Inclusive Care in Brussels, the way to go

by Emily Verté

Key messages

The conceptual INClusive CAre framework and its operational tools support and guide policy and practice to develop and implement an inclusive care system in local communities.

To implement such a system, the INClusive CAre framework identifies four conditions:

1. Take an empowering perspective on and in the organization of care and support as from the start.

2. Include the formal and informal context of care receivers in the organization of health and other care services in a structural way.

3. Take a multidisciplinary and synergetic approach to care that is more than strictly medical.

4. Facilitate the access to care and support in the local community.

Introduction

Developed countries commit more and more to implement the perspective of 'ageing in place' (that is, growing old in the home environment) in policy on the grounds of cutting public expenses and the desire of people for autonomy and control. Governments shifted their focus from institutional care towards health and social services that support (frail) people in their home environment.

Today the ageing process is affected by increasing vulnerability and demands the ability to manage changing circumstances or frailty. However, the ability to manage depends on both internal and external resources of individuals. More specific, when people can no longer manage on their own, they strive to remain in control by receiving help from various formal and informal sources. Yet, today there still is weak integration and fragmentation of care services that form barriers to receive adequate support. Moreover, frail people are such a diverse group with such distinct and complex needs that care and support services have difficulties to respond properly. The effectiveness of care interventions is even more challenged when bearing contextual pressures that are often neglected in both care research and policy.

In response to the call for an organizational structure that balances between the demand and the provision side of care and support, this research project studies frailty self-management (cf. individual) in relation to personal and geographical contexts (cf. environment), moving away from the long-lasting one-sided provider perspective in care research and policy. Moreover, the primary goal of the project is to identify the critical factors that contribute to effective frailty management and to enable inclusive care.

Methods, approaches and results

The research project consists of five studies that take a different methodological approach. In general, a mix of both qualitative and quantitative measures are used to acquire data about frailty management from older people and their formal and informal care providers in Brussels. Table 1 offers a detailed illustration of the project outline and the different research designs.

The first study provides orientation to the overall research project by focusing on older people that possess capabilities to manage frailty. It allows to understand the way people cope with their current and future frailty. The study demonstrates that managing styles and frailty dimensions become dynamic when their relationship is studied. Managing one dimension of frailty leads to managing other dimensions, whereas active managing enables even more activeness. In a nutshell, this study highlights the ability of older people to master frailty and identifies a wide set of managing styles for specific care responses.

The second and third study included the geographical context in the need's assessment of both the care receivers and care providers. The second

Table 1   Structure of the project and contribution of each study

Research design	Perspective	Added value
Study 1. Capabilities of older people in adjusting to change		
Focus group interviews (17 interviews with 137 respondents)	Micro	- Definition of management capabilities; - Identification of managing styles; - The introduction of an empowering perspective of older people in care management; - Creation of a tool to guide policy and practice in empowering frail people; - Contribution to the development of a framework for inclusive care.
Study 2. Personal perspectives on frailty management		
Multiple case study analysis of a high-risk neighborhood and a low risk neighborhood	Micro	- Assessment of needs of older people to manage frailty; - Impact assessment of the geographical context on older people's needs; - Introduction of a typology of needs to manage frailty; - Prioritization of policy actions; - Determination of the relationship between needs and context characteristics; - Contribution to the development of a framework for inclusive care.
Study 3. The contextualization of frailty management. Paving the way of a modified care paradigm		
Multiple case study analysis of a high-risk neighborhood and a low risk neighborhood	Meso	- Assessment of needs of formal and informal caregivers to support frailty management; - Impact assessment of the geographical context on the needs of the support context; - Prioritization of policy actions; - Determination of the relationship between needs and context characteristics; - Contribution to the development of a framework for inclusive care.
Study 4. Risk profile as predictor for care needs		
Regression analyses (602 older people)	Micro Meso	- Identification of risk profiles and type of care needs; - Impact assessment of socio-economic status and ethnicity on risk profile and type of care needs; - Creation of a tool to enable defining policy priorities and target public spending; - Contribution to the development of a framework for inclusive care.
Study 5. Towards an inclusive care paradigm		
Development of a conceptual framework	Micro Meso Macro	- Development of the conceptual INCCA framework; - Introduction of structurally incorporating the personal and environmental context of older people in the organization of care (cf. environmental gerontological approach).

