

# TRIADE

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

### Newsletter #3 - October 2016



#### **Informal care: an inclusive cornerstone.**

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

Informal care is definitively part of an 'inclusive' care system: community based support is not complete without family, neighbors or volunteers as caregivers, nor is it complete when mainstream services are not accessible to all citizens or when 'special' services are not available to close the gap at the time specific expertise or 'special' support is necessary.

The practices shared during the 3<sup>rd</sup> TRIADE-meeting last June in Rotterdam, showed evidence of the contribution of informal care to the Quality of Life of the person challenged by a disability or an illness. One well known reason for this is that informal care contributes to the inclusive 'aging in place'-expectation of most citizens : to live in your own home for as long as possible. For the informal caregiver, especially when being part of the family, this is challenging, especially when a care situation is demanding and intensive and the Quality of Life of the caregiver is challenged. At that point, it should always be a possibility to receive support by 'society'. As informal care can postpone the need for more expensive residential care, it is most important to support informal care and informal caregivers in a systematic way. During the international meeting, the city of Rotterdam shared - between other - the MVZ-project (Maatjes Vrijwillige Zorg) as a excellent managed network of 45 organizations, with a clear system of allocation of volunteers to people in need, training and support, a 'hotline', etc..

As the TRIADE project progresses, it is clear that inclusive support of (disabled) ageing people will be linked to 4 main themes with the potential for many recommendations for policy and education. The concept of Quality of Life may be the protagonist, as it can be the guiding principle in education, ethics, HR, regulations on all levels, etc. Working with the elderly needs to be (re)valorized, just as the elderly themselves. The profile of the professional, including his competences and skills, but also his mind set and attitudes, has changed and needs to change in order to match with the societal and personal needs. Informal care is the 4<sup>th</sup> line in the TRIADE lessons learned.

This newsletter is focusing on informal care, but also reveals initial ideas regarding the other themes. A first synthesis of the themes will be the content of the 4<sup>th</sup> newsletter, to be produced after the Val de Marne meeting next November. Enjoy this newsletter.

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## Focus on.... Informal care - a challenging task

I. Wiezer - City of Rotterdam (NL)



### **A challenging task: to promote and support informal care where it is needed and to relieve caregivers when necessary.**

The City of Rotterdam's policy encourages people to live independently and to be active in society, even as they grow older or have disabilities. In addition, we strive to ensure that people seek help and support in their own respective networks first. This teaches them to only rely on professional support when it is truly needed. In consequence, volunteers and caregivers play an important role. The municipality wants to promote informal care and volunteers, supporting them and relieving them if caregivers are at risk of becoming overburdened.

In 2015, Rotterdam had approximately 86,000 informal caregivers between the ages of 13 and 85 years old. A caregiver is defined as someone who gives informal care to someone with a disability for more than three months or more than eight hours a week. When caregivers were asked to what extent they felt overburdened results showed that approximately 14,000 caregivers (17%) felt heavily overburdened<sup>1</sup>.

Caregivers need support tailored to their needs. They are not a homogeneous group: *the* caregiver does not exist. Often people do not see themselves as caregiver; you are 'just' a partner, son / daughter, brother / sister or friend and it just feels like helping your dearest, to a greater or lesser extent, is the right thing to do. The personal situation of the caregiver determines the need for support. Age, background, living conditions and income play a role. The disabilities and limitations of those who need care also plays a role. The demand for support ranges from practical help, emotional support and (temporary) substitute care; planned or unplanned.

This makes it difficult to reach informal caregivers in order to provide them with the right help and support. Informal caregivers in Rotterdam are making too little use of the opportunities of support and appreciation<sup>2</sup>. The city of Rotterdam is working together with the Broad Council 010, an independent opinion and consultative body of Rotterdam. The municipality gives them advise on how they can give more attention to informal caregivers in their policy. The recurring issue is that there is too much focus from professionals on the person receiving the care but too little attention is given to the overburdening of the informal caregiver.

The municipality is looking to collaborate with many third parties in the city such as welfare organizations, healthcare organizations, or educational institutions (young caregivers!). However, companies must also pay attention to the care tasks that people perform, often in addition to their studies or work. As we strive for an inclusive society where people take more care of each other, supporting informal caregivers is not just a task for the (local) government or healthcare system. Companies and other organizations play an important role and need to support their employees in combining work and care. Citizens must equally be aware of the enrichment that caregiving can provide in their lives, but must also be aware of its limitations. The City of Rotterdam is looking forward to learning from the TRIADE project into how other cities and countries are dealing with this issue!



