Paid work and caregiving: from problems to solutions

An overview

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An overview

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Executive summary

The Province of Drenthe wishes to identify ways to support the growing number of working informal caregivers. This report looks at the solutions currently available to ease the burden of those who combine paid employment with informal caregiving responsibilities. These solutions are designed to increase the care recipient's independence or support the informal caregiver physically and mentally. For example, informal caregivers can be supported in the workplace through a raft of flexible working arrangements which allow them to organize caregiving and work as they see fit. It is important for them to be able to discuss their caregiving role with their employer. It is also important for both caregivers and employers to be familiar with the regulations. Informal caregivers must be aware that they qualify as such in order to be able to access help and information from a wide range of agencies. Some websites provide informal caregivers with information on regulations, illnesses and so on, while others function as a kind of marketplace for care needs and requests for support, making it possible for caregivers to have time out from their caregiving responsibilities.

Despite the many solutions that boost care recipient independence, they are not particularly diverse. There has been a big jump in the number of computers and systems offering similar simplified displays that enable care recipients to contact and stay in touch with their social network. Many of these products can be expanded endlessly, according to their suppliers. Particularly in the field of care, there seems to be infinite scope for extending functionality. These include personal alarms, video calls to care services and online visits to outpatient clinics. The number of functionalities is especially high for the elderly, a group that is less familiar with computers. This raises the question of whether all these products, with all their functionalities, really do meet the needs of the user group. It is also not clear whether these products do in fact reduce the calls made on informal caregivers, as no products have been found that are designed with working caregivers specifically in mind. The solution that comes closest to this is the granny flat, a relocatable home unit that allows caregivers and care recipients to live in close proximity, which brings with it immediate time savings.

The fact that there are so many stakeholders presents a complex picture of potential solutions, especially as many products are still being developed. The cost and benefit system creates an obstacle to funding because there are no direct financial benefits for the company investing in the product.

It is recommended that a further study look at adapting an existing product that offers a flexible functionality to the needs and wishes of working caregivers in Drenthe.

Contents

1. Introduction

The Dutch population is ageing. The number of people aged 65 and above is rising each year, especially with baby boomers reaching retirement age. This, combined with a shrinking working population, is placing increasing strain on the health care system. The workforce has changed dramatically since the 1950s. The number of women in paid employment has risen, and with it the number of double-income families. Despite this, it is still mainly women who take on the bulk of caregiving tasks, such as caring for children.

When less complex care needs are involved, working individuals often also provide care for parents, parents-in-law, family members or close acquaintances. Once again, it tends to be women who provide this form of care (Te Velde, Schilstra, Van Linschoten, & Moorer, 2007). As care needs become more intensive or complex, professional agencies such as home care services are often called in to assist. This form of care – known as *informal caregiving* – is unpaid, voluntary and informal. This means that caregiving is not carried out by paid professionals but by someone in the care recipient's immediate environment (A. de Boer, Boerse van Groenou, & Timmermans, 2009; Mezzo, n.d.; Oudijk, de Boer, Woittiez, Timmermas, & de Klerk, 2010). The term 'informal caregiving' (especially of an intensive nature) is generally reserved for care that covers a period of at least three months and/or eight hours per week.

At present, one in eight people in the workforce are informal caregivers. With more and more people reaching retirement age, this figure will soon jump to one in four (De Visser, Engelen, & Janssens, 2009). Paid employment offers many benefits, and this is true for informal caregivers too. It confers recognition and a sense of self-worth, it offers distraction and it breaks through social isolation (Isarin, 2005).

However, the mix of paid work and caregiving can also lead to overload. A 2007 study by the Netherlands Institute for Social Research (SCP) showed that 45% of informal caregivers felt moderately to severely burdened by their caregiving responsibilities (A. de Boer et al., 2009). The central question in the present report is therefore: *what potential solutions are currently available for combining informal caregiving and paid employment, and hence for reducing the mental and physical burden on informal caregivers?* To answer this question, the report looks first at the causes of overload among working caregivers. It then inventories existing workplace arrangements for combining work with caregiving. This is followed by a discussion of solutions for both caregivers and care recipients. Success factors for IT solutions are examined at both project and product level. This report seeks to present a clear overview of existing solutions that could ease the burden for informal caregivers.

