TOWARDS AN ‘ACTIVE CARING COMMUNITY’ in BRUSSELS: AGE-FRIENDLY ENVIRONMENTS SUPPORTING OLDER PEOPLE AGEING IN PLACE.

An-Sofie Smetcoren, Liesbeth De Donder, Daan Duppen, Nico De Witte, Olivia Vanmechelen, Dominique Verté

VUB VRIJE UNIVERSITEIT BRUSSEL

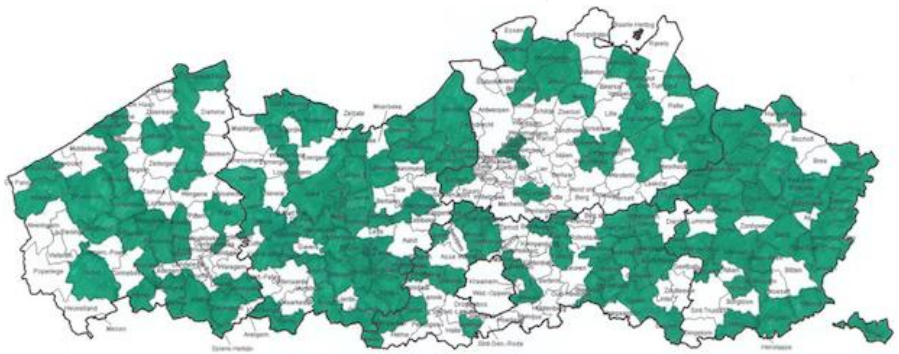
BAS Belgian Ageing Studies

Overview

1. Belgian Ageing Studies
2. Active Caring Community
3. Research: Towards an age-friendly social environment supportive for (frail) older people
4. Results
5. Discussion & conclusion

Belgian Ageing Studies

- Survey tool:
  - measure living conditions and aspects relating to the quality of life of older people at the local level, such as housing conditions, care, social networks, neighbourhood aspects, volunteer/social/cultural/political participation, frailty etc
  - which seeks to monitor local challenges and opportunities among home-dwelling older people
- 170 municipalities in Flanders and Brussels
- >80,000 older people aged 60 and above
- >8000 older volunteers



