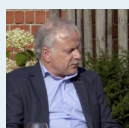


# TRIAD E

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

### Newsletter #1 - January 2016



#### **Towards an inclusive society.**

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

"Society is not ready for *inclusion!*" - this is an often heard remark. And it's true... our society is not an inclusive one! NOT YET SO! So... let this observation be the motive to take initiative, rather than a pretext to resign to the current situation.

The mission of transforming our society into an inclusive one, as assigned to us by the Universal Declaration of Human Rights and the UN Convention on the Rights of Persons with Disabilities, is faced with many challenges. Often, the concept of *inclusion* is not clearly defined or not unequivocally understood. Let the concept be linked a.o. to Quality of Life, diversity, respect for human rights and equal opportunities for all to be fully part of society. Also, inclusion is based on a strong belief in the power and the potential of *all* citizens, social networks and mainstream services.

The transition toward an inclusive society is fostered or inhibited by our individual belief systems : e.g. many people believe that living *inclusively* is not the right choice for certain people. As a consequence, especially for disabled people, segregated living in institutions is often the only option made available, disregarding the residents' quality of life.

Mainstream services need to adapt by modifying their policies, structures, methodologies,... in order for them to become accessible – physically and mentally – for *all* citizens. The organizational HR-policy needs to concern itself with the missing competences of their staff, as they have to support *new* clients with different, unprecedented support needs. A paradigm shift, from the medically-oriented model to a community-based, social-supporting model is a precondition.

In order to address these (and many other) challenges, and to support the transition toward an inclusive support system, sharing best practices is a good method to show evidence and learn about what yields success. They can provide a solid basis to make recommendations for policies on European, national and/or organizational level and....

(cont. p.2)

#### IN THIS ISSUE

Towards an inclusive society  
*Johan Warnez - coordinator* ..... 1

Inclusive policies in Valencian  
Region. *Angel Bonafe - IVAS* ..... 2

In the spotlight  
*H. Krämer - R. Remakel*  
*M. Lanzarin - E. D'Orazio* ..... 3 - 6

Expert view  
*Ilse Goethals - C. Francescutti* ..... 7 - 8

1<sup>th</sup> International Meeting  
Valencia ..... 9

News from the partners ..... 10 - 11

Invitation to 2<sup>nd</sup> International  
Meeting - Kortrijk (B) ..... 12



Erasmus+



## Editorial - Inclusive Policies in Valencian Region

Angel Bonafé - director Instituto Valenciano de Accion Social IVAS, Valencia (Spain)



*As the General Director of the Valencian Institute of Social Action, I would like to express my gratitude to the Flemish partner giving us the opportunity to be part of this innovative project which is aligned with the inclusive policies of the Valencian Regional Government.*

*The new Valencian Regional Government has the persons as the cross-cutting priority of all its policies and holds a new way to understand politics, where the dialogue with citizenship to comprehend its needs and demands prevails, or where the creation of participative forums to establish the conditions in which citizens can be active part of the form of governance is a constant, aimed at serving all, particularly those most in need.*

*Several principles and values such as "Transparency" (we have created a Minister of Transparency, Corporate Social Responsibility, participation and Communication); "Democratic Regeneration" or "Good Governance" are being promoted. Thanks to them, persons are going to be rescued; and it will be possible to guarantee transparency*

*and good governance, to transform the economic model, to tackle youth employment and carry out permanent audits of the public management. And obviously, counting on people and feeling what they feel, we are bound (and encouraged) to develop newer and stronger inclusive and employment policies.*

*The new public budgets passed by the Valencian Executive are an achievement on inclusive policies. The budget items of "support for dependence and personal autonomy" and "guaranteed income" (economic help linked to the commitment by the grant recipients to promote, in an active way, the social and work integration of the people with fewer resources) have been increased by over 35%. We have also increased the grants for school meals programmes by 23%; 35 million Euros are going to be spent on pharmaceutical benefits; and we have increased by 110% the housing programme item aimed at families, urban regeneration and rehabilitation and improvement of public housing heritage.*

*These are just a few examples, but I believe they are very illustrative of what Valencian Government is doing for the persons most in need.*

### **Towards an inclusive society.** (cont. from p.1)

... may inspire those who are developing implementation strategies.

