Impact assessment: lessons learnt from the analysis of 12 ICT based solutions for carers from the CARICT project

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IPTS research on ICT for domiciliary care

Exploratory research on ICT for carers (2008-09)

1) What **ICT** applications / tools are used to support **informal caregivers** of older people?
2) **Opportunities** and **barriers** for ICT use?
3) Potential **policy options**?

*Focus on informal caregivers in general, and in particular for *migrants***

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CARICT (2011)

1) how ICT can support the creation of a sufficient number of **available** (motivated) and **skilled informal caregivers** and family employed care workers?
2) how technology-enabled services can allow above caregivers to:
   - **better engage** with care recipient,
   - improve their **quality of life** and
   - improve **quality and efficiency of care**?

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Funded by DGCONNECT and JRC

Research team: IPTS and European Centre
Final Summary Policy Report:

Can Technology-based Services support Long-term Care Challenges in Home Care? Analysis of Evidence from Social Innovation Good Practices across the EU: CARICT Project Summary Report

Authors: Stephanie Carretero, James Stewart, Clara Centeno, Francesco Barbabella, Andrea Schmidt, Frédérique Lamontagne-Godwin, Giovanni Lamura

Publication date: 1/2013

Available at:
Research Methodology

Research methods:
1) Mapping of initiatives in 12 MS through a literature review
2) Development of an Multi-Level Impact Assessment Methodology
3) Cross-analysis of innovation processes and impact through interviews with initiative coordinators and documents analysis
4) Expert (June 2011) and policy (Nov 2011) validation workshops with 42 experts

EVALUATION OF:
Cross analysis of impact, success factors, drivers and challenges

European Center for Social Welfare policy and Research + 4 National research organisations: CIRCLE (UK), INRCA (IT), Institute of Sociology of Academy of Sciences (HU), Swedish National Family Care Competence Centre, and Eurocarers
1.- MAPPING

- **52 technologies to support care for the elderly**

  Independent living: sensors, alarms, GPS etc. systems for the older dependent.

  Carers don’t need to be at home: work and care balance

Information and learning: websites with information on carer tasks, help line and e-learning platforms for training and certification.

  Carers are informed and skills on care: care competences and professionals

Personal support and social integration: software for videoconference.

  Carers have social relationships and talk about their responsibility: satisfaction

Care coordination: websites to coordinate services

  Carers can coordinate the different care tasks: productivity
2.- IMPACT ANALYSIS
### 2. Impact Assessment Methodology - Dimensions

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Micro</th>
<th>Meso</th>
<th>Macro</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Quality of Life of Informal Carer</strong></td>
<td>reconciliation between care and work</td>
<td>E.g. Possibility to balance well care &amp; work activities</td>
<td>E.g. Efficiency at work</td>
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<tr>
<td></td>
<td>social life</td>
<td>E.g. Positive social contacts &amp; relationships</td>
<td>E.g. Reduction in family conflicts</td>
</tr>
<tr>
<td></td>
<td>other dimensions of quality of life (health, leisure etc.)</td>
<td>E.g. Psychophysical health &amp; life satisfaction</td>
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<tr>
<td><strong>2. Quality of Life of Paid Assistant</strong></td>
<td></td>
<td>E.g. Psychophysical health and independence level</td>
<td></td>
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<tr>
<td><strong>3. Quality of Life of Care Recipient</strong></td>
<td></td>
<td>E.g. Physical level; Psychological level; Independence level</td>
<td>E.g. Number of reported cases of abuse/neglect by family members</td>
</tr>
<tr>
<td><strong>4. Quality of Care provided by Informal Carer and Paid Assistant</strong></td>
<td></td>
<td>E.g. Improvement of caregiving activities by direct (e.g. training) or indirect (e.g. decreasing burden of carer) factors</td>
<td></td>
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<tr>
<td><strong>5. Care Efficiency &amp; Sustainability</strong></td>
<td>E.g. Care efficiency (in terms of quality and cost containment) and sustainability for care recipients and families</td>
<td>E.g. Efficiency and Sustainability for care providers</td>
<td>E.g. Efficiency and Sustainability for Social Protection and Care systems</td>
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<tr>
<td><strong>6. Acceptability</strong></td>
<td>E.g. Acceptability by carer and care recipient</td>
<td>E.g. Marketability of ICT devices (from ICT device producer point of view)</td>
<td>E.g. Resources of Care system to support ICT devices (e.g. public investments in ICT)</td>
</tr>
<tr>
<td><strong>7. Infrastructure &amp; Accessibility</strong></td>
<td>E.g. Accessibility of initiative by carers</td>
<td>E.g. Availability of services (from care provider point of view)</td>
<td>E.g. Availability of services (from system point of view)</td>
</tr>
</tbody>
</table>
ICT-based services provide benefits for health and life of informal carers and for the welfare system

**For informal carers**
- Better quality of life of informal carers: balance work and care, more social life and better health.
- Better quality of the care provided, with more skills and competences.
- Empowerment to provide care.
- Better e-skills.

**For elderly people**
- Better quality of life for older people: better and more care.
- Better e-skills.

**For welfare system**
- Savings: reduction in use of services
- Reduction of labour costs.
- Increase of the employability
## 2.- Impact analysis

<table>
<thead>
<tr>
<th>Services</th>
<th>Impacts on Informal Carer</th>
<th>Impacts of Older Person</th>
</tr>
</thead>
</table>
| ICT for Independent Living
Older person Also for carers | - hours of care
- eliminates the need for constant presence
+ peace of mind
- anxiety
+ health-related quality of life
+ reconciliation of care and work and family
+ social life
+ supports participation of other actors in care (family, volunteers) | + independent living & delay dependency (+ dignity)
+ health status
+ perception of safety
+ compliance in treatment
+ improved relation carer-older person |
3.- Challenges

...but challenges still exist to deploy and transfer these services:

- Deploy small scale running initiatives.
- Related with technology: useful to provide LTC?, digital competences, new forms of organisations.
- Informal carers to be recognised as co-providers of care and in need of care.
- **Scientific evidence on positive impact and cost-efficiency.**
- Business model.
3.- Conclusions: Key messages

1.- Social innovation for informal care is taking place. Existence of running, easy to use and successful initiatives of ICT based initiatives for domiciliary care across Europe:
   - Independent living: work and care balance/relevant tasks.
   - Information and learning: care competences.
   - Personal support: satisfaction.
   - Care coordination: productivity.

2.- Impact on
   - Quality of life.
   - Quality of the employment: More attractive.
   - Quality of Care.
   - Productivity.
   - Sustainability of the services and systems.
   - Job creation: direct and indirect

3.- Challenges still exist, more research needed in impact assessment. A first approach for a methodology is available from IPTS. Need to include structure and process evaluation to assure the transferability.
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IPTS available reports

- Long term care challenges in an Ageing Society: The role of ICT and Migrants – Results from a study on England, Germany, Italy and Spain (2010), integrates the results of the following reports:
  - The potential of ICT in supporting Domiciliary Care in England (2010)
  - The potential of ICT in supporting Domiciliary Care in Germany (2010)
  - The potential of ICT in supporting Domiciliary Care in Spain (2010)
  - The potential of ICT in supporting Immigrant Care Workers in Domiciliary Care in Italy (2010)

- CARICT: Analysis and Mapping of 52 ICT-based initiatives for caregivers, Deliverable 2.3 (2011)
- CARICT: Final report containing case-by-case detailed description and analysis of selected 12 Good practices (2012)

http://is.jrc.ec.europa.eu/pages/EAP/eInclusion.html
Thank you very much for your attention!

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