2. Overload through combining paid work with informal caregiving

2.1 Problems from combining paid work with informal caregiving

Although paid employment helps prevent the social isolation that caregiving may entail, combining the two can lead to problems (Yeandle, Bennet, Buckner, Shipton, & Suokas, 2006). Some employees report a lack of proper access to flexible working arrangements and say that support services do not fit in with their wishes and needs (e.g. their schedule) (Yeandle et al., 2006).

Being able to discuss their caregiving responsibilities can also be problematical (De Visser et al., 2009). Employees find it difficult to discuss caregiving because their colleagues do not always display an understanding of their situation. This can cause employees to feel guilty about both the caregiving situation and their work situation. Particularly when high or complex care needs are involved, caregivers find it difficult to continue working alongside their caregiving tasks.

It is not just discussing their caregiving responsibilities at work that caregivers find difficult, some are not even aware of the fact that they *are* informal caregivers (Yeandle et al., 2006). They provide care out of a sense of duty and regard it as normal. This is also what makes it difficult for municipalities and interest groups to find and support this group (Tanja et al., 2009).

2.2 Risk factors for overload

There are various risk factors that can affect the overload experienced by informal caregivers (Tanja et al., 2009).

2.2.1 Caregiver characteristics

The caregiver's physical constitution, capabilities, income, and tasks and obligations outside informal caregiving are all risk factors. Caregivers with a demanding job or physical disability experience their caregiving tasks as a heavy burden.

2.2.2 Care recipient characteristics

Care recipient characteristics such as attitude to life, contentment, nature and duration of impairment can be risk factors for caregiver overload. A care recipient who is despondent and dissatisfied with the caregiver's efforts is a heavier burden than someone with a positive outlook.

2.2.3 Relationship between care recipient and caregiver

The social distance between care recipient and caregiver is another factor. Informal caregivers are shown to experience the mix of paid work and caregiving as difficult if the care includes personal care and psychosocial and/or emotional support (Timmermans, 2003).

2.2.4 Living situation

A further risk factor is the care recipient's living situation. For example, if the care recipient and informal caregiver live in the same house, the caregiver may find it more difficult to distinguish between his or her private life and caring tasks. If they live far

apart, on the other hand, the informal caregiver may spend a lot of time travelling, which can be experienced as burdensome.

2.2.5 Network

Some informal caregivers are sole, or primary, caregivers, which means that they have no-one or almost no-one (family and/or friends) with whom to share the care. With no-one to share the burden, there is a high risk of overload (Tanja et al., 2009).

2.2.6 Relationship with support network

If voluntary and professional care services are involved, it is important to have good teamwork between them and the informal caregiver. If there is only a small network to take over the informal caregiver's burden or if communication and cooperation with formal care services does not run smoothly, this can cause stress for the informal caregiver (Isarin, 2005). The care recipient also benefits from effective teamwork.

The extent to which caregivers experience overload is determined by the intensity and complexity of the care they provide. In the literature, this is also called *objective burden* (A. de Boer et al., 2009). It refers to factors that others can observe, such as the hours devoted to caregiving, the care recipient's condition and the number of hours that the informal caregiver spends in paid employment. However, it is also important to consider the *subjective burden*, or the feelings of the informal caregiver – in other words, how they experience the burden (Kragt, 2007), as this differs from one individual and one care situation to the next.

2.3 Symptoms of overload

According to the Dutch expertise centre for informal caregiving, overload can manifest itself in the following ways (Expertisecentrum Mantelzorg, 2009). *Stress responses* are the first symptoms of overload. These include poor sleeping, reduced appetite, nervousness and irritability. Some people seek to reduce stress by taking addictive substances such as sedatives, alcohol and drugs. At this stage, informal caregivers experience these symptoms as natural rather than odd, which means they tend not to visit their doctor. Another reason is that they are so busy with their other activities. Daily caregiving often causes *physical symptoms*, especially back problems. Performing household tasks can also lead to physical symptoms. These symptoms may get worse if the informal caregiver has a disturbed night's sleep (e.g. from helping the care recipient go to the toilet).

Symptoms of overload can become aggravated if the care burden increases or the care need is of lengthy duration (Alice Boer, Groenou, & Keuzenkamp, 2011). It may even result in burnout. The first stage is marked by physical and emotional exhaustion, which is accompanied in the second stage by a negative, cynical attitude. By stage three, the caregiver has developed a complete aversion to the situation. The last two stages in particular often result in 'derailed care', whereby the care recipient is no longer well cared for and may even be abused (Royers, 2007).

