Community-Based Long-Term Care for Older People

European Social Network

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SAD of proximity

Direcció de Serveis d’Intervenció Social

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INDEX OF QUESTIONS:

1. What is your journey in transitioning to neighbourhood-based long-term care in Barcelona?

2. What was the solution you came up with to provide community-based long-term care?

3. What is the outcome you achieved? What did you achieve for older people in need for long-term care? example of one person?

4. What can others learn from you and what is needed to make your approach work?

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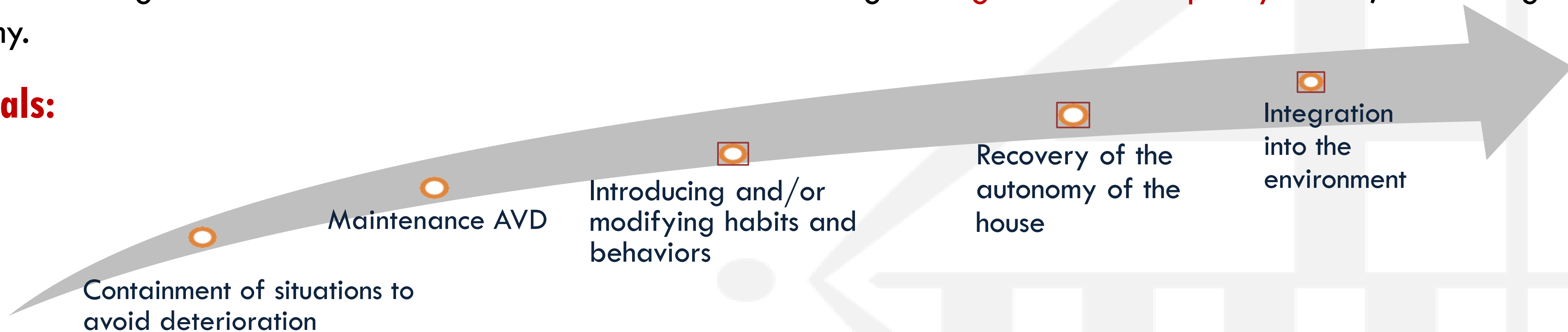
SAD

Definition: Home care is the social care provided to a person in the place where they live, at any stage of their life, with the aim of maintaining them in their usual environment and thus achieving the highest level of quality of life, well-being and autonomy.

SAD Goals:



Target persons:

People in a situation of recognized dependency and with an Individual Care Plan (PIA): 84%

Intensities:

- Grade I. 20h/month
- Grade II: 38h/month
- Grade III: 65h/month

Individuals and families in a situation of vulnerability or social risk (due to lack of parental skills or abilities, or a situation of homelessness or abuse): 16%

Data:

SAD	2022
People	21.324
Women	72%
> 65 years	86%
No. of SAD hours provided	3.870.200,25

