

BRAINSTORM SESSIONS

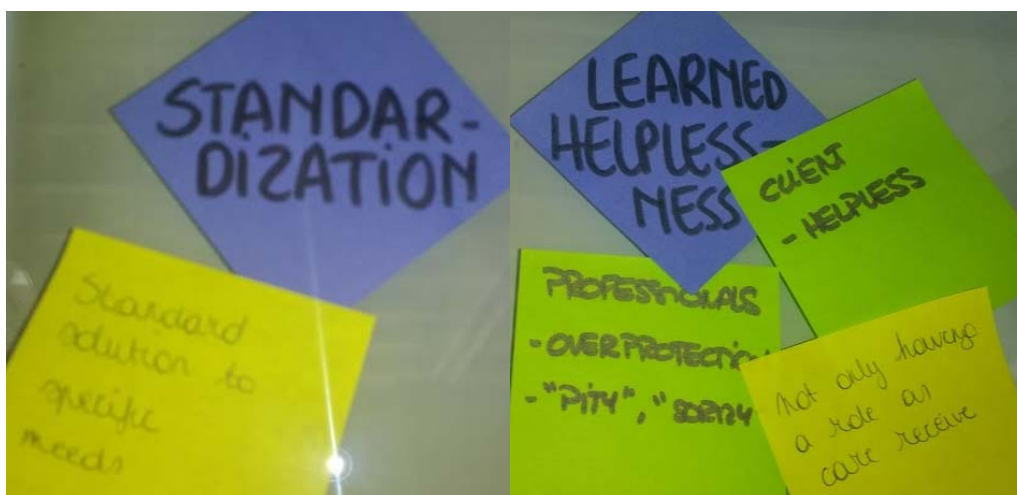
1. Introduction to the theme

The process of defining existing practices as 'good practices' is never neutral. This implies that a practice is only deemed 'successful' or 'good' with regard to certain (predefined) criteria or goals. Hence, the first phase of the discussion-session aimed to reach an agreement about a shared and explicated frame of reference, which can be considered as a starting point for further reflections and discussions.

