

SUMMARY

Policy Research Centre Welfare, Health and Family

Application by the consortium



K.U.Leuven

Naamsestraat 22
3000 Leuven
Prof.dr.Chantal Van Audenhove
(promoter-coordinator)
Prof.dr. H. Grietens
Prof.dr. J. Put
Prof.dr. A. Declercq

UGent

Sint-Pietersnieuwstraat 25
9000 Gent
Prof.dr. Lea Maes

Prof.dr. Jan De Maeseneer
Prof.dr. I. De Bourdeaudhuij
Prof.dr. A. Buysse

Vrije Universiteit Brussel

Pleinlaan 2
1050 Brussel
Prof.dr. Johan Vanderfaeillie

In co-operation with



Katholieke Hogeschool Kempen

Kleinhoefstraat 4
2440 Geel
Guido Cuyvers

**Summary: *Policy Research Centre Welfare, Health, and Family*
Application for funding 2007-2011
KULeuven, Ugent, VUB, KHK**

Within the continuously growing domain of Welfare, Public Health and Family, the Flemish Government has requested for a broad-scale and comprehensive research program. This text is the summary of the application for a "*policy research centre of welfare, public health and family*" (further SWVG), and must be read as an answer to the government's request, formulated by a group of researchers. The research centre its goal is to support the Flemish minister in pursuing a though, effective, innovative, and inclusive policy, and to do this by means of scientific research results. SWVG will realize this by means of a multidisciplinary and coordinated perspective, which allows to get grip on the complex nature of contemporary welfare, health and family matters.

1. The consortium

1.1 The Partners

The consortium gathers experts from three Flemish universities (Catholic University of Leuven, University of Gent, Free university of Brussels) and a college (Kempen Catholic College). This collaboration guarantees a lot of expertise within a multi- and interdisciplinary framework. Given the scope and complexity of the Brussels' situation, the consortium finds it crucial to have a Brussels' partner included who is familiar with the governmental complexity of this region.

The consortium is partly based on 'natural' collaborative relationships concerning welfare, health and family issues, and partly grown out of discussions on the plans of applying for the SWVG. Its major goal is the development of a shared idea and framework concerning policy research in Flanders (as a region embedded in international contexts). Both prominent professors and young researchers in the domain of welfare, health and family are engaged in SWVG. The second group can ensure a second five-year research term.

The Kempen Catholic College is engaged in the consortium for its important information input from and dissemination of results to the professional field of welfare and health and to the education of professionals. A list of engaged researchers and their centers is included (appendix 1).

1.2 The consortium as policy research centre for welfare, health and family in Flanders

A number of fundamental options taken by the consortium must guarantee that SWVG indeed functions as a coherent policy research centre:

- *a comprehensive expert network* structurally gathers 28 experts within SWVG (beside the 9 professor – promoters). Each of the experts represent her research centre, specific yet complementary within the domain under concern and embedded in international scientific societies and collaborations.
- *an academic establishment* includes at the same time a strong focus on education, training and professionalism.
- in addition to the gathered expertise *a longitudinal research program* must bring basic data, inform the partners on central problem analyses, and add overall juridical issues to the research. From this basic data on, both research centers can execute further research conforming their interests, and the government can develop a more coherent policy on welfare, health and family.
- between 6 or 10 regions will be *carefully selected* to be integrated in the consortium (by means of a local multidisciplinary panel). They will deliver data, fulfill the role of try-out regions, and add on specific, concrete and relevant practical expertise. These contacts with the actual domain are necessary to keep in touch with particular possibilities and problems for implementation. Furthermore, it is expected that at the level of the region, the future organization of welfare and healthcare will be located.
- *a well-developed secretariat* guarantees a direct contact for the government and efficient communication within and coordination of SWVG.

2. The multi-annual research program

2.1 An ever evolving policy domain

In order to be able to make a list of major and prior research themes and programs, the researchers started from an overview of the most significant public tendencies that touch upon governments' policies (both in Flanders as on an international level). In this respect they marked the following evolutions:

- demographic evolutions with a strong increase of the ageing population and growing costs for care
- economic and socio-cultural changes concerning employment, altering men-women relations, and weakening traditional institutes
- tendencies of globalization and 'glocalization'
- evolutions with respect to people's lifestyle and health risks
- institutional changes like for instance the transition from government to governance, the growing focus on effects and efficiency, the impact of a European policy, the open coordination method
- innovations in the field:
 - the development of new ideas on care
 - quality of life as a new outcome measure
 - the increased attention paid on inclusion, participation and empowerment

- 'care' becoming more and more societal in nature
- approachability of care as a priority
- evolutions concerning the 'learning organization'

Starting from these evolutions and based on the priorities as formulated by the minister in the formal request for a SWVG, as well as on their own expertise, the researchers designed a collective research plan.

2.2 Several sub-themes yet one overall frame

The SWVG consortium brings together projects related to three research programs on three populations and spread over facilities for welfare and healthcare. The latter includes both preventive and curative initiatives. Each project is located on either one or different spots within the following framework.

