

Active Caring Communities (2013-2016)

Perspectives and experiences from Belgium

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1. Active Caring Communities: “the projects”

Background

- Nov. 2013 – Nov. 2016
 - six “Care Innovation” Living Labs in Flanders
 - Criteria of a Living Lab
 - Creation of a (partly) **open innovation ecosystem** : Development of partnerships
 - Active involvement of users in concept, development, research and evaluation throughout the innovation process (**co-creation**)
 - A structured, but **real-life test** environment for innovative technologies, products, services and concepts.
 - Objective of the Care Living Labs
 - to create new care concepts, services, processes and products;
 - together with the end users;
 - and to then test them in practice.
 - the end user is not only central to the evaluation, but also to the development and adjustment of care innovations.

Living & Care Lab

LiCalab
City of Turnhout

Home delivery
of medications

Time 2 Care

Topshake

Social agent assets

Active Caring Neighbourhood

AzoB
Zorgbedrijf Antwerpen

Casemanagement and
program counselling
within a local residential
care network

Appropriate Elderly
Housing

Developing informal
(neighborhood) care
networks

Ageing in Place Aalst

AIPA
City of Aalst

Pro DoMo: Test, advancement and demo house

Elderly test

Residential care neighborhoods

LIATO
(Low-Impact Assistive Technology for the Elderly)

DioTTO: IoT democratization in the
home environment of seniors

InnovAGE

SEL Goal
Leuven

Diabetes management

Therapy compliance and medication safety among vulnerable seniors at home

Careville Limburg: Moving Care

City of Genk
& City of Hasselt

CardioCoach

Safe mobility

Online Buurten

Social Welfare
Agency Bruges

Neighbourhood
in Action

Neighbourhood 1: Brabantwijk

- One of the poorest neighbourhoods in BXL
- One of the most densely populated areas
- More than 100 nationalities (high number of non EU-citizens)



Neighbourhood 2: Etterbeek

- High unemployment among young people
- High proportion of people receiving benefits
- High proportion of foreigners (40% non-nationals), diversity including important proportion EU citizens



Neighbourhood 3: Oud-Merksem

- High proportion people aged 80 and over
- High proportion people with migration background
- Area with a big offer / number of (residential) services for older people → “Care Company Antwerp”