The Erasmus+ project TRIADE focuses on inclusive support of disabled ageing people. Many services for the disabled see how their clients are developing (new) physical and mental support needs as they are growing older - thanks to better medical services and environmental conditions for that matter. Staff don't know how to support these clients adequately. From an inclusive point of view, services for the elderly and services for home care, are incited to support the client as a person *ageing in place* (allowing the senior persons to remain in the living situation of their choice for as long as they wish and are able to). This is the leading *inclusive* principle. These services are lacking competences to support disabled clients. The TRIADE project aims to share best practices of both kind of organizations, developing and implementing (new, innovative) vocational methods of training or re-training to deal with this discrepancy regarding required skills and attitudes. Both formal and informal care are taken into account. By October 2017, the consortium of 10 European organizations (active in the field of the elderly and/or the disabled, VET-organizations, universities and high schools and the European Network of Social Services ENSA - see p.9) wish to present recommendations for policy and curriculum development, to foster professional and informal support competences as part of the transition toward inclusion.

This TRIADE Newsletter aims to inform you on the progress of the project and to give a floor to many European initiatives regarding the enhancement of the Quality of Life and social inclusion of the elderly.

### ***Living independently and being included in the community***

Convention on the Rights of  
Persons with Disabilities - Article 19

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.



## In the spotlight - Innovation for ageing well - an evolving EU ecosystem

*Horst Krämer - Programme Officer - EU policies*



The European Commission has identified demographic change as both a societal challenge and an opportunity for its citizens. In recent years, a number of activities has been launched including research and innovation under Horizon 2020-Societal Challenge1, the Active and Assisted Living Joint Programme with EU Member States (AAL), the new Knowledge and Innovation Community on healthy living and active ageing, a Silver Economy strategy, the eHealth Action Plan, and – as a horizontal network of like-minded stakeholders – the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA):

The EIP on AHA brings together all relevant actors at EU, national and regional levels: local and regional authorities, business partners including SMEs, researchers, civil society organisations. The partnerships vision is to transform demographic change into an opportunity to build a more inclusive society for Europe: it aims at social and public infrastructures on which people, including an ageing population, can rely.

With a headline target of increasing the healthy lifespan of EU citizens by two years by 2020, the partnership works jointly towards a triple win for Europe by :

- Improving the health and quality of life of Europeans with a focus on older people;
- Supporting the long-term sustainability and efficiency of health and social care systems;
- Enhancing the competitiveness of EU industry through business and expansion in new markets.

Reference-sites across Europe provide the partnership with examples of comprehensive and innovation-based approaches to active and healthy ageing. They are coalitions of regions, cities, health providers and care organisations that are able to give evidence of their impact on citizens and systems.

As a voluntary collaborative network, the partnership works towards six priorities:

- Finding innovative ways to ensure that patients follow their prescriptions and treatments
- Finding innovative solutions to better manage our own health and prevent falls
- Helping to prevent functional decline and frailty
- Promoting integrated care models for chronic diseases, including the use of remote monitoring
- Deploying ICT solutions to help older people stay independent and more active for longer
- Promoting innovation for age-friendly and accessible building, cities and environments.

Wherever digital innovation can contribute to these aims, the European Commission promotes the idea of a Europe that cares for all its citizens with a "Digital Single Market" that can help to live up to this ideal: A caring and inclusive Digital Society and Economy can take action in a variety of fields like inclusion, better care services and development of skills. In promoting digital innovation in public services we can become more inclusive and enhance the sustainability of health and care systems, ensuring that older citizens remain active and valued contributors to society.

As a direct outcome of the work of the EIP-AHA, a new 'Covenant on Demographic Change' was launched at a conference held in Brussels on 7th December 2015. The new Covenant gathers local, regional and national authorities, civil society organisations, universities, and businesses that commit to cooperate and implement evidence-based solutions to support active and healthy ageing as a comprehensive answer to Europe's demographic challenge. It is open to all interested parties that voluntarily commit to making age-friendly environments a reality in their communities and to share their experience with other Covenant members.

At the occasion of the Covenant's launch event, Paul Timmers, Director Digital Society, Trust and Security at DG CONNECT, invited future members to effectively contribute to the activities of the European Commission, especially with regard to the 'Silver Economy'. He stressed the urgency to act on demographic change and called on members to address the lack of connected smart homes and living environments that can support independent living. Another challenge in this context is the impending shortage of qualified care workers which must be addressed with new labour and skilling strategies.

The Covenant and the European Commission can work as partners in tackling these challenges. As parts of an evolving ecosystem around ageing well which also includes the Silver Economy, Horizon 2020 and the AAL Joint Programme, they will help grow a more caring Europe which realises the social and economic opportunities that come with demographic change.

