

Theoretically informed case study accompanying the film

Blue Assist and Cloudina – Belgium



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QR-Code to the Homepage and video:

Link to the video: <http://www.inno-serv.eu/blue-assist>

This report is part of the research project „Social Platform on innovative Social Services“ (INNOSEV). INNOSEV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSEV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).



1. Short profile: Blue Assist and Cloudina: Care innovation for increased autonomy and social inclusion

Specific innovative elements of Blue Assist

Ithaka created the social innovation BlueAssist: An icon with messages on a card, an application for smartphones or a function on an iPhone, which is called Cloudina.

New form of service delivery

ICT based care is new in disability care.

New financial resources

Funded from Flanders' Care stimulating social services to collaborate with profit organisations and to commercialise their innovation.

Cross- sectorial collaboration

The Technology has been developed with a University College. The product is disseminated through a collaboration between public transport and a telecom operator.

Key characteristics of the service

Organisation:

Ithaka, a not-for-profit organisation, runs a day-care centre for 13 adults with an intellectual disability. Their main objective is to improve their clients' quality of life.

At the moment Cloudina is available as an application for smart phones working in IOS (iPhone) and Android. It will evolve to a platform of different user-friendly functions to support daily life. The cost effectiveness of the Blue Assist innovation is very promising. Hopefully Flemish government will invest in similar projects. As the BlueAssist innovation is community based, the government favours it.

User groups: BlueAssist and Cloudina have been developed for people with intellectual disabilities. In a second stage, other people with difficulties in understanding will be involved: people with autistic spectrum disorders, onset dementia and acquired brain disorders, and migrants.

Peer-principle: The employees support their clients in achieving increased autonomy, especially those who have had special care for many years. The second principle is full participation in society, which for Ithaka means taking up meaningful roles in society without affecting the well-being of the client. These principles are combined with five approaches: Coaching: All professionals are coaches, independent of their function (1), Networking: Creating and supporting networks to enable more participation in society (2), Accessibility of communication: All communication must be made accessible through colours, picto's, voice, explanation,... (3), Technology: Technology supports the communication, the autonomy and remote support (4), Interdependence: Not being able to act independently does not mean being dependent. The independence is supported by carers, co-citizens: "interdependence" (5).

Driver(s):

In the past, society has taken care of persons with intellectual disabilities in a way that creates dependence. Ithaka strives for empowerment and participation. The manager of the daycare centre stimulated his staff to make a shift from institutionalised care to individual coaching in society using ICT, so-called online coaching.

2. BlueAssist and Cloudina

Ithaka, a not-for-profit organisation, runs a day care centre for 13 adults with intellectual disability. They aim to improve their clients' quality of life focusing on Schalock's concept (1): emotional wellbeing, interpersonal relationships, personal development, self-determination, social inclusion and rights. Formal and informal carers continually check the realisation of these indicators with clients, their network and colleagues. If necessary, they search for solutions and improvement in dialogue.

ITHAKA	
Field of service	Welfare – disability care
Type of organization	Not-for-profit
Financing	public
Size of the organization	15 carers – 19 users
Contact	v.z.w. Ithaka - www.blueassist.org

Table 1: Ithaka overview

Ithaka created *BlueAssist*: this is an icon with card-messages and an application for smartphones or iPhone, called *Cloudina*. Using the icon, people with communication and speech problems are able to seek help from co-citizens.

Cloudina (Cloud-based inclusion and autonomy) integrates the BlueAssist icon, other supporting functions of the simplified phone, a calendar and photo functions. The BlueAssist and Cloudina innovations represent novelty aspects of the Innoserv project (2). Care based on Information and Communication Technology (ICT) is a new form of service delivery in disability care. The technology has been developed in cross-sector collaboration with the University College Ostend-Bruges. The project uses new financial resources as it is 100 % funded by the Flemish government on condition that a commercial organisation would make a business model of the innovation.

3. Driving idea: from care-orientation towards support-orientation

In a way, until recent years Flemish society and the providers of disability care have taken care of persons with intellectual disabilities in a way that creates dependence. Inspired by the work of Douwe van Houten (3) "*To act locally and to change by doing*", Ithaka changed this traditional care model into a person centred coaching model striving for empowerment. All carers – formal and informal - support the clients in achieving autonomy, especially those who have had care for many years. Not all clients and professionals feel comfortable at the beginning; however, they feel better when they experience freedom in a supported environment. Ithaka strives for full participation in society for their clients, i.e. they let them take up meaningful roles in society without affecting their wellbeing. Not being able to act independently does not mean being dependent. Independence, supported by carers and co-citizens is called interdependence.

BlueAssist and Cloudina enable more independence in social life on an equal basis with other citizens. Being able to ask co-citizens for help also addresses disabled people's aspiration for self determination.

4. Agents of change

The above mentioned shift in care has been initiated by the manager of the daycare centre. He stimulated his staff to make a shift from institutionalised care to individual, personalised coaching in society using ICT, so-called online coaching. He also convinced all stakeholders (the parents) that this way of caring for the clients is more inclusive. The Government funds the project as an experimental care delivery project.