3. Workplace solutions

Employers should be aware of the burden facing employees who provide informal care. A timely and appropriate solution can be found if they make active enquiries about the caregiving task, for example during a performance interview (De Visser et al., 2009). The employee, and especially the employer, need to be aware of options for making the job more flexible. Once informal caregiving is a subject that can be openly talked about and negotiated, this will benefit not only the working caregiver, but also the company. The company will be able to retain its valuable employees, together with the knowledge and experience they represent, as well as reduce absence through illness, and achieve higher productivity and work quality, thus making it an attractive employer with a positive image (Yeandle et al., 2006). Werkenmantelzorg.nl formally recognizes staff policies that are caregiver-friendly. Companies acknowledged in this way recognize the importance of achieving the right balance between paid work and informal care and adopt a staff policy to reflect this. This policy could incorporate various elements, such as flexible working conditions and ensuring that the caregiving-paid employment mix is a matter for discussion.
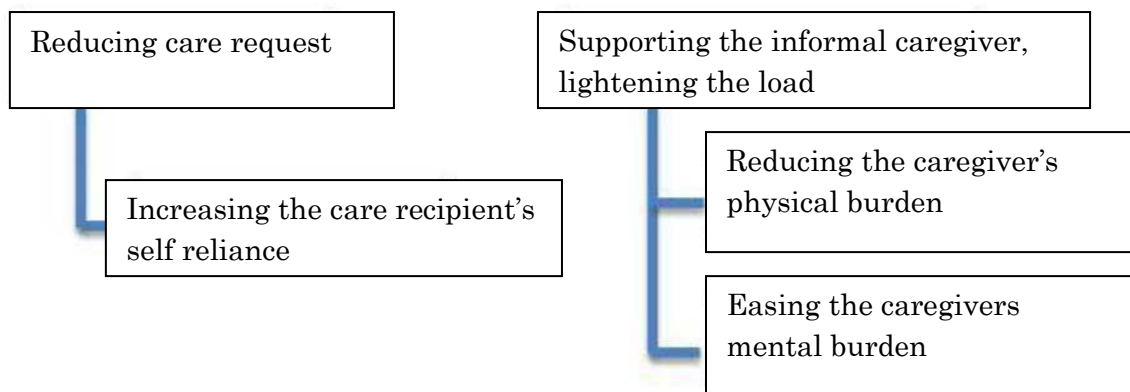
In practice, there are various ways of achieving flexible working conditions (De Visser et al., 2009). *Flexible starting and finishing times* allow employees to have a say in their own working hours so that they can better coordinate caregiving and work responsibilities. *Self-scheduling*: here the manager indicates how many staff should be present per morning/afternoon or per service and employees can then put their name down on the roster. *Teleworking*: the employee works from home and can divide the tasks flexibly over the day, saving travel time and coordinating working hours with caregiving tasks. The employer can provide *personal or convenience services*, such as in-house childcare or a shopping or dry-cleaning service. *Part-time work* is an option for employees needing to reduce their hours for a certain period. This also includes job sharing. A *compressed working week* involves extending the working day so that one or more days a week are freed up for caregiving tasks. The employee still works the same number of hours. A '*stage of life' policy* allows for variable working conditions, depending on the employee's circumstances. For example, working caregivers could take extra leave for a certain period or work part-time. A *collective agreement à la carte* lets employees swap certain working conditions for others. They could, for example, exchange less favourable conditions for ones that suit their circumstances better. It is important here to ensure that the total value of the package (in financial terms) remains the same.

Flexible working conditions offer a long-term solution for those who combine paid employment with caregiving. For incidental caregiving situations, there are various leave arrangements that enable caregivers to reduce their working hours or stop work altogether for a time (De Visser et al., 2009).

4. Care solutions

The market also offers a wide range of equipment and products, reflecting the fact that ageing is very much in the public spotlight. Many IT and other companies are responding to this need by developing new products or by exploring ways in which the elderly can live independently for longer. Some of these products or services may also support working caregivers and the people they care for.