1. Report 'Informal caregivers in Rotterdam 2007-2015' <http://www.rotterdam.nl/mantelzorgersinrotterdam>. This report is based on the results of a municipal research from autumn 2015.
2. The city of Rotterdam offers informal caregivers a 'Rotterdampas', this is a card that entitles them to various discounts and facilities

## **Final conference of Urban Health Centers 2.0 project "Urban Ageing with integrated Care in European cities" Brussels 18 & 19th May 2017**

with the collaboration of ENSA Elderly/disability working groups and Eurocities  
<http://uhce.eu/>

## Report : “Innovation in care” better chances and opportunities for all citizens - TRIADE meeting Rotterdam - 28-29/6/2016

*T. Domenici, A. Polychronakis & A. Lieshout - City of Rotterdam (NL)*



TRIADE met in Rotterdam on the 28<sup>th</sup> and 29<sup>th</sup> of June. The theme for the meeting was Informal Support. During these days, the partners of TRIADE were introduced to 5 Good Practices from the area of the municipality of Rotterdam. In this article, we look back on these two days, that took place in the context of the Innovation in Care conference.

Tuesday, June 28<sup>th</sup> : the participants were invited at the Rotterdam University of Applied Sciences. Director Marleen Goumans welcomed the group and introduced the University and in particular the development of the Research Center 'innovation in care' (for more information see <https://www.rotterdamuas.com/research/research-centres/innovations-in-care>). After this introduction, the TRIADE group started discussing the results so far and how TRIADE is working on its final report with recommendations. A number of key themes were named: 1) Quality of Life 2) Informal care 3) valorization of (working with) the elderly 4) a 'new' professional. The topics were distributed among the partners and each partner will elaborate their theme in the coming period.

After a short break Gert-Jan van der Hout, senior policy advisor from the municipality of Rotterdam, gave a presentation on the Dutch health care system. This makes it easier for the Triade partners to see the Good Practices in the right perspective. Then by subway, the group moved to the Rotterdam Market Hall (the building inspired by among others the food market in Valencia) to have lunch with the ENSA and ELISAN workgroups.

In the afternoon, two buses took the ENSA, ELISAN and TRIADE members to 'the House of the neighborhood' Grote Hagen in Rotterdam IJsselmonde. Sikko Bakker, director of B & A group, received the group. Many volunteers had prepared several drinks and snacks for the international guests. After a brief introduction to the 'House of the neighborhood' the first Good Practice was presented. Thijs Dekker spoke about his organization Pameijer and the Urlings method they are implementing. Employees of Pameijer have this training to cope better with ageing people with disabilities. Lieske Benamu on behalf of Vrijwilligerswerk Rotterdam presented the second Good Practice: the project Buddies Voluntary Care. Organizations form a network together and within this network Vrijwilligerswerk Rotterdam supports them to find buddies for their clients.

In the evening, the TRIADE group with ENSA and ELISAN participants went to the Willemsplein where a boat was waiting for a tour through the Rotterdam port area. Enjoying the view and with only a few drops of rain, it was a lovely evening. On board, everyone could enjoy good food and a nice atmosphere.

Wednesday, June 29<sup>th</sup> began on the 41st floor of the Rotterdam building. After enjoying the breathtaking view, taking pictures. The senior policy advisor Stef van de Weerd of the municipality of Rotterdam started with his presentation on the Self-sufficiency Matrix. Professionals and their clients can, by using this instrument, easily investigate how self-sufficient the client is. It reveals on what domains a client needs help and support to stay self-sufficient. Then Sytze Geursen and Clara Hibma from Zorgbelang Zuid- Holland presented their experiences on a training where professionals and family members of patients from an institution learned to work together to improve their relationship. This makes for a better cooperation between formal and informal care. The typical Dutch lunch at noon gave fresh energy to start the last TRIADE session. It was an exciting afternoon, with a workshop from 'the Memory Palace'. About 15 elderly people with dementia joined the group to sing together and to do 'low impact' physical exercises. This was to show the positive effects of music/singing and moving on the mental health of people with dementia. This was a nice and interesting workshop.

After a brief wrap-up of the program and making some appointments for future meetings, the Rotterdam meeting ended in a good atmosphere. The organization wants to thank everyone for coming to Rotterdam!



## TRIADE Lessons Learned... Introduction to the *common threads*

J. Warnez, den achtkanter - I. Goethals, HoGent - M. Dejanovic, Val de Marne - J. Campillo, IVAS - E. Curtopassi, ENSA



The TRIADE project is halfway. The Valencian Kick Off meeting - covering the different relevant themes linked to 'inclusive support of disabled ageing people', the Flemish meeting on inclusive, community based practices and education, and the Dutch 'informal care' meeting helped us to define (thus far...) 4 thematic lines. These lines - although overlapping - will be the starting point for the description of the most significant good practices, critical factors of success and lessons learned, and for the recommendation for policy and education that we want to produce as the outcome of the project.

--> **theme 1. AN INCLUSIVE APPROACH IS RELEVANT ONLY WHEN IT CONTRIBUTES TO THE QUALITY OF LIFE (QOL) OF THE PEOPLE INVOLVED.** For sure, QOL is relevant for all citizens, not just for disabled aging people. But while sharing good practices and policies that address QOL in ageing disabled people, we learn that central concepts as Quality of Life and Inclusion are used in different ways, with a different meaning, often having a different scope. We want to elaborate this theme focusing on a shared understanding of the concepts and the way the QOL model may contribute to the different domains of (organizational, local, national and European) policies. E.g. how does the model influence the HR-policy and Quality management of an organization?