Research program:	Population			Care facilities		
	Youngsters & family	Adults	Elderly people	Welfare	Healthcare	
					Prevention	Cure
Indicators and monitoring						
Evaluation and development						
Legal and institutional framework						

2.3 Three intertwined research programs

2.3.1 Indicators and monitoring

Despite numbers of registrations and many data files, there is a significant lack of cross-sector information about users of care facilities and the trajectories they follow through the complex domain of welfare and healthcare. As such, there is no accurate information on the actual costs of care and support available to the government. It is the purpose of SWVG to fill this gap.

In a first phase of program one, a gap analysis will be executed, which implies the mapping of all existing data bases, constructed by research centers, governmental administration, and local or more specialized organizations. This must lead to a profound insight into the information available, its overlaps, its redundancies, and its gaps.

The second phase consists in a collection of data through panels of care users, and more in particular by means of a longitudinal cohort study (a. newborn babies, 6-year olds, 12-year olds, and their families: b. adults; c. elderly people). By means of

a repeated questioning of these panels and cohorts of people with specific problems (like difficult educational situations, relational problems, poverty, psychic problems, dementia, and depression), their search for and receipt of care and support in the long term can be investigated. This kind of information should allow policy makers to plan their policy more accurately. These panels will be organized in a number of carefully selected territorial regions, which are chosen in a way that they are relevant for the Flemish situation and policies.

2.3.2 Evaluation and development

In the second research program a number of questions raised by the government concerning effectivity and efficiency will be tackled, again starting from a status questionis. Within the same regions as in program one, different relevant groups of people will be asked for their priorities and major concerns related to the quality of health and welfare services (i.c. care users, professionals, managers, members of the local community and local policy makers).

Simultaneously, SWVG will provide the authorized minister with a state of the art concerning scientific techniques and instruments to enhance the quality of health and welfare services.

Finally the researchers will implement a number of evidence-based practices and will evaluate their impact. This is connected with the evaluation of the impact these innovations have on the overall comfort people experience.

Besides the study of the effectiveness of interventions and innovations, there is the study of cost effectiveness as well. By means of the establishment of a "health and welfare economic research cell", economic evaluations of the delivery of health and welfare services are conducted. By gathering economist in the domain of welfare and health, the cell will enhance economic expertise in the domain and thus can support policy makers in making decisions concerning both ad hoc and long term projects. Whereas in the past economic evaluations were limited to the domain of health, this group of experts will introduce efficiency and effectiveness studies of care trajectories in the domain of welfare.

2.3.3 Legal and institutional framework

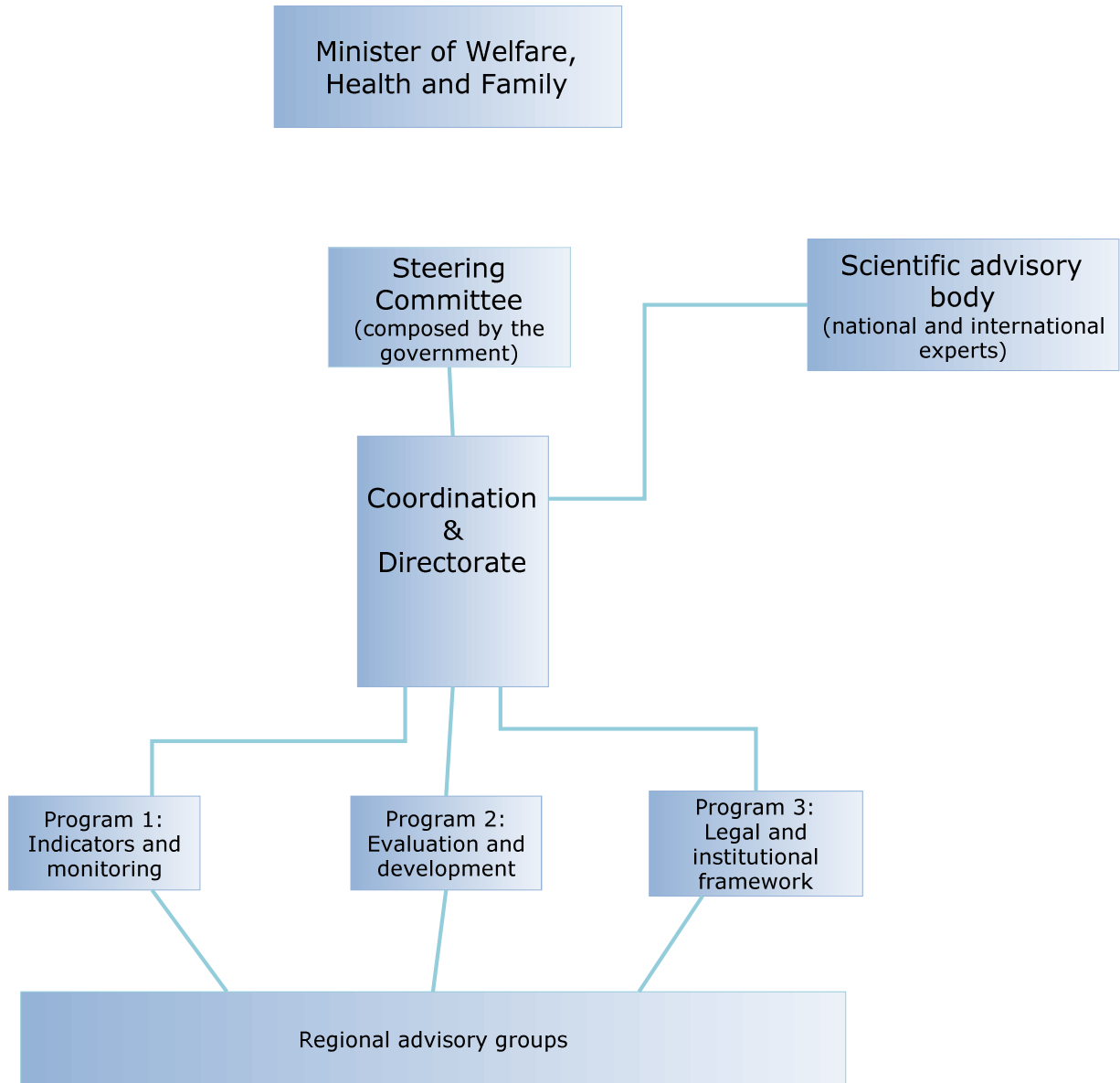
The third program 'Legal and institutional framework' adopts an integrative approach towards the organization of social care and public health. Both institutional, managerial and legal aspects of social care and public health will be addressed in this program.

