

Particip.AGE Project Policy Recommendations

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Context

- Policy documents on persons with intellectual disabilities and ageing (separately) have been published.
- However, there is a lack of attention to the issue of 'double vulnerability'.

• While policy and legislation can be tailored towards specific populations, there is a tendency to overlook the diversity within the ageing persons with intellectual disabilities population, therefore limiting the quality of life (QoL) improvements, which could be reached by promoting social inclusion (Turner & Cooper, 2015).



1. Following a holistic approach for decisions concerning ageing persons with intellectual disabilities

16	Challenge	 Values and preferences of ageing persons with intellectual disabilities are disregarded – lack of personal agency.
	Recommendation	 Develop policies designed specifically for ageing persons with intellectual disabilities. Dissemination at local and regional level.
	Target stakeholders	 EU institutions National, regional and local healthcare systems/authorities Associations of the disability sector





2. Increase awareness about the presence of ageing persons with intellectual disabilities & facilitate their community participation



Challenge

- Communities unaware of the presence of ageing persons with intellectual disabilities.
- This leads to marginalization, isolation & stigma.



Recommendation

- Increase awareness of staff and families about their role in supporting social inclusion of ageing persons with intellectual disabilities.
- Participatory initiatives such as mutual time-spending, outdoor activities, awareness-raising campaigns, and communication programmes.



Target stakeholders

- **Public Authorities**
- Healthcare services and institutions
- Competent authorities
- Communities
- **EU** institutions

- National, regional and local healthcare systems & authorities
- Disability sector associations





3. Facilitating the use of assistive technologies

16	Challenge	 Ageing persons with intellectual disabilities experience a high rate of medical, functional and psychosocial complications about 20-25 years sooner than persons without disabilities. Some ageing persons with intellectual disabilities cannot communicate verbally, and assistive technology is a necessity to express their wishes.
	Recommendation	 Advocate and access adequate funding possibilities for the use of assistive technologies for ageing persons with intellectual disabilities.
	Target stakeholders	 Healthcare services and institutions Competent authorities National, regional, and local healthcare systems/ authorities Associations of the disability sector





4. Promote up-skilling and re-skilling training programmes for service providers

		Scribe providers
16	Challenge	 Staff member's qualifications and skills differ across organizations. Lack of appropriate training programmes to address the complexities of ageing in persons with intellectual disabilities.
	Recommendation	 Proactive planning, individualized care and teamwork in providing the best possible care in services. Collaborative efforts between family, client and healthcare professionals for quality care, led by staff. A specific training programme targeting individualized care should be developed.
	Target stakeholders	 Staff (service providers) Healthcare services and institutions Competent authorities

Disability sector associations

National, regional and local healthcare systems/authorities



5. More Specific Data Collection

Challenge	 Limited Attention to age and ageing in research. Data and research gaps on ageing persons with intellectual disabilities. Gaps on data about digitalization & relationship with the community, which is crucial for the wellbeing of every person.
Recommendation	 Collection of specific data on the interests and needs of this specific target group and, consequently, make their transition into community participation smoother and less challenging.
Target stakeholders	 EU institutions National, regional and local healthcare systems/ authorities Associations of the disability sector





6. Increase of funding in the sector

16	Challenge	 Understaffing and financial constraints. Limited support and resources for inclusion activities.
	Recommendation	 Allocation of funding in support of training programmes for ageing persons with intellectual disabilities and the staff working with them.
	Target stakeholders	 EU institutions National, regional and local healthcare systems/ authorities Associations of the disability sector





7. Staff work-life balance

Challenge	 Understaffing has a detrimental impact on the quality of care and services extended to ageing persons with intellectual disabilities. Staff members suffer financial constraints on social inclusion activities. Not enough support for staff leads to burnouts and no distinction between work and private life.
Recommendation	 Work schedules reflecting better time management. More teamwork and multidisciplinary trainings. Friendly relationships with service users on support of different activities.
Target stakeholders	 Staff (Service providers) Healthcare services and institutions Competent authorities National, regional and local healthcare systems/authorities Associations of the disability sector

8. Increase of competences for service providers in maintaining ageing persons with intellectual disabilities' support

J.F.	Challenge	 Disparities between countries on the assistance provided to ageing persons with intellectual disabilities, and level of de- institutionalization of services.
	Recommendation	 Legislation designed to protect the rights of ageing persons with intellectual disabilities with respect to social inclusion Service providers play a crucial role in maintaining care and assure decent quality life conditions of ageing persons with intellectual disabilities – cooperation among providers to be increased to provide better integrated support.
	Target stakeholders	 EU institutions National, regional and local healthcare systems/authorities Associations of the disability sector





Thank you!