For more information on the European Innovation Partnership and on digital research and innovation, contact [CNECT-ICT4ageing@ec.europa.eu](mailto:CNECT-ICT4ageing@ec.europa.eu)



## In the spotlight - 'Do not cut on our independence!'

Raymond Remakel - Info Handicap, Luxembourg, member of ELISAN expert committee



In the framework of its national “future pact”, Luxembourg is revising, among others, the organisation and the allowances of the national long term care insurance. Organisations of and for Senior citizens and persons with disabilities are worried about the possible impact, that financial cuts could have on the daily lives of the beneficiaries. Info-Handicap – Conseil national des personnes handicapées asbl, has issued a press release with the aim to underline that the right of persons with disabilities to self-determined living depends on a care system of good quality.

### Do not cut on our independence!

The long term care insurance is an individual right benefitting many persons with special needs as it increases their chances to live in a self-determined way, by guaranteeing them important aids in organising their day-to-day life for activities of daily living (hygiene, nutrition and mobility), for domestic tasks and at the level of support and advice, all this by means of qualitative and specific care-taking in any particular situation.

This crucial branch of the social insurance system has however not been ignored by the austerity measures which are on the agendas at all levels.

Numerous measures of the “future pact” have already been applied at the level of the long term care insurance since October 2014. Here are some examples, among others, which come up with a more restrictive application of certain standards:

- Reduction of the frequency of the activity of daily living: “assistance for the toilet” from 7 to 5 units per day
- Limitation of the need for support: “specialised group activity” and for assistance: “care-taking in a group” to 4 days/week
- Restriction of the supporting activity: “administrative journeys and undertakings”

These measures of the “future pact” are actually being discussed by policy makers and different stakeholders, among which, the service providers who are active in the field of assistance and care.

Info-Handicap, National Disability Council, understands well that it is necessary and useful to revise and adapt the social insurance system to the actual realities, but it points out the importance to involve the users in such discussions. With reference to the participative and proactive approach as stipulated in the United Nations' Convention on the Rights of Persons with Disabilities, Info-Handicap – National Disability Council, calls for decision makers at all levels to clarify in a consistent way the impact - on the right of persons with disabilities to full and equal participation - of the future pact's measures, as well as of the reformation project of the long term care insurance.

A responsible management of the financial resources of the country is, of course, necessary, but it must not impede neither on the quality, nor on the individual attribution of the allowances foreseen in the long term care insurance.-

- How can a person with special needs and his/her relatives face the difficulties that they risk to meet in their daily lives, if e.g., from one day to the other, the possibilities to visit a day care service are considerably reduced?
- How can a system of dependence categories, as foreseen in the legislation draft, be able to take into consideration the individual level of dependence of a beneficiary?

These are only some pending questions which call for hearing and listening to the voice of persons with special needs.

Dependence, under one form or another, resulting from disability, will for sure remain a reality for many persons, but it must not lead to a reduction of their possibilities for being active members of society as a result of the limitation of the quantity or quality of aids.

Fully involving persons with special needs in the discussions will for sure benefit the reformation of a care taking system that is as optimal as possible and as reasonable as necessary.

**Diversity: the art of thinking independently together.  
(M. Forbes)**



## In the spotlight - Integrated social and health care as a transition towards an inclusive society. The experience of the Veneto Region.

Manuela Lanzarin - Regional Minister of Social Services Veneto Region (Italy) - ENSA coordinator



*If care interventions **for all citizens** are not adequately supported by actions that facilitate maintenance/rehabilitation in the living environment, their effectiveness is limited and the problem of social exclusion remains. In short, health care must go hand in hand with social cohesion and the struggle against inequality. The **merging of health and social services** is therefore “imperative” to be able to organize **universal and integrated responses**.*

Italian national and regional legislation Law 328/2000 (a framework law for the integrated system of interventions and social services) suggests that the “social” fields coincide with those of the health aspect, giving rise to what has been created in various Italian regions under the banner of the **Social and Health Care District**, i.e. a facility that integrates the social and health care functions.

**Several professional roles are necessary** for the social and health care process to work, both for the treatment component (nurses, rehabilitation therapists, general practitioners and other medical specialists, etc.), 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 for preparation of the individualized support plan** in such a way as to ensure a comprehensive response to the problems of the non-self-sufficient 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**. Professional integration is a motivational opportunity for each operator to make the most of his/her specific contribution.

