

The role of social services in the implementation of the Sustainable Development goals

Promoting health and well-being for vulnerable groups



Introduction

Alfonso Lara Montero

Chief Executive

European Social Network



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The framework

SUSTAINABLE DEVELOPMENT GOALS



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The issue at stake

- Promoting healthy lives and wellbeing in a multi-agency context
- We may need the support of social services/social care at any point in our lives
- We may all be vulnerable



Who

- Children in care
 - Older people
 - People with addictions
 - Homeless
-
- *Multiple needs require coordination*



What we'd like to look at

- What is the role of the workforce?
- How can social services contribute to multi-agency strategies on H&WB?
- How do local initiatives on the ground implement policy principles?
- How do local initiatives contribute to policy?



Introduction

Jean-Paul Raymond

Director

Social Action Direction for Childhood and Health,
City of Paris (DASES)



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Presentation

City of Paris social services approach to health and well-being

Jean-Paul Raymond

Director – DASES



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Presentation

***Ensuring child protection adequately
supports young people leaving care***

Gabriella Rask

Project Coordinator – SOS Children's Villages
International



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LEAVING CARE

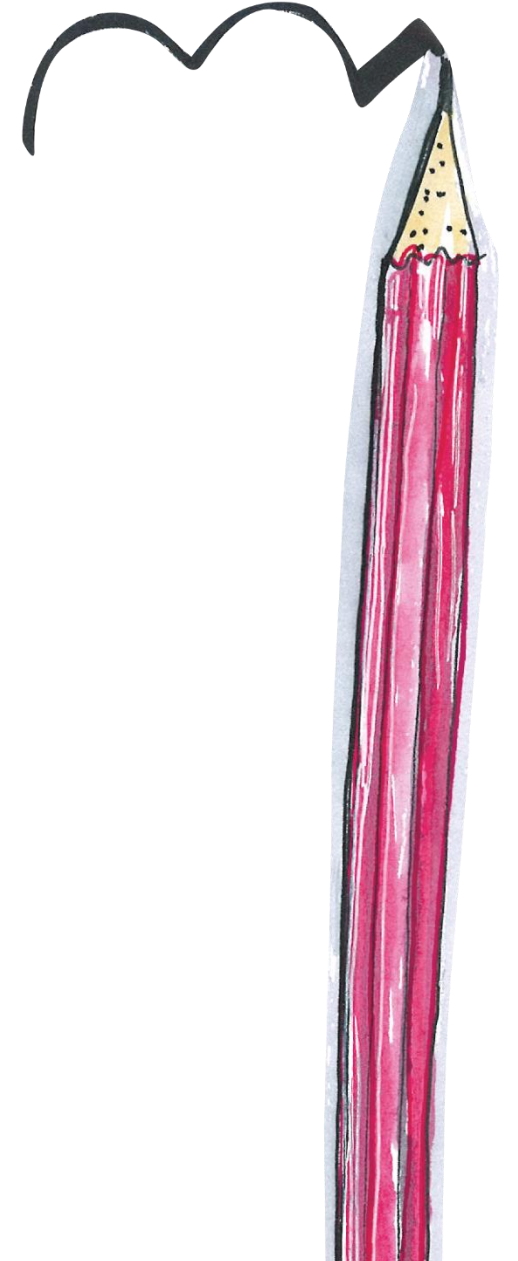
9-10 May 2019

ESN's Working Group meeting on the Sustainable
Development Goals



AGENDA

- ☐ Introduction to the project
- ☐ The training
- ☐ YouthLinks
- ☐ Advocacy & Sustainability
- ☐ Q&A



PROJECT SET-UP

Project coordinator

SOS Children's Villages International

Implementing partners

SOS Children's Villages national associations in Bulgaria, Estonia, Hungary, Italy and Romania as well as FICE Austria and FONPC - together with more than 30 national partners.

Time Frame

April 2018 – March 2020 (*24 months*)

Funding

The project is co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union and SOS Children's Villages.



PROJECT OBJECTIVE

Embed a child rights based culture into child protection systems which improves outcomes for children and young people in particular in the preparation for leaving care.

