

# TRIADE

## TRAINING FOR INCLUSION OF AGEING PEOPLE WITH DISABILITIES THROUGH EXCHANGE

### Newsletter #2 - April 2016



#### Sharing good practices.

*Johan Warnez - den achtkanter vzw, Kortrijk (Belgium) - coordinator TRIADE project*

The TRIADE-train is on full speed now. Two most interesting international meetings (Valencia, E and Kortrijk, B) were appreciated by enthusiastic participants, representing 10 European partner organizations.

The focus of this Erasmus+ project is not only on the *best* support of ageing people, but also, and in particular, on the best *inclusive* support of disabled ageing people. Although this project is related to a rather narrow target group of disabled ageing people, the project wants to contribute in a significant way to the global transition towards an inclusive society with mainstream services that are accessible to all citizens, disabled or not. A lot has to be done to realize this goal, but we see it as a *duty* for all to contribute.

The TRIADE project has chosen to share ongoing good practices of *inclusive* approaches in 6 countries and to reflect on their strengths (what makes the difference?) and challenges (how to deal with). These reflections – in addition in each country shared with a local expert group - are the starting point for recommendations for (regional, national, European) policy makers and for those involved in HR-policies and curriculum development. A first synthesis of practices and recommendations – to be published in next newsletters - will be finalized during the upcoming international meeting in Rotterdam (see final page). The active participation of the ENSA network ensures a continuous exchange among the ENSA members (also creating new input!) and an ample dissemination of the outcome of the project. Sharing good practices is seen as one of the most important tools to support whatever transition. Kröber's study (2011) on the factors for success and (and failure) during the implementation of inclusion processes, shows a significant impact of sharing good practices, as they show concrete results and ways to deal with challenges – it is not just theory!

This 2<sup>nd</sup> newsletter gives a platform to some of the shared practices and reflections. Your feedback is mostly appreciated.

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## Focus on good practices - Inclusive support of disabled ageing people. Realizing *ageing in place* by cross sectoral collaboration.

*Joyce Vansteenkiste, Joke Vandaele, Johan Warnez - vzw den achtkanter, Kortrijk (B)*



A formal collaboration between vzw den achtkanter (service for the disabled) and Sint Vincentius (service for the elderly), both active in the city of Kortrijk (Flandres), has been established in 2010. A concrete methodology has been developed to support ageing clients in the service for the disabled (creating chances for the clients to stay at home as long as possible – according to the ageing in place principle, by outreach and support by the service for

the elderly) and to support clients with disabilities in the mainstream service for the elderly (by supporting the staff by the service for the disabled).

This cross sectoral approach aimed to give answers to 3 questions:

- **How does a cross sectoral collaboration enhances the Quality of Life of disabled ageing clients ?**
- **How does this collaboration supports the professionalization of the staff?**
- **What are the effects for society?**

As both organizations have a similar policy on social inclusion and quality of life, and as available skills and competencies in both organizations are complementary (both necessary to deal in a qualitative way with the needs of ageing persons with disabilities in the mainstream/ community based services), the goals of the collaboration and responsibilities of each party have been written down in a formal, signed agreement. By doing so, a necessary condition was created to underline the real intention to contribute actively on an inclusive approach, starting from the ageing in place principle. Annual evaluations on organizational level monitor the implementation process.

In the disability field, facilities are faced with a growing number of ageing clients. The staff of these facilities has a lot of disability-specific expertise, but does not know how to deal with physical and mental needs within ageing clients. When vzw den achtkanter is faced with ageing related challenges/new support needs of a certain client, the coordinator of Sint Vincentius supports the staff that works with the ageing client, by sharing tips, tricks and insights to enable the staff to support the ageing client where he lives. The goal is to support the client as long as possible in the living situation he prefers.

When – at a certain moment - the needs of the ageing client exceed the means of the organization (staff, competencies, infrastructural,...), the client can move to the mainstream service for the elderly. This is just as it is the case for everyone in society who is becoming older and needs specific support and can't stay at home anymore. From that moment on, the team of the service for the elderly is supported by the facility for the disabled, sharing disability-specific knowledge.

Since 2010, about 15 disabled clients were involved; most of them could significantly stay 'at home' longer, some of them moved to the service for the elderly (esp. Down Syndrom with dementia). The client centered outreach, additional training, supervision etc. are leading to more additional expertise in both staff. However, quality of life of the clients staying longer at home, or moving to a service for the elderly, is the main goal. Tools to assess quality of life within this specific population are not available yet, but according to the feedback we receive from the network of the client, this cross sectoral approach contributes to the best support and to quality of life of the client.

