



CONFERENCE NOTES

Conference on Social Innovation and Independent Living Brussels, June 13th 2012

The Liaison agency Flanders-Europe (vleva) and the Kent County Council on behalf of the Social Inclusion Regional Group (SIRG) organized a conference for the European Year for Active Ageing and Solidarity between Generations 2012 titled **“Social Innovation and Independent Living”**. This event was held on **Wednesday, June 13th 2012 from 10:00 until 16:30** at the vleva premises (Kortenberglaan 71, 1000 Brussels).

The goal of this conference was to help participants gain a comprehensive view on the importance of actions at regional and local level to promote social innovation in elderly care in Europe and to understand the barriers and obstacles to the provision of care at home and in residential settings. As the chair of the conference, Lien Van Malderen, put it in her opening statement, the time for action is now! There are three main issues at hand: the population is ageing, particularly the group of 80 years old and above, care needs are mounting and the available workforce is diminishing. The double ageing of the population and the shortage of caregivers lead to a gap in care. Therefore, Europe needs to innovate now to guarantee quality care in the future.

The conference featured plenary sessions by Professor Dominique Verté, James Lampert from the Kent County Council and Peter Wintlev-Jensen representing the European Commission. Flemish Minister for Welfare, Public Health and Family Jo Vandeurzen held the closing remarks for the morning session. In the afternoon four workshops presented best practices from across Europe on how to increase the autonomy of the elderly, technological support for those in need, integrated care coordination and active ageing and minority groups.

Professor Dominique Verté: “It is crucial to carry out cognitive framing at an early age”



Throughout his presentation professor Dominique Verté stressed the importance of supporting people in their own homes for as long as possible. It should be understood that people spend a long time in their own neighborhood and communities. Care is not limited to hospitals and nursing homes but should be extended to the home setting and included in urban planning. A large number of

elderly people (65+ and 80+) live independently at home, professor Verté explains. Most homes, however, are not adapted to meet their needs. It is crucial to carry out cognitive framing at an early age, perhaps even among people in their 50's. As people age, they are less likely to adapt their homes. Urban planning, integrated services and direct access, and sufficient adapted housing opportunities are all essential to active ageing. In a social sense the elderly do not enjoy living exclusively with elderly people. They wish to see a diversity of people.

James Lampert: “There is strong evidence that suggests the three themes must all be done at once as there is a cumulative effect”



James Lampert, programme lead for integrated health and social care teams in Kent County (UK), explained to us this attempt by the Kent County Council to bridge the gap between the authority and health service providers. The expected benefits will be to improve the co-ordination of care, improve patient and carer experience and to deliver efficiencies across health and social care. James Lampert highlighted the need for three key

themes to be introduced simultaneously as evidence suggests that they have a cumulative effect when introduced together. The three themes are risk stratification, integrated health and social care teams, and self-care/shared decision-making.

The risk stratification scheme involves a risk-profiling tool/predictive model to identify those who are at greatest risk of hospital admission. The project also works towards a joint data warehouse that will allow information sharing among health and social care providers. Secondly, the people identified will receive services from integrated teams who will support the person to better self-manage their condition. Last, Kent's Integrated Personal Budget is a great example that allows Kent citizens to decide what kind of care they would like to receive and telecare and telehealth technologies are a key component of self-care.

A question was raised on how elderly people are ensured to have the right information. James Lampert replied that mechanisms to provide vital information are constructed to address that repeatedly-raised concern.

Peter Wintlev-Jensen: “The EU needs to create incentives and regulatory frameworks for its members”



Peter Wintlev-Jensen from the Directorate General Information Society and Media introduced the EU's agenda on ICT and ageing with a focus on empowerment, soliciting new models that integrate care, provide large efficiency gains and facilitate market growth. The EU needs to create incentives and regulatory frameworks for its members, explains Peter Wintlev-Jensen. Funding allocated to health already amounts to 8 billion euro, by far

the largest domain compared to other areas. However, lack of funding and non-

involvement of end users are the top two barriers that deter ICT innovation. The brand new European Innovation Partnership welcomes EU actors to engage in commitments for further actions, become reference sites, and share ideas on the marketplace platform.

Jo Vandeurzen: “Creativity makes the economy go”



Flemish minister Jo Vandeurzen applauded this conference. He says that economic principles are gaining acceptance in 'soft' sectors and creativity makes the economy go. Therefore innovation should be at the center of our care model.