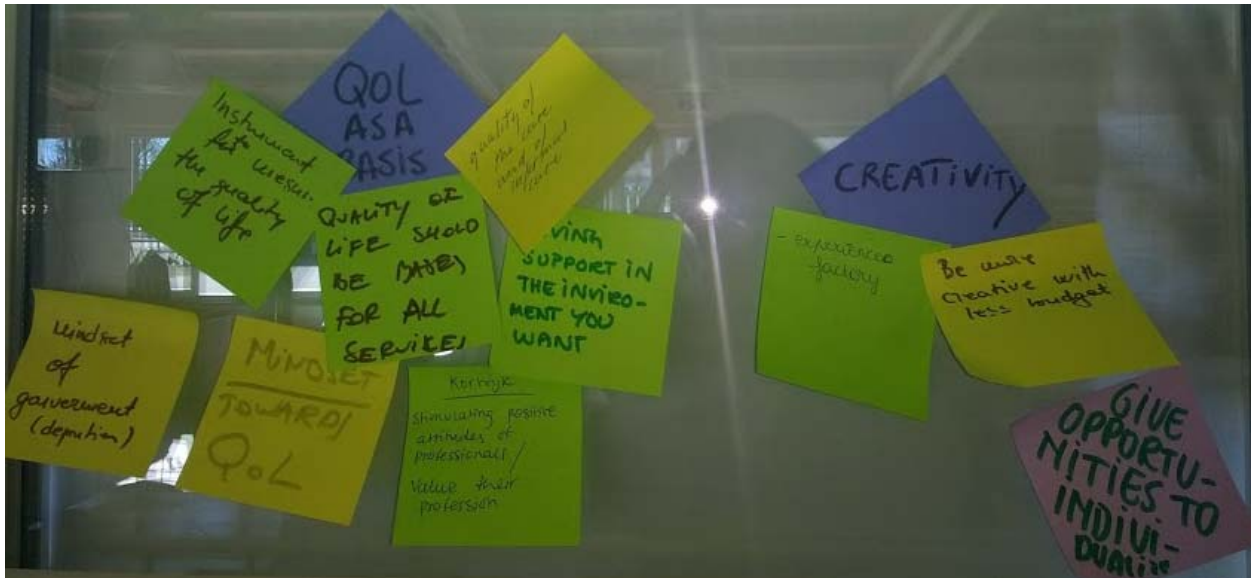
2. Little brainstorm

This brainstorm session aimed to bring to the fore the interaction between context-specific complexities and the existing practices in the care and support for older people. From that point, four teams started to discuss factors at different levels of the system – including the individual, institutional, inter-institutional or governmental level – that may hamper or strengthen practices that can contribute to the quality of life of older people (Day 2) and to the (re)valorization of (working with) the elderly (Day 3). These factors have been put into a matrix – representing the different levels of the system – by each group. After the matrixes have been presented, associated factors from the different matrixes have been clustered.

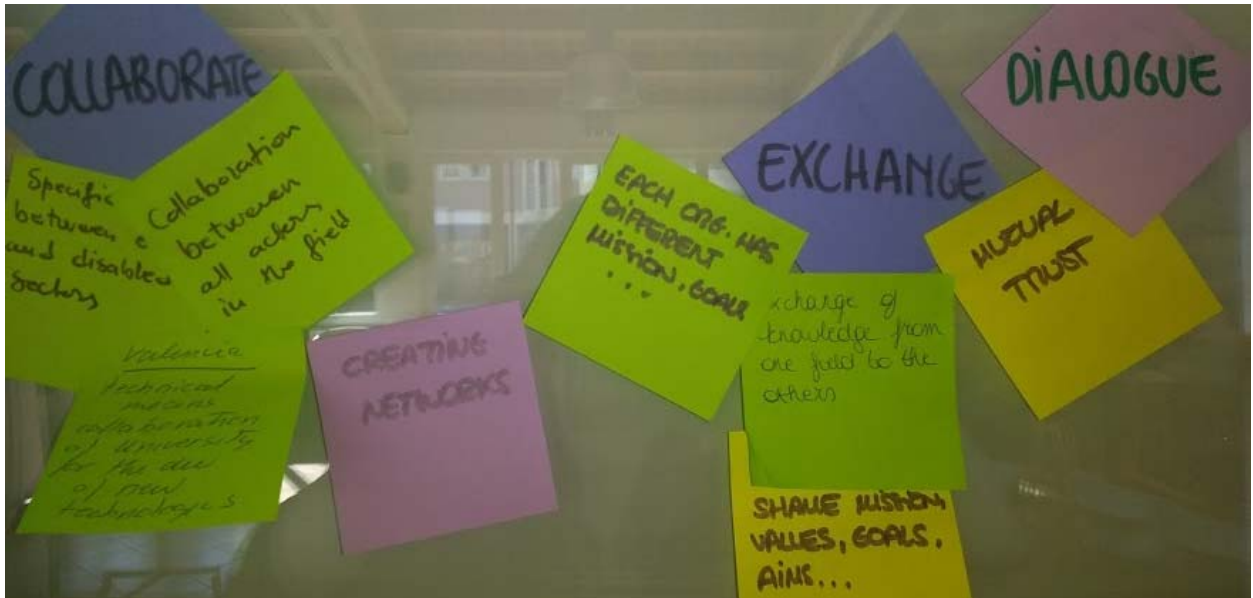
2.1. Barriers and contributing factors at individual level