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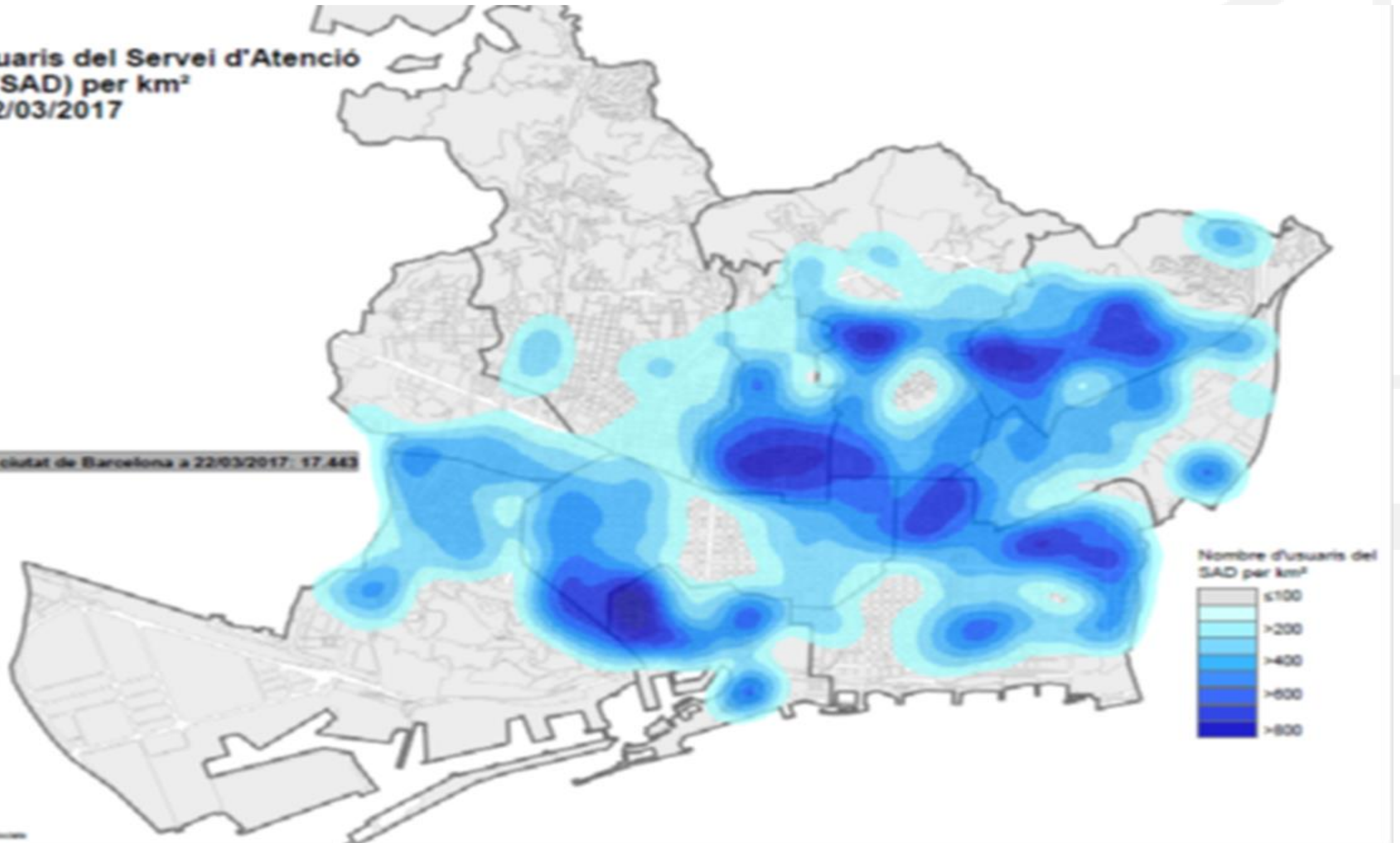
Territory and service analysis



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SAD starting point

PRECARIOUSNESS

ABSENTEEISM

ROTATION AND CHANGES OF PROFESSIONALS

RECRUITMENT DIFFICULTIES

SPIRAL OF SUBSTITUTIONS

PART-TIME CONTRACTS

TEMPORALITY

DEPERSONALIZATION OF THE SERVICE

DIVERSITY OF USERS, TASKS AND HOUSEHOLDS

WASTEFUL USE OF NEIGHBORHOOD DENSITY

DISPLACEMENT COSTS ARE ASSUMED AND PROXIMITY SYNERGIES ARE IGNORED

SECONDARY ROLE OF CARE

HIERARCHICAL, INDIVIDUAL AND FORDIST WORK ORGANIZATION

Objectives of the future SAD

To improve the **working conditions** of **professional caregivers**: *reduce* ***precariousness****, extend* ***working hours****, reduce* ***travel****, provide* ***support in teams****, reduce the undesired effects of the* ***rotation of professionals****.*

To improve **user satisfaction**.

To make the **teams** of professionals visible in the community and facilitate **synergies** with the rest of the community agents, especially in health.

To increase **social recognition** of care and for citizens to have an inclusive vision.

Increase the number of **actors involved** in care.

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Origins and trajectory of the new model

2017

Pilot of a new home care model, based on Buurtzorg principles - The Netherlands.