The main challenges are linked to the belief system of both staff involved; in a service for the disabled, staff often doesn't like to 'move' the client they have cared for during so many years, and in services for the elderly, people haven't chosen to support 'Down Syndrom' clients; also, as is true for society, not everyone believes that inclusion is the right option.

Many more challenges arose, some of them were easy to deal with, others revealed limitations; this is especially true when a client has an additional psychiatric or behavioral problem. But as clients and their network give positive feedback, the collaboration goes on and will be shared as a good practice! A tool to assess quality of life will be developed, and research by University of Ghent on critical success factors is ongoing.

## Focus on good practices - Transition from a medical model to a social inclusion model in elderly care.

*Eveline Breye - Sint Vincentius, Kortrijk (B)*



Sint Vincentius, a facility for the elderly in Kortrijk (B) looks for ways to improve the quality of life of their vulnerable clients. In order to do this, the actual practice was profoundly evaluated. Good practices were maintained while other practices were subject of quality projects, b.o. to improve skills and knowledge. Information from resident satisfaction surveys, experiences on the work floor as well as social evolutions showed that people who are staying in a residential care setting, appreciate a personal, social and existential approach rather than an approach that only focuses on the medical needs. Although a qualitative medical support framework is important, it should be implemented 'in the background' as it is mainly focusing on difficulties and disabilities. Also, working in small units contributes to the desired professional setting, characterized by a person centered care in an agreeable living environment.

Many things needed to change to reach the goal: another belief system and an unconditional belief in the value of inclusion and diversity, staff training, a firm and clear policy, organizational/infrastructural choices contribute to the desired transition.

For many professionals, the 'simple' decision to transform two large departments into six small living units, with a fixed staff linked to each unit, was 'not simple' to deal with. Although this situation allows the staff to create an more individual relationship with each of the residents in order to deal with their vulnerabilities and needs in the best individualized way and to contribute to the residents wellbeing, this change was not evident.

At the same time, we developed a partnership with Den Achtkanter, a service for the disabled in the neighborhood and focusing on social inclusion. The collaboration had to contribute - b.o. by sharing beliefs and competences - to a support system **beyond** the medical care. Both organizations support each other : when at a certain time one of the clients of Den Achtkanter develops new support needs, related to ageing (physical and mental problems), Sint Vincentius shares knowledge and supports the staff of Den Achtkanter, in order to allow clients to stay at home (e.g. in a residence of Den Achtkanter or in an independent living context) as long as possible. When the organization can't deal with the client's needs anymore, due to an increased support need, the client can move to Sint Vincentius. From that point on, the staff of Den Achtkanter supports the staff of Sint Vincentius by sharing competences that are important to deal with (intellectual) disabilities. As the whole process takes some time (months or even years), we have the opportunity to learn to know our (new) residents very well. What are preferences, needs, aspirations,.... ?

With the collaborating organization, we developed a training course for our staff. This course stressed upon the social inclusive vision and consequent beliefs. This is still ongoing, but there is evidence that this changes the vision and attitudes of our 'medical' oriented staff. Especially the focus on Quality of life is a significant change.

At the end of 2016, we are moving to a new building for residential care. In this building, ten living units, limited to fifteen residents per unit, will be organized. New residents will stay temporally in an 'orientation house' which allows us to learn who the new resident really is. After this orientation phase and based on his social background, their life story and their spiritual meaning, they will be assigned to the living unit that best fits their needs and expectations. Also this may contribute to the quality of life of the resident.



## Research - Enhancing students attitudes towards elderly. The use of the ANSE scale.

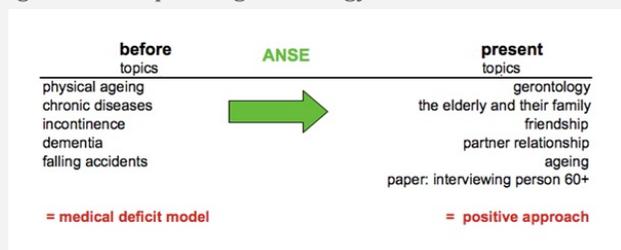
Nico Dewitte - University College Ghent,



In this contribution, the ANSE project is discussed. The ANSE scale (Attitude of Nursing Students towards Elderly) aims to measure student's attitudes towards older people. Belgium, like the rest of Europe is confronted with population ageing. Indeed, from 2010, the classic population pyramid looks no longer like a pyramid, but is becoming more and more rectangular.