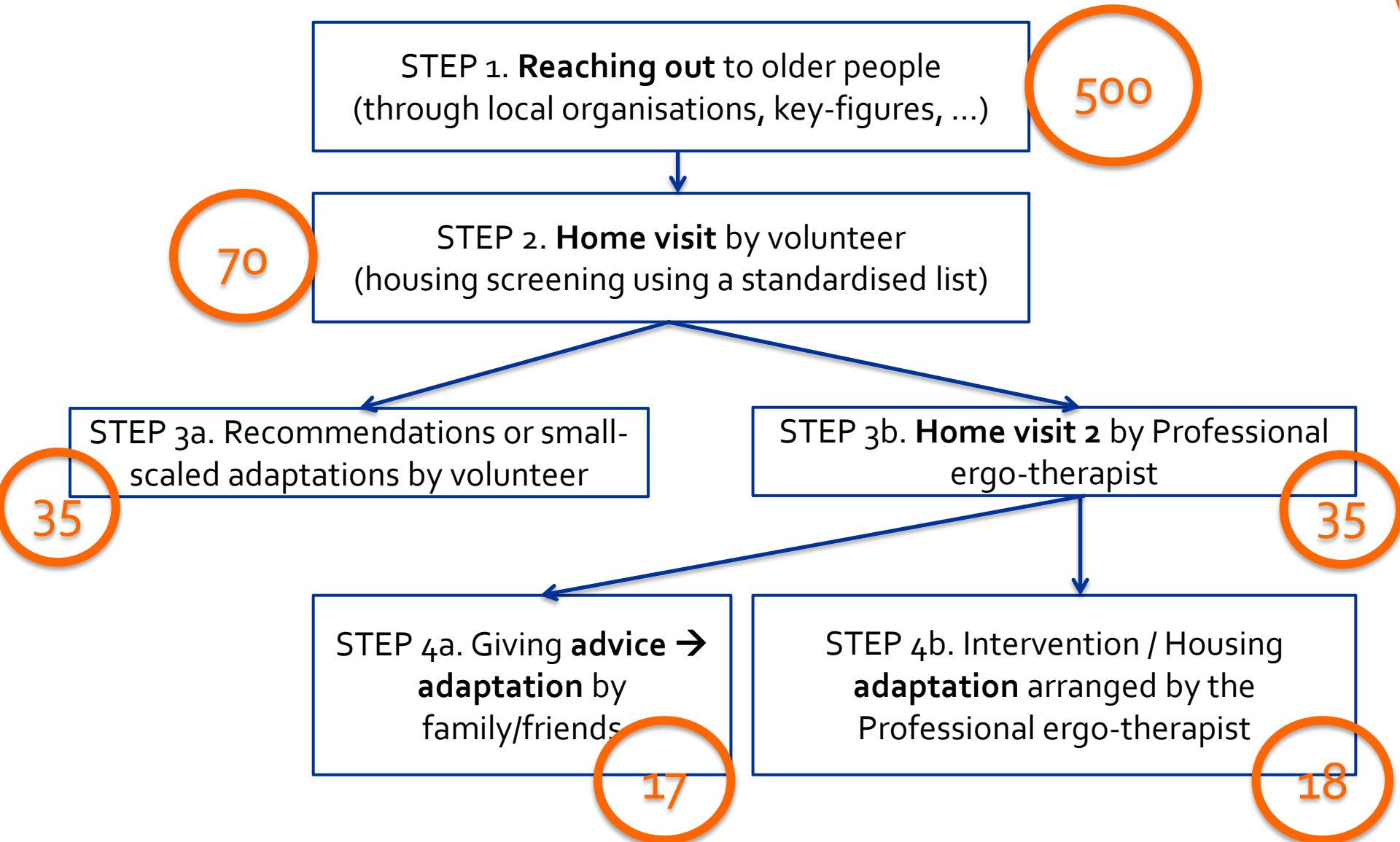


Project 1: OPA (housing)





Project 1: OPA (housing)



