



Working caregivers



IMPROVING SERVICES FOR (WORKING) CAREGIVERS BASED ON HUMAN CENTRED DESIGN

Many inhabitants of the city of Roeselare help people with a care need: for example parents with a disabled child or someone who takes care of a partner with a chronic illness on a daily basis, they are all caregivers.

Informal care (people who give care to family or friends usually without payment) is not obvious. Next to that, many caregivers also have a job or family to maintain. That's why the city of Roeselare wants to support its informal caregivers by offering them different tools to cope with the struggle of caring and working. To know what tools can make their life more easy, the city of Roeselare engaged with the informal caregivers. at hand.

Relations to Workpackages

The goal of this project was to improve the services for informal caregivers, by using their input to do that. So this project resulted in better and smarter services, one of the key topics within Like!

Local partners

!DROPS	www.idrops.org/nl
Welzijnshuis Roeselare	www.roeselare.be/welzijnshuis-0
Woondienst Roeselare	www.roeselare.be/wonen-0
Johan Mestdagh	www.coach-johan.be
Bond Moyson	www.bondmoyson.be/wvl/Pages/default.aspx
Motena	www.motena.be
Notary	www.notaris.be/Notaris/axelle-thiery

This Case Study Paper is produced by Kimberley Van Luchem.

About LIKE!

Local governments, citizens, universities and SMEs come together to co-create smarter, more efficient and more innovative services through 9 transnational pilots that cover 3 core themes:





Caregivers: facts & numbers

Many citizens of the city of Roeselare support and help people with a care need. Think about parents with a child with a disability or someone who takes care of a partner with a chronic illness on a daily basis. People who take care of someone with whom they have a personal relationship with are caregivers.

In Roeselare, already some initiatives are taken to support caregivers, like a small assurance that is called a 'mantelzorgpremie'. There are 1.254 people who receive this. The specialized team of the Welzijnshuis Roeselare knows that there are still people who are not registered as an informal caregiver, because they don't know how to do it or they don't even know they are one. Research suggests that each caregiver also has two to three people as a back-up. So the target group could potentially be accounted for about 4.000 people (i.e. +/- 6 % of the population of Roeselare).

Next to the financial support, Roeselare also launched caregivers cafés (Mantelzorgcafé De Mantelare) in October 2018. This kind of moment provides people with information about topics regarding caregiving, but gives them also the chance to speak with each other during the informal part of this session. Next to that also a parallel online hub was created, named 'Mantelzorghub'. On this hub, caregivers can find specific information regarding caregiving in Roeselare. People who cannot attend the sessions of the Mantelare, could also search for information on this site.

Next to the Mantelzorgpremie, Mantelare and Mantelzorghub, we also have a steering group about caregivers. In this group experts take place as advisors to influence the policy making for caregivers.

In Flanders there are about 150.000 caregivers. A lot of them struggle with the combination of working and caring for someone they know. Most of them are between 45 en 65 years of age. Working caregivers are under a lot of pressure, which leads to disease, tiredness and burn-outs.

As a government, we have a societal obligation to help where we can, in order to keep the negative effects as low as possible.



OPROEP!

DENK ALS WERKENDE MANTELZORGER MEE
OVER BETERE ONDERSTEUNING

Request for caregivers participation

WHY, HOW, WHAT

Why

During the phase of setting up the Mantelare and Mantelzorghub, people were asked to fill in a survey about their needs when it comes to caregiving. Based on this survey and other research, there were signs that working caregivers (people who care for someone and still have a full- or part-time job) lack the information they need in order to be an informed caregiver. The reason for that is that they often can't attend information sessions, because they are at work. It's hard for this group to find the service delivery.

So, the reason to start this project was that Roeselare wanted to create better services for working caregivers.

How

To know where the information delivery 'fails', we needed to ask the caregivers themselves. They know what they need, how they need it, where they need it and when they need it. Therefore we introduced 'talking tables' in which we could ask them their opinion on certain topics.

In order to be successful in this project, we used the Human-Centered Design (HCD) method. Therefore we got IDROPS on board. IDROPS is a social innovation bureau that already has a lot of experience with HCD and also has a thorough knowledge about the subject. The HCD method is a creative way of solving problems and tackle challenges.

What

At the beginning of the caregivers project, we didn't know what the result would be. The intention was to know what could be done better and what was still missing in service delivery for working caregivers.



