



European SeniorWatch Observatory and Inventory -
*A market study about the specific IST needs of older and disabled people
to guide industry, RTD and policy*

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OMNI

*Support for family care takers with the use of ICT
in The Netherlands.*

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Short Title

Project Co-ordinator: empirica

Communication and Technology Research
Oxfordstrasse 2
D-53111 Bonn
Phone:+49 (228) 985300
Fax: +49 (228) 98530-12
e-mail: seniorwatch@empirica.com
URL: <http://www.empirica.com/>

Partners:

WRC - Work Research Centre
1 Greenlea Drive
Dublin 6W
Ireland
Phone:+353 1 4927 042
Fax: +353 1 4927 046
e-mail: wrc@wrc-research.ie
URL: <http://www.wrc-research.ie/>

STAKES - National Research and Development Centre
for Welfare and Health
Siltasaarenkatu 18 A
Fin-00531 Helsinki
Phone:+358 9 39 671
Fax: +358 9 761 307
e-mail: asiakaspalvelu@stakes.fi
URL: <http://www.stakes.fi/>

EURAG - European Federation of the Elderly
Wielandgasse 9
A-8010 Graz
Phone:+43 316 81 46 08
Fax: +43 316 81 47 67
e-mail: eurag.europe@aon.at
URL: <http://www.eurag.ch/>

NPOE - The Netherlands Platform Older people and Europe
Christiaan Krammlaan 2-10
3500 AE Utrecht
The Netherlands
Phone:+31 (0)30 273 23 93
Fax: +31 (0)30 271 36 49
e-mail: npoe@seniorweb.nl
URL: <http://www.seniorweb.nl/>

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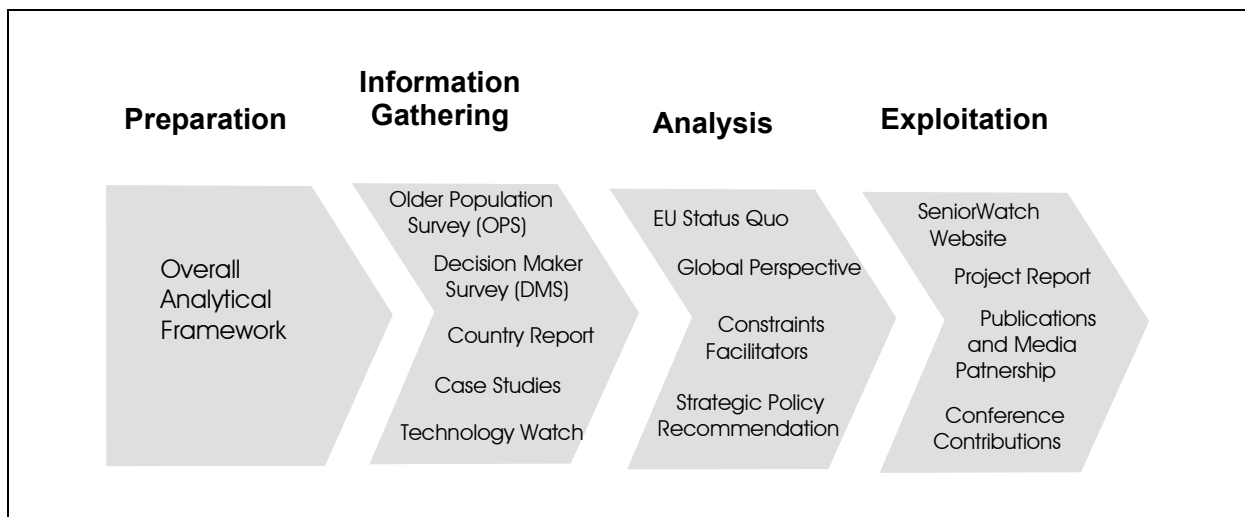
1 Introduction