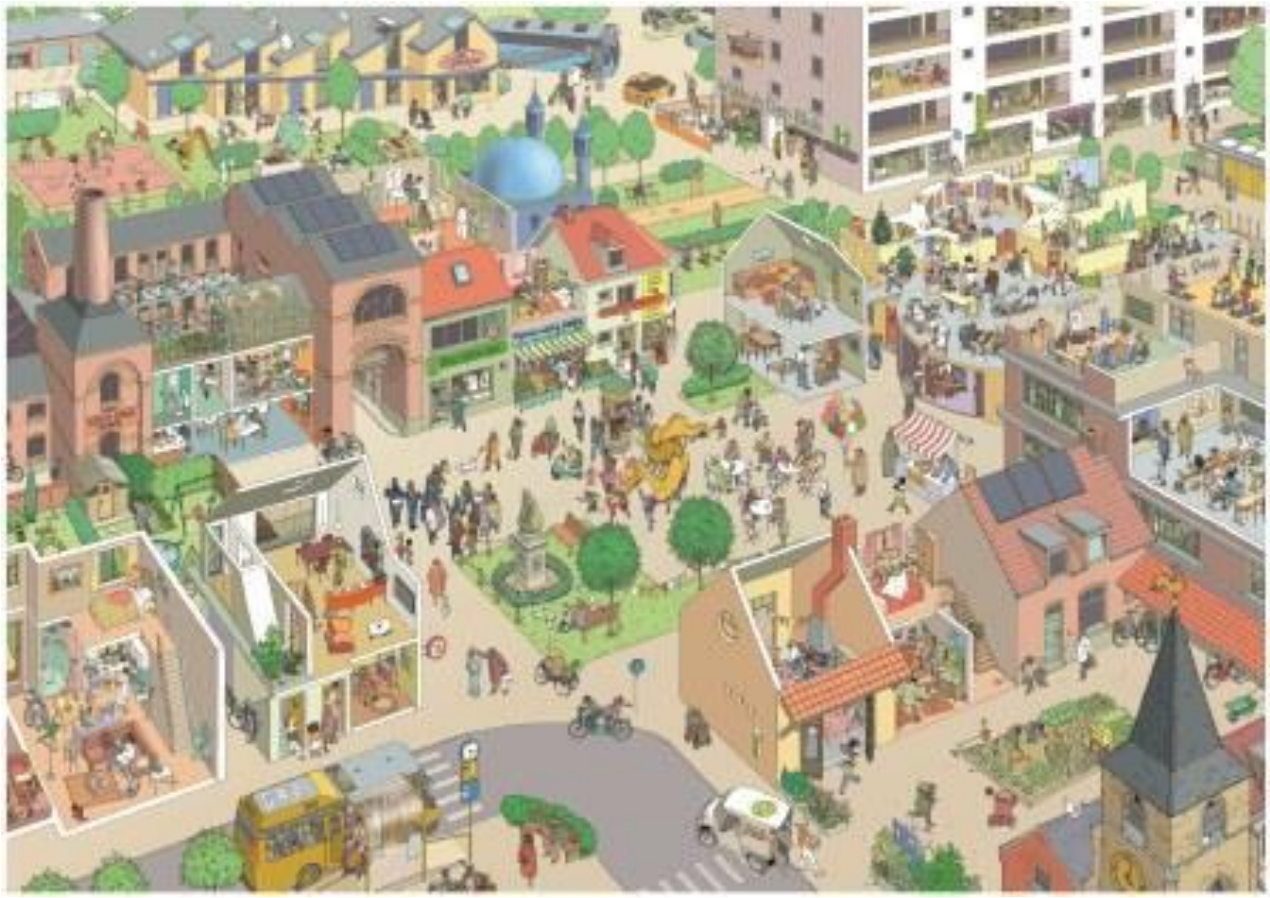
Belgian Ageing Studies

- Standardised method (questionnaire, research scenario, training programme, etc.)
- Peer-research: older volunteers are trained to be co-researchers
- Aim:
  - Promote **evidence-based policy** at the **local** level by providing input and mobilising knowledge for planning and inclusive policy programmes
  - Support the process of creating **age-friendly** communities
  - To engage older people as **central actors** in research and policy planning
  - Examine **trends** in particular municipalities by conducting follow-up studies

Belgian Ageing Studies

- Involved in several national and international research projects
- Social aspects of ageing
- Participatory research: facilitating social change in the neighbourhood by involving all stakeholders in aspects of research, local-policy making and community practice
- www.belgianageingstudies.be

2. Active Caring Community



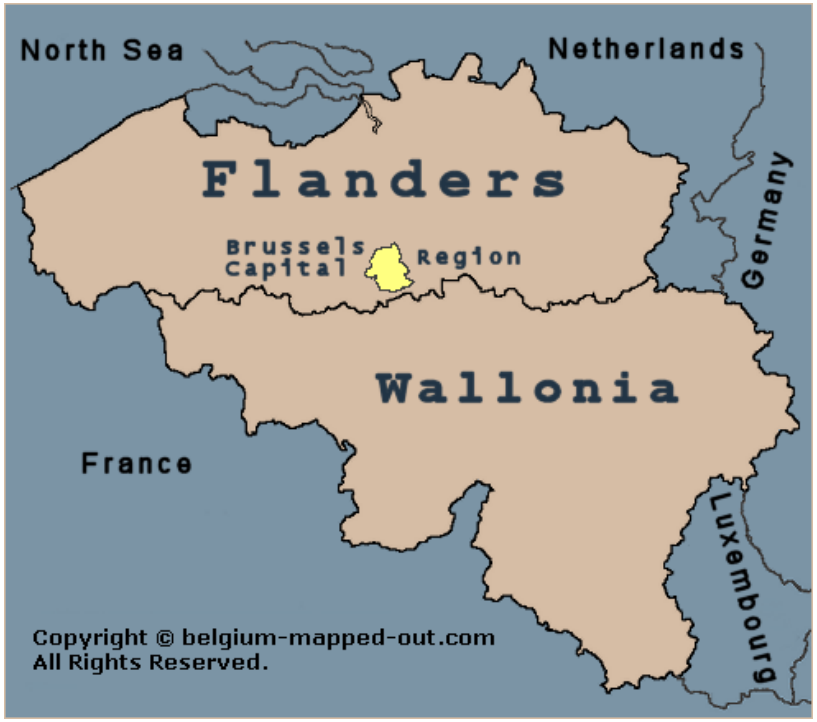
Background

- Policy and societal background Belgium
  - Community based approach of care
    - Since the 1980's 1st shift
      - from *residential* care towards care *in the community*
    - 21st century 2nd shift
      - from care *in* the community towards care *by* the community
  - Focus on 'Ageing in place'