Projections estimate that 30.9% of the Belgian population will be 60 years or older in 2050. In 1950 this was 15.9%. In other words, the percentage of people reaching 60 years will double within one century. For the age group 80+, the increase is even more impressive. Where 1.4% reached 80 years in 1950, about 9.6% will reach that age in 2050, a sevenfold expansion in one decade. As a consequence, nursing students are very likely to be confronted with aged patients in their professional career, pointing towards an increasing need for nurses specialized in elderly care. Conversely since 2000, the University College Ghent, which was one of the few institutions offering a bachelor degree in geriatric nursing, saw decreasing numbers of students enrolled in this program. In response to this, the project ANSE was started. **Course content evaluation**

A first step in the ANSE project was to analyze the content of the gerontology course in the first year of the curriculum. Gerontology is the study of social, psychological, cognitive, and biological aspects of aging. It is distinguished from geriatrics, which is a branch of medicine. So the focus of gerontology is non-medical. In analyzing the content, topics like incontinence, osteoporosis, dementia, arthrosis were found, pointing towards a medical deficit approach, where ageing is associated with diseases. One can imagine that students, after following this course, are not eager to work with older patients. In response to this, these negative and stereotyping topics were replaced by topics focusing on healthy ageing (see figure with topics of gerontology course before and after the start of the ANSE project).



### Development of the ANSE scale

In order to capture students attitudes towards elderly, an assessment tool was developed. This instrument consists of 18 statements (both for men and woman) in 3 dimensions. A first dimension is defined as "Older people's Social capacities" (eg. friendly, nice,...) and consists of 5 statements. The second dimension "Older people in the Community" (attribute to community, independent, active,...) is measured using 8 statements. Finally, the third dimension "Older people's Intellectual capacities" (wisdom, interesting,...), consists of 5 statements. The instrument was validated on a sample of 1390 questionnaires, gathered since 2007. Students were asked to complete the instrument when starting their education, after the gerontology course in the first year. They were also asked to complete the questionnaire at the start and at the end of the second year. The instrument showed good psychometric properties (ANSE TOTAL a: 0,915, Older people's Social capacities a: 0,871, Older people in the Community a: 0,827 and Older people's Intellectual capacities a: 0,835).

### Results

Each year and this from 2007 on, a significant positive evolution of the students attitudes towards elderly was found. This positive effect was maintained in the second year. Moreover, students did not agree with the statements that caring for elderly was unattractive or less prestigious. However these results did not result in higher numbers of students enrolled in the specialized program geriatric nursing. Since 2011, this specialized program is abandoned and each student must follow a general program. As a consequence, this positive evolution in attitude is applicable for all nursing students.

### Conclusion

Education can positively influence nursing students attitudes towards elderly. As the number of older people are increasing in both the community and on hospital wards, this result is encouraging.

## In the spotlight - A first dialogue of the EU with the UN Committee on the Rights of Persons with Disabilities

*Michel Servoz, Director General, DG Employment, Social Affairs and Inclusion - European Commission*



For the first time, the European Union (EU) has been cross-examined on how it is fulfilling its human rights obligations under an international human rights treaty: in this case, the United Nations (UN) Convention on the Rights of Persons with Disabilities.

On 27-28 August 2015, the UN Committee on the Rights of Persons with Disabilities engaged in face-to-face question-and-answer sessions with an EU delegation. The European Commission had submitted a report to the UN in June 2014 and

had replied a year later to a list of questions put by the UN.

The EU delegation was led by Michel Servoz, Director General of the European Commission's Employment, Social Affairs and Inclusion DG, who represented the Focal Point. 22 EU Member States experts attended the meeting in an observer capacity, and the EU Monitoring Framework in an independent capacity.

As for the UN Committee, it was made up of 18 independent experts from different parts of the world.

### A wide array

Officially called "Constructive Dialogue", the cross-examination raised issues related to a wide array of EU policies, such as internal market, justice, cohesion policy, development cooperation, research and technological development or even areas of supporting competence like education, health, sports.

Some were also related to staff matters, accessibility of websites and buildings, as the EU is expected to apply the Convention both in terms of substantive policies and in its capacity as a public administration.