**Quality of life linked-in TRIADE** Ilse Goethals - HoGent (B)

"One of the objectives of the Erasmus+ TRIADE project is to contribute to the Quality of Life (QOL) of ageing people with a disability. While this appears to be a straight forward and clear cut task, the outcome of our efforts will rely on our understanding of the concept of Quality of Life. Apart from an overall agreement that QOL is multidimensional, universal, has both subjective and objective components and can be improved by more autonomy, higher purpose in life, recourses, and a sense of belonging (Cummins, 2005), debates are still ongoing about the conceptualization, definition, measurement, and application of the QOL construct (Lyons, 2010). Currently, there are three different perspectives on QOL (Bergland & Narum, 2007): 1. the *economic perspective* that perceives economic indicators such as 'income', 'living conditions, etc. as essential for a satisfactory life; 2. the *medical perspective* that regards QOL as Health Related QoL; and 3. the *social sciences perspective* within which QOL is perceived as a more comprehensive construct incorporating more variables than just health and money. The field of disability has its roots in a medical approach but since the 1980s is gradually adopting a more social approach that is humanistic by nature and reflects the social justice, individual rights and equity origins of the current disability research (Lyons, 2010). For instance, most European policies and services for people with a disability focus on domains such as social inclusion, emotional well-being, interpersonal relationships, and self-determination and on supporting people towards more independence and a life in the community. However, when individuals with a disability age, the perception of 'what might be important in life' changes and the orientation of the services shift from supporting independence to reproducing dependence and to a further disengagement from society (Walker & Walker, 1998). To counterbalance the tendency to 'take care of' the elderly, the QOL construct can act as a facilitator to keep promoting change and improve the personal outcomes of ageing people with a disability. Within the context of our TRIADE project, the QoL framework will be used as a basis to analyse the different best practices in order to develop valid recommendations for both policy and VET."

Bergland, A., & Narum, I. (2007). Quality of life: Diversity in context and meaning. *Critical Reviews in Physical and Rehabilitation Medicine*, 19(2), 115-139.

Cummins, R. A. (2005a). Moving from the quality of life concept to a theory. *Journal of Intellectual Disability Research*, 49(10), 698-706.

Lyons, G.S. (2010). Quality of Life of persons with intellectual disabilities: A review of the literature. In R. Kober (ed.), *Enhancing the quality of life of people with intellectual disabilities: from theory to practice* (pp. 73-126). New York: Springer.

Walker, A. & Walker, C (1998). Normalisation and 'Normal' Ageing: The social construction of dependency among older people with learning difficulties. *Disability & Society*, 13(1), 125-142. DOI: 10.1080/09687599826957

--> **theme 2. INFORMAL CARE AS A CORNERSTONE FOR INCLUSION.** This 3rd TRIADE newsletter is focusing on the informal care topic and - therefore - needs no further explanation in this introduction Lessons Learned chapter. During the first three meetings, while exchanging good practices, it was clear to all partners that informal care is definitively and in a significant way contributing to the QOL of the ageing people. Challenges in this field are related to the need for consequent support by local and national authorities, training of both the informal caregivers and the professionals. This latter includes b.o. the need for a shift in the mind set of the professionals, to accept and appreciate the non professional support as a high quality support. The simultaneous training of both formal and informal caregivers seemed to be a key element in the transition from a medical to a social inclusive oriented support. (cont. p.5)

## TRIADE Lessons Learned... Introduction to the *common threads*

(cont. from p.4)

--> **theme 3. THE IMAGE OF (DISABLED) AGEING PEOPLE IS BASED ON DEFICITS. WORKING WITH THE ELDERLY IS NOT ATTRACTIVE. To promote an inclusive approach, the way ageing people are presented, focusing on physical and mental problems and on being dependent, needs to change into an active, participative and inclusive image.**



**Valorization of the elderly** Miljana Dejanovic - Dep. Val de Marne (F)

« Today, the negative image of elderly and disabled elderly in society still persists. The stereotypes are multiple : images of exhausted people in their (wheel)chairs in care homes for whom the life had already ended.... But, the reality is quite different : technological and medical progress of society leads to healthy and active ageing!!! There are more and more older people with or without disabilities who want and are able to be an active and dynamic contributor to society. The society still needs to reduce the stereotypes of ageing and to offer different opportunities for elderly and disabled elderly to participate actively in every domain of life.

This was one of the conclusions that we have made during the second meeting held in Kortrijk in Belgium in the frame of the European project TRIADE (TRaining for Inclusion of Ageing people with Disabilities through Exchange). The good practice named « Enhancing nursing students attitudes towards elderly by education » showed us how the students could become more interested in gerontology studies by simple changing the image of elderly. Topics like incontinence, osteoporosis, dementia, arthrosis were replaced by topics focusing on healthy ageing. Education and valorization of elderly can positively influence attitudes in general towards elderly and disabled elderly.