Pilot test

Contractual obligation = 60 teams

4 teams — 2017
- **1 in Eixample** (Sant Antoni)
- **1 in Sants- Montjuïc** (La Marina)
- **1 in Nou Barris** (Vilapicina)
- **1 in Sant Martí** (Poblenou)

8 teams — 2018
- **1 in Eixample** (Sant Antoni)
- **1 in Sants-Montjuïc** (La Marina)
- **1 in Nou Barris** (Vilapicina)
- **1 in Sant Martí** (Poblenou)

2019 2020 2021 — COVID crisis

34 teams — 2022
- **6 in Eixample** (4 Sant Antoni, 2 Nova Esquerra)
- **3 in Sants- Montjuïc** (La Marina)
- **2 in Horta-Guinardó** (1 Vall d'Hebron, 1 Baix Guinardó)
- **3 in Nou Barris** (1 Vilapicina, 2 Roquetes-Trinitat Nova)
- **12 in Sant Martí** (12 Clot-Camp de l'Arpa)

3 CSS with the new complete model: Sant Antoni + Camp de l'Arpa-Clot (SERVISAR) and La Marina (SUARA)

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New superblocks

Contractual obligation = 60 teams

1st semester 2023

68 teams

	Center	Number of teams	Date
LES CORTS	CSS Maternitat	6 superblock teams	February 20th
CIUTAT VELLA	CSS Barceloneta	3 superblock teams	March 6th
S. SANT GERVASI	CSS Sant Gervasi	6 superblock teams	April 3rd
GRÀCIA	CSS Vila de Gràcia	8 superblock teams	April 17th
H.GUINARDÓ	CSS in Baix Guinardó	4 superblock teams	April 24th
H.GUINARDÓ	CSS in Vall d'Hebron	5 superblock teams	June 5th

10 CSS with the new complete model:

Sant Antoni, Camp de l'Arpa-Clot , Gràcia (SERVISAR)

La Marina, Maternitat, Barceloneta, Sant Gervasi, Baix Guinardó , Vall d'Hebron , Trinitat Nova, Roquetes, Canyelles (SUARA)

Deployment in the city's 9 districts

2nd semester 2023

92 teams

Contractual obligation = 60 teams

Ampliation up to 120

	Center	Number of teams	Date
NOU BARRIS	CSS Trini, Roquetes, Canyelles	7 superblock teams	July 3rd
SANT ANDREU	CSS Franja Besòs	6 superblock teams	September 15th
NOU BARRIS	CSS Vilapicina, Torrellobeta i Porta	6 superblock teams	October 9th
EIXAMPLE	CSS Nova Esquerra	6 superblock teams	October 30th

13 CSS with the new complete model:

Sant Antoni, Camp de l'Arpa-Clot , Gràcia, Franja Besòs , Nova Esquerra (SERVISAR)

La Marina, Maternitat, Barceloneta, Sant Gervasi, Baix Guinardó, Vall d'Hebrón, Roquetes-Trinitat Nova, Canyelles Vilapicina,Torrellobeta i Porta(SUARA)

Deployment in the city's 10 districts

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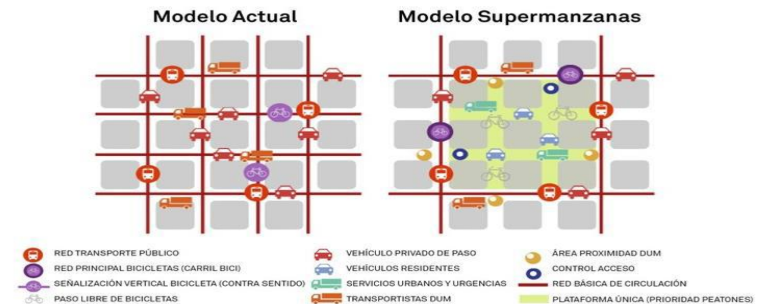
Solution: New SAD model of proximity for superblocks

The new model is based on the creation of **teams** of professionals who **attend to a group of users who live in a superblock** SAD of proximity.

An **urban superblock** is a territory of proximity, physically defined by a set of blocks of the urban fabric with a population between 5,000 and 8,000 inhabitants. The **social superblocks** pursue the idea of "distributed or virtual residence": **The neighborhood provides all the common services** that are provided in a residential area, within a radius of 300 meters.