On 3 September, the UN Committee issued its findings ("Concluding Observations"). In particular, it asked to report within a year on three specific actions: the adoption of the European Accessibility Act, the withdrawal of the Commission from the EU Framework and the revision of the declaration of competences.

Immediately after, the Commission highlighted its commitment to implementing the UN Committee's recommendations of the Committee. By December 2015, it had already adopted a proposal for the European Accessibility Act, while work was in progress on the two other issues.

The Concluding Observations also provided guidance for the preparation of the progress report on the European Disability Strategy 2010-2020, which is expected in the course of 2016. One of the key objectives of the progress report is to implement the Convention in the EU.

### **TRIADE consortium answered to the public consultation on the review of the European Disability Strategy 2010-2020**

This Strategy provides a **roadmap** for the implementation of the **United Nations Convention on the Rights of Persons with Disabilities**, to which the European Union is a party. It has identified **eight** main **areas for action at EU level**: accessibility, participation, equality, employment, education and training, social protection, health, external action.

This public consultation asked for opinion on **what has been achieved so far** in each of these areas, the views on **the challenges** faced by all persons with disabilities.

## News from the partners - Recommendations and lessons learnt thus far... reflections from Sweden

Jill Mattsson & Monica Tolla - Karlstads municipality (Sweden)



By sharing good practices the TRIADE project aims to define methods and tools to improve the skills of the staff

that is responsible for the best inclusive support of disabled ageing people. The growing number of ageing people, especially disabled ageing people, is a common international problem. The 'Health and Care administration' in Karlstad (Sweden) is very grateful for the privilege to participate in the Erasmus+ project TRIADE and to help finding best practices.

After our first meeting in Valencia in October 2015 already some general lines were clear:

- The curriculum of future staff working in services for the elderly or for the disabled needs to include elements related to many more items than just knowledge or technical skills; also items addressing attitudes, motivation, belief system, values,... are critical parts of the curriculum.
- The same elements are relevant, not only for the 'professional' staff, but also for the informal carers involved; sharing information or knowledge is not a sufficient condition; also (b.o.) monitoring, reflection on practices and values, intervision,... is necessary.
- In almost all countries, laws and regulations must be 'revised' from an inclusive point of view. Also, the concept 'inclusion' is often not or unclearly defined : this means that the way 'inclusive support' is understood and implemented, varies among countries, partners, organizations,....
- A new 'inclusive' professional competence profile, according the inclusive perspective and the Quality of Life-

concept, and meeting the needs and aspirations of disabled ageing persons, needs to be made explicit.

- A valid and reliable tool assess the Quality Of Life of (disabled) ageing people needs to be developed.

The practices presented during the Kortrijk meeting, February 2016, were very inspiring.

- Formal collaborations between sectors, b.o. services for the elderly and services for disabled people, are an important critical factor of success, as they support the policy and strategies to make the transition toward an inclusive approach.

In Sweden we have laws that direct our activities. The Social Services Act addresses all members of society; the LSS (Law regulating Support and Service to Persons with Certain Functional Disabilities) addresses the disabled. Both are functioning separately: there is very little cooperation between the different fields. The Kortrijk model (see in this newsletter, focus on practices) can be inspiring to create a more inclusive, community based support. We need to develop our work by taking the individual needs as a starting point, rather than looking for ways to maintain local commercial rules and standards. There is a strong need for concrete actions to develop (new) competences when working inclusively and beyond the sectors.

- The visit to 'sTimul care-ethics lab' invited us to think about a similar initiative, focusing on cognitive disability. In our healthcare programs this 'ethic' point of view and the lessons learnt when experiencing what it is to be dependent, are not taken into account in a sufficient way to develop empathy-ethic skill and attitude.

Looking forward to future meetings to learn more!

The partners of the TRIADE project have the firm intention to share lessons learnt.

By the end of the project (Autumn 2017) the partners will present a collection of good practices that illustrate the inclusive support of disabled ageing people. With these practices in mind, the partnership want to formulate recommendations for organizational HR policies, for national and European policy and for educational policies. During the Rotterdam meeting next June, a first interim collection will be prepared.

Newsletter #3 will comment these recommendations.

