

# European Innovation Partnership on active and healthy ageing

## Consultation response

Date: 26/01/2011

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ESN is the independent network for social services in Europe. Our mission is to help change the lives of the most vulnerable in society through the delivery of quality social services. We bring together the people who are key to the design and delivery of vital care and support at the local level to learn from each other and contribute their experience and expertise to building effective European and national social policy.

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ESN is delighted to take part in the consultation on the European Innovation Partnership on Active and Healthy Ageing that is part of the EU's "Innovation Union" strategy, one of the Europe 2020 flagship initiatives, to turn ideas into jobs, green growth and social progress.

This partnership should acknowledge the role played by local authorities in shaping their local area in terms of planning and provision of public services, transport and accessibility, to improve the health and quality of life of older people, enabling them to live active and independent lives, and to contribute to the sustainability and efficiency of health and social care systems.

ESN can connect the Commission and its EIP to a unique constituency of senior social work and care managers and professionals in local and regional government. We believe that they are key stakeholders alongside health professionals in this debate. Their areas of responsibility may include: post-hospital rehabilitation, care and support at home, structural adaptations at home, community and leisure activities for older people.

ESN is very supportive of this consultation and looks forward to continuing its involvement in this process in the framework of the cooperation ESN has been undertaking with DG SANCO.

Innovation is going to be very important in responding to the long-term challenge of demographic ageing besides the immediate problems of a fiscal crisis affecting some European countries. Although structures and agencies may be different, joint working and partnerships are constantly on the agenda for ESN Members across Europe. Although the stakeholders and structures would be different, the principle of the approach is certainly transferable to other countries.

In the framework of ESN activities under the European Pact for Mental Health, ESN members from **Aarhus** (Denmark), **Varna** (Bulgaria), **National Institute for Health and Welfare -THL** (Finland), and **Dublin City Council** (Ireland) responded to these questions.

#### **Identifying and overcoming innovation barriers:**

1. *What do you consider to be the three main barriers preventing innovation in the area of active and healthy ageing?*

The three main barriers identified by our members were:

- The insufficient involvement of "end-users" (patients, older people, care professionals) in the development and deployment of new innovative solutions
- Scattered evidence of the benefits of innovation  
Ageist attitudes - lack of prioritization of the needs and care of the Elderly at Central Government level. There is a lack of specialised training and accountability/chain of reporting in the field situations.
- Incentive issues: a complex, unclear or absent regulatory path.

Absence of a coherent national strategy for older people's services: in countries such as Bulgaria, the national strategy in regards to social services for the elderly is not well developed so as to prioritize the problems of the target group. In order to correct this, the Municipality of

Varna has opened innovative social services for the elderly funded by the local budget.

Equally important, other barriers identified by our members and by ESN are:

- Cultural: Cultural barriers may be substantial as health professionals may approach issues from a purely medical perspective but when it comes to active and healthy ageing lifestyle factors, from a social perspective, play an important role, too.
- Structural: funding is consistently directed to providing intensive and responsive services (e.g. hospital, nursing homes) to older people who are already 'dependent' and whose health has deteriorated, rather than to preventing or delaying their dependency for as long as possible. These services are more established (as the stakeholders that defend them) and more expensive than preventive work – the challenge is that they are, of course, needed.

These barriers have been compounded, in the last two years, by the impact of the economic downturn, in which health and social sectors tend to focus on 'core tasks' (i.e. reactive services) and may cut down on preventive/innovative programmes.

2. *In view of the main barrier you identified above, please provide an example where its removal would benefit a specific innovation in active and healthy ageing*

Having identified the insufficient involvement of "end-users" and the scattered evidence of the benefits of innovation as some of the main barriers preventing innovation in active and healthy ageing, our members provide below a couple of examples where the removal of these barriers would help improve innovation:

- If older people and their family carers could participate in the planning and delivery of the needed services, their needs would be better met. In addition, the effectiveness of the care and the integration of services from different sectors would function better if the service users were involved more in services planning and evaluation.
- Dublin City Council's Older Persons Services has made a provision of IT services – i.e. Computer Training & Technology Training (Mobile Phones) available to older persons in their senior citizen housing schemes. When the older persons were consulted with regard to this innovation, they immediately embraced it and the project has now multiplied to many other service areas.

3. *How do you think a European Innovation Partnership could help overcome the innovation barriers identified?*

In general, ESN believes that such a Partnership would give:

- The opportunity to share ideas (which is a key mission of our network)
- The opportunity to have a programme of personnel exchange & training
- Dialogue with European counterparts and the opportunity to see and learn from what is happening in other European countries in the area of active & healthy ageing.

The EIP should ultimately help overcome innovation barriers throughout Europe, whilst carefully considering mental and social aspects of innovation. In addition, ethical considerations should also be taken into account. The more sophisticated the technology is, the more the ethical aspects should be considered. The Innovation Partnership could provide a platform for this type of deliberations for e.g. older people, caregivers, NGO's, civil society, policy and decision makers.

**Mapping existing initiatives:**

1. *Please describe the programme(s), initiative(s) and/or action(s) and explain how you were involved.*

Our members have prepared a description of 4 different programs in which they have been involved in regards to innovation in active and healthy ageing.

**Chronic Care Management Program, Municipality of Aarhus, Denmark**

Chronic care management programmes are being developed at national, regional and local level during the period 2010-2014. They are targeted at the elderly, patients, health and social care professionals. The aims of these programmes are: To promote health and capability skills among people with chronic diseases, to reduce inappropriate hospitalisation and expenses and promote coordination and care management of patients with chronic diseases.