How we achieve this

Capacity
Building

Build a
supportive
network for
care leavers

Awareness
raising &
Advocacy



an inter-sectoral approach

participation

individuality

age of leaving care

a transition period

an enabling environment

trust

**Leaving
Care**

preparation & support for transition
and after care

independent living

maintaining relationship

being cared for

consistency of the leaving care process

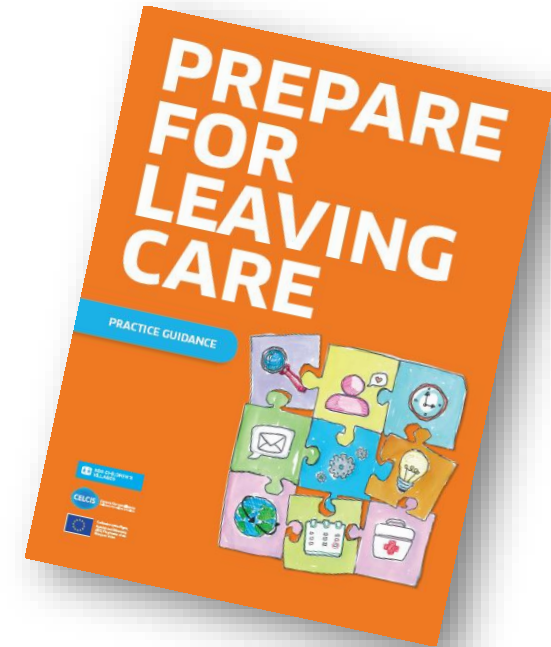
promoting positive change

capacity building

PRACTICE GUIDANCE

The Practice Guidance seeks to:

- Promote improvements in practice
- Stimulate reflection
- Provide material



The Practice Guidance covers the areas of support and guidance that should be available during the whole leaving care process: whilst preparing to leave care, through transition or semi-independent living, and “after-care” during adjustment to independent living.

WHO IS THE PRACTICE GUIDANCE FOR?

- those working directly with the care leavers on a day-to-day basis
- those in such professions as health, education, housing, law and employment services, law and the judiciary
- decision-makers and policy-makers in these different fields, as well as for advocates for reform

Key agencies need to plan and work together in a more collaborative manner to ensure that access to relevant support and services is available to care leavers.

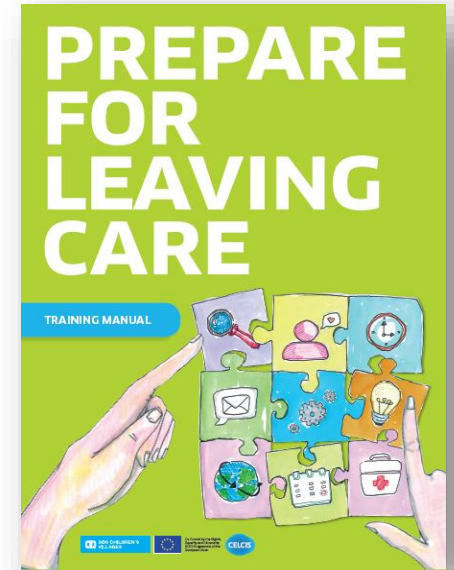
AIM & OBJECTIVES OF THE TRAINING

Aim

To stimulate reflection on what we can do to improve outcomes for young people leaving care

Objectives

- To acquire some of the knowledge and skills to support young people through the process of leaving care
- To understand and develop some of the tools which are helpful in the leaving care process
- To become aware of the content of the Prepare for Leaving Care Practice Guidance





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CELCIS

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VIDEO FROM TRAININGS IN CROATIA

- <https://www.youtube.com/watch?v=Qn4gUW3BvV8&feature=youtu.be>

CONCLUSIONS FROM THE IMPACT ASSESSMENT

- improved practice is most notable in the relationship and working for and with care leavers
- many positive comments on Pathway Planning, both in terms of process and content
- the increase in knowledge and skills is reflected in the positive feedback received in the post-training evaluation forms where the majority of respondents, 97%, evaluated the training as “good” or “very good” (81% as very good)
- there was particularly positive feedback in relation to the inclusion of care experienced young people in the training delivery. One respondent wrote how **‘It has helped me to put myself in the place of young people and forget the position of “caregiver”’**.



CONCLUSIONS FROM THE EVALUATION OF YOUNG PEOPLE AS CO-TRAINERS

- they feel that they gained skills in the co-trainer role. These new skills include public speaking, emotional awareness, listening (maintaining eye contact and not interrupting), training, speaking with care leavers, self-reflection and the ability to put oneself in the shoes of care professionals.
- they feel that their participation was a positive aspect both for the project and for themselves