Project 2: Casemanagement



Project 2: Casemanagement



Searching
solutions for
complex /
unexpected
problems

Detecting the
question
behind the
question

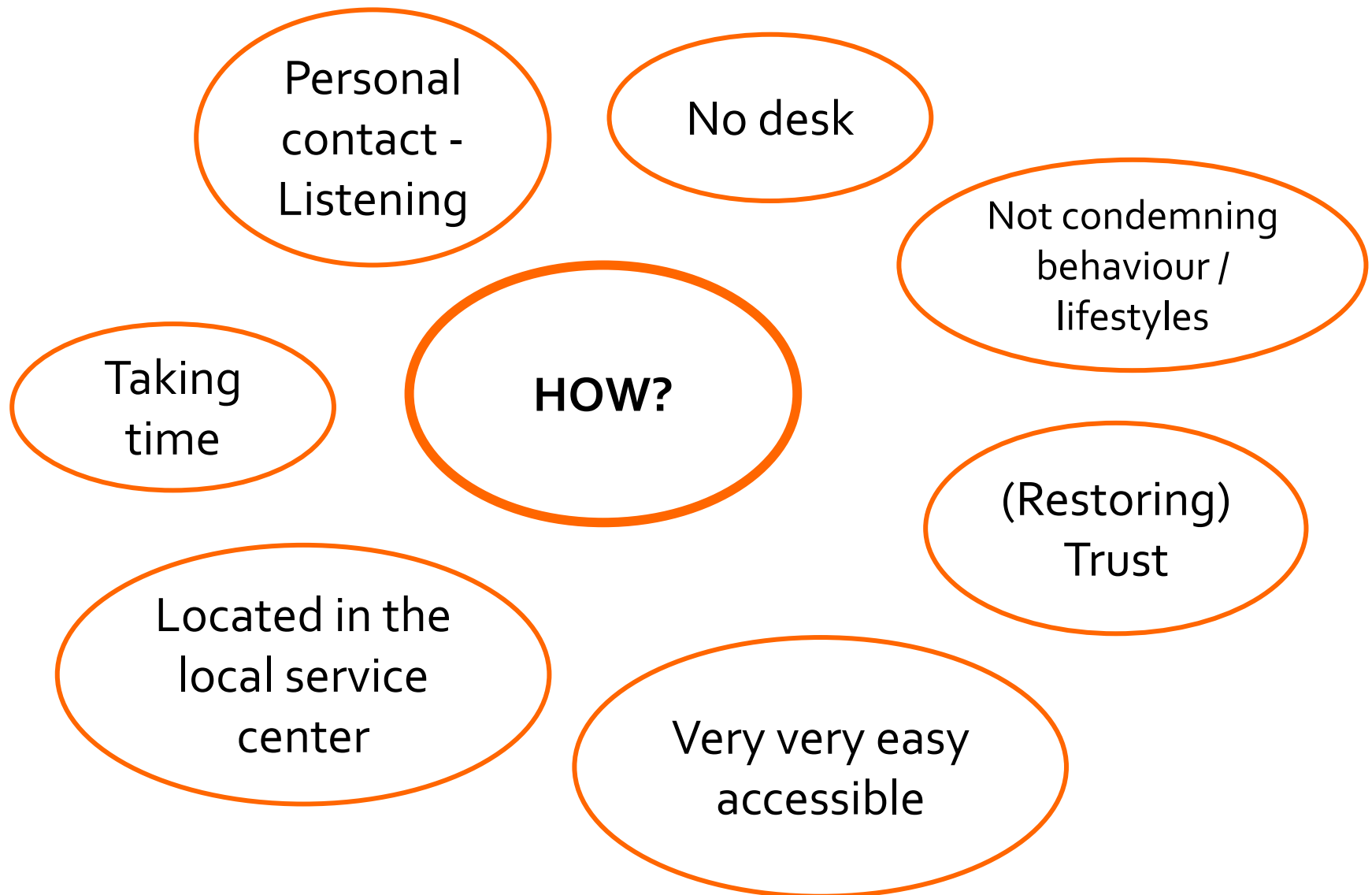
Stimulating
'not-evident'
care
professionals to
open eyes for
care needs

WHAT?

(Re)activating
informal
networks

Linking
towards
professional
care


Empowerment
and advocacy



Project 3: Informal neighbourhood networks

Neighbourhood 1	Neighbourhood 2
Matching “older people in need” with care volunteers in the neighbourhood	
Development of care volunteer network in the neighbourhood	
Starting from the detection of the needs of older people	
More bilateral networks	
E.g. Monthly ‘Bar’ with volunteers and older care recipients where volunteers offer help -> countering ‘demand shyness’	

Project 3: Informal neighbourhood networks

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Development of care volunteer network in the neighbourhood	Creating opportunities / places to connect people.
Starting from the detection of the needs of older people	Starting from the strengths of people
More bilateral networks	A group approach
E.g. Monthly ‘Bar’ with volunteers and older care recipients where volunteers offer help -> countering ‘demand shyness’	E.g. Bowling



2. Active Caring Communities: Research

1. Qualitative interviews

- Qualitative interview design
 - Focusgroups: containing 3 interview times (2014, 2015, 2016)
 - Focusgroups are repeated each year, with approximately the same group of respondents, in each of the 3 neighbourhoods
 - Older people with care needs
 - Informal carers
 - Volunteers
 - Professionals
 - Project staff
 - 44 focusgroups + 11 individual interviews (2016)
 - Thematic analyses

1. Qualitative interviews

- 2014
 - **Definition** and perspectives on what is an “Active Caring Community”
 - How Active Caring is their community? **Benefits and barriers** of their own communities
 - Preferences and vision on “**how to age well in place**” of older people with care needs?
- 2015
 - In **between – evaluation** of the projects
- 2016
 - Project realisation? **What worked**, what did not?
 - **Added-value** and experienced impact of the projects?
 - **Future** plans? What now...
 - How did the projects use/develop the concept of **co-creation**?