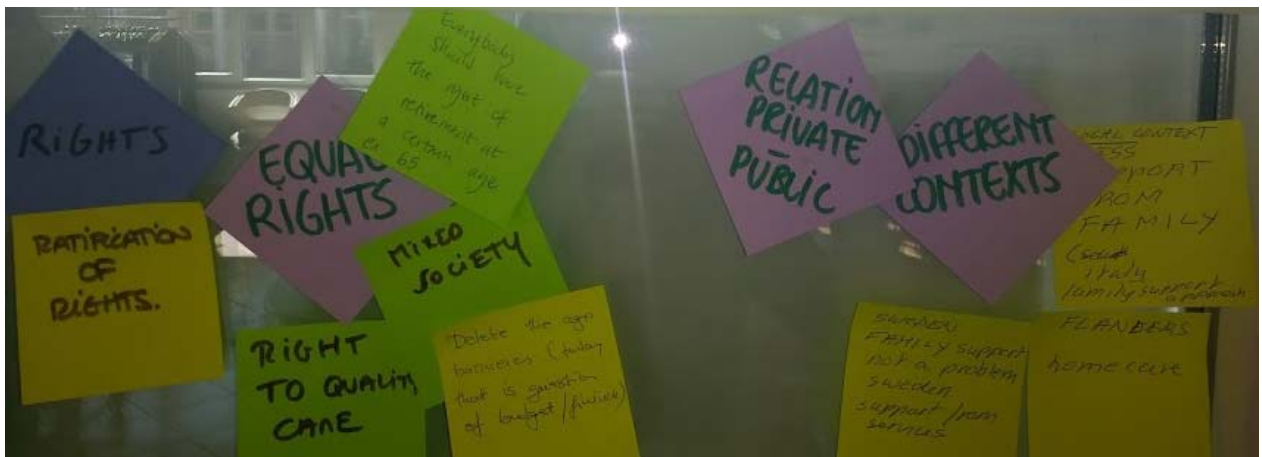
2.2. Barriers and contributing factors at institutional level



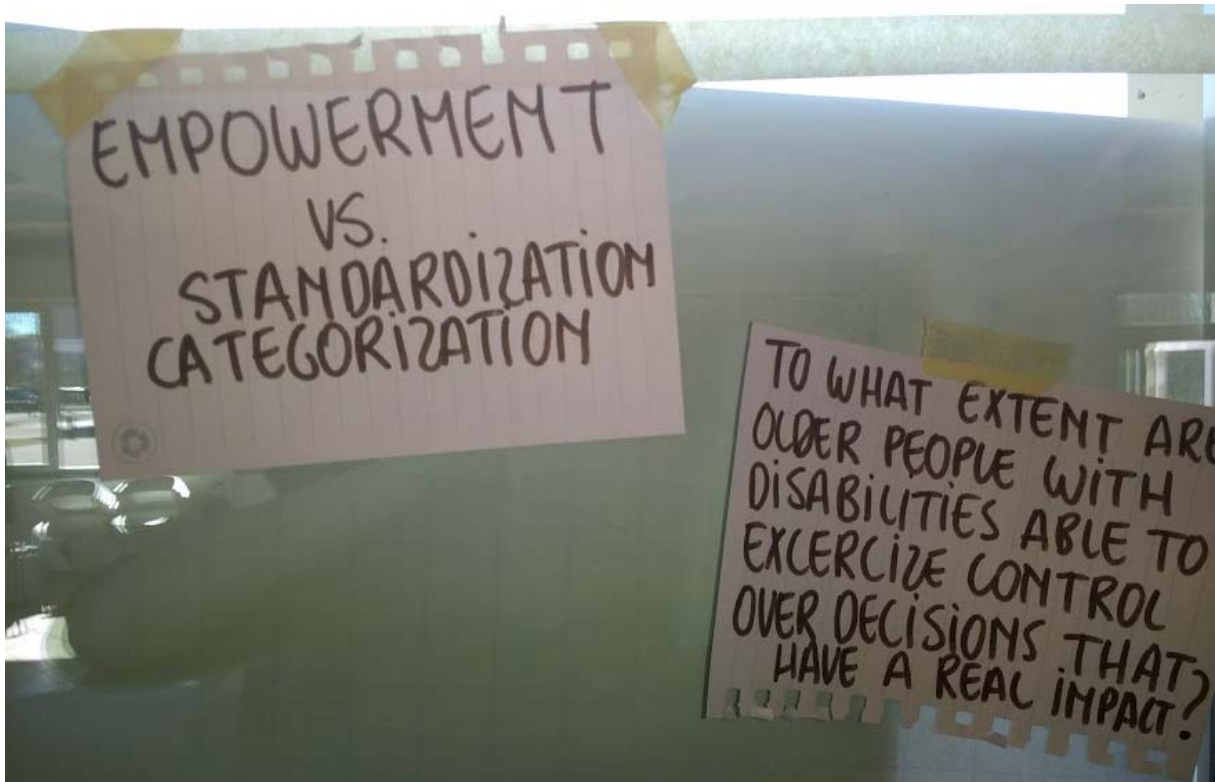