The SeniorWatch project addresses the need to understand better and to monitor the market dynamics of Information Society Technologies (IST) applications and services targeted at older (and older disabled) citizens. Currently, there is insufficient empirical data about the needs of older citizens which could be met by IST-based applications and services, and a lack of awareness on the part of industry, users and politicians that hampers the rapid exploitation of new market opportunities arising from IST developments. In order to redress this state of affairs SeniorWatch will provide a European single source of empirical information on the market potential of IST-based products and services targeted at older people. The main objectives can be summarised as follows:

- to help and encourage European industry to address the market opportunities, and particularly challenge current competitive advantages of the US industries,
- to enable policy to really influence the current situation and to benchmark achievements between different European regions and countries and to make comparisons with competing world economies (Japan, US) most relevant to the field,
- to inform citizens about what is now possible with the support of IST and, thus, encourage them to demand IST products and services which meet their requirements.

As illustrated by Figure 1-1, these objectives require a comprehensive methodological approach to be applied. On the basis of an overall analytical framework, it integrates a set of complementary research methods such as European-wide surveys of older people and of decision makers in care services, best practice case studies, technology watch work shops and country reports. Synthesising the various types of empirical information gathered with help of these methods will finally enable the project to arrive at an holistic overview, to establish a technology and market observatory, and to derive policy recommendations to accelerate market development. Research results will be exploited by means of different measures.

Figure 1-1: The Project Phases of SeniorWatch



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As part of the project's overall methodological approach the SeniorWatch case studies aim at providing a useful source of information on how the IST-related needs of the target groups in question can adequately be served. They are also intended to help to understand - in a qualitative manner - more deeply specific aspects of the market situation related to IST

products and services relevant for older citizens. To allow a comparative analysis of real-life examples, a common approach for selecting and describing suitable cases was developed. The main selection criteria applied in this context include:

- suitability of the case to provide input to the overall understanding and analysis of the market for IST among older people;
- suitability of the case to serve as an example of a success story (or failure) that can guide and motivate others to take actions that will support the diffusion and take-up of IST by or for older people.

In the following the SeniorWatch case study no.14 is described.

2 OMNI Support for family care takers with the use of ICT in The Netherlands

2.1 Description

Family care plays an important and growing role in the health care in the Netherlands. It is assumed that over a million people are involved in giving family care, essentially by one of the partners or by the children if there is no partner anymore. The relevance of family care will grow as a result of:

- the ageing of the population
- trends towards autonomy and the desire to stay in one's own place (?)
- the transfer of professional help to the home under influence of cost reduction and shortage of personnel.

At the same time family carers have to confront the following problems:

- lack of relevant information and no easy entrance to this information on a wide variety of subjects (where to find what, available services, financial facilities etc.)
- the burden of not being able to leave the house, of not having the possibilities to give over (temporarily) the care to others, of a lot of administrative and managing tasks
- insufficient support of professionals in the caring and treatment
- isolation.

ICT by its possibilities for communication, information and support 'at distance' can help to cope with and to relieve (?) the family care if adequate services are provided to deliver the content and to train and to guide the family carers in the use and exploitation of the modern technology.

OMNI works as follows:

The family carer can get at home 'on the screen' get a lot of information provided for by the involved care and service organisations and as available on the internet.

Support at a distance in the form of guidance, instruction and 'to look on' of the professional caregiver (and/or employee of the call centre) for instance by videocontact. For the family carer that creates a personal, confidential ambiance which helps to reduce uncertainty. Videocontact also makes possible to monitor a sick person (for instance in combination with monitoring of body functions and/or alarm facilities) so the family carer can leave the house for shorter periods. The actual services involved are:

- installing pc and connection to the internet and facilities for videocontact
- producing information and instructions in a structured and user-friendly manner in the broad field of relevance for the family carer (on diseases, financial support, on emergency situations, on personal body care, food etc.) and as the organisation to update this information
- organising within the institutions the staff, procedures and technical facilities for giving support at a distance such as a 24-hours service of a call centre, making shifts of professional caregivers for BackOffice support, monitoring devices, etc.