**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.

Training should be performed in the broader context of the service policy and coherent integration with other professional disciplines. Training, by its very nature, has the ability to make qualitative changes in the results of services and overcome organizational breakdowns. It can facilitate managerial and professional restructuring and can - more broadly - take the form of a strategy to increase the effectiveness of services.

The training process should be understood in three ways:

-**cross training**: relating to processes that apply integrated policies (health and social, social education, etc.) and information about the services available in the area;

-**technical training**: relating to particular skills and leadership roles held within the organization, so that these may become more efficient and effective in the context of continuity of care pathways;

-**inter-professional** training: represented by the exchange of ideas between different operators and professionals based on their experiences.

For social and health care service operators, long-term learning or “**lifelong learning**” is the best support method for professional development and the exchange of experiences.

**Volunteer** work is the most important outcome of social solidarity. It is not a substitute for professional staff when providing care and assistance, but rather it acts to support such services and the family by providing valid support activities, especially in the most complex and serious cases. Its role is critical to care processes, ensuring a presence for the non-self-sufficient person, as well as offering moments of relief to the family and caregivers. The role of the volunteer should be directed and defined by those in charge of the person.

**The family** plays an important role for the non-self-sufficient 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. A caregiver (or carer) is an unpaid family member who helps an individual (family member, friend, acquaintance, etc.) who is not able to independently perform daily living activities due to age, illness or disability. A proper continuity of social and health care pathway needs to consider the **fundamental role of the family** of the person being cared for, as being central to the process of access and continuity of care that defines the care pathway.

**Monitoring of the progress of activities**, expenditures and the achievement of the expected results (i.e. an overall assessment of the effects, and verification of their correlation and consistency with the goals and the impact of the intervention for the improvement of the person's condition), is fundamental to the success of the interventions.

To conclude: to support the quality of life of ageing people with disabilities by integrating social and health services, embedded in the legislation system, have proved successful results at Italian and Veneto Region levels. In order to give the appropriate support to the training process and therefore, increase the efficiency of the services, a multi-professional lifelong training response is needed with the involvement and the recognition of the role played and value represented by families and volunteers.

For more information: Advancing Integration for Dignified Ageing AIDA [www.projectaida.eu](http://www.projectaida.eu)





The Municipality of Treviso in collaboration with the "Istituto per Servizi di Ricovero e Assistenza agli Anziani" and the ENSA and ELISAN, networks invite you to the

### ENSA elderly working group

Co- Chaired by : Kerstin Seipel Nacka Municipality-ISRAA Treviso



REGIONE DEL VENETO

### TREVISO (Italy) 17-19 February 2016

**Day 1 – 17<sup>th</sup> February** Elisian General Assembly

**Day 2 – 18<sup>th</sup> February** Conference: "Ageing well, for a better quality of life and housing in Europe"

9.30-10.30 Social co-housing: innovation in housing. "Borgo Mazzini" project: urban aspects and modernization of care services for an ageing in place chance (ISRAA)

10.30-13.00 Panel 1: Active ageing and the ageing process

Panel 2: Active Ageing and healthy lifestyles

Afternoon Study visits

**Day 3 – 19<sup>th</sup> February** Working groups

For more information : [kerstin.seipel@nacka.se](mailto:kerstin.seipel@nacka.se)



## In the spotlight - International Day of Persons with Disabilities. December 3, 2015

*Elio D'Orazio - president Senior International Health Association SIHA*



Future inclusive disability policies will hopefully also address inequalities against older persons with functional limitations. On the occasion of the International Day of Persons with Disabilities, SIHA (Senior International for Health Association) draws attention to the specific barriers faced by older persons with disabilities to their full and equal participation in society.

While not all older people are persons with disabilities, the likelihood of acquiring a disability increases with age. According to Eurostat figures (EU-SILC2012) the percentages of people with disabilities range from 44% for the 65-74 age group to 70% for the 85+. However, many EU Member

States interpret their obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in a narrow way, creating a divide between those persons who are assisted because of a specific impairment and those who experience functional limitations due to poly-morbidity, frailty or dementia in later years of their life, preventing them from accessing the support they need to live in dignity.

As a result, policies that discriminate against older people with disabilities continue to be tolerated across the EU. This affects access to disability benefits, health services, support for independent living, fight against violence and abuse, and others. Moreover, representative organizations of older persons are rarely consulted at EU and national levels in order to ensure an equal application of disability rights across the life course.