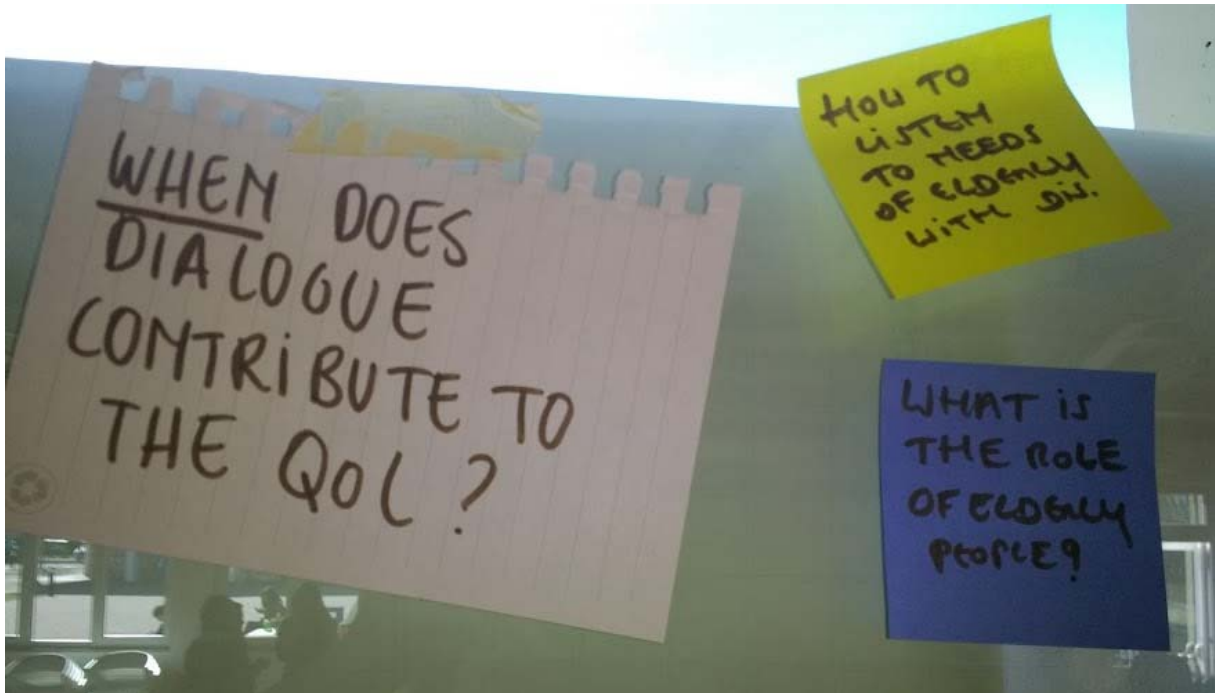
2.3. Barriers and contributing factors at inter-institutional level