'Talking table' with caregivers



Information for caregivers

From Human-Centered Design to real life actions

Human-Centered Design is a method that is used all over the world. The newly elected board of the city of Roeselare focussed on putting the inhabitants of Roeselare centrally in the policy-making process. Outwitly Inc, a service design consultancy bureau, described it as: 'Human-Centered Design (HCD) places "humans"--the people who use a product or service, or who take part in the experience being designed--at the centre of all activities. It is the process of uncovering user needs within a system in order to design better user experiences.'¹

They define the HCD process as following (figure 1):

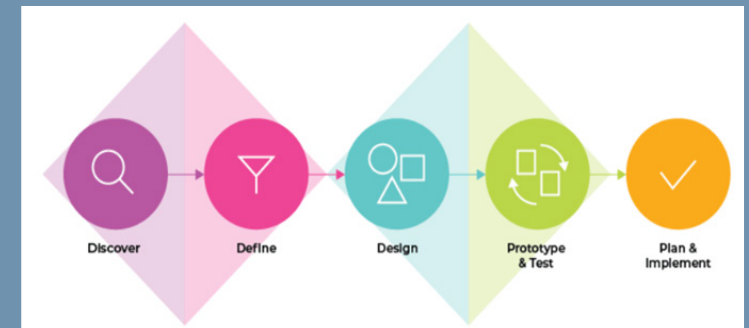


Figure 1: Source: Outwitly Inc.

The five steps mentioned by that consultancy firm are also the steps that were taken in Roeselare (in four phases).

¹ Source: <https://outwitly.com/blog/human-centered-design-series-1>



Kick-off in Roeselare

To engage working caregivers to come to the talking tables, we organized a kick-off session. We announced this kick-off through different channels like social media, website, flyers with our partner organisations and flyers in the city hall.

In this kick-off session we pitched the idea of the project (why and how) and we launched our research question 'Think, as a working caregiver, about better support'. The idea behind this kick-off was to learn about our target audience, but also that they started to learn why we are trying to involve them.

The kick-off session dealt with following questions:

- Explaining the context of this project
 - Explaining the Like! project
 - Explaining the objectives
 - o Getting a better view on the challenges and personal situation of caregivers; getting to know the system they need to work in; getting to know the existing supporting measures and knowing which ones they know/benefit from.
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- Explaining the co-creative process (by HCD):
 - o **Phase 1: research about their needs, the context, the existing offer,... (= discover)**
 - o **Phase 2: 8 thematic talking tables (workshops) (= discover)**
Phase 1 and 2 were done parallel
 - o **Phase 3: policy recommendations and blue prints (= define)**
 - o **Phase 4: development of the new services (= design; prototype and test)**
 - o **After phase 4: implementation and evaluation (= plan and implement)**

Getting to know each other

To introduce themselves, each attendee could pick a card that best suited their personality, hobbies and more.



Cards to get to know each other

The topic of caregiving is not that easy. There are a lot of personal, often sad, stories. It's not easy to open up in a group you barely know. It was a good starter getting to know each other. It revealed already a bit about each situation, but not too much that people would feel uncomfortable.

The second step was talking about what 'caregiving' means to them. The subject covers a lot, so it wasn't strange that a lot of people had different understandings of what caregiving is.

At the end of the session we asked the caregivers whether or not they were interested of coming to the follow-up workshops. Most of them were very enthusiastic. The fact that they had a good feeling at the end, gave the municipality a good starting position.

So, to prepare the following sessions, we ask them which subjects relating to caregiving they thought should get a priority.



The following dates and subjects were selected:

- 13/02: the search for information + housing
- 27/02: psychological support + social contact
- 13/03: workplace and employer + finances
- 27/03: respite care + home care + practical help and support
- 23/04: local services + legal information
- 30/04: digital support tools + organisation of care
- 26/06: external event: end result

Co-creative workshops

Each co-creative session existed of two steps. The first step was to know what the target audience already knew. For each topic we asked the same questions:

- What support mechanisms do you know?
- Do you think the known mechanisms work well? What could be better?

After we discussed their point of view, we showed them the actual offer of services in Roeselare. In each session the same conclusion could be made: there is a bigger offer of support than people know. A lot of caregivers didn't know that they could go to certain organisations for information or help. Based on this, we got into a discussion about what could be improved and what was still missing. Together with the caregivers, recommendations were made during each session to improve the services or to set up new ones.



Discussing experiences from care givers

Each session, we invited an internal or external speaker. This way, people already knew one contact person within the organisation. That gave them a feeling of trust.

This method worked well. People felt like someone listened to them, they got a lot of good information, they found people who understood their situation. That was the reason for the success of the project.



Collecting and analysing

After all talking tables were finished, we started analysing all the input we collected during the workshops. The recommendations were then put into groups:

- National recommendations;
- Flemish recommendations;
- Recommendations on a local level.

