

THE STARTING POINT

- QOL as starting point for European, national, local and organizational policies
- Guidelines and measures to make mainstream services inclusive and accessible to all
- Accreditation from government linked to evidences of inclusive practices / an explicit policy
- Organizational level: systematic evaluation on QOL and inclusion based goals

HRM/Q MANAGEMENT

- Quality management system must be coherent with the QOL concepts
- HRM-policy must be aligned to the QOL-model

CLIENT'S FOCUS

- Not: have the client in focus, BUT: respect and take into account the client's focus
- Staff only supports clients at the time that needs need to be supported

CLIENT'S SOCIAL NETWORK

- Move towards a good relationship 'professional – client' as a mean, not as a goal
- Professionals need to invest especially in the relationship of the client with his social network and society

THE CURRICULUM, TRAINING & VET-POLICIES

- Inter- and multidisciplinary, a holistic approach, 'inclusive' skills, perceptions and beliefs must be taught
- Education and training to fill the gap between 'old' and 'new' competences/visions
- Specific attention: vocational training of the actual staff
- Cross-sectoral partnerships: organize trainings with a mixed audience from the fields

EQUAL UNDERSTANDING

- Equal understanding of concept QOL
- Use it in a coherent way in communications
- Use it in educational curricula

PERCEPTIONS

- Interrupt current processes of categorization
- Future policies must not base on externally defined categories and associated care strategies, but on needs and support needs
- Better wage and working conditions
- Educational programs can promote intergenerational contacts
- Promotion and recognition of active and healthy ageing citizens



THE PROFESSION

- A professional with the 'right' vision and beliefs, sufficient knowledge and skills on medical, mental and disability related items, qualitative caring and supporting skills, 'bridging' skills, genuine collaboration and responsive social and communication skills
- Importance of evidence-based practices and strategies based on a good theoretical ground to be part of the curriculum and VET-plans of organizations
- New technologies should be accessible for all and be implemented in the education and training of practitioners.

COLLABORATION: INTER- AND MULTIDISCIPLINARY

- Collaboration beyond fields:
 - o work together in a cross-sectoral way
 - o benefit from the competences available in other sectors
 - o the ageing in place principle = the leading working principle
 - o need for integrated regulations and financing systems
- Factors of success of a collaboration between services from different fields:
 - o a formal agreement between the organizations, ensuring structural evaluations
 - o clear and systematically evaluated goals on all domains of management
 - o ample discussion/reflection on the underlying beliefs and vision
 - o a consequent VET strategy, with exchange of competences
 - o the active involvement of the client and his network
- Multi-professional teams

INFORMAL PARTNERS

- Family caregivers
 - o family caregivers need to be valorized: recognizing a caregiver statute, defining caregiver rights and giving incentives
 - o local support systems or services for the family caregiver
 - o provide tools or training on specific needs
 - o professional organizations should develop a vision and policy with regard to the role and the contribution of the informal caregiver
- Volunteers
 - o clear vision on the contribution of volunteers in the healthcare sector
 - o public authorities should develop strategies to create awareness and to initiate the public debate that volunteers can make an important contribution to the quality of life of the ageing person with a disability and that this contributes to an inclusive society
 - o clear HR-strategy, systematic support of volunteers, clear rules on how volunteers are linked to clients, training and initiatives that create chances for volunteers to share experiences with professionals

ASSESSMENT/EVALUATION

- A personal Outcomes Scale, based on the Schalock-model and adjusted to the ageing people with disability
- Give more attention to continuous processes of dialogue, negotiation and reflections