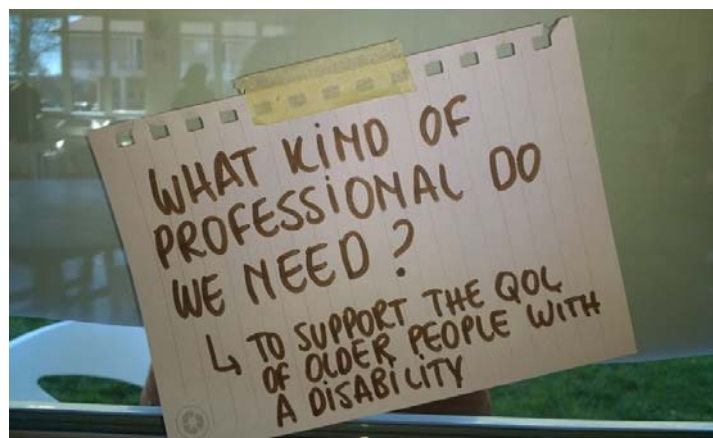
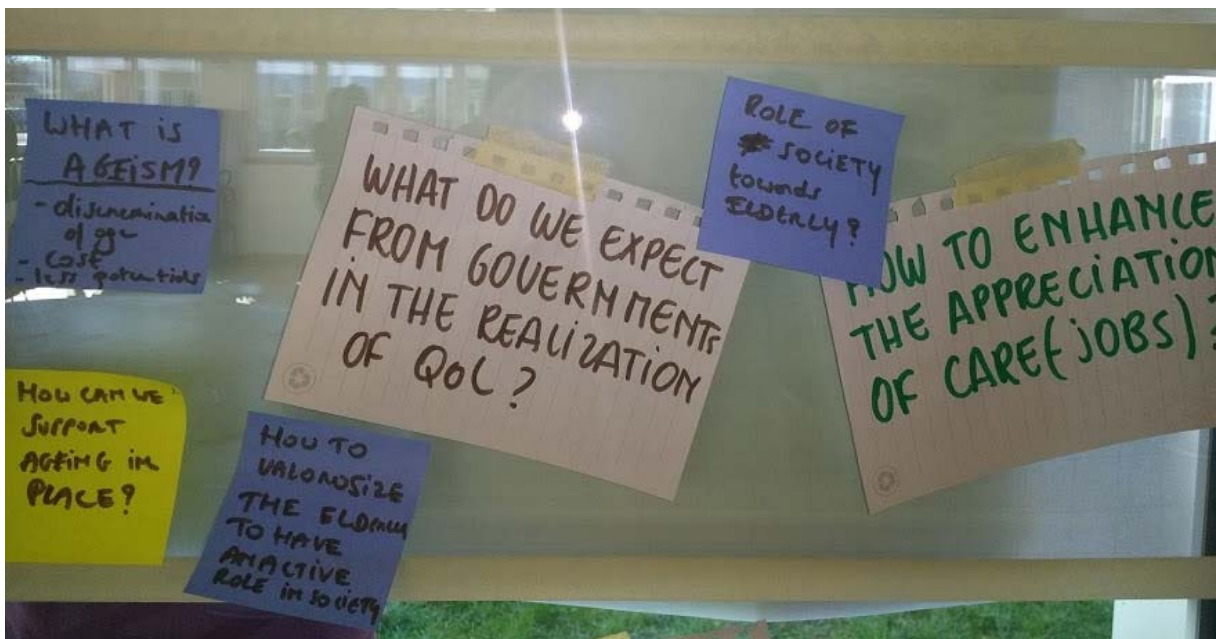
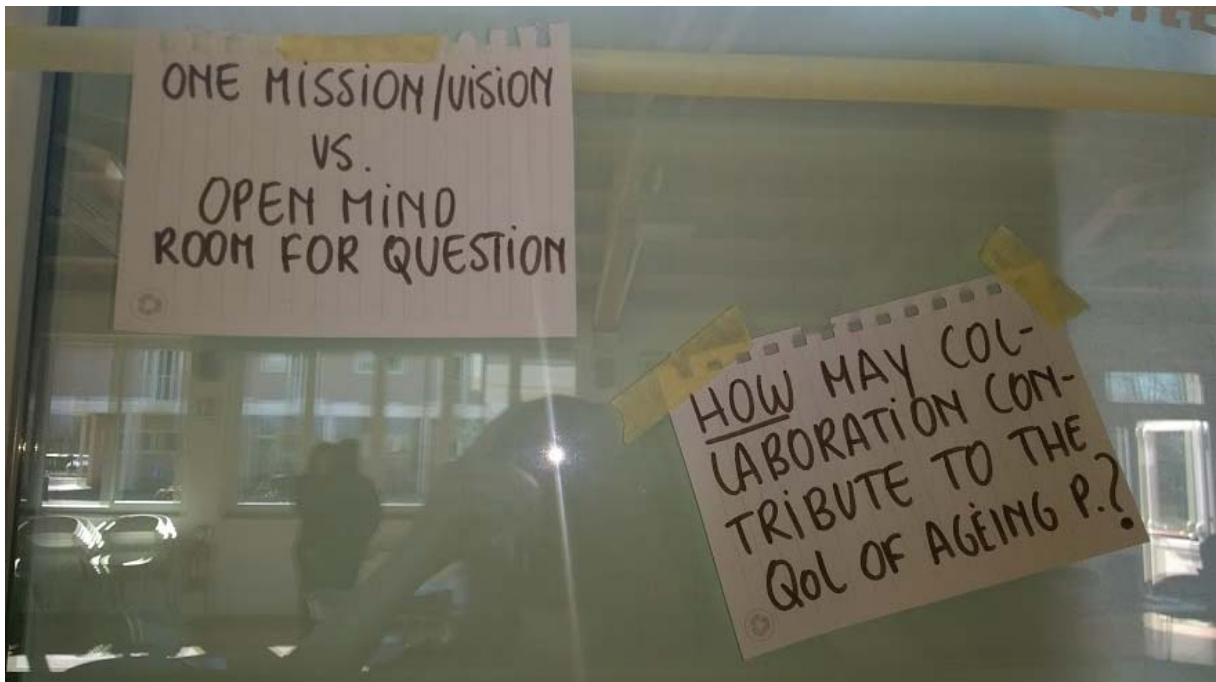