INTENSIVE CARE IN THE COMMUNITY

Background

- Policy and societal background Belgium
  - Belgium = federal state subdivided into three regions: Flemish, Walloon and Brussels-Capital Region



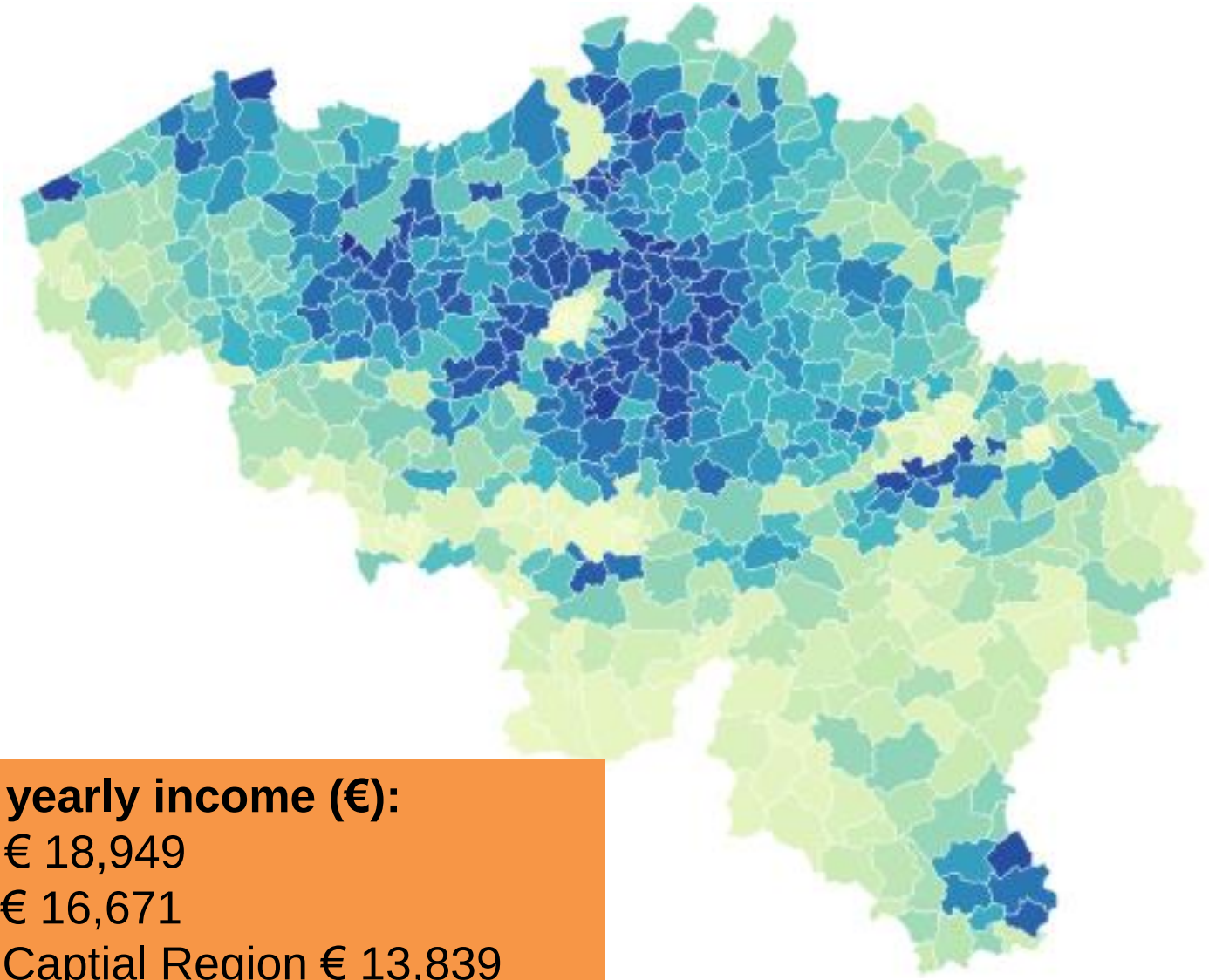
Background

- Policy and societal background Brussels
  - Brussels has a complicated political structure with an number of governements on different levels
  - Presence of the European Union: the continuous expansion of EU offices and activities puts a certain pressure on the city and its inhabitants (Baeten, 2001)
    - Rapid expanding internationalisation of the city has led to an increase in real estate prices and rent in the last decade (Bernard, 2008)