More needs to be done to address the full range of challenges faced by older persons in need of care and assistance, particularly in those situations related to ageism and age discrimination. In order to comply with articles 25 and 26 of the Charter of Fundamental Rights the EU should deliver guidelines and explain how the UNCRPD should apply to older people and whether differential treatment of older age groups constitutes age discrimination.

Finally, SIHA warmly welcomes the launch of the long-awaited Accessibility Act, which is expected to improve accessibility to goods and services across the EU. This is a key instrument for older people's equal participation in society and we will follow closely the negotiation process to ensure that it reflects the accessibility needs of the ageing population.



## Expert view - Securing and enhancing the human rights and QOL of ageing people with disabilities.

*Ilse Goethals - University College Ghent, Expertise centre E-QUAL*



Advances in science, medicine and technology have prolonged the life expectancy in people with disabilities, creating new challenges to the existing care systems (Maes & Vanpuyenbroeck, 2008; Patja et al., 2001). Many European countries have longstanding histories in providing various systems of support for the elderly on the one hand and for people with disabilities on the other hand, but these support systems developed independently from one another (Weber & Wolfmayr, 2006). As a consequence, services for people with disabilities often lack the resources and expert knowledge to adequately adapt to the ageing process of their clients, while elderly care services do not know how to provide appropriate care for more specific target groups, such as people with disabilities (Van Puyenbroeck & Smits, 2008). Although 'ageing in place' is of great importance for the quality of life of people with disabilities, this very preservation of environment is not always possible due to a higher demand in care or an extended need for supervision. Unfortunately, studies have shown that the formal services are rather inflexible as to the changing needs of their clients and when a transition is opted for, they usually do not include the client in the decision-making processes (Webber et al., 2010). However, it should be clear that autonomy, choices, and self-advocacy are the key elements for improving the quality of life of older people with disabilities. As stated by the Graz declaration on disability and ageing (Weber & Wolfmayr, 2006), ageing people with disabilities should be seen as "equal European citizens, enjoying the same civil and human rights. From this perspective, social inclusion and participation are strongly promoted,..."

The construct of Quality of Life (QOL) and the human rights for people with disabilities (UNCRPD) provide a global and fertile framework for rethinking how ageing people with disabilities can be included in society and treated as fully human beings. As argued by Verdugo (2012), there is a close relationship between the UNCRPD and the QOL construct. Firstly, the QOL construct reflects the dynamics of personally desired subjective and objective conditions of life. It captures the essential domains of an individual's life situation, including his/her human and legal rights. Secondly, the QOL construct can be the link between the general values reflected in social rights and the personal life of the individual. In that way it can be the vehicle through which individual-referenced equity, empowerment, life satisfaction, and equal opportunities can be understood and enhanced (Claes, Vandenbussche & Lombardi, in press). Furthermore, the QOL construct forces us to think differently about how we get to work with ageing people with disabilities. More specifically, when developing a personalized support plan, it is the person's individual goals and desires that are used as a starting point. Figuring out the desired supports for the different life domains rather than focusing on the health-related issues only, will help ageing people with disabilities to achieve a meaningful life, a life where they themselves are in control (De Maeyer & Claes, 2014)

The expertise centre on Quality of Life (E-QUAL) of the University College Ghent conducted an empirical study with the aim to translate the theoretical framework into practice and policy (Claes, Vandenbussche & Lombardi (in press). A three-phase Delphi study was set up in search for international indicators and strategies. These indicators and strategies could become a guidance and a touchstone in the process of realizing the UNCRPD. What's more, local governments, but also experts, self-advocates, family members, support workers, and academics, etc. can use these indicators and responding VN articles to develop specific support strategies that enable equal societal participation and inclusion for ageing people with disabilities.

De Maeyer, J. & Claes, C. (2013). Quality of Life en ouderen (pp. 69-76). In C. De Kock, E. Vens, Y. Beljoudi & C. Van Kerckhove (Eds.), *Ouder worden in een veranderende samenleving*. Belgium: Garant Uitgevers nv.

Patja, K., Livanainen, M., Vesala, H., Oksanen, H., & Ruoppila, I. (2001). Life expectancy of people with intellectual disability: a 35-year follow-up study. *Journal of Intellectual Disability Research* 44(5), 591-599

Claes, C., Vandenbussche, A. & Lombardi, M. (in press). Chapter 15: Human Rights and Quality of Life Domains: Identifying Cross-Cultural Indicators.