The Flemish policy level wants to put the focus on custom care. The minister sees innovation as a continuous process aimed at providing an answer to societal needs. Legislation can play a pivotal role in supporting an innovative mindset by maximizing flexibility. Also, the minister stresses that the 'silver economy' offers opportunities for growth that are not yet met.

Workshop 1: Supporting independent living elderly and their carers

The outcome of this workshop was ambivalent. At one hand it can be stated that everything possible should be done in order to help the people who are in need of our help. On the other hand, as Sylvie Roussel puts it, we also have to take care of the (informal) carers themselves. What we need for the future is an integrated care approach. Taking notice of any relevant aspect - having a holistic view on things and acting participants that see the whole, not just their details in order to benefit from fruitful synergy effects. Neither technology of ambient assisted living nor informal carers nor the relatives will be able to handle the challenges that we will face in the near future due to sociodemographic change. Only an integrated approach of all available knowledge and best practices on the field can rise to the challenge.

Workshop 2: Living independently better, longer and safer: technology can help but how to implement it?

Ulrica Björner from the City of Gothenburg's Development Centre for Senior Citizens revealed the many fascinating products for senior citizens that need assistance to continue living in their own home. In Gothenburg they found that seven out of ten seniors wishes to stay in their own home as long as possible. And in effect only 5% of the elderly population currently resides in a nursing home. There's a vast field of opportunities for private companies to develop new products. Janine Cosijn from the city of Eindhoven added that they have found the triple helix model to foster the best results: a close co-operation between knowledge institutions, authorities and private enterprises. Someone from the audience raised a concern over interoperability. Governments, or at least health care funds, should get together to establish common standards, preferably at the European level. This will stimulate innovation and cut costs through competition. All parties agreed that the next step is to find a strategy to get the products to the users.

Workshop 3: Autonomy, empowerment and dignity in residential care

In this workshop the importance of the autonomy of the older person residing in a residential long-term care facility was shown. Central in its enhancement is dignity in care and enhancing and respecting the resident's choice. It is finding a balance between proximity and autonomy. The representative of best practice of the workshop, that is Mr Bulckens of nursing home Vincenthove, Flanders, and the representative of the AGE-platform (Europe), Maciej Kucharczyk, showed that currently at the policy level and in practice action is taken to reassure autonomy and quality towards nursing home residents.

Still, at least one main problem to aim for autonomy in this setting was encountered during the workshop: the finances. Currently in the different European regions, the funding of the nursing homes is related to the dependency-level of their residents. The more dependent the residents are/get, the more funding the nursing homes will receive. Therefore, the next step is to recognise that projects aiming for an increasing autonomy of residents do not have less need for funding and for caregivers. They still need the same amount of supporting staff, but the support provided to the residents will be different. This must be reflected in our funding to avoid that nursing homes that aim for an enhanced autonomy will get disadvantaged.

Workshop 4: Persons with disabilities or ethnic background, homeless persons and other vulnerable elderly groups: specialized or mainstream care? How to bridge cultural, social and relational needs?

In this workshop we focused on active ageing and supported housing for a selection of minority groups in the elderly population, namely the homeless elderly, ageing people with disabilities and elderly immigrants. Policy makers need to consider the question of how to integrate specialised and mainstream services in care, as well as housing initiatives.

The workshop members agreed that social innovation is a long term process in need of networking and a long term 'undercurrent' of social engagement. It's about a 'person-centred' approach: listening to the individual and the choices he or she wants to make. The social aspect is equally important as the health aspect. Integrating both can even reduce the cost of care, e.g. by making more use of informal and volunteer care. What all target groups share is a double vulnerability, c.q. being at risk due to the ageing process and because of disability, homelessness or cultural/language barriers.

**All the presentations are available on the SIRG-website:
<http://www.vleva.eu/socialinclusionregionalgroup>**

More information?

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Organized by:



In cooperation with:



Social Inclusion Regional Group

The conference is the fourth conference of the 'Social Inclusion Regional Group' (SIRG) that focuses on the 2012 European Year on Active Ageing and Solidarity between Generations. SIRG is an initiative of local and regional representation offices based in Brussels. Previous SIRG-conferences included an introductory conference on the European Year 2012, "Regional and local initiatives promoting healthy and active ageing" and "Solidarity between generations: from regional best practices to policies". More information on SIRG: <http://www.vleva.eu/socialinclusionregionalgroup>.