Background

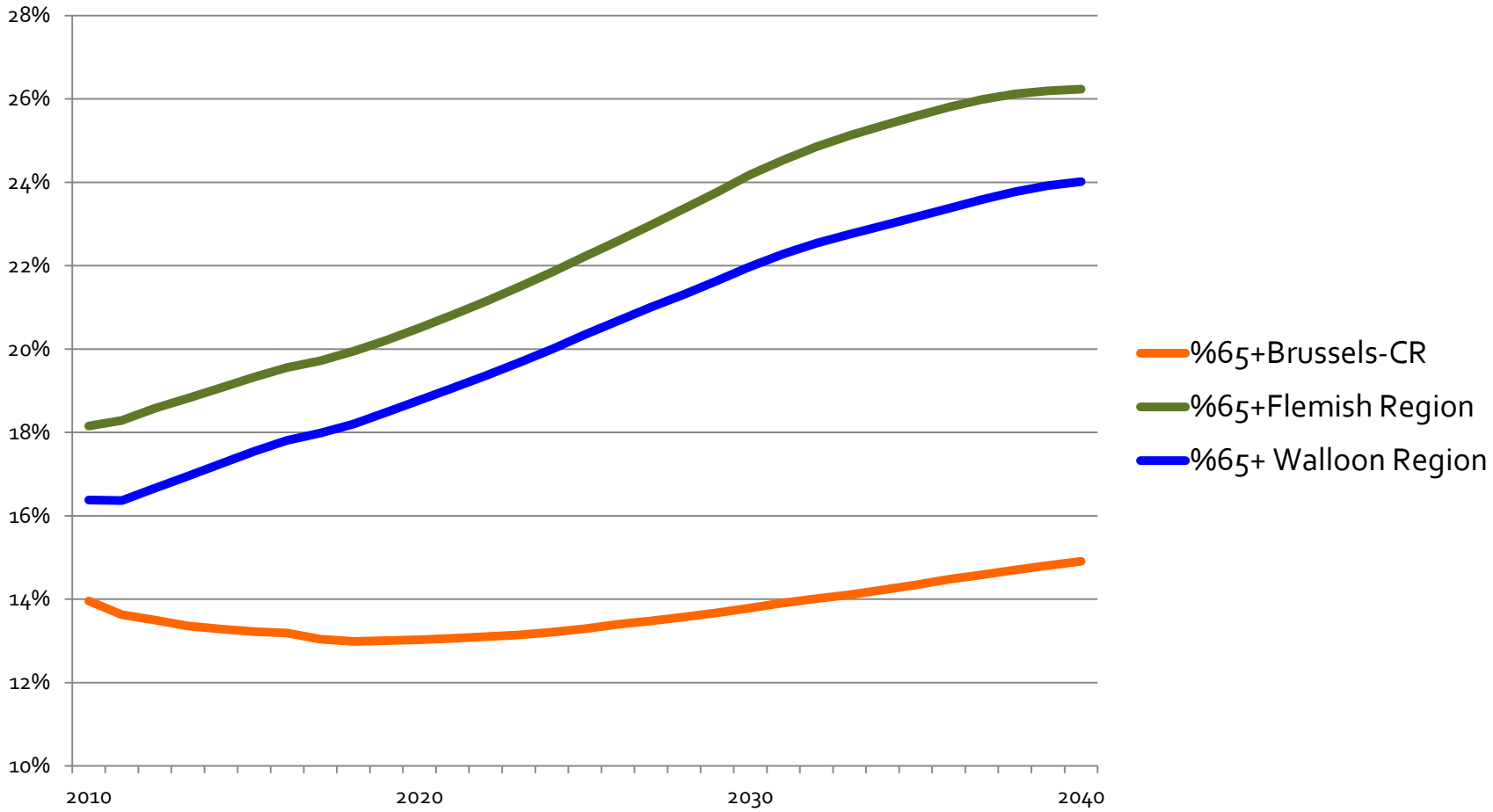
- Policy and societal background Brussels
  - Vulnerable socio-economic and health situation of the inhabitants of the Brussels-Capital Region
    - 38.4% of population is at risk for poverty (25.3% in Walloon region and 15.3% in Flanders)
    - Highest percentage of unemployement
    - Highest number of older people relying on a minimum income set
    - Very old and poor housing stock