A first, *legal approach* serves a double purpose. On the one hand it allows for legal benchmarking of research findings formulated within the other two programs. Consequently, a legal test could be implied in translating results for policy purposes in those programs. For instance, the integration of social and health care services and the delineation of the concepts of social and health care, necessarily implies a

legal analysis of constitutional issues of competence. Also with regard to services provision in the region of Brussels, a constitutional background has to be taken into consideration.

On the other hand, the organization of care services increasingly invokes problems of a legal nature, as for instance in relation to confidentiality and the processing of personal data, the legal position of persons lacking legal capacity, patient mobility and liability. Legal solutions are more frequently solicited and analyses are made to check whether existing legal concepts and instruments should be redirected and/or adjusted to meet specificities of a social and health care environment. As a result, the third program explicitly aims to build a sound legal framework in order to enable a faster response to certain knowledge gaps.

A second, *institutional approach* ensures a novel view of the existing structures of policy implementation in the field of social care, public health and family. Through a supply chain management perspective and bottom-up approach, the third program aims to enhance the efficiency and effectiveness of policy implementation.



Appendix 1:

Composition of the consortium

The policy research centre gathers a large number of promoters and experts from three universities and a college. The following list contains the names of the academic staff members engaged in de research centre, and the specific research centers they are a member of. When someone is promoter of SWVG, it will be indicated.

Catholic University of Leuven

Lucas, Centre for Research and Consultancy in Care

Ch. Van Audenhove (promotor-coördinator)

A. Declercq (promotor)

Centre for Parenting, Disability, Special needs education and child care

H. Grietens (promotor)

B. Maes

L. Vandemeulebroecke

W. Hellinckx

Institute of Social Law

J. Put (promotor)

D. Simoens

Y. Stevens

Leuven Institute of Criminology

J. Deklerck

Centre of Sociological Research

K. Hermans

F. Lammertyn

Youth Health Care

K. Hoppenbrouwers

P. De Cock

Public Management Institute

M. Brans

K. Verhoest

Research Group for Psycho-diagnostics en Psychopathology

P. Bijttebier

Academic Centre for General Practice

J. Heyrman

F. Buntinx

J. Delepeleire

Research Group for Stress, Health and Well-being

O. Van den Bergh

Centre for Psychology of Learning and Experimental Psychopathology

D. Hermans

Research Centre for Pharmaceutical Care en Pharmaco-economics

S. Simoens

Department physical activity and health

J. Lefevre

Biostatistical Centre

E. Lesaffre

Laboratory of Exercise & Sport Psychology, and Coaching

F. Boen

University of Ghent

Department of Public Health

L. Maes (promotor)

S. de Henauw

Department of Family Medicine and Primary Health Care

J. De Maeseneer (promotor)

S. Willems

Department of Uro-gynaecology

M. Temmerman

Department Movement and sport sciences

I. Debourdeaudhuij (promotor)

Department of Experimental-clinical and Health Psychology

A. Buysse (promotor)

H. Roeyers

Department of General Economics

K. Schoors

Department of Procedural Law, Arbitration and Private International Law

P. Taelman

Independent University of Brussels

Department of Orthopsychology

J. Vanderfaeillie (promotor)

G. Loots

Departments of Agogics

D. Verté

Catholic College Kempen (partner)

Flemish Centre for Research and Knowledge concerning the Third Age

G. Cuyvers

Centre of Expertise for Local Social Policy and Local Economic Policies

B. Storms