

Added value and usability of social robots in care for people with intellectual disabilities (ID); a qualitative study



Prof. Dr. Ramon Daniëls

Zuyd University & Maastricht University
(Netherlands)

Co-authors:

Dr. C. Huijnen (ZU)

Dr. M. Steins (MU)

Dr. K. Mennens (MU)

Prof. Dr. G. van Odekerken-Schröder (MU)

Prof. Dr. D. Mahr (UM)

Prof. Dr. F. Mathmann (QU)



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Background: Six care organizations for people with ID joined to implement robot Ivy, aiming for increased independence and autonomy for clients.

Objectives; Capturing experiences with value and usability of robot Ivy. Gaining insight in the process of implementation.

Method; Qualitative study with 19 cases; 67 interviews clients/relatives/professionals, 16 with managers and project leaders. Teams were trained in use of Ivy and made decisions together with clients and relatives how to apply Ivy.

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Findings

- a) Satisfaction with easy use of Ivy.
- b) After 2 months, 12 clients (out of 19) enthusiastically continued with use of Ivy.
- c) For those clients, Ivy created enhanced daily structure, improved emotional well-being and/or increased independence.
- d) Ivy is particularly suitable for clients who need structure, predictability, and support with daily activities, and having low to moderate digital skills. Less appropriate for clients with more complex and fluctuating care needs or high digital skills.
- e) Client characteristics (cognitive capabilities and care predictability), health care professional factors (available time and digital competency), contextual conditions (timing and connectivity), and organizational support (training and resources) influenced sustained use.

Conclusions

Robot Ivy offers potential for support in disability services. Success depends on personalization and proper integration into care contexts. It is essential to further develop Ivy's capabilities, possibly through the integration of AI, in order to better align the technology with the needs of both clients and care professionals.

Reference

Steins M, Huijnen C, Odekerken-Schröder G, Mahr D, Mennens K, Daniels R, Mathmann F. Health Care Professionals' Experiences Regarding Facilitators of and Barriers to Sustained Use of Social Robot Ivy for People With Intellectual Disabilities: Qualitative Interview Study. *J Med Internet Res*. 2025 Sep 10;27:e74168. doi: 10.2196/74168. PMID: 40929721; PMCID: PMC12461163.