Characteristics SAD of proximity:

- Flexible territorial unit
- Between 5,000 and 8,000 inhabitants
- Between 40 and 90 SAD users
- Between 250-350 hours of service per week
- In the action area of the same Social Services Center and, whenever possible, within the same care area of a Basic Health Area
- Physical space to hold team meetings and work space during service outages and to make changes (WC + Office)

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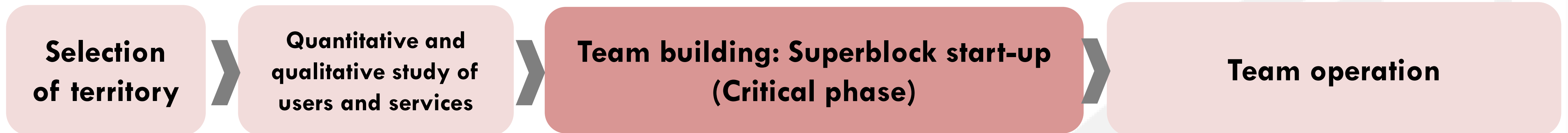
Solution: New SAD model of proximity for superblocks

Start-up of a new team of superblock:



- Identification of the **physical space** where to locate the team.
- **Communication** to the professionals of the **team**.
- **Communication** to the referring professionals of the **CSS**.
- **Training** to share the vision of the model.
- **Start-up of the superblock**.
- After 3 months the **meetings** change from bimonthly to **monthly**, the superblocks and the teams are stabilized.
- **Communication** to **users** and **families**.
- **Re-planning** of services and incidents.
- Sharing **complex cases** and working to **improve services**.

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SAD of proximity: Innovations

1. The person is cared by their family worker and by the rest of the professionals of the **team**, whom they **know/identify** from the beginning.

2. The person is informed in advance of the **flexibility of the service** and the **communication** channels with the team.

3. The teams are made up of **10 to 15** direct care workers and **a technical coordination person**.

4. The team as a whole is oriented towards **self-organization** and this implies the need for all team members to participate in all assigned tasks, and requires greater coordination. It also implies the follow-up of the users and the contact with the Basic Social Attention Team to transfer information.

5. The team acts as a **cushion for the workload** that some services entail and the contractor assumes the commitment to increase the number of full-time employees.

SAD of proximity: Results

MANAGEMENT RESULTS

Human resources management

- **Direct attention.** Reduction of part-time. Training in teamwork and ACP. Increase of permanent contracts and working days of more than 30 hours.
- **Technical coordination:** Improved follow-up of users. Training in accompaniment.

Service management

- **Continuity, personalization, follow-up and communication** with the user.
- Time spent working on tasks with better results, productivity and reduction of travel time.

Other supports

- **Information systems** that support management: control panels, establishments and computer equipment.

RESULTS FOR USERS

Referent

The reference of the service becomes the superblock's **team.** Emphasis on the communication of the change.

Communication of incidents

There is a **contact telephone number** for the team to whom the user can call in case of incidents.

Programming

The service schedule (days and hours) can be changed **at the request of the user or the team.**

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Evaluation of the perception of users. FADA - Gener 2019

OBJECTIVE: To have results regarding the degree of fulfillment of the objective "To improve the quality of the SAD, adjusting the services to the needs of the users, guaranteeing an active monitoring of the people attended and assuring a personalized and close treatment to the user".

CONCLUSIONS

PROXIMITY OF THE TEAM

-They **remember the name** of their family workers.
-They feel **listened to** by the professionals.
-They know where to **call** or contact.

TRUST IN PROFESSIONALS

86.1% have enough **trust** in a member of the team to **ask for help** when they have to make a decision or need to organize something.

ATTENTION PROVIDED BY PROFESSIONALS

The perception of the knowledge of the professionals to **attend the person in an adequate way** stands out, which is well valued by 97.5%.

CONTINUITY WITH THE ATTENTION

100% of the people interviewed consider that the different professionals in the team are **well coordinated**.

SERVICE FULFILLMENT

The people interviewed affirm that:
-The **agreed tasks** are performed.
-The professionals have **knowledge of the tasks** to be done **and the preferences** of the person attended.

COMPLETION OF THE ASSIGNED TIME

The perception of the realization of the **agreed service hours** is very positive.
The **recovery of hours** on another day if the day of service falls on a holiday is an **area to be improved**.

SERVICE ADJUSTMENTS

The people interviewed positively value the participation in establishing the days and hours of service and have the feeling of having a **better conciliation with their family**.

SOCIAL INCLUSION,AUTONOMY AND MOOD STATUS

In all the questions referring to results, satisfactory scores were obtained, especially in the question referring to the increase in the **possibilities of going out on the street**, which obtained a result of 94.7%.

Users perceive an improvement in the quality of the service.