The main partners within the programme are the national board of health, the regional offices and the municipalities. The outcomes sought with this programme are: better care management, better public health and expenses reduction. Their websites are [www.sundhed.dk](http://www.sundhed.dk) and [www.praksis.dk](http://www.praksis.dk) and are there for health practitioners to access and use them.

For our member in Aarhus, the main barriers encountered were the different cultures of health professionals and the obstacles to agree on the different areas of responsibility between sectors. Other barriers identified were insufficient financial funding, lack of evidence for best practice, monitoring and documentation systems as well as political and structural barriers.

Finally, patients and people in general don't necessarily participate easily in these new chronic care programmes.

**Training for Mental Health Promotion (T\_MHP), THL (Finland)**

This programme has a transnational (EU) scope, and is aimed at health and social care professionals and providers. The objective of the initiative is to develop mental health promotion training for schools, workplaces and older people's residences.

It is developed jointly with several partners across the EU; Forschungsinstitut des Roten Kreuzes (FRK), Austria; Estonian-Swedish Mental Health and Suicidology Institute (ERSI), Estonia; EWORX, Greece; Irish Business and Employers Confederation (IBEC); Bundesanstalt fuer Arbeitsschutz und Arbeitsmedizin (BauA), Germany, National Institute for Health and Welfare (Finland) and the coordinator of the project is the Work Research Center from Ireland.

This collaborative project (<http://www.mentalhealthpromotion.net/?i=training>) creates mental health promotion training courses outlines and material for three settings; schools, workplaces and older people's residences. Materials are provided in Finnish and six other languages. The training is piloted and evaluated during the project. The final version of the training materials will be available in October 2011.

Though the project is still ongoing, our member has identified as the main challenge the involvement of all the stakeholders in the process, since mental health promotion is not seen as a priority in the field.

### **Dublin City Council Older Persons Services Technology Programme 'Computers in the Centres'**

In this project, Dublin City Council Older Persons Services has been cooperating closely with FOLD Housing Agency (For Older Persons) regarding training and capacity building. It is a broad programme aimed at the elderly, informal carers, health and social care professionals and providers, financing entities, and regulators.

The objective of the programme, developed jointly with Age Action Ireland and the Dublin Institute of Technology, is to create an opportunity for learning & training in Computers/Mobile phones, enabling a more independent living.

By creating more learning opportunities available for older people, our member hopes to ensure that learning is a lifelong process & does not have to end as a person ages.

They also hope to achieve a consistent expansion of the centres where the training is provided – targeting a wider audience amongst the elderly. More information is available on their website: <http://www.dublin.ie/neighbourhood/olderperson-computer-training.htm>

### **Centre for Social Rehabilitation and Integration of Elderly Women, Varna (Bulgaria)**

The Centre was designed with the aim of testing new solutions and programs at local level. The programme is aimed at the social inclusion of elderly women, who may be affected by some sort of social risks, such as loneliness, poverty or isolation. By providing “different” types of services, such as occupational therapy, art or music therapy, women develop the ability to create new friendships, develop better social relationships and age in a healthier environment.

Participants in the program agree they have overcome isolation, loneliness, suicidal inclinations, and have developed new contacts and relationships, increased their physical activity and led a more active life.

The main barrier encountered by our member has been the lack of funding as the project does not have support at the national level; hence the provision of funding has to be secured only locally. In many cases, the acceptance of such services by society (especially in times of crisis) might be difficult.

ESN's main mission is to foster the exchange of good innovative practice on social services, so these are some among many examples that are related to active and healthy ageing.

## **Defining future initiatives**

1. *How do you think you could contribute to achieving the European Innovation Partnership strategic objectives (e.g. financing, expertise/know how, implementation, new business models)?*

ESN could raise awareness of the EIP among its members and gather examples of innovative preventive practice by local authorities and their partners at local level. It could also act as a vehicle for the dissemination of innovative practices to its members, where relevant. ESN can provide unique access to senior managers of social work and care services which have a major role to play in preventing older people from (re)entering expensive care settings such as hospitals or nursing homes.

2. *In view of question 1, do you have in mind specific action(s), initiative(s) and/or programme(s) you could initiate to contribute to the European Innovation Partnership?*

For example, THL from Finland (member of ESN) is a partner in two EU-funded projects, Training for Mental Health Promotion and Mental Health Promotion Handbooks. These projects will develop training (e-learning) and a handbook for mental health promotion in older people's residences and home visits. The materials will be translated into several languages. These products could be disseminated and implemented European wide. The partners have also launched European Network for Mental Health Promotion which brings together hundreds of experts working in the field of mental health promotion. More information can be found on [www.mentalhealthpromotion.net](http://www.mentalhealthpromotion.net).

The aim of this new project would be to disseminate information on mental health promotion in older people's residences and train the care staff to implement mental health promotion activities.

The evidence base for these actions can be found e.g. in "Mental Health and Well-being in Older People - Making it Happen".

[http://ec.europa.eu/health/mental\\_health/policy/index\\_en.htm](http://ec.europa.eu/health/mental_health/policy/index_en.htm).

Since the training materials will be produced by the ongoing projects, the costs for the dissemination and training activities would be modest. Most of the training can be done by e-learning, but there would be some costs for face-to-face training and travelling.

The project is to be coordinated by Work Research Centre, Ireland (Dr. Richard Wynne) and there are several partners from key organizations in Europe (please see leaflet for more information). Other stakeholders would be European NGO's representing old people and their caregivers, research and development institutions from the member states and training organizations in the field.

Finally, the EIP could contribute with the promotion of health, including mental health promotion, to address –through innovation –the challenge of active and healthy ageing.

Find out more about ESN's policy & practice work in different areas via: <http://www.esn-eu.org/policy-and-practice-overview/index.htm>

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