



Pilots SELF! – structure of the pilot project from SPK vzw

1. Challenge – problem

More and more people feel the need for care. A lot of people are confronted with an increasing vulnerability in terms of their:

Living Situation: Many older people have a replacement income. Moreover, the house and environment is often not adapted towards the needs of the elderly.

Health situation: Older people in lower socio-economic status suffer more physical and mental problems

Social situation: more than 40% are single; 30% are socially isolated (small network + loneliness feeling)

Emotional situation: 13% of elderly people in Flanders suffer from loneliness and depression

Reduced mobility/Social capital / network

The assistance to elderly and disabled people is under pressure. People who need help or care will have to do more appeal in the future on people around them like neighbors, family, volunteers.... The model of professional care is likely to be priceless, so local governments and organizations should strengthen the informal care. Volunteers can offer help here. We must consider Investing in a network of social cohesion for the welfare and health of the elderly. Therefore, we want to look at what family, friends, neighbors, caregivers and care volunteers can do for someone who needs support. These people can provide voluntary care to people with special needs.

It is our aim to activate potential volunteers, to make them stronger in sustaining people with care needs. Therefore, we want to develop a new long-term innovative platform of volunteers that support people with care needs. Next to the common citizens, we also want to activate more vulnerable individuals, who sometimes have a lot of skills, and whose potential we do not use at the moment.

It is important to emphasize that we

- want to strengthen citizens to help each other
- We want to recruit volunteers / Training

- If people already working as volunteers, we can support them and guide them to new and different opportunities / possibilities to engage in voluntary work (by training them on current topics which are put forward by the sector of professional care)
- Bring volunteers in contact with each other (eg training).
- Demand-driven training that matches very close to the needs and requirements
- work in collaboration with the formal care
- Developing a network of organizations (partners) who are active in the (in) formal care that can use their knowledge and share this platform to recruit volunteers and train them (supply and demand)

2. Solution: activities

We will develop, set up and test 2 new models in two different municipalities: *We want to develop a dual offering to meet those needs at local level: the caring neighborhood + platform informal care.*

a) ***Caring neighbourhood*** : *Volunteers give people a helping hand , just by being there for someone. It is human and personal contact for a longer period. By offering a listening ear, to pay attention and to undertake activities, help with shopping ... These activities have less to do with 'care' .*

Type of tasks performed inside 'Caring neighborhood': Activities such as walking, going to the cinema, visit a museum or just a cup of coffee in a café with the elderly in the neighborhood, shopping, small jobs, letting the dog out, chat, check that everything is in order ... Helping in the household (shopping, cleaning, chores) Assistance with transport (visit to doctor, hairdresser, etc.) Administrative support, Prepare the hot meals, help with personal care (bathing, dressing), daily tasks, eating together, assistance to structure the day ...

Activities who don't fit into the neighborhood: Care in general: caring for people with dementia; untrained volunteers are insufficiently prepared for such caretasks

b) ***Platform informal care***

The platform will support informal care with the goal: relieving a number of tasks from the professional care by enabling health care volunteers .

Health care volunteers deliver personal care and support people in vulnerable situations, often 1-on-1 and sometimes in groups. It is necessary that care volunteers are well prepared for their task. Health care volunteers provide tasks in the field of 'care': Supporting the caregiver, providing social and emotional support eg. disease, counseling and support in the care and / or cooking, Coaching in strengthening the social network)

So it is a more intensive care than within the model of the caring neighborhood. Most of the time, it's one-on-one assistance at home to people with a serious illness, disability or mental

health problems.(with care for people who are very vulnerable, but who are not necessarily ill or disabled, the weaker people in society)

Care Volunteers are trained volunteers who perform tasks to sustain the employees in the formal care.

Municipalities can choose either model or formula that best suits them. In addition to the platform informal care, there generally is a need for caring neighborhood and vice versa .

⇒ **Tool: E-platform**

In order to achieve these two models , there is a need for a digital tool , an E-platform.

→ digital support to match volunteers with tasks; (matching supply and demand)

→ matching of either volunteers and also organizations who are looking for volunteers
But people themselves

3. Stakeholders involved, local partners

Within this project we have to collaborate with a large number of local organizations, including policy makers, citizens/local residents, social workers, home care, general practitioners, physician assistants, nurse practitioners , Primary Workers...

The starting point for cooperation is to identify gaps in services that can be fulfilled by volunteers. By strengthening each other in various fields, we develop smart partnerships.

We also want to involve the sector of local retail and local SME's. They play an important role in a caring neighbourhood.

4. Activities, local outputs and outcomes planned

- Establish pilot project of caring Neighbourhood in a city
 - a. Identify three neighbourhoods to start
 - b. Startup initiative (Town / Ocmw, SPK, local representatives of the formal care, associations ...)
 - c. Mobilizing / Recruiting one volunteer per district (District Managers)
 - d. Goals/Vision/Determine the baselines
 - e. Preliminary Survey: Formal and informal structures view local concern.
 - f. Inventory of involving stakeholders
 - g. Formation of the Projectgroup
 - h. Defining organization and coordination: What is required?
 - i. Scale determining the approach form; determine plan (project plan)
 - j. Volunteers care at city level + Helpers / district volunteers at district level
 - k. Questioning by the district volunteers

According to the vision of Digidak: accessible, small-scale, locally, with volunteers from the neighbourhood, IT support, tailored to the neighbourhood ...)

- Establish pilot project of platform informal care in Geel
 - a. Match question (formal care institutions) and supply (care volunteers)
 - b. Platform to support formal care in their need for " voluntary commitment " by database supply and demand. A platform to recruit and train care-volunteers. Courses are organised in collaboration with healthcare professionals.
 - c. (Involving local businesses (SME's) and merchants/retail : to increase financial viability and increase continuity of the project.)

5. Innovative and transnational aspects

Innovative: The 2 concepts are really innovative approaches to sustain elderly in their own environment. Finding the ideal complementary offering of professional sector and what can be done by volunteers; rebalancing whereby volunteers can take more care responsibilities. More volunteers can be found because they get the opportunity to learn. The development of an E-platform for a caring neighbourhood is new. It is innovative to set up a collaboration between the formal and the informal care with volunteers.

Transnational: During the development of this 2 new models, we want to learn from good practices in other countries. We want to share knowledge and experiences with organisations/municipalities in other regions/countries. Therefore we will set up a symposium (*Exchange of good practices*)

6. Barriers

- Depending on the volunteers which are involved in the project; risk of quality and control
- The existing legal framework
- How will the professionals in the care-sector react to this.
- Attention for the volunteers: it is important that the people involved are taken seriously: not only do they work for improving the neighbourhood. It must be a real win-win situation. We have to train them, listen to them, seek for a perfect match...
- The challenge is to find incentives for the volunteers so that participation in the model of the caring neighbourhood is attractive. They also get a good feeling out of it.

7. (Transferable) models and tools applied

- The development of a caring neighbourhood and / or a platform of informal care can make a vital contribution to society, especially to people who are in a vulnerable position. This model can easily be implemented in other neighbourhoods/municipalities.
- Volunteers Academy: The model of a local volunteers academy can be transferred towards other regions and countries.
- Digital platform: → The digital platform can be expanded and transferred easily.