According to Vilans (Vilans, n.d.), there are two ways in which technology can support informal caregivers: first, it can reduce care requests by boosting the care recipient's self-reliance, and second, it can ease the caregiver's workload by reducing the physical and mental burden (Figure 1). The solutions identified will be described in terms of these classifications.

Reducing care request	Supporting the informal caregiver, lightening the load

> Increasing the care recipient's self reliance

> Reducing the caregiver's physical burden

> Easing the caregivers mental burden

Figure 1. How technology can support informal caregivers

4.1 Increasing the care recipient's self-reliance (reducing care requests)

Boosting a care recipient's self-reliance will reduce the demands made on the informal caregiver. This means that the caregiver will be able to perform the caregiving tasks for a longer period of time, which in turn will postpone the need for professional care. One way to improve self-reliance is for care recipients themselves to liaise with people and agencies providing care. Expanding their own social network can be a diverting pastime, which can help satisfy their psychosocial needs. Examples of products or services that increase self-reliance are described below.

Pal4 (also Gezondthuis.nl, 2) is a platform where people with a disability or chronic illness, the elderly and care facilities can get in touch with each other. Via a touch screen, users can contact care providers and doctors through video communication, making care easier to access. The system can be linked to alarms and to home automation, such as sensor technology (e.g. fall detection) and granting access to the home.

The Pal4 platform is a way of contacting not just care providers and other Pal4 users, but also family and friends. The platform has many functionalities which correspond to those of a computer with a simplified display, such as the e-mail function. Pal4 also has its own TV channel, for viewing church services, health programmes and the like. It also features regular competitions and bingo games.

Figure 2. Pal4

ViePlus (Figure 3) is a touch screen computer with an application that supports video calling (Skype), which helps people to stay in touch. A simple interface also gives them access to the internet. The application offers options such as games, viewing church services and keeping a diary. ViePlus can be linked to a wide range of home automation functions, for example, you can use it to open your front door or turn on the lights. At present, products are not usually purchased directly via ViePlus. The costs associated with this product depend on how it is accessed (via housing, health insurance or a care facility).

Figure 3. ViePlus

SimPC (Figure 4), which was developed in conjunction with KPN, the computer company Medion and internet provider Xs4all, is a computer system with a simplified interface using pictograms. It is available for purchase or hire in two versions: a laptop and a touch screen computer. The PC allows you to do almost everything that you can do with a normal PC, such as accessing the internet, email, Skype, chatting and playing games. The PC is available from the Expert electronics retail chain.

Figure 4. SimPC

Figure 5. PC Basic

PC Basic (Figure 5) offers a similar software system, which is shown entirely in icons for ease of use. The system is a program with a simple interface that runs on the Windows 7 operating system. It can be purchased separately or run on a tablet, PC or laptop. PC Basic also provides help, support, advice, repairs and maintenance. The software and the equipment supplied can be purchased either on the internet or in stores.

There is also an open software system, LifeXS, to which a wide range of devices can be linked. It offers video calling, TV viewing and the same functions as a PC. This system is supplied to care facilities and is customized to meet the needs and wishes of clients.

In addition to these systems, there are sites that are designed to support and answer questions relating to care. One example is Mijnzorgnet.nl (Figure 6), an environment where both care providers and care recipients can log in. It allows care recipients to put together their own care team, made up of family members, friends, informal caregivers or care providers. The team will then receive log-in data so

Figure 6. MijnZorgnet.nl

that they can access the care recipient's personal site, where they can liaise with each other and share files. The care recipient can keep a diary, begin a discussion with other patients or take part in an ongoing discussion. The site also uses apps that monitor and manage the care recipient's health. Questions can be put to experts at online outpatient services or practices. Care providers can hold online office hours at times that suit the care recipient. Mijnzorgnet is a free service, only care providers need pay to hold online office hours.

Figure 7.
ContactDays

If the illness of a sick individual becomes acute or undergoes a major change, it is helpful for those around them to know how they are. It can be exhausting for the individual to keep having to repeat the same story, so the ContactDays.nl site (Figure 7) lets them send regular e-mail updates to family and friends. Photos and videos can also be shared. There is a function for drawing up a list of jobs, enabling people authorized by the care recipient to indicate which jobs they can do. People can see just what is on the agenda, and what the individual's week looks like. A ContactDays account is free but a more extensive package is available at an extra charge. This package allows you to store

more photos and videos and more functionalities are added to the planner.