## News from the partners - Report from the French Local Expert Group

Miljana Dejanovic - Conseil Départemental de Val de Marne (F)



Following the second transnational meeting held on 11th and 12th of February 2016 in Kortrijk, Belgium, the experts in the fields of gerontology and disability of the Departmental Council of the Val-de-Marne met on 12th of April in order to analyze the best practices presented by our Belgian partners. The best practices from Belgium have generated a lot of interest in Val-de-Marne and have boosted the reflection of their potential implementation.

As a student on Masters in the university of Social Interventions (UPEC), Sarah Cardoso has participated for the first time at the meeting of expert group: *"I think that the expert group meetings are a real place of exchange, reflection, allowing us to step back from our professional practices. As a part of my master's thesis on the issue of aging people with disabilities, this experience of the expert group meeting allows me to think about the quality of the support of this public and to understand better the problems they meet. The exchange about this issue with the partners from all over the Europe gives us better visibility of the various practices and enriches our work."*

Thierry Lacombe, doctor at the Departmental Council of Val-de-Marne, in charge of the institutions and services for disabled people and one of the participants of the expert group, states that *"One of the limitations of the organization within local authorities (cities, departments, regions) is the difficulty to exchange experiences. The TRIADE network allows not only the exchange of innovations and good practices, but it enables the opening beyond our cultural differences. On this occasion, the most important thing is probably the convergence of the needs of ageing people with disabilities regardless of where they live in the European territory."*



## More news.... from the Spanish Expert Group

M. Sorzano & J. Gil - IVAS (Spain)



The Spanish local expert group is formed by 12 professionals divided into two groups: one is meeting in the city of Valencia and the second one in the city of Elche (Alicante).

The entities taking part in the Elche's group are two universities (Universidad Miguel Hernández and CEU Cardenal Herrera), one secondary and vocational school (Victoria Kent). Regarding to

Valencia, the group is formed by professionals of one university (Universidad Católica de Valencia), two secondary and vocational schools (Ramón Cid from Benicarló and CIPFP Misericordia), an elderly entity (CEAM Paterna) and two entities working with disabled people (COPAVA and Fundación Espurna). In addition, IVAS' professionals who are monitoring the project are also taking part in the meetings.

Because TRIADE project started in Valencia, the first Spanish local expert group meeting took place just after the second transnational encounter in Kortrijk and Moorseele. In Valencia, the meeting took place in IVAS' head office the 9<sup>th</sup> of March, while in Elche the local group met the day after (10<sup>th</sup> of March) in the Tramoia (IVAS' Occupational center for intellectual disabled people), where the experts had the opportunity to see the work that is being done in this center and to discuss the good practices. We want to highlight that traineeship students of the Victoria Kent vocational school took also part in the meeting.

IVAS is very satisfied with the first impressions obtained after the two meetings.

Considerable information was exchanged among the experts, showing great interest in the network created, in the good practices presented and high commitment to keep working with the project not only in this local expert group but also in future European actions about training, ageing or disability.



## Intermezzo - Inclusion in the Valencia Classrooms

*Jaume Fullana Mestre - Gen. Dir. education policy - Valencian Regional Ministry of Education, Research, Culture & Sport*



One of the objectives of inclusive education is to promote the emotional development of the person in the different aspects of life, especially in the educational field, which belongs to our General Directorate. The teaching team of each educational centre is in charge of these functions, especially the tutor or tutors of each group of the educational centre who have to take care of the personal and social wellbeing of the students.

In case a primary school student needs a more specific treatment, his/her special needs are attended by the School Psychopedagogical Service or by the municipal psychopedagogical cabinet, in coordination with the first service mentioned. If special attention is necessary in Secondary School or Baccalaureate, this is attended by the counselor, present in all educational centres. These professionals are in charge to guarantee the socio-emotional attention of each student and demonstrate the commitment of the Valencian educational system on their social integration, the efficient management of conflict resolution in classrooms and the attention to the diversity.

It is evident that each of the members of the society or a particular social group has certain capabilities that generate a diversity that has to be managed in a way that no exclusions or discriminations can occur. In this sense, we must bear in mind that the Regional Ministry of Education, Research, Culture and Sport must have the appropriate regulations and resources to promote the educational inclusion of students with disabilities that each centre develops in function of the specific characteristics of the students.