Background



Average yearly income (€):
Flanders € 18,949
Wallonia € 16,671
Brussels Captial Region € 13,839

Background

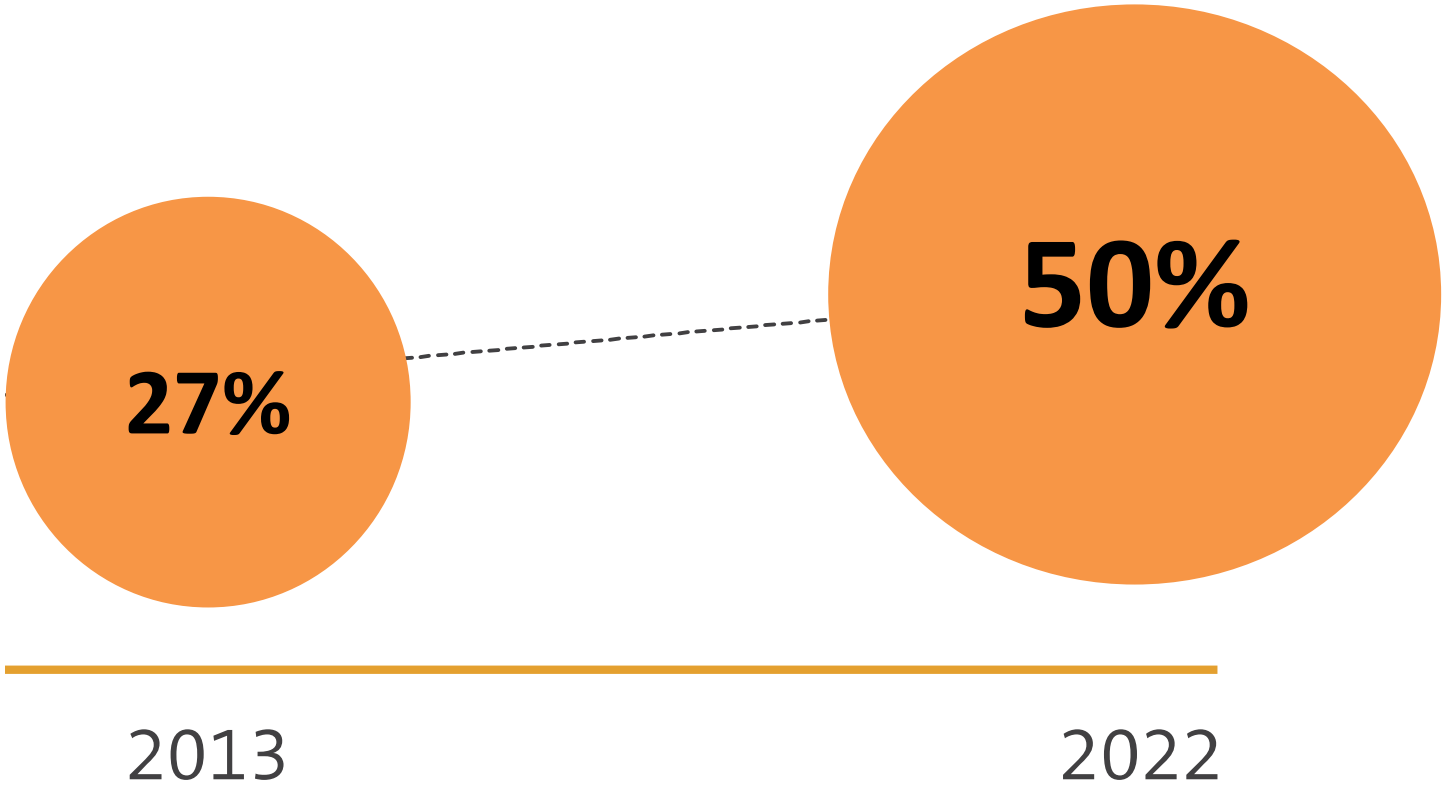

28%
26%
24%
22%
20%
18%
16%
14%
12%
10%
2010
2020
2030
2040
%65+Brussels-CR
%65+Flemish Region
%65+ Walloon Region