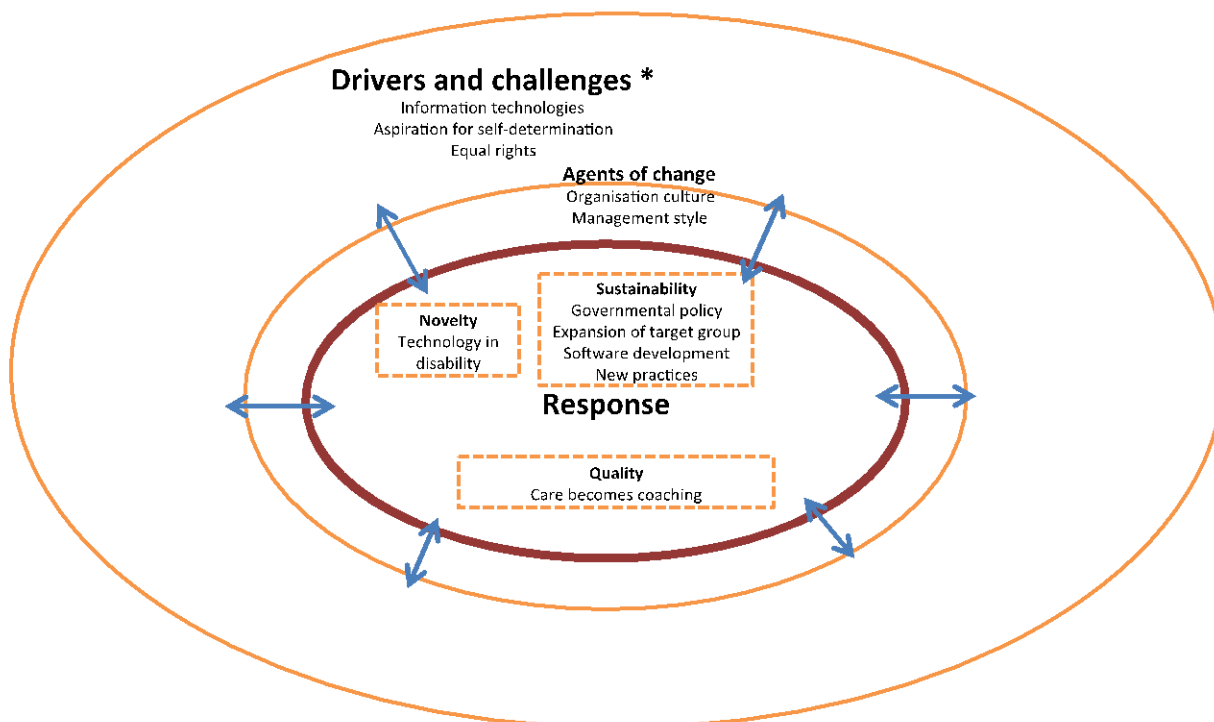


Fig. 1: Factors influencing Social Services Innovation

5. Policy framework for paradigm shift in disability care

5.1 UN Convention on the rights of persons with disabilities (4)

In article 4 (h) member states are invited to provide disabled people with accessible information on assistive technology and on other forms of assistance, assistive devices and facilities. Following article 19 disabled people have the right to live independently and to be included in the community.

5.2. European disability strategy (5)

The new European Disability Strategy 2010 – 2020 promotes the transition from institutional to community care for disabled people living in residential settings.

5.3. Flanders

The Flemish government is responsible for person centered issues, including care for people. It delegates this authority to many not-for-profit private organisations. Unlike other countries, municipalities are not involved. In recent years, government policies changed the priority for social care from residential care to home care. From 2003 to 2009 subsidised home care has expanded to 52%, compared to 17% in residential care. This policy is in accordance with public aspirations (6).

	Home care	Capacity in residential care
1993	25 025	22 191
2003	57 674	29 386
2009	87 860	34 584

Table 2: Capacity of home care vs. residential care in Flanders

This same policy is not yet visible in disability care, where 80% of the budget is directed towards residential care for disabled people and only 20% to initiatives aimed at independent living. This policy may be based on a long tradition of disability care in Flanders where the government subsidises a whole range of care organisations.

Residential care	1 000 million EURO
Community based care	100 million EURO
Personal assistance	65 million EURO
Supporting technology	36 million EURO

Table 3: Care for disabled people – residential vs. other initiatives 2011

As late as the year 2000, the Flemish government started financing personal assistants for disabled people. In 2011, 1 900 disabled people received a personal budget. The budget for supporting technology is minimal.