Based on this division, we set up some general conclusions:

- A lot of care tools/support systems are not known;
- There are many different information points and people don't know where to go;
- A lot of organisations give different information, caregivers need to search themselves for the correct information;
- There is a large gap between the support systems for people with a physical disability versus people with a psychological condition;
- Personal coaching is better received than services from a distance;
- There are long waiting lists for care services;
- There is a financial bottleneck: tailor-made care is very expensive.

Design

After analysing all the input, we started thinking about the recommendations and how to translate them into real life actions we, as a city, could take. We pitched the ideas on the last and final event to all the caregivers and other people who were interested in the outcome.

These actions were also pitched to the steering group, because they are experts in this matter. With the feedback of the caregivers and the feedback of the steering group, we made the decision for short term and long term actions.

On the short term (2020), we realised the two main new services within this project:

- Thematic info sheets: good overview of the support systems per topic and the points of mutual interest
- Digital newsletter for caregivers with different topics like testimonies and tips & tricks

The other actions are integrated in the overall action plan of the steering group. Each year we will choose the priorities that need to be designed and implemented.



Implementation and evaluation

In January 2020 the first info sheet and digital newsletter were launched. To do this, we needed many email addresses. To make this happen, the department of care (Welzijnshuis Roeselare) adapted their administrative form, where people can now leave their email addresses, so that we can send this tailor-made caregivers information.

The registration form for the digital newsletter will be promoted via different channels: social media, website of the city and websites of the partner organisations. The info sheets will be placed onto the Mantelzorghub and will be distributed in the regional network of wellbeing (in Dutch: Geïntegreerd Breed Onthaal). Through these channels, caregivers will find the information more easily and they will know who to contact in what situation.

These measures will be evaluated in December 2020: number of readers, number of downloaded info sheets, etc. So, these services will be evaluated and constantly finetuned along the way, with the input of the experts.



Presenting the recommendations

[Bekijk deze nieuwsbrief online](#)



Nieuwsbrief Mantelzorg | 14/01/2020

Seizoensthema: De mantelzorgpremie



Wist je dat de Stad Roeselare mantelzorgers binnen haar grondgebied erkenning geeft via onder meer een mantelzorgpremie? Men spreekt van mantelzorg als de zorg die wordt gegeven vrijwillig, van lange duur en intensief is. Om deze tegemoetkoming van 15 euro per maand te krijgen, moeten jij als mantelzorger en de persoon voor wie je zorgt voldoen aan een aantal voorwaarden. Als je hieraan voldoet, kan je een aanvraag indienen bij het Welzijnshuis van Roeselare.

[Lees meer over deze premie](#)

Zorgorganisatie in beeld

Welzijnshuis Roeselare

Als mantelzorger is het belangrijk om te weten waar je terecht kan voor informatie rond diverse thema's. In het Welzijnshuis van Stad Roeselare kan iedereen met welzijnsvragen terecht. Wie mantelzorger is en informatie zoekt, kan steeds bij het Welzijnshuis terecht.

[Ontdek het Welzijnshuis](#)



Mantelzorger in de kijker

Heidi

Deze keer spraken we met Heidi, die de zorg voor haar kinderen én ouders combineert met haar job als verzorgende. Heidi vertelt ons over haar situatie en visie op mantelzorg. Wil je haar inspirerende verhaal leren kennen?

[Maak kennis met Heidi](#)

Digital newsletter

Lessons learned

- In order to find the right new/adapted services, you really need to be empathic and start to know your target group on a personal level. By using the human centric method, we learned that not the offer itself needed to be different, but the way of communication needed to change.
- In order to get engagement, you need to fill the programme together with your audience. If they have a say in what they want to talk about, they are more likely to engage.
- In order for people to open up, you need to open up. You need to show them that the municipality doesn't know everything and that you also need their help.

Difficulties

We had a very extensive programme: every month we would meet two times. The positive effect is that people start to know each other quite well; the difficulty is that you need a lot of engagement from the target group to attend. Luckily the people in this project were very engaged and open.

Nice to know

Some people really became friends during the project. After the project finished, they still met each other. This is a very positive outcome for them. And it's the ultimate goal of Like!: getting people together to discuss and connect on different level.

Value for Like!

All around the world there are caregivers. The care they give is quite similar to the care of the target group in Roeselare. This project can result in certain best practices in how to reach the target group and what services are necessary.

The work that was done in this Like! pilot was presented during different Like! partner meetings, so that we could exchange our experiences with other Like! partners, so they have the tools to use the human-centered design.



Group photo of the caregivers