In this way, the measures put in practice from our Regional Ministry to get that educational centres can obtain the full inclusion of students with disabilities are:

- \* Accessibility adaptations: elimination of architectural barriers and provision of individual technical aids and equipment of centres and classrooms.
- \* Individual curricular adaptations from the ordinary curriculum in the needed areas.
- \* Educative orientation for students and families.
- \* Coexistence plans that enhance the integration and ensure the non-discrimination.
- \* Provision of additional personal resources of therapeutic pedagogy, hearing and language and special education educator.
- \* Provision of resources of sign language.
- \* Agreement with ONCE over the attention of students with visual impairment.
- \* Training programmes for teachers through the "CEFIRE" (centres of training, innovation and educational resources)
- \* Listing of centres of preferential schooling and empowerment of specific units within ordinary centres and Communication and language classrooms for TEA (Autism Spectrum disorders)
- \* Development of protocols for intervention (detection, diagnosis-evaluation and attention) with students with mental disorders.
- \* Development of protocols for intervention (detection, diagnosis-evaluation and attention) with students with dyslexia.
- \* Elaboration of guides for educational attention for students with specific educational support needs: Attention deficit hyperactivity disorder, Autism Spectrum disorders, learning disabilities, language, communication and other capacities disorders.

In addition, the centres, within their independence, are developing several inclusive projects (learning communities, cooperative learning, project works, etc.) and have created plans to attend diversity and educational inclusion adapted to the needs of each centre. In any case, the educational inclusion is a challenge which must be faced for the society as a whole and in which Valencian Regional Ministry of Education, Research, Culture and Sport is obviously nowadays working.

## News from... Rotterdam - The importance of informal support

A. Lieshout & T. Domenici - Gemeente Rotterdam (NL)



The TRIADE project emphasizes the importance of training professionals to continue to include ageing people with disabilities in society. For the municipality of Rotterdam, it is important to support the wish of all people to participate in society as long as possible and, therefore, the city of Rotterdam invests in exchange of knowledge and practices on this subject at the European level. Together with many partners in the city, we try to create a society in which people can continue to participate, even as they grow older or have disabilities. Here, the role of the informal supporters is of great importance. A volunteer or a family caregiver has a lot of influence on the *abilities* of people with disabilities. The municipality therefore supports voluntary organizations that are developing buddy projects; a buddy is a companion for someone with a disability to, e.g. do something funny together, or to help with the administration.

Caregivers in the family know the person they care for very well, maybe the best of all. Therefore, they are of extreme value for supporting and caring for the client. Professionals and family caregivers can learn a lot from each other.

Informal support: volunteers and family carers, in accordance with the municipality of Rotterdam, want to create an inclusive society where people with disabilities can actively participate! During the meeting of TRIADE in Rotterdam next June, the topic of informal support topic will be extensively discussed.

## Innovation in care - better chances and opportunities for all citizens & TRIADE meeting Rotterdam, 27 - 29/6/2016

The City of Rotterdam and three leading networks of European authorities working in social care, ENSA European Network for Social Authorities, ELISAN European Local Inclusion and Social Action Network, the Youth Care Platform have the pleasure to invite you to a two day event entitled "Innovation in care: better chances and opportunities for all citizens" that will take place in Rotterdam under the Dutch presidency of the European Union on the 27th and 28th of June 2016.

Health and care services in Europe and internationally are undergoing pressure and changes due to the growing demand caused by the social situation: demographic change, unemployment, poverty, social exclusion and integration. To tackle these challenges, policy makers, regional and local authorities, public and private sectors have to develop appropriate innovative responses.

A multitude of good examples are being developed for instance in coordinated approaches and in integrating social and health care to combine resources. This event has the purpose to escalate innovation and practices promoting people oriented approaches bringing tangible benefits for end users. The experiences to exchange aim to help health and care systems to contain costs unlocking business opportunities. The work will be oriented on the efficiency of social protection systems over the life course. Successful experiences will be exchanged in the following strands child care, family policies, violence prevention, developing youth inclusion and skills, disability, active and healthy ageing.

In connection with programming opportunities of the EU inclusive growth strategy, the EIP and the sustainable development goals, Leading international experts and decision makers will be invited presenting and discussing Innovative Practices and Policies.

The program will include a high level conference followed by study visits in the field of inclusive and integrated care targeting the elderly, the disabled, youth and child platforms centres.

TRIADE project exchanges will be held during the disability and elderly working group meetings the 28<sup>th</sup> June (14.00-17.00). This will be the occasion for interested stakeholders to learn about the project inclusive support objectives and good practices in formal and informal care. Internal meetings on the of the TRIADE consortium will be held as well (28/6 9-12.00 and 29/6 9.30 to 16.00) to follow -up the work in progress concerning the recommendations for policy makers, the local expert groups and the best practices developed by the city of Rotterdam.