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Study on the impact on the health and well-being of professionals.
Barcelona Public Health Agency - June 2022

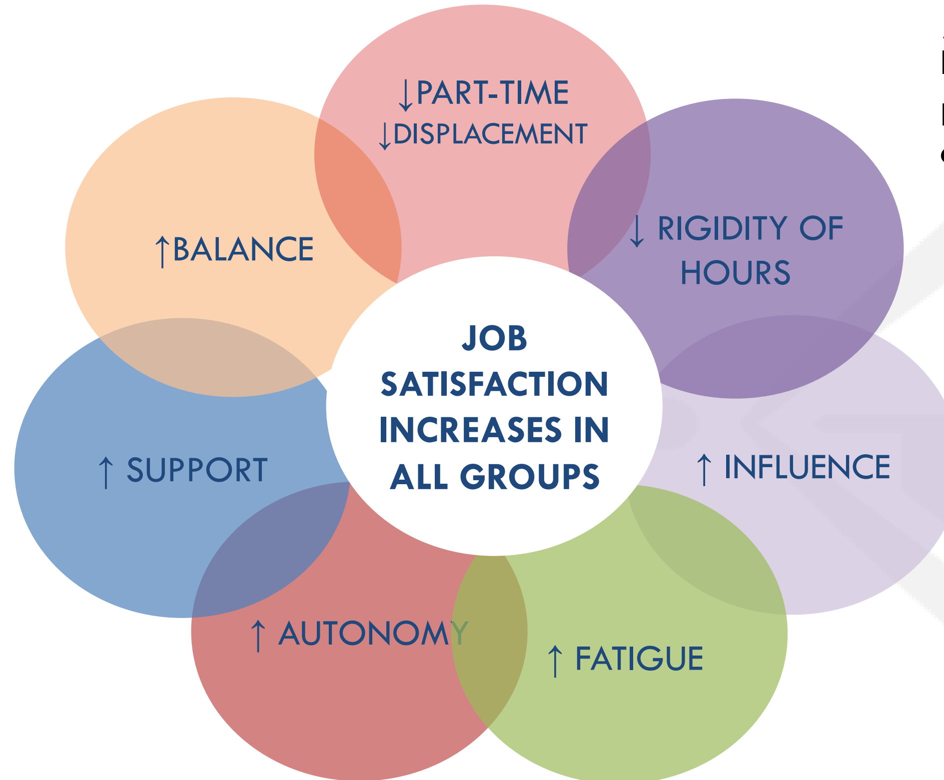
Objective: To determine the changes in the health and welfare in the working and employment conditions of the people who work in the SAD proximity.

CONCLUSIONS

↑ BALANCE
Less difficulty in combining work life and domestic work.

↑SUPPORT
Increases the support of the heads and the emotional support of the companies in the intervention group.

↑AUTONOMY
Increases autonomy and clarity of role in the intervention group.



↓PART-TIME
↓DISPLACEMENTS
In the intervention group, the proportion of part-time work and the time spent commuting decreased.

↓ RIGIDITY OF HOURS
Decreases the rigidity of the schedules in the intervention group.

↑ INFLUENCE
Increases the influence of the workers in the decisions of the group in the intervention group.

↑FATIGUE
Increased exposure to painful or tiring postures in the intervention group.
Increased fatigue.

EVALUATION: In general, the family workers of the SAD of proximity perceive a greater job satisfaction. The main challenge to be addressed is the perception of increased fatigue.

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What is needed for this model to work?
Main challenges:

1. How to regulate the dynamics of **incoming and outgoing services within a superblock** and dimension the FTTs.
2. Integrate into the model the **accompanying services outside the superblocks.**
3. **Management** of an important volume of **services with timetables** that are limited to certain coinciding time slots.
4. Integration of the **prescribed services in weekends.**
5. Adequate treatment of **socio-educational and highly complex services.**
6. Manage the perception of the **increase of fatigue in family workers** resulting from the decrease in travel between services.
7. Ensure the **digital disconnection of family workers** (Zone 1 and 3).
8. **Territories with low density** or complicated holography.
9. **Homogenization of the model** among the different providers.
10. **Coexistence of the two models** in the same territory.
11. Availability and/or **adequacy of establishments** to be made available to the company in sufficient time.
12. **Knowledge of the model by the community network** and the CSS.
13. Financing of meeting hours, coordination, etc., towards a **mixed financing** (effective hours provided + quality results obtained).

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What elements of the model do we value most?

Teamwork of professionals

Direct communication between user and team

Matching of social and healthcare teams

Thank you!

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