Also, the valorization of elderly and disabled elderly goes through *social* value (their active participation in social, family and cultural activities) and *economic* value as consumers and as volunteers. For example, volunteering benefits elderly and society, and helps elderly to break up with loneliness and social isolation and to develop a self-esteem. »

--> **theme 4. TRANSITION FROM A MEDICAL TOWARDS A SOCIAL INCLUSIVE APPROACH OF DISABELD AGEING PEOPLE, REQUIRES NEW PROFESSIONAL COMPETENCES, SKILLS, BELIEFS,.... Good practices presented during the meetings reveal the need for a new curriculum and lifelong learning systems, as the desired outcome of (professional) care is significantly different : QOL is more than just (medical) “caring”, but also needs coordinator or facilitator roles....**



**Professional competences and active ageing** Jose Manuel Campillo - IVAS (S)

“Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups. Active ageing allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need it.” (WHO definition).

Based on this definition, professionals who work in this field caring for aging people with disabilities from the perspective of Active Ageing, should have as *main competence*:

- To assist and support persons, both at home or in residential care, in order to maintain and/or to improve their QOL.
- To develop psychosocial, care, household and leisure activities in order to achieve a healthy environment enabling an active lifestyle and participation in the community.

Consequently, professional competences (knowledge, skills and attitudes) required for this “professional role” could be:

- To contribute to determine at every stage, care and psychosocial needs in a situation of ageing.
- To organize and support all activities, with the active participation of family and carers, taking into account the choices and preferences of each person and family.
- To perform interventions, including those related to the physical state of the person following shared guidelines showing respect for individual choices and privacy.
- To communicate with the client knowing the person, his resources and communication capacities, with or without the support of ICT, ensuring all activities are not done against the interest, preference or decision of the client.
- Co planning with the technical team leisure activities meeting the preferences and wishes of the individual and enabling active participation in social life.
- With the support and monitoring of a professional team to assist the person in meaningful occupational tasks (manuals, cognitive, productive, decorative, ...)

(cont. p.6)

## TRIADE Lessons Learned... Introduction to the *common threads*

(cont. from p.5)

- With the support and supervision of the team of professionals, to assist the client in the implementation of occupational tasks (manuals, cognitive, productive, decorative, ...) that are meaningful to the person.
- To enable a process of reconstruction of the person according to his profile and potentials as a human being.



**More and different competences....** - Elena Curtopassi - ENSA network

**According to the EU the over 65 will reach almost 1/3 of the EU population by 2030.**

**Old people with disability should have the same choices and opportunities to be supported and to enjoy quality of life with the best available care health and social wellbeing. What kind of information, strategies and tools could support the inclusion of older people with disability? New competences, skills and beliefs are needed to face this challenge!**

Competences : Integrated care with a multi professional response

Several professional roles are necessary for the social and health care process to work, both for the treatment as well as for the care/education aspects which involve social workers, educators, activity organizers, and family caregivers. Integration of the various professions involved is essential in such a way as to ensure a comprehensive response to the problems of the disabled aging person and secure the proper treatment/ care conditions that offer the most effective manner to deal with needs which, owing to their complex nature, require a multi-professional response.

Training Skills : Improving and organizing joint training modules for professionals and carers from disability and elderly services

Training is an instrument for optimizing human resources and organizational change. Training means making changes in terms of awareness (knowledge), capacity (skills), and attitudes (know-how). It requires a careful estimate of professional needs in this case finding the proper training to answer the disability and aging needs.

This response should coordinate elderly and disability services that originate from different professional approaches and unite in the process of solving the needs of the non-self-sufficient person . Furthermore professional integration is a motivational opportunity.

Using the potential of Informal carers

The *family* plays an important role for the disabled elderly person especially if it is able to provide constant care, but also as a point of reference if the care is left to other people.

Evaluating the ability of the family network to provide care to aging people with disability will help determine the most appropriate pathways for the actual situation and the choice of different levels of intensity of the care pathway. The role of caregivers of ageing people with disabilities must be recognized and valued as a resource that ensures continuity of the care system.

*Volunteer work* is the most important outcome of social solidarity. It does not replace professional staff dealing with ageing people with disability when providing care but supports services and the families by providing valid support activities, especially in the most complex and serious cases. The skills and competences of the volunteers should be directed and defined according those who are in charge of the person in need.



## In the spotlight - European disability strategy : Implementation highlights.

*Emmanuelle Grange - Head of unit 'Disability and Inclusion' - European Commission*

*Ima Placencia Porrero & Tania Tsiora*



The European Disability Strategy 2010-2020 is conceived as an instrument to tackle the key challenges that persons with disabilities face in the European Union and its Member States in this decade (2010-2020). The Strategy has its fundament in the UN Convention on the Rights of Persons with Disabilities and consequently on the universality of human rights.

The persistent disadvantaged situation of disabled persons in terms of equality of opportunities and social inclusion is well reflected in the statistical data which shows clear gaps between persons with disabilities and those without disabilities, especially in terms of poverty risk. Actions to catch up on those gaps require not only taking specific measures in those areas but also more fundamental interventions changing attitudinal barriers, removing discrimination and ensuring accessibility.