2.4. Barriers and contributing factors at governmental level



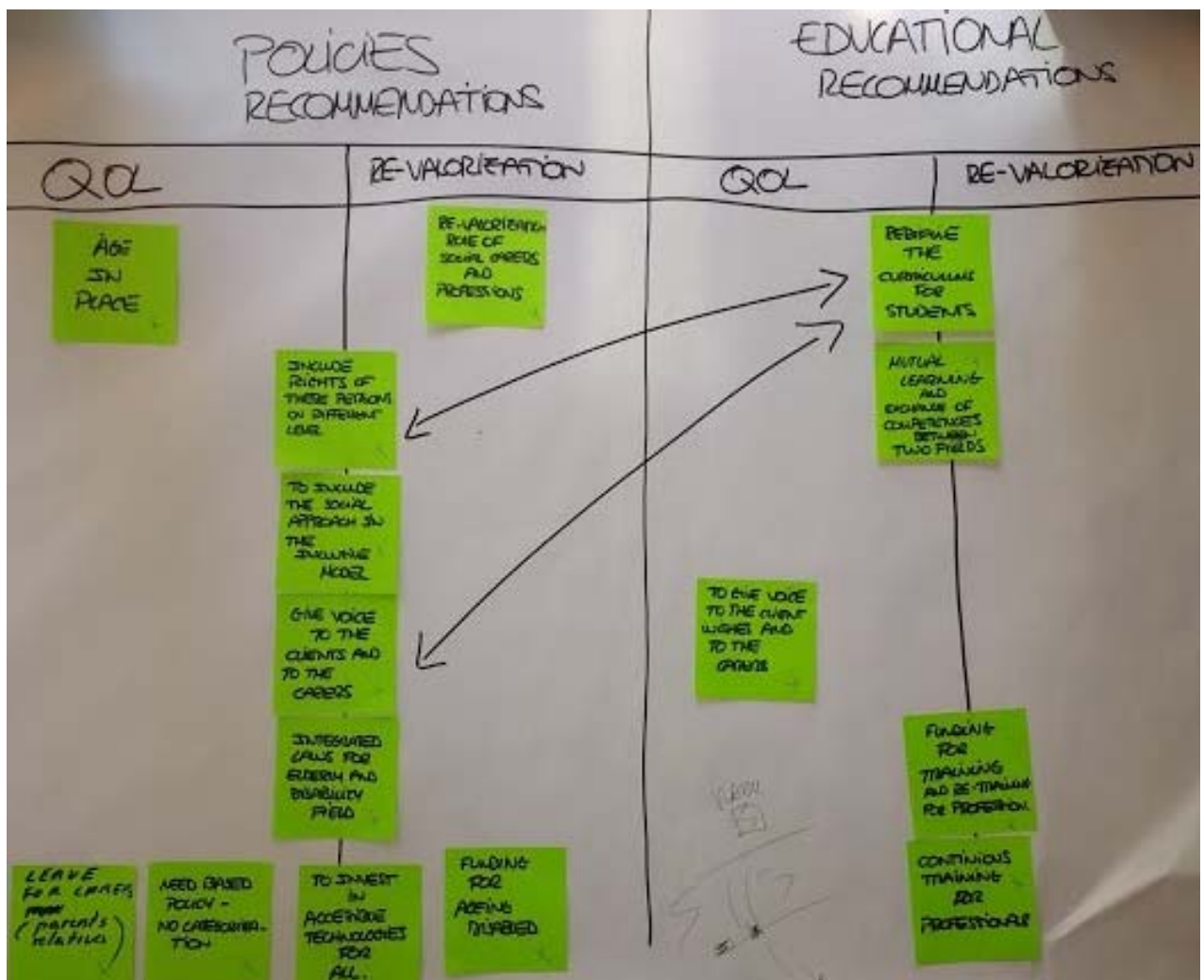
2.6. Questions/discussions





3. Big brainstorm

Since some of the main contributing and hampering factors have been distinguished, considering the shared frame of reference, recommendations have been made. Inspired by the matrixes and clusters, four groups discussed recommendations for policy and education.