Helpjemee.nl (Figure 8) is a similar site, except that its primary focus is the kind of help that is needed. Both care recipient and informal caregiver can indicate where help is needed. People in the care recipient's social circle (family, friends and/or neighbours) can then mark in the diary when they can help, and what kind of help they can provide. This eases the burden on the care recipient, while those around them know what still needs to be done. Use of the site is free.

Figure 8. Helpjemee.nl

The Carenzorgt.nl website (Figure 9) is designed to arrange caregiving, much like the

Helpjemee and ContactDays sites. It also offers an additional function: the care recipient's diary can be linked to care providers, such as home care services. This allows the family to see when care is provided and to be present if necessary. The site allows both care recipient and family to liaise with care providers, either through messages/email, or video calling. Use of the site is free.

Figure 9. Carenzorgt.nl

4.1.10 Social media

Although they do not specifically target care recipients, well-known social media sites like Facebook, Twitter and Google+ can boost a care recipient's independence. They enable care recipients to contact and liaise with informal caregivers and others. Although it would be possible to place a request for care or help on social media sites, the fact that requests are not usually made in this way may pose a social barrier to this type of use. An advantage of social media sites is their high number of users, while a disadvantage is that they are less user-friendly for novice computer users.

4.1.11 Equipment

Equipment of the kind available from home care service outlets can also enhance care recipient independence (Figure 10). These items are not just sold in physical stores, many are also available online. A handy feature of webshops is that they offer home delivery, which means people with limited mobility can access the products. Everything is available – from mobility scooters to modified cutlery. A list of the various types of equipment can be found on the NTAC website (Ntac.nl).

Figure 10. Examples of common equipment

<u>4.2 Reducing the physical and mental burden on informal caregivers (providing support, lightening the load)</u>

People who combine caregiving with paid employment have to make arrangements on a regular basis, especially where more intensive care needs are involved. Examples are arranging for the care recipient to have someone with them, requesting services or more straightforward matters such as arranging a doctor's appointment. When combined with paid work, organizing and then overseeing all these tasks can lead to overload. It is therefore vital for informal caregivers to understand that they are in fact informal caregivers, and to know that tools and resources are available to which they are entitled (De Visser et al., 2009).

In addition to the many arrangements outlined above (see 'Workplace solutions solutions'), there are a host of websites offering information and support on these arrangements and other matters. <u>Mezzo.nl</u>, the website of the national association for informal caregivers and volunteer care, is a rich source of information on support and funding for different kinds of assistance. The <u>Werkenmantelzorg.nl</u> website gives information, tips and advice to employees and employers on achieving the right balance between work and caregiving. As mentioned earlier, it also recognizes organizations that have a caregiver-friendly policy. Caregivers can share experiences on the <u>Mantelzorgerbenjenietalleen.nl</u> site, or visit their local Centre for Informal Caregiving (Steunpunt Mantelzorg) if they would like their questions answered. These centres are also listed on the Mezzo site.

There are various solutions for reducing the organizational tasks associated with combining paid work and caregiving. For instance, there are <u>informal care brokers</u>, who can be found on <u>Bmzm.nl</u> and <u>Mantelzorgmakelaar.nl</u> and elsewhere. These care brokers take on the organizational tasks of the informal caregiver, allowing them more time for other things, such as relaxation. Some municipalities in the Netherlands reimburse the

costs of an informal care broker under the Social Support Act (WMO). The costs are also reimbursed by different supplementary health insurances.

Respite care is another option. This involves a volunteer or care professional taking over the caregiving responsibility for a number of hours, either in the home situation or in residential care. The various types of respite care can be found on the Respijtwijzer.nl website, which also lists the agencies responsible for respite care in each province.

In some cases the care tasks that informal caregivers perform could be done by other people in the care recipient's immediate circle, such as family, friends or neighbours. There are various sites where a group of people can arrange an individual's care. Zorgsite.nl has a ShareCare care planner, where informal caregivers and care recipients can log in to their own environment. Others, such as family, friends and neighbours, can become members of the environment. They can make appointments, post updates about the care recipient's wellbeing and make requests for help to which other informal caregivers, who are also members, can respond. Opening a care site is free for a 14-day trial period, after which it costs €8.50 a month. The site is free for residents and clients of the cooperating partners (hospitals, municipalities, care facilities and health insurers).

