**POSTER ABSTRACT**

**Towards a new care paradigm: the development of the INClusive CAre framework**

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

Emily Verté

Vrije Universiteit Brussel, Belgium

**Introduction:** One of the most thriving gerontological concepts in policy and practice is ‘ageing in place’. Given the profound effects of this policy perspective on the every day life, it is imperative that care and support services pave the way of this aspiration of both older individuals and governments. Yet, care and support services have a hard time to respond adequately on the complex needs of frail people due to weak integration and fragmention of the care provision. Although many efforts have concentrated on the modification of health and social responses to enhance older people’s chances to ‘stay put’ as long as possible, effective frailty management is hampered as a consequence of ignoring the dynamic and intertwining person-environment relationship. Moreover, frail people have often been perceived as passive consumers that do not have mastery over their life.

**Methods:** A cutting-edge integrated care framework was developed based on a mixed-method approach in Brussels during 2017. Both qualitative N=237 and quantitative N=602 measures were used to achieve insights in both the supply and demand side of care and support of older people, aiming at effective frailty management to age in place.

**Results and lessons learned:** Analyses reveal four conditions for effective frailty management, which were incorporated in the development of the INClusive CAre framework INCCA:

- Take an empowering perspective on and in the organisation of care and support;
- Include the context of care receivers in the care organisation;
- Take a multidisciplinary approach to care and support; and
- Facilitate the access to care and support.

**Discussions and conclusions:** The INClusive CAre framework stresses the importance of the neighbourhood in frailty management. It offers each neighbourhood an action list of needs to be tackled on two levels: 1 the micro level, and 2 the meso level. Moreover, the application of modularity enables responding to the changing needs of frail people and their context. Additionally, access to care is positioned at the core of the model, for all forces in the care process congregate in one central access point. As the framework of inclusive care recognises the multidisciplinary side of frailty management, it transcends the unilateral focus of health care. Moreover, it takes both an ecological approach and an empowering perspective by guiding...
people in their frailty management through the adoption of a more active management style and by redefining the boundaries between formal and informal care. Hence, our framework for inclusive care allows responding to the diversity in demand through customising the care contents to a specific neighbourhood and its inhabitants.

Limitations and suggestions for future research: Three main research streams should be developed to operationalise the framework. First, the importance to study the relation between the capabilities of frail people in managing their frailty, and the emergence of needs is stressed. Second, the need to further profile neighbourhoods to create a more adequate care system is demonstrated. Third, more insight in capacity building of both formal and informal caregivers is required to facilitate the self-management of frailty.

Keywords: inclusive care; new care paradigm; effective frailty management; empowering perspective; ecological approach