Maes, B., & Van Puyenbroeck, J. (2008). Adaptation of Flemish services to accommodate and support the aging of people with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 5, 245-252.

Van Puyenbroeck, J., & Smits, D. (2008). Inclusieve ondersteuning voor ouderen met een handicap. *Alert*, 34 (5), 51-61.

Verdugo, M.A., Navas, P., Gomez, L.E., & Schalock, R.L. (2012). The concept of quality of life and its role in enhancing human rights in the field of intellectual disability. *Journal of Intellectual Disability Research*, 56 (11), 1036 - 1045.

Weber, G., & Wolfmayr, F. (2006). The Graz declaration on disability and ageing. *Journal of Policy and Practice in Intellectual Disabilities*, 3, 271-276.

Webber, R., Bowers, B., McKenzie-Green, B. (2010). Staff responses to age-related health changes in people with an intellectual disability in group homes. *Disability & Society*, 25 (6), 657-671



## Expert view - Reflections on a transition...

Carlo Francescutti - Coordinator of the Scientific and Technical Committee of the National Observatory on the Condition of Persons with Disabilities (Italy)



*The Convention on the rights of person with disabilities of the United Nations is a big change. First of all it makes us understand that the question of social inclusion of disability is not a political, social or whatever else issue. It is an issue of human rights and it demands, pones an objective for everyone - to create conditions that a person with disabilities can make full use, exercise of his/her rights and thus to have a dignity.*

*Revolution of Convention is pointed, directed also towards us- social workers, care givers. We have to change the conditions of a person also in the context of change of relationships. Until I am a doctor- you are a patient. Think about all terms that have been used regarding a person with disabilities that we meet in our services: client, user, consumer, patient but not a person.*

*If conditions and relationships have to change, we have to change also the roles. Franz Brentano, father of the development psychology, has said that the road of human development lays in reciprocity. In this context empowerment aspect is very important. But empowerment of whom? Should we focus on the empowerment of social daily centers and services? No, we have to focus on empowerment of persons with disability. Even if it seems so simple, often in practice it can be very slippery not to fall towards focus on us, our centers and our services. It is related also to the transfer of power. If the power is not passed to the side of the person, there is no development, no education and no real inclusion. In the same time, with the a process of power transition someone, step by step, has to lose it. Are we, social workers, family members, sincerely ready for it? Simply because of the willingness to protect, often we tend to keep the power in order to ensure that nothing bad happens to our dear.*

*And also from the point of professional ambitions. We have our nice, well developed centre with 40 places for persons with disabilities, but we have to reflect, if sincerely we are still a place ensuring, increasing the social inclusion. Convention makes us understand that actually a disabled person do not need a specialized hospitals or large residential structures where they pass all their days and lives. They do need to meet authentic persons that together with them can construct their path of development, of personal growth. Wellbeing of persons, development of their lives have to be in the center for all actors. Balance of wishes, expectations and interests should be a starting point, instead of their diagnosis.*

*And for improving, we should reflect and consider need for more and higher competences. When we think about heavy disability cases or about relationship with death persons, it is not true that communication is not possible. Simply we have to be much better in communication, in finding ways to make it possible.*

*Of course, to change the way of doing is not easy. It meets and provokes a lot of resistance. Also public sector have difficulties and struggles for changing towards social inclusion approach. There are still very centralized tools, norms with too much attention only on quotas, payments, institutionalized service and various levels of monitoring. There have to be change towards other support measures for increasing social inclusion of persons, in the network with other involved actors. For example, we are trying to rewrite quality criteria of social services. There is a need to simplify. Often public sector forgets the complexity that is behind the disability. So, we have to help them to stop producing assistance in order to increase inclusion.*

*We are afraid of conflicts. We have to act without fear from confrontation and crash of point of views. Being focused on calm, still and peaceful life does not bring development and improvement. Do not be afraid of extremisms, but be afraid of extreme center keeping status quo unchanged!*

**Urging an organization to be inclusive is not an attack. It's progress.  
(D. Stokes)**



## 1th International TRIADE meeting - October 15 & 16, 2015

### IVAS - Valencia (Spain)

#### *Professional needs and success factors in training and care of ageing people with disabilities.*

**Focus on a good practice enhancing knowledge, skills, competences or attitudes of formal and informal caregivers for a more inclusive and community based care system**

*J. Gil - IVAS*



Last October, the first international meeting of the TRIADE project was held in Valencia. During this meeting, IVAS has had the opportunity to present, in collaboration with other entities, the following good practices:

- Resources, programs and coordination of IVAS (as a public entity) and the General Directorate of Functional Diversity with key social agents; **Inclusive policies on disability**, carried out by Valencian Regional Ministry of Equality and Inclusive Policies.