study shares the older person's personal perspectives on what they need to make frailty management happen, whereas the third study shares the managing needs of the external resources by means of informal and formal caregivers. Both studies provide specific building blocks to develop a conceptual framework for inclusive care, enabling effective frailty management. By identifying the needs of formal and informal carers to support frailty management, the study allows to verify whether an adequate care and support system should consist of universal elements or should be customized to context-specific features of older people. The results identify three different types of needs in the support context: universal needs, informal care setting needs, and formal care setting needs. An additional three types of needs were present in the environmental context: context-independent needs, high-risk neighborhood needs, and low-risk neighborhood needs. The presence of these diverse types of needs indicate that the specific characteristics of the neighborhood have an impact on the support context of frail people, which consequently should be considered in the organization of care. Hence, the findings suggest developing an inclusive care and support system that is progressively constructed starting from a generic base followed by a process of customization entailing the specific characteristics of the neighborhood.

Therefore, in the fourth quantitative study the risk to experience care needs is assessed drawing upon the multidimensional conceptualization of frailty by De Witte et al. (2013). The study results show an impact of ethnicity on older people's care needs; particularly income was revealed as the pivotal element of managing frailty and thus of access to adequate care and support. Based on these outcomes, the researcher frames the predictability of the relation between socio-economic status and factors of ethnicity, and care needs in one tool that can be applied at both the policy and practice level of the care process.

Finally, the fifth theoretical study builds upon the results of the previous studies by developing the conceptual INClusive CAre framework (INCCA), responding to the call for a new approach in care research and practice. This framework (see Figure 1) bears on cross-disciplinary interchange by taking both an environmental gerontological perspective and a health empowerment view on managing frailty. It enables addressing frailty management in its ecosystem that exists of intertwining relations at the micro (care receiver), the meso (care provision) and the macro level (legislative and institutional regulations). It positions care receivers at the heart of the care system and it transcends the unilateral focus of health care by incorporating a physical, psychological, social and environmental dimension. The INCCA framework offers each neighborhood an action list of needs to be tackled on two levels: ❶ the micro level, and ❷ the meso level and assigns a pivotal role to health and social care equity by positioning access at the center. Moreover, through the application of modularity the INCCA framework allows responding to the diversity in demand through customizing the care contents to a specific neighborhood and its inhabitants.

Conclusions

The five studies in this research project contribute, albeit differently, to both literature and practice. Table 1 illustrates the added value for each of the studies. The tool developed in the first study is especially relevant for practice, as it guides professionals to facilitate self-management of frailty. Building on the variability in capabilities to manage frailty, the study depicts the first learning curves in the development of an adequate system for frailty management, and in turn for inclusive care. The second and third study can be perceived as the core of the theory building process. They provide thorough knowledge about the central stakeholder groups in the organization of care and administers key issues on both the strategic and operational level. The tool in study number four is presumed to be the most hands-on policy instrument in the book as it enables policy makers to determine policy priorities in the local community and to target their resources. Study five adds value to current care research and policy by structurally incorporating the personal and geographical context in the construction of the conceptual INCCA framework that empowers ageing in place and enables care for all of those in need.

Figure 1

Conceptual INClusive CAre framework

RISK PROFILE OF THE ENVIRONMENTAL CONTEXT
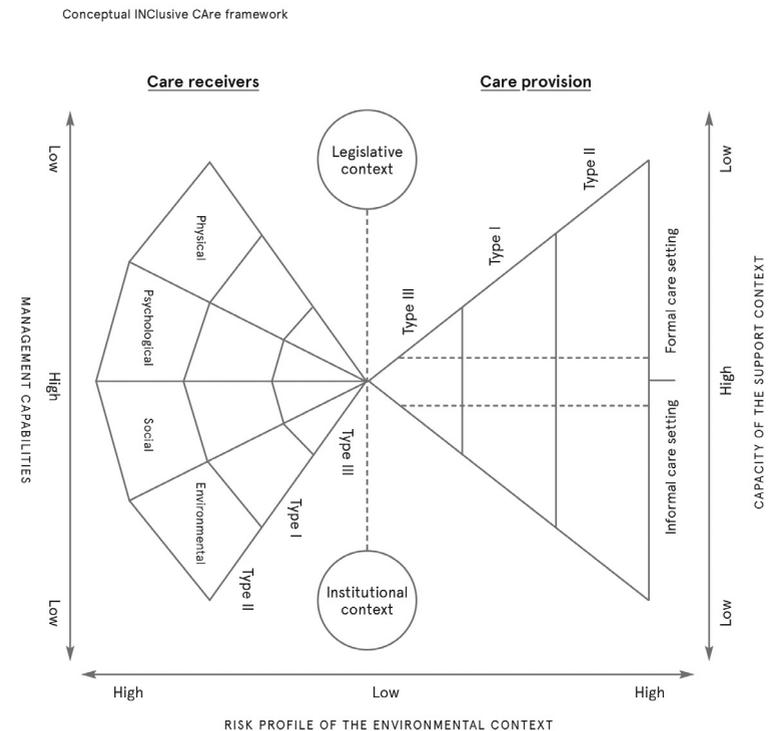
Policy recommendations