Not all informal caregivers provide care to someone living at home. It can also be useful to plan aspects of care for recipients living in a residential care institution. ShareCare is currently developing a site, Huiskamer.nl, that will enable care providers and family to liaise with one another. In many ways it resembles Zorgsite.nl, the difference being that the formal care workers can also access it. Both they and the family, friends and volunteers can post messages and photos about the care recipient's condition.

Hetfamilienet.nl is a similar site to Huiskamer.nl and is designed for informal caregivers of individuals in residential care. Clients have a webpage where formal care staff and family can share messages, photos and documents. Families can keep a diary of appointments, tasks and events, either among themselves or together with the formal care staff. It is a tool which care staff and family can use to liaise with one another.

In cases where a parent is being cared for, there may be several children who wish to be consulted about how care is progressing. These adult children can use the Wieziet.nl site to consult about the health of their parent. There is also a diary function for arranging visits and appointments. The cost of having an account on this site is €50 a year.

Informal caregivers can register free on the Mantelplan.nl site and then invite acquaintances to join their network. When caregivers post a care need or request, people from the network can respond. If the network cannot help, Mantelplan looks for a volunteer unknown to the caregiver, who can then accept or reject the volunteer. Care needs or requests can also be met by a paid professional. People can also register on the site as a volunteer, indicating what tasks they would like to perform and stating the maximum distance that they are prepared to travel to the care recipient.

A similar site is Zorgvoorelkaar.com, except that this site is directed more toward the care recipient. Care recipients can select volunteers from a database, or post a request. Once again, volunteers who live nearby can respond to care needs or requests.

Care recipients themselves decide whether they will accept help from the volunteer. Posting and responding to requests is entirely free of charge. However, professionals may also sign up for this site, in which case there will be costs involved.

Another site serving as digital market place for assistance is Wehelpen.nl. This time, the primary target is the care recipient's immediate social circle. The care recipient can assemble a group of people with whom he or she shares a task diary, a logbook and notes. This enables help to be organized by the group, with everyone able to respond individually to tasks and to schedule them in the diary. The logbook provides a clear record of how the care recipient is. If the group itself cannot meet a request for help, the request can be made public, for example, within a certain area, in the neighbourhood or city where that person lives. The care recipient may then select a volunteer. Volunteers can put themselves forward by indicating what kind of help they would like to offer to people in their neighbourhood. Use of the site is entirely free. People who provide help earn credits, which can be redeemed in the form of assistance for themselves. Or alternatively, the credits can be saved and donated to participating organizations such a residents' association.

4.2.14 Granny flats

Granny flats are 'temporary' relocatable home units that can be placed in a caregiver's back garden. Equipped with a kitchen, living room, bedroom and bathroom, they may be used for a period from several months to several years. Once a unit is no longer needed, it can be sold. If a higher level of care is needed, the necessary amenities can be added to the unit. Granny flats allow informal caregivers to live in close proximity to care recipients, yet still retain their own privacy. PasAan is a company that supplies granny flats.

4.3 Other solutions

A host of companies are able to deliver customized solutions, such as LifeXS referred to above. The websites say that they can link up various home automation and other solutions. However, because only large agencies can apply for these customized solutions, it is not clear just what these systems entail. To be eligible as a private individual, you need to live in a particular municipality, belong to a particular housing corporation or have a particular type of insurance.

5. Success factors for IT solutions

As we have seen, there are many IT-related products that could offer solutions to ease the burden of the paid work-caregiving combination. Over and above the solutions already referred to, there is a raft of innovation projects in the field of IT-based care services (see Appendix A). Although all the products described can be called innovations to some degree, some are probably more effective than others. This section therefore sets out the factors for arriving at a successful product.

5.1 Success factors at project level

The care and innovation forum makes several recommendations for developing a successful care innovation project (Van Oirschot, Soonieus, Bake, & Kroon, 2010). It is essential to have a distinct target group in mind when planning innovations. The innovation must tie in not only with the target group's needs and wishes, but especially with its mindset. The project group therefore needs to think in advance about how they can win over the target group. It is useful to engage a compelling individual to communicate messages about the innovation. A further prerequisite is to have a project team that makes the most of one another's skills and shares knowledge with other care innovators.