The Strategy does not specifically focus on ageing people with disabilities but a large part of its 8 priority areas for action can bring concrete improvements for them. Indeed, the Strategy aims at prioritizing initiatives which will have a positive impact on the empowerment of persons with disabilities, including older people, and setting the conditions for their equal socioeconomic inclusion on the European society. This is the reason why there is a significant emphasis in the Strategy on improving accessibility following a design for all approach and using key instruments as standards and legislation. Accessibility is not only a precondition for disabled and older persons to enjoy their rights but it is also an economic opportunity for industry as Europe ages. This is at the heart of the proposed Directive for the harmonization of accessibility requirements for certain products and services in the EU known as the European Accessibility Act (proposal adopted by the Commission on 02/12/2015 and currently discussed with the Council and the European Parliament). Senior citizens represent an important and ever growing part of our European society, our economy, our culture and our lives. Paying attention to the demographic change is inevitable given the correlation between disability and ageing as we see disabled people getting older and older persons getting disabled. It is thus necessary to ensure that, despite disabilities or functional impairments, they keep on fully participating in the society life. This is the aim, for example, of actions identified in the Strategy for maintaining independent living of persons with disabilities, in particular as they age and are confronted with the related multiple minor impairments which impact their daily lives. Contributing to the development of accessible goods and services and to independent living are two major objectives of the Strategy that can really have an impact of the daily lives of ageing persons with disabilities.

For ensuring the best possible implementation, the Strategy uses number of instruments like legislation (such as the Equal treatment Directive), awareness raising, studies and collaborative projects as well as funding. The strength of European Structural Funds is notably used to support Member States in the implementation of the Strategy and the improvement of the situation of disabled persons. EU funds are used, for example, to build accessible and inclusive environments, to support independent living and train professional to that end, to do research to better understand the situation of disabled persons and find innovative solutions, and to enable transport infrastructures for all.

Furthermore, the Strategy is built around partnerships with relevant stakeholders. First and above persons with disabilities themselves, by involving them in the EU policy making and providing support for their participation. Second, with Member States as close collaboration with national policy makers is essential for a consistent implementation of the Strategy and the UN Convention in the EU. In that context, it is also essential to work together with service providers to support them in their transition to a human rights based service delivery.

Finally implementing the Strategy requires raising awareness and changing attitudes of the population at large. In consequence, the strategy uses awareness raising through media, conferences or prizes like the Access City Award as key elements for achieving its goals. The Access City Award is a very good example of what can be achieved for a more inclusive society at the local level. Launched in 2010 in the framework of the Strategy, this award aims at promoting the active inclusion and full participation of persons with disabilities and older people within their towns and, thus, within the society. The Award rewards EU cities that take exemplary steps to improve accessibility for persons with disabilities and the elderly in the urban environment. Five cities will be rewarded by the Commission on 29 November 2016 during the European Day of Persons with Disabilities Conference.

A lot has been done these last years for implementing the European Disability Strategy. Of course, a lot remains to be done for fully achieving its objectives. However, we do hope that what has been achieved until now has already contributed and will continue to improve the daily life of persons with disabilities, including ageing people with disabilities.

## EU News

Elena Curtopassi - ENSA network



### New Skills Agenda for Europe adopted

The European Commission adopted a new and comprehensive Skills Agenda for Europe. The aim is to ensure that people develop a broad set of skills from early on in life and to make the most of Europe's human capital, which will ultimately boost employability, competitiveness and growth in Europe. It calls on Member States and stakeholders to improve the quality of skills and their relevance for the labour market. **10 concrete measures** support the implementation of the Skills Agenda for Europe. These include a Skills Guarantee, a review of the Recommendation on Key Competences, an initiative on graduate tracking, a review of the European Qualifications Framework as well as the Digital Skills and Jobs Coalition and a Blueprint for Sectoral Cooperation on Skills.

Michel Servoz, Director General of the European Commission's Employment, Social Affairs and Inclusion department underlines it will represent a key milestone in the shaping of the European Social Pillar. Indeed he remarks the skills issue is very much at the cross-roads between social and economic policy, working life and life in society, employment and unemployment, inclusion and poverty. It gives a boost to the recognition of informal and non-formal skills and seeks to make mentalities evolve so that vocational education and training is perceived for what it is: a first class option.

In the TRIADE project training for the inclusion of Ageing people plays a key role: indeed disabled ageing people deserve a quality of care and life adapted to their needs. Services for the elderly, need to learn how to care for and support ageing people, also when they are disabled. This is the reason why improving the quality of skills of the staff working with this target group is an essential challenge to be met in the new skills agenda and could be an indication to the Commission on how to make the European Pillar of Social Rights fit aging people with disability. The TRIADE consortium and the ENSA network welcome therefore the European Commission's new skills agenda and the potential and the opportunities of the European Pillars for Social Right.

