



Declaration

The Barcelona declaration on bridging knowledge in long-term care and support. Barcelona (Spain), March 7, 2009

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We, organisers and participants of the 1st European conference on 'Bridging Knowledge in Long-Term Care and Support: Crossing Boundaries between Disabilities and Ageing', funded by the Executive Agency for Health and Consumers (EAHC) and held in Barcelona, Spain, 5–7 March 2009, acknowledge the importance and relevance of knowledge transfer between the fields of disability and ageing for the European Union, its Member States, stakeholders and citizens.

Throughout this recommendation the term 'Long-Term Care and Support' (LTC/S) refers to formal care (mainly health and social care) and informal care provided to persons with any long-standing health condition which significantly and persistently impairs functioning in daily life. The population with LTC/S needs include ageing people with disabilities, people with physical, sensory, intellectual and/or developmental disabilities, people with severe chronic mental and/or severe chronic physical illness; as well as complex and multiple impaired health states (disabilities and/or illnesses).

This recommendation follows the Graz Declaration on Disability and Ageing, 9th June 2006.

I. We recognise that:

- During the next years over 15 million persons with disabilities will enter old age in Europe; and a similar number of older people will become disabled. In spite of their diversity, care and support for children and adults with disabilities face many challenges similar to those faced by ageing people, and the care models, the assessment procedures or the interventions developed for one population group may provide useful experiences for another.
- Ageing and disabilities have shifted from marginal areas of health and social care to a central position in support and care delivery in Europe. Both areas share a common care framework characterised by person-centered and integrative or holistic care based as much as possible in the community and the municipality, under the principle of individual choice (e.g. 'To age where you decide to stay'), interdependency, social inclusion and entitlement of human rights.
- Links do exist between the fields of disabilities and ageing and experiences may be shared in a broad range of topics, from concepts and values to the assessment and meeting of needs, or the development of tools for evidence base policy in both areas.
- There are a number of key and common topics across these fields that deserve international interest. For example, the existing difference between the concepts of dependency, independency and interdependency; the best way to develop and to implement a holistic integrative care/support; or the procedures and experiences in transdisciplinarity, and in the development of multidisciplinary groups in management, research and education.
- Within this field, the health sector has already developed strategies for knowledge brokering, translational exchange of experiences and integrated care, while the social sector has developed the conceptual background in the areas of functioning, social inclusion and cohesion.

- However, bridges across the fields of disabilities and ageing have been limited, and they coexist with significant barriers to communication and information sharing. Although health and social care providers have been encouraged to work in partnership and build interdisciplinary teams, the success of this approach has been limited, and attitudinal barriers persist.
- Funding streams are divided into social and health fundings; responsibilities are legally linked to these fundings.
- Current education and training programmes do not include information on bridging and knowledge transfer.
- New notions related to knowledge transfer, such as ‘networks’, ‘knowledge brokering’ and partnerships lack consensus and share a limited understanding about what they mean and how to implement its use in this care sector.
- Being a trans-relational concept, bridging is not an endpoint, but a tool for reaching an integrative care and support.

II. We agree that:

- There is a need for a political stand to make bridging and knowledge transfer key components of any programme in the fields of disability and ageing.
- Action for improving bridging and knowledge transfer at EU-level needs to be developed by involving the relevant policy makers and stakeholders, including those from the health, education, social and justice sectors, social partners, as well as civil society organisations.
- There is a need to improve the knowledge base on bridging and knowledge transfer: by collecting data on the state of the art, by commissioning research into this field, by incorporating knowledge transfer as part of any funded project or programme at the calls made either by the European Commission, by other international agencies, by the member states and by other funding organisations.
- There is a need to incorporate bridging and knowledge transfer to the quality assessment of any publicly funded project or programme on disabilities and/or ageing.
- There is a need to incorporate bridging and knowledge transfer to training and to the University.
- We follow the principles of “Nothing about us without us” and the “World and society of all ages”. Therefore, we acknowledge that persons with disabilities and older people have valuable expertise and need to play an active role in planning and implementing actions in the field of bridging and knowledge transfer.

III. We therefore invite:

- The European Commission and Member States, together with the relevant international organisations and stakeholders to establish a mechanism for the exchange of information; to work together to identify good practices and success factors in bridging and knowledge transfer;
- To develop appropriate recommendations, action plans and investment plans;
- To stimulate cooperation between research and other parts, such as service providers, policy makers, and other stakeholders;
- To stimulate cross ministerial cooperation and financing of bridging and knowledge transfer strategies;
- To communicate the results of such work through a series of conferences on this topic over the coming years.

For more information on the conference, visit the Bridging Knowledge website at: www.bridgingknowledge.net

For the Bridging Knowledge in Long-Term Care conference supplement (2009) in the International Journal of Integrated Care, containing the abstracts and reflections of the conference, go to: <http://www.ijic.org/index.php/ijic/issue/view/37>