Funding is a problem for IT-based care innovations. The cost and benefit system is a hindering factor because the company that invests in the product does not reap the immediate financial benefits. Added to this, the maze of technologies and suppliers leads to stagnation in the investment process, which in turn makes it hard for consumers to visualize the products and services (Van Oort, 2010). Drawing up a sound business case for stakeholders and a communications plan for end users is therefore a prerequisite for IT innovations (Van Oirschot et al., 2010).

5.2 Success factors at product level

Meeting the needs and wishes of the target group is a success factor cited in much of the literature (Carretero et al., 2012; van Deursen & van Dijk, 2011; van Oirschot et al., 2010). It is therefore essential to involve the target group during the innovation process (Carretero et al., 2012). Many of the above-mentioned solutions are in the field of IT. It is important to realize, however, that not all users – the elderly for instance – are comfortable using IT products (Van Deursen & van Dijk, 2011). Hence the recommendation for the use of persuasive technology and design (Van Gemert-Pijnen et al., 2011), which entail a user being prompted, consciously or otherwise, to use the product correctly (Sigterman, 2010). Ease of use is further enhanced by giving end users training and support in how to use the product (Carretero et al., 2012).

6. Conclusion and discussion

The main question in this article is *What potential solutions are currently available for combining informal caregiving and paid employment, and hence for reducing the mental and physical burden on informal caregivers?* There are many solutions for problems stemming from combining paid employment with informal caregiving. The solutions are designed to increase the care recipient's independence or to support the informal caregiver physically and mentally. For example, informal caregivers can be supported in the workplace through a raft of flexible working arrangements which allow them to organize caregiving and work as they see fit. It is important for them to be able to discuss their caregiving role with their employer. It is also important for both caregivers and employers to be familiar with the regulations. Informal caregivers must be aware that they qualify as such in order to be able to access help and information from a wide range of agencies. Some websites provide informal caregivers with information on regulations, illnesses and so on, while others function as a kind of marketplace for care needs and requests for support. Some of these sites publicize the requests while others do not. The result is that caregivers are able to have time out from their caregiving responsibilities.

Despite the many solutions that boost care recipient independence, they are not particularly diverse. There has been a big jump in the number of computers and systems offering similar simplified navigation that enables care recipients to contact and stay in touch with their social network. Many of these products can be expanded endlessly, according to their suppliers. Particularly in the field of care, there seems to be infinite scope for extending functionality. This includes personal alarms, video calls to care services and online visits to outpatient clinics. All suppliers state clearly on their websites how satisfied users are with their product. However, it is not clear how many people actually use the products and services. Moreover, the number of functionalities is especially high for the elderly, a group that is less familiar with computers. This raises the question of whether all these products, with all their functionalities, really do meet the needs of the user group. It is also not clear whether these products do in fact reduce the calls made on informal caregivers, as no products have been found that are designed with working caregivers specifically in mind. The solution that comes closest to this is the granny flat, a relocatable home unit that allows caregivers and care recipients to live in close proximity, which brings with it immediate time savings. Although informal caregivers' objective burden would be reduced, their subjective burden may well increase because the care recipient is always nearby.

The solutions set out in this report are ones that are currently available. There is also a wide array of care-related experimental studies and innovation projects, which have not been included here because there is not yet any clarity as to what the products and/or solutions entail. Appendix A presents an overview of the experiments in the Northern Netherlands. The findings of these experimental studies may provide answers in the future to the problem of combining paid work with informal caregiving.

The potential solutions described in this article tend to be general rather than directed specifically at individual needs. An informal caregiver who looks after someone with a psychiatric condition may prefer a different solution from a caregiver who provides in-home care for an individual with advanced dementia. The solutions also depend on the caregiver's work situation. Informal caregivers with the option of working from home may find it easier to combine work with caregiving than those, such as construction workers, who have no such option.

The many stakeholders involved presents a complex picture of possible solutions, especially as many products are still in development. The vibrancy of this market stems from the opportunities that care innovations have to offer. However, the cost and benefit system is a hindering factor in funding, and the maze of technologies and suppliers leads to stagnation in the investment process (Van Oort, 2010).

