partners a web-platform addressing informal carers’ needs, to be implemented from next May 2015 in 27 EU member states, with both common and national-specific services, in both static and interactive format.

Two additional sections of the platform will address, only for specific countries, the target groups of “care professionals” and of “employers of working carers”
Structure of static information for carers

- Information on illnesses and care management
- Available care and support services
- Psychological support - consultation
- Information on taking care of yourself
- Work and care reconciliation
- Family and care reconciliation
- Legal aspects
- Financial aspects
- Good Practices
- Emergency services

Caring for an older person

Your own needs as a carer

Support by the state

How to get Help

Dementia

Age is the most important known risk factor for Alzheimer’s disease, considering that the incidence increases as age increases. Several studies conclude that disease occurs more frequently in the females. However, these findings should be interpreted with caution and researchers should investigate the influence of biological parameters between the two sexes. Genetic factors are another known risk factor. Researchers have identified pre-disposing genes that contribute to the onset of Alzheimer’s disease. The most widely studied gene that has been confirmed by a large amount of researches is the Apolipoprotein E (ApoE). This gene is located on chromosome 19 and specifically the form 4 is found in 40-80% of all patients with Alzheimer’s disease.

The factors mentioned above cannot be controlled nor changed, as have a genetic basis. However there are factors that depend on lifestyle of the individual, which we can control and as a result we can reduce the risk of disease. The vascular risk factors such as diabetes, hypertension, high cholesterol, are associated with dementia. Studies show that hyperglycaemia, cholesterol and blood pressure are associated with dementia in later life. The depression, anxiety disorders and an unbalanced diet are also risk factors, as indicated by the findings of epidemiological surveys.
Interactive services

- Email communication
- Social networking
- Video chat/video conferencing
- Forum
Ciao Francesco Barbabella!

Cosa c’è di nuovo

Pubblica Qualcosa...

Arianna Poli Ecco un articolo su Porte Aperte all’INRCA!

Una folla di visitatori per conoscere l’Inrca
ANCONA - La peggia notturna non ha fermato l’iniziativa ‘Porte aperte all’Inrca’ - oggi entrate nel vivo - tesa a far conoscere e visitare le tre sedi di Ancona della storica...

mar alle 11.21 - Mi piace - Commenta - Rimuovi - Condividi

Arianna Poli Buongiorno a tutti! ;)

mar alle 11.00 - Mi piace - Commenta - Rimuovi


mar alle 11.00 - Mi piace - Commenta - Rimuovi
Main benefits of platform (as highlighted by 3-country pilot)

- **Self-empowerment** and **awareness** of users concerning their role
- Possibility to receive **reliable information**, **advice** and **counselling**
- Accessible & **flexible tool** available whenever needed
- Sense of **solidarity** and **mutual learning** from each other’s experiences
- Platform felt as a **safe virtual environment**
- Acceptable level of **usability**
Main challenges

- **Low digital level of many carers**: need for training and continuous support
- **Passive behaviour in the platform**: need for carrying on adequate stimulation strategies
- **Low (or none) cultural and social recognition of their role**: need to improve self-awareness of what means being a carer to let their needs emerge
- **Technical problems**: need for improving some aspects related to compatibility with different operative systems and devices
Final remarks

- Possible strategies for promoting innovations and technology exploitation in countries with a low penetration of social innovations are:
  - A better national and international cooperation that would lead to knowledge exchange between European actors;
  - A better education of users and stakeholders concerning the potential benefits of social innovations (like ICTs in home care) at different level;
  - A systematic intervention for supporting non-profit organisations that provide (or aim to provide) ICT-based services, via new partnerships and new funding strategies based on impact assessment of initiatives.
Thank you!
1) for data on needs of and services for frail older people (section 1) refer to the homepage of the Eurofamcare project: http://www.uke.de/extern/eurofamcare/

2) for more information concerning the CARICT project (section 2) refer to: http://is.jrc.ec.europa.eu/pages/EAP/eInclusion/carers.pastprojectCARICT.html

3) for more information concerning the INNOVAGE project (section 3) refer to: http://www.innovage.group.shef.ac.uk/wp3.html