The professionals and professional organisations involved can improve their services by using the ICT and can even offer new services such as the support and monitoring at a distance. ICT makes services possible that cannot be delivered otherwise by shortage of personnel or organisational or logistic problems. Support 'at a distance' comes not instead of personal attendance but in addition to.

The tasks of the family carer are alleviated by the availability of actual, to the point and 'certified' information, the service of professional support all around the clock and by the possibilities of monitoring and taking over of the care in specific situations (leaving the house, illness of the family carer etc.)

The possibilities of the pc and videocontact in general for contact with friends, family, entertainment etc. help to overcome the isolation of many of the family carers.

In the initial phase of building these family care services it might be preferable to keep up a complete installing and maintaining organization in combination with the actual professional services since most of the family cares do not have a computer and are not used to use these new media. Their need for support is also temporarily in most cases so installing and 'de-installing' are part of the operations. In a few years most homes will contain the facilities for communication at a distance like internet and videocontact and then the professional organisations can concentrate on their 'content' management. Of course these technical services (including the deliverance of the information) can be handled by ASP's or other dedicated service-companies.

The family care support with the help of ITC will start on a small case base, with the videocontact as a vital element. Information (trimmed to local situations in the case of information on hours of service, names of professionals and organisations etc.) will be build up during the the pilot phase of the project. In the beginning services will be limited to specific hours (as far as personal support is concerned) giving organisations time to build up infrastructure and staffing.

Important details

The costs of these services should at the end be payed out of an insurance package or personal health care budget. During the pilot and the starting phase of these kind of facilities the home care and other professional organisations must find ways to finance these services out of extra funding by insurance companies or in some cases by saving costs on traditional services.

Information on the screen must be very userfriendly and thrustworthy. Information must be of relevance for each situation and since there are many situations, the quantity of this information is in essential 'unlimited'. The production and maintenance of this information will therefore cost a lot of money. Especially in the beginning of the project there will be not enough information material 'on the market' .

Context

Family care is a major item in Dutch governmental health care policy. Also on regional level the focus is on the relevance of the family care and on taking measures which can help this form of health care: improving the conditions for family carers (information, 'helpdesks' etc.). The project OMNI will be regionally funded (province, health insurance companies). The pilot will involve a test group of around fifty family carers.

2.2 Analysis

Impact

OMNI involves the use of techniques, media, organizational and technical infrastructure that can be of relevance for other forms of support and guidance 'at distance', for instance for certain patient groups as asthma patients. OMNI therefore is an important pilot for testing the use of ICT in communication, information and support at distance for a growing section of the population, people that while aging will be confronted by limited resources to give them the support needed. ICT will probably fill this gap and at the same time will improve the quality of the care and information provided: just in time, just in place.

For health insurance companies home care and the work of the home carers are the alternatives for (the more intensive) use of professional and 'institutional' care. The latter being more expensive and not always available, OMNI will be a solution that will also be supported by these companies for reasons of efficiency and effectiveness. Cost reduction will therefore probably be also an argument for health insurance companies and/or public health organisations to promote and finance OMNI (like) facilities, either by compensating the home carers for the costs of OMNI (like) services or by contracting professionals (home care organisations for instance) for these services and paying for these services directly.

Perspectives

The project will result in the use of OMNI by a pilot group of around fifty family carers, using the pc, videocontact, internet and the communication with professional care givers for:

- information on a limited number of subjects
- personal (video)contact for support and guidance
- experimental monitoring of patients

By the middle of 2003 the pilot will end and then enough information material, pilot experience and resources should be available to make available OMNI to a greater group and turning OMNI into an operational service.

2.3 Acknowledgements and links

Person to contact

M. Wieselmann. KITZ; e-mail wieselmann@kittz.nl, telephone 050-3686257

WWW links

www.kittz.nl