Background

Evolution 2014-2060	Age 0-14	Age 15-64	Age 65+	Age 85+
Absolute numbers 2014	177,502	831,456	154,528	26,120
Absolute numbers 2060	229,729	1,070,708	254,412	49,926
Additional number	52,227	163,505	**99,884**	**23,806**
Growth	29.4%	28.8%	64.6%	91.1%

Older adults (>65 years) with a migration background in Brussels

(source: Kenniscentrum Woonzorg Brussel, 2014)



Background

- Results previous research in Brussels (De Donder et al., 2011)
  - Constraints of Brussels for older people?
    - Difficulties to manage with income
    - High number of childless people
    - High number of housing problems
    - Crime problems, filthiness and degeneration in the area
  - Advantages of Brussels for older people?
    - Less need of help for transportation
    - Supply services present in the neighbourhood
    - High neighbourhood involvement

Background

- ‘Ageing in place’ → Need to develop an innovative living lab in Brussels:
  - to address the challenges that older people face within the urban environment (from financial vulnerability, migration and care shortages)
  - while using the strengths of the city (such as the sense of strong neighbourhood cohesion, proximity and the presence of well-developed local community centres)

→ ACTIVE CARING COMMUNITY

Active Caring Community

- 2013 Flemish Governement launched a call for **‘Care Living Labs’** to tackle future care challenges (e.g. rising demand for care, staff shortages and budgetary restrictions)
- Criteria of Living Lab
  - A structured, but **real-life test** environment for innovative technologies, products, services and concepts
  - Active involvement of end-users in concept, development, research and evaluation throughout the innovation process (**co-creation**)
  - Creation of a (partly) **open innovation ecosystem** **(involvement of all stakeholders)**

Active Caring Community

- Living Lab ’Active Caring Community’
  - Emphasis is to move towards a neighboorhood-organised model of care that reinforces autonomy of the older adult with respect for informal and formal care
  - “A community supporting ageing in place; where residents of the community know and help each other; and where opportunities to meet are offered and where individuals and their informal caregivers receive care and support from motivated professionals.”
  - Developing social responsible and high quality care that remains affordable for users as well as for society


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
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

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)

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

- Photo: Chambéry vzw

- Photo: Chambéry v

3. Research: Towards an age-friendly social environment supportive for (frail) older people

Research questions

- How can an age-friendly, social environment support **frail** older people to **age in place**?
  - What are the main social environmental *opportunities and challenges* in this neighbourhood to balance frailty of older people?

Research questions

- Frailty:
  - Multidimensional holistic approach (De Witte et al, 2013)
    - **Physical** health – problems
    - **Psychological** wellbeing – mental health (-cognitive functioning)
    - **Social** networks – social support
    - Poor quality housing and living **environment**
    - → **on an 'equal' level....**

2. Research & methods

- Living Lab ’Active Caring Community’
  - Qualitative interview design
  - Focusgroups: containing 3 interview times (2014, 2015, 2016)
  - Focusgroups are repeated with approximately the same group of respondents, by the same research team.
  - Transcriptions at verbatim - Analyses: MAXQDA

	Brabantwijk	Etterbeek	Merksem
Frail older people	2 (n=20)	1 (n=13)	3 (n=29)
Informal carers	2 (n=12)	1 (n=5)	1 (n=3)
Volunteers	1 (n=5)	2 (n=10)	1 (n=4)
Professionals	1 (n=12)		1 (n=9)
Projectstaff	1 (n=10)		

4. Results: Towards an age-friendly social environment supportive for (frail) older people

1. Decreasing availability of kinships support networks

- Kahn and Antonucci (1980): 'social convoys' → Most published research on social support and care networks for older people, focuses on help and support provided by the innermost convoy, typically close relatives (Keating, 2003)
- Yet, the availability of support from kinship networks changes (loss of peers, changing family constellations) and have impact on the social support availability (Bengtson, 2001)
  - Several older respondents did not have children or were out of touch with them
  - Children having a busy household themselves or children did not live in the neighbourhood or even not in Brussels. Some respondents stated if they wanted help from their children, they were expected to move to the environment of their children.
  - 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)