### REMINDER

the Public consultation on the European Pillar of Social Rights is still open.  
Have your say !!! click [here](#)

### European Disability Strategy 2010-2020

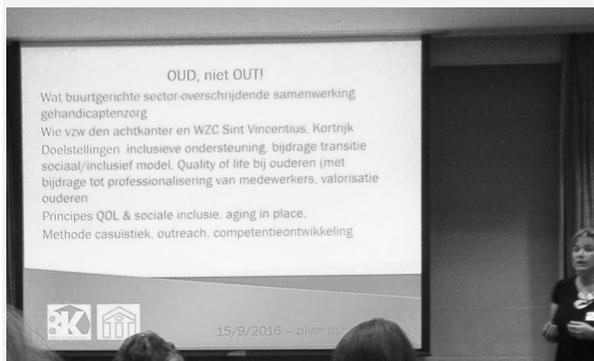
This Strategy focuses on eliminating barriers. The Commission has identified eight main areas for action: Accessibility, Participation, Equality, Employment, Education and training, Social protection, Health, and External Action. For each area, key actions are identified, with the overarching EU-level objective highlighted. This Strategy is intended to harness the combined potential of the EU Charter of Fundamental Rights, the Treaty on the Functioning of the European Union, and the UN Convention, and to make full use of Europe 2020 and its instruments. It sets in motion a process to empower people with disabilities, so that they can participate fully in society on an equal basis with others.

The TRIADE consortium and ENSA partners reflect on how can these Commitments to a Barrier-Free Europe could be improved for the next programming period.



## News from our partners - Flandres : Oud, niet out!

J. Warnez, vzw den achtkanter, Kortrijk (B)



### **OUD, NIET OUT! receives a grant of 30.000€**

Oud, niet out! (Old, not out!) is the name linked to the cross-sectoral collaboration between vzw den achtkanter (disability field) and Sint Vincentius (elderly) in Kortrijk (Belgium) This good practice has been presented during the second TRIADE-meeting (see also TRIADE Newsletter 2). The aim of this project is to promote Quality of Life of disabled ageing people and to develop professional skills in our organization. Both elements must contribute to the inclusive support of the elderly.

We are very proud to announce that the CERA foundation will support our innovative project financially to grow from a 'good' practice to a 'best' practice. The university of Leuven (LUCAS) will

coach this project during the next three years. During this period, we especially will stress on the development of tools for HRD and the assessment of QOL.

It's nice to see how inclusive practices likes 'Oud, niet out! are recognized - more and more - as good practices to be shared.

### **Active, Healthy Ageing in the EU:**

#### *Growing the Silver Economy through Innovation and Partnership*

<http://www.publicpolicyexchange.co.uk/events/GJ26-PPE4>

**Wednesday 26<sup>th</sup> October 2016**

Across Europe, higher life expectancy rates combined with a decreasing number of births are the main rationale behind an increasingly ageing European population. According to the European Commission, the proportion of people over 65 will reach almost 1/3 of the European population by 2030, while the working age population in the EU is expected to decline by almost 15%. The growing number of older people has been perceived by many as a threat to Europe's economy and competitiveness, in particular when it comes to the sustainability of its healthcare systems.

In order to counter this negative approach to ageing, the European Commission has launched several initiatives to promote active ageing across Europe. These initiatives - such as the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA), the Active and Assisted Living Joint Programme (AAL JP) as well as the Knowledge and Innovation Community (KIC) on Health and Active Ageing - aim to ensure that the generation of baby-boomers does not only stay longer in employment and retire later, but can also benefit from healthier lives, receive appropriate care as well as live independently. Additional projects, such as the Active Ageing Index - managed jointly by the European Commission (DG EMPL), and the United Nations Economic Commission for Europe (UNECE) - have been promoted to measure to what extent the potential of older people is used to contribute to the economy and society as well as to help policymakers develop active ageing policies enabling them to live independent, healthy and safe lives.

This international symposium provides a timely opportunity to explore practical solutions to the challenges associated with an increasingly ageing population in Europe. The symposium will focus on how to support active ageing through innovation and partnerships in order to grasp the opportunities for social development and economic growth in Europe that underlie this societal change as well as explore new ways to ensure the well-being and engagement of the elderly in society while supporting long-term sustainability and efficiency of the EU health and social care systems. Public Policy Exchange welcomes the participation of all key partners, responsible authorities and stakeholders. The symposium will support the exchange of ideas and encourage delegates to engage in thought-provoking topical debate.

## News from our partners - Reflections from Eskilstuna on informal care

Marie Skoghill & Sara Morgan - Eskilstuna (S)



### A better collaboration with the volunteer organizations is needed

Since the year 2000 every fourth residential care bed has disappeared and the increase in homecare services did not fully compensate for the decline, resulting in a significant increase in filial care in all social groups, and among sons and daughters. Daughters of older persons with shorter education, however, remained the primary providers of filial care in Sweden, according to Petra Ulmanens report "The cost of caring in the Swedish welfare state Feminist perspectives on family care for older people", Stockholm univer-

sity 2015.