2. Quantitative survey

- Objective
 - What does it cost to live at home with care needs?
- Methods
 - 173 older people with care needs
 - Map all income and expenses for 1 month



3. Active Caring Communities: results and lessons learned



Making the invisible, visible

Significance of neighbours in the support network

- Kahn and Antonucci (1980): 'social convoys' → focus typically on close relatives (Keating, 2003)
- Yet, the availability of support from kinship changes (Bengtson, 2001)
 - Several older respondents did not have children or were out of touch with them
 - Children having a busy household themselves
 - Children did not live in the neighbourhood or even not in Brussels.
 - Several respondents also emphasized they did not want to depend on their children, that they did not want (to ask for) their help.

"The children? It is not possible, because their life is so busy, so overworked, so overbooked; it's difficult to ask them anything. And I have always been a very independent person. It is very difficult for me to make such requests." (recent retired woman from the Brabantwijk)

Making the invisible, visible

Significance of neighbours in the support network

- Informal support and care should be seen in a broader social context → also neighbours (Barret, Hale & Butler, 2014).
- Not about strong ties between all neighbours, but several participants explicitly highlighted the important significance of **a few neighbours in the care and support network of frail older people**.
 - *"At my place, if I tell you, you will laugh. Every day, there are 18 people I feed, and I do it all, 18 people, at my place" (woman, 62 years, Brabantwijk)*
 - *"Because her husband is home all the time. There are two nurses who come to take care of him. But sometimes my friend needs to go out, to buy something, and then she can phone me and I go. I stay in their house until she returns. They live very close by... They have children as well, but they live far away."*

→ IT IS OFTEN NOT ABOUT DEVELOPING NEW CARE NETWORKS,
BUT RECOGNIZING THE EXISTING

Don't focus on care

- In reflecting on the concept of “active caring communities”:
 - Ageing in place is not the absolute goal
 - The final goal should be social participation and quality of life
 - A number of participants stressed that an Active Caring Community also, if not even more so, has to pay attention to friendship, fun and ambiance.
- Move beyond care, help and support
- Move beyond physical and psychological health

Interdependent independence

- Towards a relational conceptualisation of support in the neighbourhood
 - Neighbours who support frail older people appear to be often frail and vulnerable themselves.
 - Reflections and discussions in this regard call for a more diverse conceptualisation of supportgiver, to understand the complex **interrelational nature of support in the neighbourhood** instead of the simple dichotomy of supportgiver versus supportreceiver.
 - **Carers need care as well as care recipients give care**

“Ageing in place” costs

- Ageing in place:
 - popular discourse among policymakers to reduce costs of institutionalisation
- Yet: ageing in place can become expensive for the ‘client’
 - 35% : expenses exceed the income
 - 40% : would like to spend more money on leisure activities (but does not have the money)
 - 20% would like to spend more money on basic groceries (but does not have the money)
 - Risk profiles: Living alone, renting on the private market, hospitalisation the past 6 month

Co...

	Antwerp: co-creation	Brussels: co-construction
How	Formal <ul style="list-style-type: none">• Co-creation sessions• Standardised surveys	Formal <ul style="list-style-type: none">• Co-construction process• Focusgroups Informal <ul style="list-style-type: none">• As an 'attitude'• Continuous
What	Detection of needs Cooperation with different partners: internal and external	Developing the project together
Aim	To work more demand-oriented	Innovation and dynamics Giving participants mastery and ownership of the process



4. Active Caring Communities: policy recommendations

Policy recommendations

1. Develop a local vision on ACC
 - Local context, challenges, capacities, resources
2. Need for a broad vision on care and support
 - E.g. not only physical and psychological
3. Good care starts with adapted housing in an adapted environment
 - E.g. Moving is not only a practical problem, but also a mental process.
 - E.g. Need for innovative housing (with care) solutions in the local community



Maison Biloba Huis

Policy recommendations

4. Mobilise local potentials

- Informal/Community care has its limits
- Support the supportgivers

5. Invest in new (neighbourhood)care professions

- E.g. casemanager

6. Go from project funding to structural funding

7. Invest in local networking and cooperations between big and small organisations

- Big organisations do not always connect to individuals in the neighbourhood
- Small organisations have the potential to do innovative activities, reach out to those 'under the radar', but lack strength for systemic change.



Zorgbedrijf
Antwerpen



met steun van