7. Recommendations

A follow-up study needs to look at whether the available products do indeed meet the needs of informal caregivers. This will entail identifying distinct user groups and scenarios. Also, there are so many technological solutions on the market (with more on the way) that there seems little point in developing new products. Opting for an already existing system will avoid teething problems and problems with the user-friendliness of a new system. Many of the current products are very flexible and can be extended and therefore easily adapted to the needs and wishes of working informal caregivers in SMEs in Drenthe.

Solutions would also be more effective if employers were more aware of the problem. This would make it easier to have workplace discussions about the burden that employees experience when combining caregiving responsibilities with their jobs. Timely modifications could then be made to working conditions before overload occurs.

8. References

Boer, Alice, Groenou, M. B., & Keuzenkamp, S. (2011). Belasting van werkende mantelzorgers. *Tsg*, *88*(6), 313–319. doi:10.1007/BF03089642

Carretero, A. S., Stewart, J., Centeno, C., Barbabella, F., Schmidt, A., Lamontagne-godwin, F., & Lamura, G. (2012). *Can Technology-based Services support Long-term Care Challenges in Home Care?* (p. 112). Luxembourg. doi:10.2791/43024

De Boer, A., Boerse van Groenou, M., & Timmermans, J. (2009). *Mantelzorg; een overzicht van de steun van en aan mantelzorgers in 2007*. Den Haag: Sociaal Cultureel Planbureau.

De Visser, S., Engelen, M., & Janssens, M. (2009). *Werken en zorgen in Drenthe Taakcombinatie en tijdenbeleid in het Drentse bedrijfsleven.*

Expertisecentrum Mantelzorg. (2009). *Overload* (pp. 13–14).

Isarin, J. (2005). *Mantelzorg in de ontmantelde privé-sfeer*. Damon.

Kragt, I. (2007). *Overload van mantelzorgers: Op zoek naar het beste meetinstrument*. Enschede.

Mezzo. (n.d.). Mezzo, landelijke vereniging voor mantelzorgers en vrijwilligers. Retrieved from http://www.mezzo.nl/definitie_mantelzorg

Oudijk, D., De Boer, A., Woittiez, I., Timmermas, J., & De Klerk, M. (2010). *Mantelzorg uit de doeken*. Den Haag: Sociaal Cultureel Planbureau.

Royers, T. (2007). *Ontspoorde zorg , risico op ouderenmishandeling bij mantelzorg*. Utrecht.

Sigterman, E. (2010). Wat is Persuasive Technology? Retrieved from http://www.siggyvolgt.nl/2010/02/wat-is-persuasive-technology.html

Tanja, A., De Bruijn, I., Scherpenzeel, R., Brink, S., Van der Kruk, P., & Schreuder Goedheijt, T. (2009). De basisfuncties mantelzorg in de praktijk. Movisie.

Te Velde, B., Schilstra, D., Van Linschoten, P., & Moorer, P. (2007). *Mantelzorg in de gemeenten Menterwolde, Pekela en Veendam.* (p. 72). Groningen.

Timmermans, J. M. (2003). *mantelzorg: over de hulp van en aan mantelzorgers* (p. 254). Den Haag: SCP.

Van Deursen, A. J. A. M., & Van Dijk, J. A. G. M. (2011). Internet skills performance tests: are people ready for eHealth? *Journal of medical Internet research*, *13*(2), e35. doi:10.2196/jmir.1581

Van Gemert-Pijnen, J. E. W. C., Nijland, N., Van Limburg, M., Ossebaard, H. C., Kelders, S. M., Eysenbach, G., & Seydel, E. R. (2011). A holistic framework to improve the uptake and impact of eHealth technologies. *Journal of medical Internet research*, *13*(4), e111. doi:10.2196/jmir.1672

Van Oirschot, R., Soonieus, E., Bake, J., & Kroon, R. (2010). *Succes- en belemmeringsfactoren voor het versnellen van opschaling van innovaties* (p. 66). Den Haag.

Van Oort, S. (2010). *Domotica: Doos van Pandora of heilige graal?* Utrecht.

Vilans. (n.d.). ICT-toepassingen voor mantelzorgers.

Yeandle, S., Bennet, C., Buckner, L., Shipton, L., & Suokas, A. (2006). *Who Cares Wins: The social and business benefits of Supporting Working Carers*. Sheffield.

9. Appendix
<u>A.</u>
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Zorg voor de Toekomst

Inventarisatie ICT-projecten 'Wonen & Zorg' in Noord-Nederland (2008-2011)

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