<http://innovation-in-care.eu/>

## EU News - European Pillar of Social Rights

Elena Curtopassi & ENSA coordination team



### The Commission launches a public consultation on the European Pillar of Social Rights

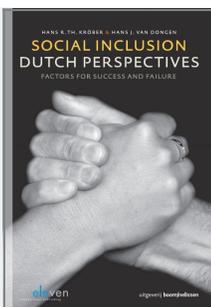
The European Commission presented a first concrete outline of the European Pillar of Social Rights announced by President Juncker in September last year and launches a broad public consultation to gather views and feedback from other European institutions, national authorities and parliaments, social partners, stakeholders, civil society, experts from academia and citizens. The [online consultation](#) will run until the end of 2016.

The **European Pillar of Social Rights** will set out a number of **essential principles** to support **well-functioning and fair labour markets** and **welfare systems** within the euro area.

Marianne Thyssen, Commissioner for Employment, Social Affairs, Skills and Labour Mobility, said: "*The biggest challenge of the 21<sup>st</sup> century is the changing world of work. Globalisation, the digital revolution and new business models have an unprecedented impact on how we work. We need to be ready to anticipate and influence these trends and developments. We have to ask ourselves the basic questions: are our European Union and our Member State's social policies in the broad sense of the word fit for purpose for the 21<sup>st</sup> century? How can we make the European social model future-proof? With the consultation that we are launching today, we are setting the first step towards a European Pillar of Social Rights.*"

The **aim** of the consultation is: to make an **assessment of the present EU social "acquis"**, to reflect on new trends in work patterns and societies, and to gather views and feedback on the principles identified in a preliminary outline of the Pillar.

The **results of the consultation** will contribute to its **final outline** and help to identify the scope of future action where necessary. The consultation will run until 31 December 2016 and a consolidated version of the European Pillar of Social Rights should be presented early in 2017. Once adopted, the Pillar should become a **reference framework** to screen employment and social performance of participating Member States



### SOCIAL INCLUSION. Factors for success and failure. - ISBN: 9789024401093

Inclusion is an important component of quality of life. It is linked to issues such as participation in society, relationships, social networks and civil society. Viewed from this perspective, the social position of people with an intellectual disability in Europe in general and in the Netherlands in particular, still leaves much to be desired. Often segregation and marginalization still exist.

*Social Inclusion* focuses on the factors for success and failure that come into play when designing inclusion processes. The book examines the role of health care organizations and their contributions to inclusion. From the perspective of the health care organization, the following issues are explored

- To what extent has the history of health care been obstructive for inclusion?
- Which roles do government, advocates and stakeholders play?
- Which roles are played by organizational features, the employees and those with an intellectual disability who are supported by a health care organization?
- Which implementation strategy would be the most appropriate when designing changes?

Authors : Dr Hans R.Th. Kröber & H.J. van Dongen

## News from the partners - Reflections from Eskilstuna

Marie Skoghill & Sara Morgan - Eskilstuna (S)



Eskilstuna's local expert group is an amazing collection of people who all have a long experience of working with or for people with disabilities, aging people, with education and coaching for staff. When our group meets, everybody is most interested and curious to deepen the discussion about the good practices coming from the European conferences and consortium meetings.

After the meeting in Kortrijk, the Care Etic Lab – "Stimul" gave us a lot of thoughts, insights and much to talk about. We are used to discuss and consider various ethical situations, but this took the discussion to another level and point of view. Indeed to be able to take a care-

taker's perspective, who is entirely dependent of us to be able to live her or his life, is a very important knowledge for a professional caregiver. We can already see that the exchange of experiences in our group has given results in our organization. We have seen that there is a lack of knowledge about the developmental parts of dementia among staff who works with people with intellectual disability. So this autumn we plan to provide special education about dementia for staff working with this ageing target group:

In addition we wish to develop methods like Stimul's work and education. Perhaps in a smaller way, maybe as an introduction for the work. We have shown the film (see <http://www.stimul.be/en/home/>) to our management and the discussions immediately started.