- Therapist **training program** carried out by the partnership formed by IVAS and Catholic University of Valencia with the objective to prevent intellectually disabled people from ageing.

- The **joint work** performed by two occupational centers together with Universities and Vocational training centres to improve the qualification of students, enriching them with **new attitudes** and relevant knowledge.

- The **informal training program** carried out by the elderly center of IVAS. The aim of these informal courses is to provide families, caregivers and “potential” caregivers with skills in order for them to be capable of improving users’ quality of life while decreasing the stress level in professionals. The course, given by an interdisciplinary team, is focusing on neuro-degenerative and geriatric syndrome.



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

The project TRIADE has been launched in Valencia on 15th and 16th of October 2015. This first meeting was very important because it provided an occasion for all partners to share their experiences, to discuss first best practices in the VET -field and the challenges they will deal with as a group during the project's life. Although the final summary of the participants evaluation is not yet available, the first elements show that **the meeting was successful, very well organized and held with an active participation of all partners!**

*Joke Vandaele - vzw den achtkanter, Kortrijk (B)*

The kick-off meeting in Valencia was an impressive event. Sharing insights, beliefs and good practices created a wonderful dynamic : meeting many European colleagues is a great experience. Having access to ideas developed from another/different/complementary point of view, is very enriching.











The warm hosting organization IVAS was willing to present the Valencian policy and showed their current practices with an open mind and eager for feedback; these practices are part of a transition to a more individualized and inclusive support. Getting access to ideas developed from a different point of view, is very enriching.

Also... no doubt : the city of Valencia is a surprising one! Not only the agua di Valencia and the delicious food, but the whole atmosphere and Spanish hospitality have been appreciated!





## TRIADE partners

|   |  |
|---|--|
|    | den achtkanter vzw (B)<br>Sint-Denijseweg 71, B-8500 Kortrijk<br>www.achtkanter.be<br>johan.warne@achtkanter.be                              |
|    | Sint Vincentius vzw (B)<br>Groeningestraat 2, B-8500 Kortrijk<br>www.gvo.be<br>eveline.breye@gvo.be  |
|    | Eskilstuna kommun (S)<br>Alva Myrdals gata 5, S-63105 Eskilstuna<br>www.eskilstuna.se  |
|    | Karlstads kommun (S)<br>S-65184 Kaarlstad<br>www.karlstad.se<br>jill.mattsson@karlstad.se  |
|   | Hogeschool Gent (B)<br>Geraard de Duivelstraat 5, 9000 Gent<br>www.hogent.be<br>ilse.goethals@hogent.be                                      |
|  | IVAS Instituto Valenciano de Accion Social (E)<br>Avenida del Puerto 108, Valencia<br>www.ivas.es<br>gil_josguz@gva.es                       |
|  | Gemeente Rotterdam (NL)<br>Coolingsingel 40, 3011 AD Rotterdam<br>www.rotterdam.nl<br>a.lieshout@rotterdam.nl                                |
|  | Conseil départemental Val-de-Marne (F)<br>Av. de Gaulle 21-29, 94011 Créteil<br>www.valdemarne.be<br>miljana.dejanovic@valdemarne.fr         |
|  | Irecoop Veneto (I)<br>Via Savelli 128, 35129 Padova<br>www.irecoop.veneto.it<br>f.barison@irecoop.veneto.it                                  |
|  | ENSA European Network of Social Authorities<br>Rio Novo, 3493 Dorsoduro Venezia<br>www.ensa-network.eu<br>elena.curtopassi@regione.veneto.it |

## News from the Local Expert Groups

The LEGroups, active in each country, reflect on the practices shared during the international meetings; these reflections are the basis for the recommendations for policy and curriculum development that will be presented at the end of the project.



The local expert group in **Eskilstuna** has had two meetings since the conference in Valencia. Our expert group consists of members from both educational and organizational settings. We have discussed the good practices from Valencia and drawn out the

positive things that we saw, that could be useful for us here in Sweden. We focused on the practice that enhances knowledge and competences by sharing good ideas in organizations for a more inclusive and community-based care system.