Throughout the research project, it is demonstrated that effective management of frailty is subject to four conditions that should be taken at heart by policy makers if inclusive care is of their concern:

Condition 1: Take an **empowering perspective** on and in the organization of care and support;

Condition 2: Include the **context** of people in the care organization;

Condition 3: Take a **multidisciplinary** approach to care and support;

Condition 4: Facilitate the **access** to care and support.

Condition 1: Empowering perspectives

Throughout the research project it is stressed that the focal point of the care and support system should be the people themselves rather than a limited focus on care needs and the responses thereto. My research indicates that older people could be principals of their changing environment and thus their management of care. Furthermore, the study identified that people behold four specific management styles to manage frailty. Policy makers should encourage and facilitate older people in managing frailty, given that a higher degree of activeness incites two positive effects: i.e. spill over and amplifying effects. Furthermore, the process of managing frailty highlights that all four managing styles are equally important in terms of detection, yet each type requires another approach in terms of intervention and prevention. In the last study of the project, the INClusive CAre framework (INCCA) draws upon this positive perspective by positioning people at the center of the care process and by pointing towards reinforcing their capabilities.

Condition 2: Contextualization of care

My research provides evidence for impact of both the support and environmental context of people on (care) needs to frailty management. The presence of this diverse set of needs indicates that care and support needs differ depending on the context of people. Based on this argument, a paradigm shift and a redesign of the care system is suggested. To be able to 'age in place', health, social and other services should not only be individually tailored, but should also encompass the specific assets or threshold of the context of people in a structural way. Consequently, the imperative nature of renegotiating the boundaries between formal and informal care (i.e. support context) to achieve a system for effective frailty management that responds to the complex needs of frail people is stipulated. Ergo, a balancing synergetic relationship between the formal and informal support givers

by structurally including both essential stakeholder groups in the INCCA framework is suggested. In study number four, a way to incorporate the environmental context in the care process is developed. The study demonstrated that the need for intervention and/or prevention is partly explained by a set of risk factors (i.e. socio-economic and ethnic characteristics). Based on these findings, policy makers and practitioners can more effectively adapt their prevention and intervention campaigns by fine-tuning them to a specific neighborhood.

Condition 3: Interdisciplinary approach

A main outcome of the needs assessments is the multidimensional nature of needs on both the micro and meso level. This multidimensionality of needs necessitates an interdisciplinary approach transcending different sectors. Consequently, to age in place the researcher stresses the urgent need for an inclusive care system that responds to the complex needs of people in a holistic fashion. In fact, the studies revealed that both the care recipients and care providers are strong advocates of collaboration between diverse sectors such as (mental) health and social care, housing and urban planning.

Condition 4: Access to care

Throughout the dissertation, multiple challenges/needs related to physical, environmental, and social access to care are identified. Access to treatment in reasonable time was described as an element of physical access; age-friendly design of the neighborhood as an element of environmental access; whereas social access was mentioned through equitability for al socio-economic backgrounds. In the fourth study, the assessment of risk factors allows the facilitation of the access to care and support services. The outcome helps both policy makers and practitioners to identify neighborhoods based on their needs for care and support services.

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Publication

The author & project

Emily Verté holds a PhD in Educational Sciences and has a background in public management and policy development. She has experience as a project manager and researcher on several national and international research and consulting projects in social gerontology and published on topics related to ageing research, social policy and the organization of care and support services. Her expertise is positioned at the interface of project and public management to address issues in the field of gerontology.

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