6. Significant data on the capacity and financing of disability care

6.1 Belgian budget for social protection compared to neighbouring countries

EXPENDITURE ON SOCIAL PROTECTION in purchasing power units (PPU) and as part of gross domestic products (GDP) (7)		
	in PPU (2005)	% of GDP
Belgium	8 249	29.50%
Germany	8 529	27.70%
France	8 044	30.50%
Luxembourg	12 946	19.30%
The Netherlands	8 305	28.40%
United Kingdom	7 176	25.30%

Table 4: Expenditures on social protection

The Belgian government's level of spending on social protection is comparable to its neighbouring countries, with the exception of Luxembourg which spends more and the UK which spends less.

6.2 Belgian budget on disability benefits

Expenditure on disability benefits in Belgium (for daily living and integration) as part of the gross domestic product and as part of social benefits (2005 vs 2007) compared to its neighbouring countries (8).

EXPENDITURE ON DISABILITY BENEFITS				
	% of GDP		% of social benefits	
	2005	2007	2005	2007
Belgium	2,20%	1.80%	7.00%	6.60%
Germany	2,20%	2.00%	7.70%	7.70%
France	1,60%	1.80%	5.90%	6.10%
Luxembourg	2,80%	2.30%	13.10%	12.30%
The Netherlands	2,60%	2.50%	9.90%	9.10%
United Kingdom	2,40 %	2.40%	9.00%	9.80%

Table 5: Expenditures on disability benefits

The expenditure on disability benefits as proportion of GDP and of social benefits is decreasing in Belgium, as is the case in most neighbouring countries. Exceptions are France and the UK.

6.3 Number of disabled people (25 – 64 years old) entitled to benefits – Belgium

Country	%
Belgium	5.50%
Germany	4.20%
France	3.80%
Luxembourg	6.30%
The Netherlands	8.90%
United Kingdom	6.20%

Table 6: Benefits

The number of people receiving benefits in Belgium is comparable to its neighbouring countries.

6.4 Care for disabled people – Flemish budgets 2011

As mentioned before, in Belgium federal states are responsible for the care of disabled people. Care is divided into residential care and are, both providing a diverse range of services.

RESIDENTIAL	Capacity 2010	Capacity 2011	Subsidy 2011 (Million EURO)
Residential care	4 926	4928	244
centres	364	364	20
Semi-residential care	3 746	3 768	83
Housing for isabled	1 169	1 169	36
Housing for unemployed disabled	9 379	9 469	499
Short stay housing	150	150	8
Daycare centres	3 741	3 769	96
Living with families	1 036	1 086	10
Total	24 511	24 703	996

Table 7: Types of residential care

Capacities in all residential care facilities are hardly expanded in recent years, Government seems to be maintaining a status quo. Ithaka is subsidised as a daycare center (6).

	Capacity 2010	Capacity 2011	Subsidy 2011 (Million EURO)
Home care	6 283	7 424	21
Supported living	2 843	3 316	30
Independent living	325	338	14
Living	1 145	1 141	22
Integrated living	152	92	4
Total	10 748	12 311	91
GRAND TOTAL			
Residential + Com- munity based care	35 259	37 014	1 087

Table 8: Types of community based care

Flemish government expands capacity more in community based care (5%) than in residential care (less than 1%).

6.5 Daycare capacity for disabled people, Flanders

	Capacity	Urgent needs
1993	2 599	???
2000	3 099	???
2003	3 452	647
2006	3 609	764
2009	3 740	1 180

Table 9: Capacity and needs of daycare centres

From 2006 to 2009 the capacity of daycare centres expanded by only around 4%. This expansion certainly does not follow the increase of urgent needs which in 2009 was approximately one third of capacity (6). Given this need, the innovations in Ithaka are efficient as far as capacity is concerned. Ithaka has been recognised by the government for 13 persons but nowadays they support 19 people with intellectual disabilities; this means a capacity increase of nearly 50%. The organisation reaches a capacity utilisation of 85%, which is much higher than the 60% required by the subsidising government.

7. Sustainability of innovation

As mentioned above, the cost effectiveness of the *BlueAssist* innovation is very promising. As the *BlueAssist* innovation involves the community in care, the government favours it and has funded it as an experimental care delivery project. It is a tangible realisation of the minister's „Perspective 2020,, policy plan (5) aimed at the maximum integration of disabled people.

BlueAssist and *Cloudina* have been developed for people with intellectual disabilities. In a second stage other people with difficulties of understanding will be involved: people with autistic spectrum disorders, onset dementia and acquired brain disorders, and migrants. *Cloudina* is now available as an application for smartphones working in IOS (iPhone) and Android. It will evolve to a platform of different user-friendly functions to support daily life. In a later stage V-pad should be integrated; this is a system to monitor tracks using GPS technology. Instructions and a website for the coach are available in Dutch but can be easily translated.

The company ATE (www.skilate.com) became a partner of the project in order to distribute *Cloudina* in Belgium, Europe and North and South America. It guarantees software development where needed.

The knowledge centre Vilans initiated a demonstration project in the Netherlands. The above mentioned principles have led to other new practices that can be disseminated: De Bezaan (supported living within the community), Pad² (personal assistance in leisure time and the use of cheques), Pict@ (a customized portal providing internet and e-mail access).

7. References

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