2. Significance of neighbours in the support network

- Informal support and care should be seen in a broader social context, taking into account more convoys, comprising friends, extended family but definitely 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.
  - Practical support: *"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)*
  - Creating a sense of security by social monitoring
  - Social support is minimal yet very important: *"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."*

3. Make the existing networks visible

- Social support and informal care (from neighbours) tends to be underappreciated (by policy and practice), is not visible and largely takes place ‘under the radar’ (Barret et al., 2014)
- According some participants, when creating an age-friendly social environment, the main focus should not be the development of new support networks, but rather **making existing networks visible, and supporting and valorising them.**

  “Actually, a lot happens in the neighbourhood which is not visible. And those things are performed by people who are invisible as well, or by people who are actually often negatively looked at. While so many things are happening… And I truly hope, that this project can reveal those positive things that are happening, that we can make them visible.”

4. 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 can give care

5. Move beyond care and support

- In reflecting on the concept of “active caring communities”:
  - a number of participants stressed that a supportive social environment also, if not even more so, has to pay attention to friendship, fun and ambiance.
  - Likewise, some respondents also emphasized the importance of intergenerational contacts “to have young and old”.
- NIMBY syndrome
  - An Active Caring Community is not a community that focuses on care or where everybody cares, but a community where **caring is not only allowed and accepted but also welcomed, visible and praised**

5. Move beyond care and support

Buren willen kankerpatiënten weg: 'Bezorgdheid is overgeslagen naar onredelijke onverdraagzaamheid'

24/04/2014 om 14:38 - Bijgewerkt om 14:38

De Gentse schepen Tom Balthazar heeft zijn bedenkingen bij de klachten van de 11 bewoners van een flatgebouw waar een van de appartementen gebruikt wordt om alleenstaande kankerpatiënten kortstondig op te vangen.

- *“What if somebody is unemployed and receives unemployment benefit and in the meanwhile cares for one the sick parents. One day she needs to go to the RVA (i.e. Governmental organisation that controls unemployed people) and says: "I am partly caregiver.” And then, they literally responded: ‘We do not care. You have to work.’ (…) But if people are getting punished and demotivated to care for each other, then we can promote this as much as possible, but it will not work. You may absolutely not deprive people the proud and self-esteem they have by saying: ‘What you are doing is completely irrelevant. You have to find a real job’. I thought that was harsh. That person came crying to us, but we have been able to comfort her. On the one hand, the Government asks for more citizen participation in community care, but on the other hand the same Government says ‘You have to find a real job, and this informal care? That is your own problem’ … (*staff member in de Brabantwijk

5. Discussion & conclusion

Take away home-messages and recommendations

1. Age-friendly, **social**, environments can be an asset for frail older people as well
2. A decreasing availability of kinships support networks → the importance of a **few significant neighbours** in the support networks was remarkable → support the supporters!
3. Goal is to **support what is already happening in the neighbourhood,** but not always visible
4. Don't forget the **entire neighbourhood**: Work on positive images of care and dependency (NIMBY) and... Ambiance & fun

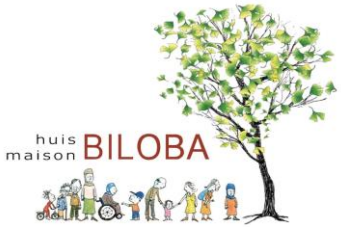
Limitations to take into consideration

- Very complex political structure: available services are subject to different communities or governments, different regulations and different communication channels, different financing methods and different languages
- Brabantwijk & Etterbeek: high annual population turnover → pitfall for creating a sustainable Active Caring Community → need for continuous investment
- Socio-economic vulnerability and Living labs in disadvantages neighbourhoods? including very frail and vulnerable people is possible, but demands a lot of time, a lot of time to build up confidence, networks, gain trust, etc.

Critical reflections

- WHO (2007) states that both physical as well as social aspects of an environment need to be addressed in order to respond properly to the needs and preferences of older people.
  - importance of taking these social aspects into account when creating age-friendly neighbourhoods
- Development of age-friendly environments could start from a rights-based approach, which includes the protection of human rights.
  - shifting the representation of older people as passive beneficiaries, towards older people as 'active rights-holders'
- 'Are age-friendly communities intended to help healthy older people live more meaningful lives or to help the most frail older people age safely in place?' (Golant, 2014)

AZOB-partnership



Thank you for your attention!

An-Sofie Smetcoren
asmetcor@vub.ac.be