Both sons and daughters are affected by caregiving. They suffer to the same extent from difficulties in managing to deal with their professional life and taking part in meetings, courses and travels. They are also equally likely to reduce their working hours and to quit their job. It is however clearly more common that daughters experience mental and physical strain, difficulties in finding time for leisure activities and reduced ability to focus on their job, according to Petra Ulmanen.

In Eskilstuna municipality approximately 40% of both men and women help their elderly at least once a month, and approximately 10% have decreased working hours or retired earlier to be able to give this care.

Managerial care (handling contacts with health and elderly care services) has a more salient role in a welfare state such as Sweden with care services which are generously provided, less intense filial care and high employment rates among both sexes. The labor force participation however makes middle aged children more vulnerable when their parents' care arrangement does not work.

In Eskilstuna for the moment there are about 75 volunteers giving assistance and support to elderly meeting places or working for sheltered housing, retirement homes and homecare services. The system is that staff makes contact with the organization of the volunteers when they need a volunteer for their unit. So the staff needs to be aware of these needs in a better way and we need to have a system that advocates for the efficient role of volunteers.

We also have volunteers from the red cross, Church of Sweden etc. But as the number of volunteers is very low we see a need of change in thinking and working perspective in Sweden in this area. We have a written partnership between the caregiving organization and the organization of volunteers (FCE) but we need to work more with the citizen's way of thinking here, we need to make a paradigm change. Eskilstuna municipality's goal is to develop a better collaboration with the volunteer organizations.

## More news... from the Valencian Region

Sandra Casas Molina, Regional Vice-Minister of Social Services and Self Autonomy, Valencian Regional Ministry of Equality and Inclusive Policies, Valencian Regional Government.



### Passion for life at all ages

"The Valencian Regional Ministry of Equality and Inclusive Policies is following the aging in place principle aiming at the greater possible autonomy of the individual at home or in residential care. Emotional aspects are essential to take into account letting people feeling comfortable in their environment without having to move them causing sadness and depression.

Investments are made towards a new professional approach respecting individual dignity with facilities and infrastructures close to private homes, day and night centers, respite centers for clients and families, micro residences, sheltered housing, the promotion of foster care, leisure social and cultural activities aiming at full social and public participation.

The policies targeting seniors in Valencia are enhancing prevention, promotion of independent living, proximity to home environment and are always focusing on improving spirits and the passion for life."

**Aging in Place 101**  
How can you age in place?

**IN YOUR CURRENT HOME**

① **Mobility Equipment:**

- Wheelchair Ramps
- Turning Automotive Seats
- Sit-To-Stand Recliners
- Home Elevators
- Bath & Pool Lifts
- Grab Bars
- Vertical Platform Lifts
- Stair Lifts
- Scooter Lifts for Vehicles
- Scooters

② **Universal Design:**

- No-step entryways
- One-story living
- Wide doorways & hallways
- Open floor plan
- Non-slip flooring
- Reachable controls & switches

③ **Opt for a Village:**

- Villages are non-profit residential communities for older adults that support residents' medical, functional, and social needs.
- Amenities may, but may include home healthcare, transportation services, and assistance around the home.

④ **Share a Home:**

- Choose roommates with similar interests.
- Share a home with family members.

**IOI Mobility**  
Sources: aarp.org - nash.org - beaconvillage.org

## News from our Italian partner

Daniela Moro - Irecoop Veneto (I)

### Connections for the future in Veneto Cooperating in building processes of social inclusion for people with disabilities

*"There are no abled or disabled persons but women and men with strong and weak points and it is up to society to make sure that everyone can feel free and that no one feels alone".*

(Franco Basaglia)



"Connections for the future" was born as a training project promoted by Federsolidarietà Veneto (Association of social cooperatives in the Veneto Region) and Irecoop Veneto to accompany the actors involved in social cooperation. It has become an engine for changes stimulating cultural evolution and social experimentation raising the quality of life of people with disabilities, their families and the communities where they live.

Connections allowed the joint planning and implementation of in-depth courses involving 40 Social Cooperatives operating in the disability field. The purpose was an analysis of the Italian Social Welfare model and the role of Social Cooperation regarding its ability to measure the social value that they generate at local level.

Some methodological practices have facilitated the initiation and development of the project in particular:

- \* The establishment of a "Control room" composed by the councilors of Federsolidarietà, presidents of cooperatives and a representative of the training organization.
- \* The focus groups with presidents and heads of human resources to analyze the shortcomings in their own organizations and training needs, to share the objectives of the interventions, to evaluate the outcomes of the implemented training courses;
- \* The itinerant training sessions hosted by various partner cooperatives that allowed to promote social inclusion of people with disabilities,
- \* The involvement of family members, volunteers and some people with disabilities in seminars, presentation of best practices to listen to different and divergent points of views.
- \* The activation of interconnected projects that could support:
  - 1) membership to the European network ENSA - European Network of Social Authorities - which facilitated the involvement in the Erasmus+ projects, in particular TRIADE project focused on the topic of aging of persons with disabilities and practices of inclusive collaboration between services;
  - 2) the large Contact Making seminar "Convergent.Net" with participation of 15 disability organizations from 13 different countries aiming to promote the mobility of young people with disabilities through Erasmus+ Youth projects like the Youth Exchanges and the European Voluntary Service.
  - 3) collaboration with other initiatives in the Region in the disability field.

