7th Meeting of the Working Group on Ageing

Policy Brief on Innovative and Empowering Strategies for Care

Vitalija Gaučaitė Wittich
UNECE Population Unit
2002 MIPAA/RIS, Commitment 7: To strive to ensure quality of life at all ages and maintain independent living including health and well-being; In order to work towards a sustainable society for all ages, societies need to increase the quality of life and ensure the continued contributions of older persons to society.

2012 Vienna Ministerial Declaration: promoting quality of life and active ageing; raising awareness about and enhancing the potential of older persons for the benefit of our societies and increasing their quality of life by enabling their personal fulfillment in later years, as well as their participation in social and economic development. (section 3; 9(e); II (c,e,f,g), III).
Structure

- Introduction
- Moving from passive to active care
- From institutional care to home-based services and integration into the local community
- New ways of cooperation between public care services and community non-profit sector of private sector
- Conclusions and recommendations
Challenges – strategies - results

Challenging Context
• Increasing & diversifying needs and demands
• Barriers in access to care
• Resource constrains

Strategies
• Active Care
• Flexible care arrangements
• Cooperation

Results
• Empowered/active care users
• Broader scope of care
• Increased coverage
• Quality, efficiency and target group orientation
Demography and “New Old”-shaping care needs

• **“Older olds”** - fastest growing age group dominated by women
• Longevity & Health (compressed versus postponed morbidity)
• Internal/external migration

=====“new old”

• On average in relatively good health
• Educated and experienced in use of technologies
• Tend to adhere to active and healthy lifestyle
• Used to taking decisions and to being an active part of the family, community and society
• Integrated in family life, the community and society as a whole in various ways
End of life palliative care or catastrophic institutional care

Advanced care need due to multiple ADL\textsuperscript{2} failures, with need for significant home care or institutional care

Early care need due to comorbid conditions but able to live at home with home care assistance or day care

Very early care need due to eg. some IADL\textsuperscript{1} failures; focus on adaptation and prevention

\textsuperscript{1} IADL = Instrumental activities of daily living
\textsuperscript{2} ADL = activities of daily living

Source: Swiss Re Economic Research & Consulting
Active Care

- **Active user influence and power:** From care provided for people to care provided with people
  - Co-creation & co-production – citizens involvement

- **Scope of Care:** extend care services to prevention, rehabilitation, long-term care and palliative care

- **Quality of Life and Well-being:** include physical, social and cultural activities in care services, foster social participation and networking

- **Independent Living:** provide medical, practical and technological assistance for independent living
Good practice

Malta - Residents’ Boards in Long Term Care settings and in Day Centres for the Elderly: including older people in decision making in their care setting

Sweden - The Act on System of Choice in the Public Sector: enabling users to choose their care provider

Finland/Estonia – VIRTU: ICT tool for social networking

Denmark - The Fredericia Model - “Life Long Living”: training for older persons to perform basic care tasks themselves, bringing back the ability to function in a self-reliant way
Flexible Care Arrangements

- **Formal Care:** more flexible and open care institutions, increase supply of home-based and community-based care

- **Informal Care:** provide support to carers such as flexible work arrangements, financial remuneration, training & counselling and respite care

- Enable **choice and combination** of different care services
Austria: Free provision of medical home care in Vienna

- Initiative to provide home-based care free of cost for the recipient
- Care services include administration of medication and infusions, wound care and giving injections
- Goal: avoid or shorten hospital stays; improving the quality of life of older people by enabling them to stay at home
• **Cooperation with community:** include citizens in care process such as family, neighbourhood, community or volunteers

• **Cooperation with non-profit sector:** promote bottom-up approaches such as local initiatives

• **Cooperation with private commercial businesses:**
  - make use of the commercial care market and its innovative power
  - Public Private Partnerships as a means to foster innovation, knowledge transfer and financial viability
  - focus on research & development and production of care technologies
Good practice

Italy - Cohousing project “Casa alla Vela”: Multigenerational housing combining home-based care services and community assistance provided by cohabiting students

Germany - Local Alliances for Persons with Dementia: The project promotes, pools and networks local initiatives of citizens, associations, business, educational institutions, politics and local government

Ireland - The TRIL Centre: Public private partnership promoting research and development of technology solutions to support independent living for older people
• **Application Areas:** practical assistance, medical devices, social and communication tools

• **Enhancement of care:** facilitate care, improve quality, increase care coverage, extend scope of care

• **Challenges in technological implementation:** access to technologies, user acceptance, usability and utility
Poland – Telecare in Gdynia – monitoring of older citizens in their homes: Telephone with different buttons to call for specific assistance or set off an alarm

Czech Republic - Targeted remote monitoring of patients with chronic diseases:
Patients with pathological heart conditions are monitored using a telemedicine service enabling measurement of selected biomedical parameters remotely without the need of continuous assistance of medical staff
Conclusions

• **Integration of users** in all stages of the care process
• **Cooperation** between all stakeholders involved
• **Holistic concept of care**: prevention, rehabilitation, long term care, palliative care aimed at physical, mental and social health
• Employ **technologies** in the care process whenever usable and useful
• Adapt **institutional setting** to changing user demands
## Checklist: Innovative and empowering strategies for care

**Main areas**

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Thank you!