We met our politicians to inform them about Triade and organized a dialog meeting with the educational providers in Eskilstuna.

*Sara Morgan & Marie Skoghill - Eskilstuna (Sweden)*

The Local Expert Group in **Rotterdam** met for the first time last November. The LEG includes employees from a large number of diverse organizations: Erasmus Medical Center, Foundation SOL, Zorgbelang South Holland, the Urban Platform for Informal Care and colleagues from the municipality of Rotterdam.



The membership may be expanded in the future. During this first meeting, A. Lieshout and T. Domenici explained what the TRIADE project is about. The good examples from Valencia gave abundantly rise to discussion. It was interesting to learn that many issues that were being raised in Spain are topical in the Netherlands as well. Training people during working hours represents a similar challenge to Dutch organizations.

After the meeting, we visited the Erasmus Medical Centre; this centre is working hard to prepare their staff for the working methods of the future: the personal supervision of both the patient and their carers throughout the medical process. The way this center deals with this challenge may be one of the good practices to be shared during the international meeting in Rotterdam next June. It's mostly inspiring!

*Tamara Domenici, Annejet Lieshout, Anthony Polychronakis - City of Rotterdam (Netherlands)*



## News from the partners and the Local Expert Groups



Being a constant participant of various regional and national networks, the **training center Irecoop Veneto** is sharing the Triade experience within all its working groups that are at least partly linked to the issue of services for disabled and elderly persons. We established a Local expert group, that since the beginning of the Triade project in September 2015, met twice.

The first meeting has been organized on November 9, as a Kick-off meeting, establishing the group, presenting the project and the mission of the Local expert group. The second meeting took place on December 11, 2015 and focused on the good practices discovered during the first international visit to Spain.

The participants of the group are representatives of social cooperatives working in the disability sector; public health and social care institutions; among them there are researchers and representatives of informal care givers. We decided to keep the group open and flexible for eventual new entries, even for just one theme, if it brings an added value to the group reflections, or if it helps haring and multiplying the results outside the group.

*Mariafranca Barison & Daniela Moro - Irecoop Veneto (It)*

### PERCORSI DI INCLUSIONE SOCIALE - STEPS TO SOCIAL INCLUSION

**policies and practices, perspectives and evolutions.**

Regional seminar in Padua (It)  
18/12/2015

The seminar focused on the UN Convention as a great impulse for the transition towards an inclusive society. Many motivating reflections and interventions were made; TRIADE has been presented as one of the initiatives that may enhance the transition. About 160 social workers, cooperatives, representatives of local and regional authorities, families and associations were present.

*Zita Krastina - Irecoop Veneto (It)*



**Karlstads kommun** feels privileged to be partner in the TRIADE project. It gives us new opportunities to elaborate our work with disabled people. Our expertgroup has met twice, discussing the practices shared in Valencia. The discussions were most fruitful.

We enjoyed the first meeting in Valencia and want to thank José for being the perfect host. Now we are looking forward to share our good practices, to learn from our European partners, to participate into interesting inter-

national meetings and local expert groups!

*Jill Mattsson, Monica Tolla & Lena Andersson - Karlstads kommun (Sweden)*

The local expert group of the **IVAS** partner will be formed by two kinds of professionals. On the one hand, experts working at universities or vocational training entities dealing with skills development of professionals belonging to the fields of disability and care for the elderly; on the other hand experts from the training areas of disabled care entities which are concerned about the problem of ageing in their target group.

*Maria Sorzano - IVAS Valencia (E)*







## 2<sup>nd</sup> International TRIADE meeting

February, 10&11 2016

Kortrijk (B)

vzw den achtkanter  
vzw Sint Vincentius  
University College Ghent

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

### tentative program

Workshops and study visits  
focusing on inclusive practices  
Cross sectoral collaboration and  
critical success factors  
Outreach methodology  
Experiential learning  
Quality of Life of ageing people

Cultural and social program

Welcome Thursday, 10 at 9am

Closing Friday, 11 at 4pm

Info :

[johan.warnez@achtkanter.be](mailto:johan.warnez@achtkanter.be)



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

...to Angel, José, Maria,... IVAS - Valencia

...to Elena Curtopassi, ENSA coordination team, Veneto Region Brussels Office

...to Jean Paul Robesyn for text revision

Responsible editor : Johan Warnez