In the four years of work carried out thanks to the "Connections for the future", the challenges to be addressed emerged:

- cultural changes that allow full exercise of all human rights and fundamental freedoms of people with disabilities,
- regeneration of Welfare at local level, innovating traditional services, systematically intercepting new needs, interacting with public institutions in the construction and development of effective local and regional policies consistent with the UN Convention;
- understanding that the family is a crucial resource for the construction of a Life Project of persons with special needs;
- capacity of cooperatives to be the community enterprises, able to represent the various stakeholders and to demonstrate produced social value of its services and social actions.

The Connection project is continuing with a new 2016-2017 phase where the next fixed objectives are:

- \* To impact on models of organization of the services and social cooperatives configuration as a community-conscious enterprises to develop "chains" that integrate resources to support the projects of life of People with special needs;
- \* To support and promote a revision of the role of social workers, trying to fully assume the capacity to accompany individual paths and to become mediators of processes;
- \* To integrate scientific contributions for reorientation of services and interventions, with a focus on aging issues and complex disabilities.

## TRIADE partners

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	ENSA European Network of Social Authorities Rio Novo, 3493 Dorsoduro Venezia www.ensa-network.eu

## TRIADE international meeting VAL DE MARNE--November 14 & 15, 2016

The TRIADE consortium is invited to participate in two TRIADE meetings. The first will be held on Monday 14th of November at the Institut Le Val Mandé which is an autonomous public institution, consisting of 12 health and social services for the daily support of people, children or adults with disabilities. In the late 19th century the Institut Le Val Mandé was the first School for people with visual disabilities (Louis Braille) and the Departmental Institute of the Blind (IDA) until 1999. The Institut Le Val Mandé is located in the municipality named Saint-Mandé very near to Paris and to Vincennes's castle.

The second will take place on Tuesday 15th of November 2016 (from 9 - to 5pm) and be held in Créteil, capital of Val-de-Marne, which is the southeastern suburb of Paris. It will showcase the Val de Marne best practices. For the first time, the Departmental Council of Val-de-Marne will organize an official event on ageing people with disabilities bringing together both fields, elderly and disability. There will be ample opportunity to learn about experiences giving the chance to disabled elderly to age in the place of their choice when they can not or wish no longer to live alone in their homes, preferring a family life and family care rather than institutional care. Furthermore, some of practices that will be presented bring up the educational solution for futur immigrant professionals who want to work with elderly and disabled people. The meeting is combined with the Symposium 'Crossed looks on ageing adults with disabilities'.

## ENSA disability and elderly working groups CRETEIL --November, 16 2016

All interested stakeholders and ENSA members are invited to participate in : ENSA joint elderly and disability thematic group meeting in Créteil (meeting in the morning and study visit in the afternoon). The topics will include fighting against and preventing elderly isolation, reflections about social inclusion and EU project proposals



## FUTURAGE conference on Brain and Aging PARIS--November, 17 2016

All interested stakeholders and ENSA members are invited to participate in Conference on Brain and aging: prevention and support, organized by FuturAge .

Time: 9:00-17.00

Venue: Faculté de Médecine de l'Université Pierre et Marie Curie, Hôpital de la Pitié Salpêtrière, 105 boulevard de l'hôpital, Paris 13e.

<http://charlesfoix.sopixi.fr/colloque-du-pole1.htm>



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



« Again, the evaluation of the TRIADE meeting in Rotterdam was very positive. All partners appreciated the hospitality and the very good organization by the City of Rotterdam. Indeed, there were a lot of interesting practices to share, especially the practice based on the work with volunteers, and the practice towards elderly with dementia in a nursing home. Many partners show interest to look for implementation in their own country. »



M. Dejanovic, Val de Marne (F)

Information on TRIADE is available on  
**Facebook** (<https://www.facebook.com/triadeproject/>)  
**LinkedIn** (Triade Erasmus+ community)  
 A leaflet with a description of the project is available in each participating country (see list of partners)

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



**Val de Marne invites you to the 4<sup>th</sup> International TRIADE meeting, the ENSA working groups and the conference on Brain&Aging**

***November, 14 & 15 2016***

14.11 TRIADE meeting at institut Le Val Mandé  
 15.11 TRIADE meeting at Créteil : cross-sectoral colloquium

***November, 16 2016***

ENSA Elderly & Disability working group meeting (Créteil)

***November, 17 2016***

‘Brain & Aging - prevention and support’ (FuturAge, Créteil)

***November, 18&19 2016***

**1st European Congress on Adherence to Therapy (It)**

**Chaired** Mr. Giovanni La Via  
 President of the Congress and Chair of the Committee on the Environment, Public Health and Food Safety  
 European Parliament  
[www.seniorinternationalhealthassociation.org](http://www.seniorinternationalhealthassociation.org)

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