Another interesting discussion in Sweden and not only in Eskilstuna, is about making a national equivalent VET education for people who work in the disability field. We had an exchange with one of the educational coordinators about students and their lack of engagement in studies linked to elderly care and dementia etc. So like Kortrijk, we also have that problem in Sweden. A national equivalent could be a good way to give a higher status to these domains.

## News from the partners - ERASMUS CONVERGENT.NET contact making seminar DOLO & VENICE 18-21/4/2016



Irecoop Veneto in collaboration with Federsolidarietà Veneto is implementing a project within the Erasmus+ programme that foresees the organization of a contact making seminar between 15 organizations coming from the disability sector in 12 European Countries (Spain, France, Greece, Poland, the Netherlands, Latvia, Belgium, Sweden, Italy, Portugal, Bulgaria and Croatia)

The seminar had the objective of creating collaborations links with organizations working with young people with disabilities in order to develop mobility projects in the framework of the Erasmus+ programme.

ENSA members (Courtrai, Valencia IVAS, the Netherlands) from the TRIADE consortium contributed actively to this event with a view to develop future initiatives including this specific target group, in particular international mobility projects for young persons with disabilities.

The first day the delegation has been welcome by the municipality of Dolo, with welcoming of the Councilor for the Social Policy - Carlotta Vazzoler. The official opening of the seminar was open to the public in order to give opportunity for larger public to learn from the large diversity of the Partner organizations. Another day was dedicated to the exchanges with the Veneto Regional Minister of Social Services Manuela Lazzarin.

She commented "such seminars are most useful to develop a continuous exchange of good practices in the field of social innovation, in addition we would be most happy to welcome the participants in the activities of the ENSA network"

Seminar has been concluded on the 21/04/2016 with concretized ideas for 4 youth exchange and at least 2 Strategic Partnership projects, all dedicated to the various problematic of the disability sector. And the main outcome- a network willing to continue collaboration and sharing of practices also after the project ends.

## TRIADE partners

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## TRIADE at the Annual Convention for Inclusive Growth 2016



The ENSA network and the TRIADE Consortium participated actively at the Annual Convention for Inclusive Growth that took place in Brussels on 21st of March 2016.

The Objective of the Convention was to bring together policy makers and civil society to discuss what the EU can do to ensure that all citizens reap the benefits of truly inclusive growth. The EU needs to step up its efforts to develop, along with Member States, long-term solutions to improve its social dimension by: fighting against poverty, reducing unemployment, making sure no one is left behind.

The Convention was opened by the Commissioner for Employment and Social Affairs, Marianne Thyssen, and by Ms Jetta Klijnsma, Secretary of State for Social Affairs and Employment of The Netherlands. The event was closed by Valdis Dombrovskis, Vice-President for the Euro and Social Dialogue. Social rights in the spotlight. The one-day event kicked off with a discussion on the European Pillar of Social Rights initiative and moved on to debates in workshops about specific issues that need work if the EU is to deliver sustainable, long-term inclusive growth.

The TRIADE project has been selected by the European Commission to be presented in a **'speed-dating' session** by Johan Warnez TRIADE coordinator. The aim of this initiative was to open up opportunities for participants to work together in the future.



[www.triadeproject.eu](http://www.triadeproject.eu)



« The results of the evaluation of the second transnational meeting held in Kortrijk are more than positive and encouraging. 9 partners participating in the evaluation have unanimously expressed their utmost satisfaction with the quality of project management, with the quality of planning of the second meeting, and with hospitality. Open questions including the question related to recommendations, are most relevant in terms of future meeting organization. » (M. Dejanovic, Val de Marne (F).

Information on TRIADE is available on  
**Facebook** (<https://www.facebook.com/triadeproject/>)  
**LinkedIn** (Triade Eramsus+ community)

A leaflet with a description of the project is available in each participating country (see list of partners)

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Thanks to everyone who has contributed to this newsletter  
Responsible editor : Johan Warnez

## 3<sup>d</sup> International TRIADE meeting

June, 28 & 29, 2016  
Rotterdam (NL)

organized by  
Gemeente Rotterdam



CONFERENCE “Innovation in care: better chances and opportunities for all citizens”  
ENSA GENERAL ASSEMBLY 2016  
ELISAN GENERAL ASSEMBLY 2016  
YOUTH CARE PLATFORM MEETING  
<http://www.innovation-in-care.eu/rotterdam>

### program

[http://www.innovation-in-care.eu/rotterdam/part\\_program](http://www.innovation-in-care.eu/rotterdam/part_program)

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