QOL

- I * PERSON CENTERED APPROACH → EMPOWERMENT
- * ENABLE PEOPLE TO MAKE CHOICES BY GIVING THEM INFORMATION,

- O * QOL AS A BASIS
- * INDIVIDUALISED SOLUTIONS →
- * EVALUATION OF STRUCTURES, SERVICES
- * STRENGTHEN ALL STAFF IN HEARING/ SEEING THE NEEDS AND WISHES
- * CONTINUOUS TRAINING

- O - O * COLLABORATION (FORMAL) →
- * EXCHANGE OF KNOWLEDGE → REINFORCING EACH OTHER

- G * ADAPT LEGISLATION SO PEOPLE CAN GET THE SUPPORT THEY NEED AND WANT IN THE PLACE THEY WANT
- * PUBLIC POLICIES HAVE TO BE CO-CONSTRUCTED WITH THE ORGANISATIONS
- * ENABLE ORGANISATIONS TO WORK TOGETHER, TO LEARN FROM EACH OTHER, TO KNOW EACH OTHER

- E * NOT ONLY COURSES IN 1 FIELD → HOLISTIC
FIXED TEAMS
COURSES

AGEISM

- * GIVING PEOPLE A ROLE IN LIFE/LATER LIFE STAGES

- * CHANGING THE IMAGE : eg CAMPAIGNS, COMMERCIALS
SHOW ELDERLY AS A RESOURCE FOR SOCIETY
- * NO CATEGORISATION

- * FOCUS ON HEALTHY AGEING - HEALTHY SOCIAL PERSON

① INDIV.
 client → Needs to be TRAINED for LIFE
 prof. → Learn to listen to the client
 X The client's focus ↔ a client in focus

② ORG

1. ORG. HAVE TO DEVELOP TH. SYSTEM OF SUPPORT STARTING FROM THE NEEDS OF THE CLIENT.

2. HRM-POLICY ALIGNED TO QOL Q-SYSTEM

③ ORG-ORG.

1. ORGANIZATION ^{Field} NEEDS TO EXCHANGE KNOW HOW (KNOW, SK, ATT, MS....)

2.

④ GOV

1. QOL is starting point for POLICIES + COMMITMENT!! (e.g. \$ → OUTCOME)

2. ALL POLICIES (Health, welfare) need to be POLIT COHERENT/CONSISTENT and must ADDRESS INCL - EQ. RISK? for all

⑤ EDUC.

1. NEEDS TO FOCUS ON "HOLISTIC" not "only" specialist

2. NEEDS TO FILL THE GAP

between "old" competence "new" competence

? NEED for ASS. TOOL for QOL of Eld + DA. "all" other
? NAINSTR. needs to be empowered to support "as much as possible" DA. (H.S.A.)

FOR EDUCATION

→ HOLISTIC APPROACH of Goal

- X → FOCUS ON PERSON and RESOURCES (listen / LIFE project) + experiment(s)
- X → "CHANGE" NEEDS VISION TRAINING → MOTIVATION
- CIRCLE of LIFE : each "time" is important!
- DIFFERENT KIND of RELATIONSHIP (new profession profiles)

LEARNING BY DOING
TAKE THE RISK

For Policy

→ HR POLICY | wellbeing of workers

X → MORE INTEGRATED (TWS)

more Collaborations

HEALTH and SOCIAL / WELFARE SYSTEM

SUPPORT → FAMILY must be involved in each step of Policy and to see the person's rights / and respect

→ FOCUS ON RIGHTS (not only "NEEDS")

SUPPORT → NETWORK APPROACH (who's the "better support") and ROLE

X → DEVELOP COLLABORATION AND VALORIZATION