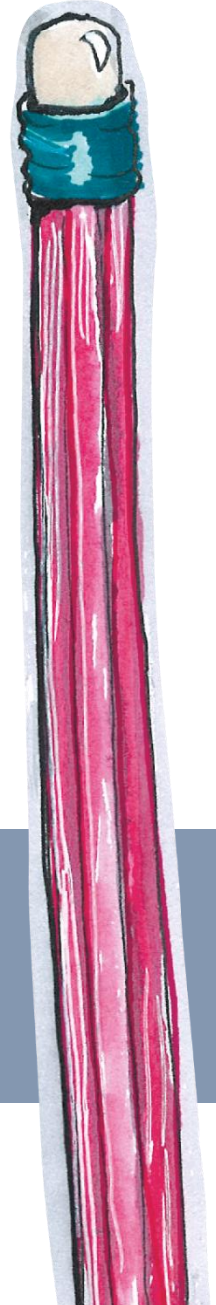


YOUTHLINKS

A digital platform that

- provides care leavers with peer-to-peer support, tools and networking opportunities to facilitate their transition to independence
- gives care professionals and corporates the space to provide care leavers with coaching and mentoring

A supportive network for care leavers to improve their access to social rights.



ADVOCACY AND SUSTAINABILITY

Key activities:

- **Development of National Policy Recommendations**
Based on the finding from the scoping
- **Development of Sustainability Roadmaps**
To identify the needed steps to ensure continued training of care professionals and awareness-raising on the rights of care leavers
- **Face to Face meetings with public authorities**
- **Be the Change! Conference in Bucharest 12-13 June 2019**
- **Final National Conference to share project results**



CALL TO ACTION

Action 1: Realize Care Leavers' rights in the Law – secure a “care leavers’ guarantee” at EU, national, regional and local levels

Action 2: Realize Care Leavers' rights in Practice

Action 3: Allocate adequate Funds for realizing Care Leavers' rights (in legislation and in practice – at EU, national, regional and local levels)



A MESSAGE TO CARE PROFESSIONALS FROM A CARE LEAVER

<https://youtu.be/iaVYd7x3mbw>



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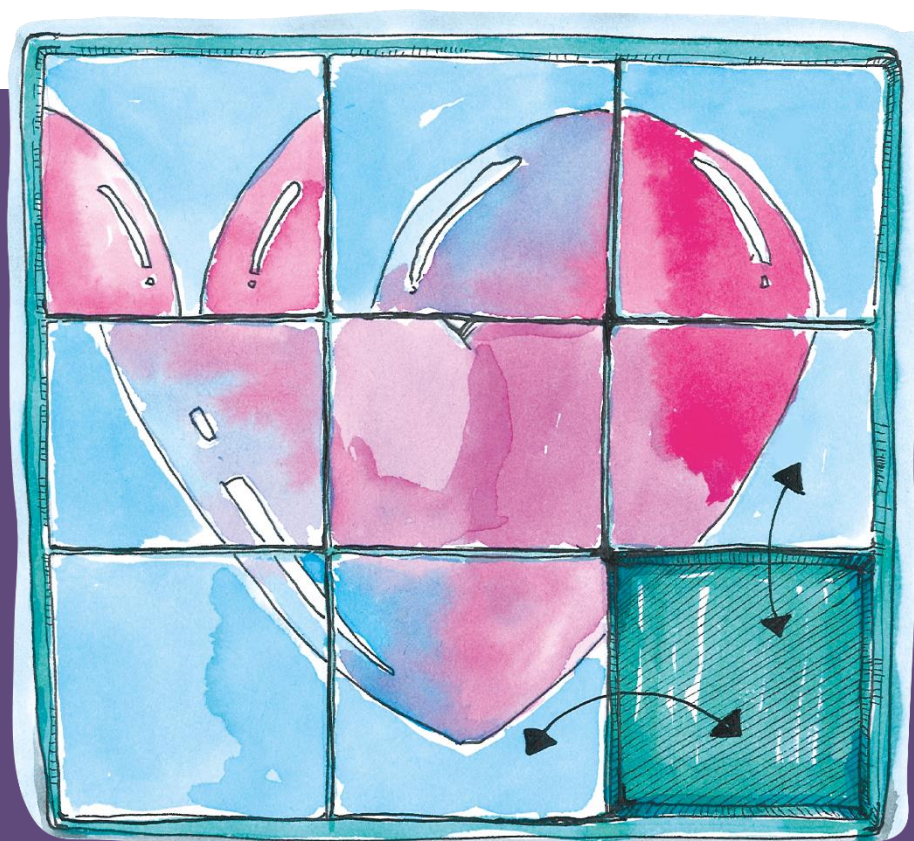
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THANK YOU!

Practices from the local level

Promoting well-being of children in care

Fiona Mitchell

Evidence and Evaluation Lead -
CELCIS United Kingdom

Anne-Lise Stephan

Project officer - ONPE France



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Working group on the implementation of the Sustainable Development Goals

2019 Meeting

**Practices from the local level
Promoting well-being of children in care**

building brighter futures
#CELCISTweets

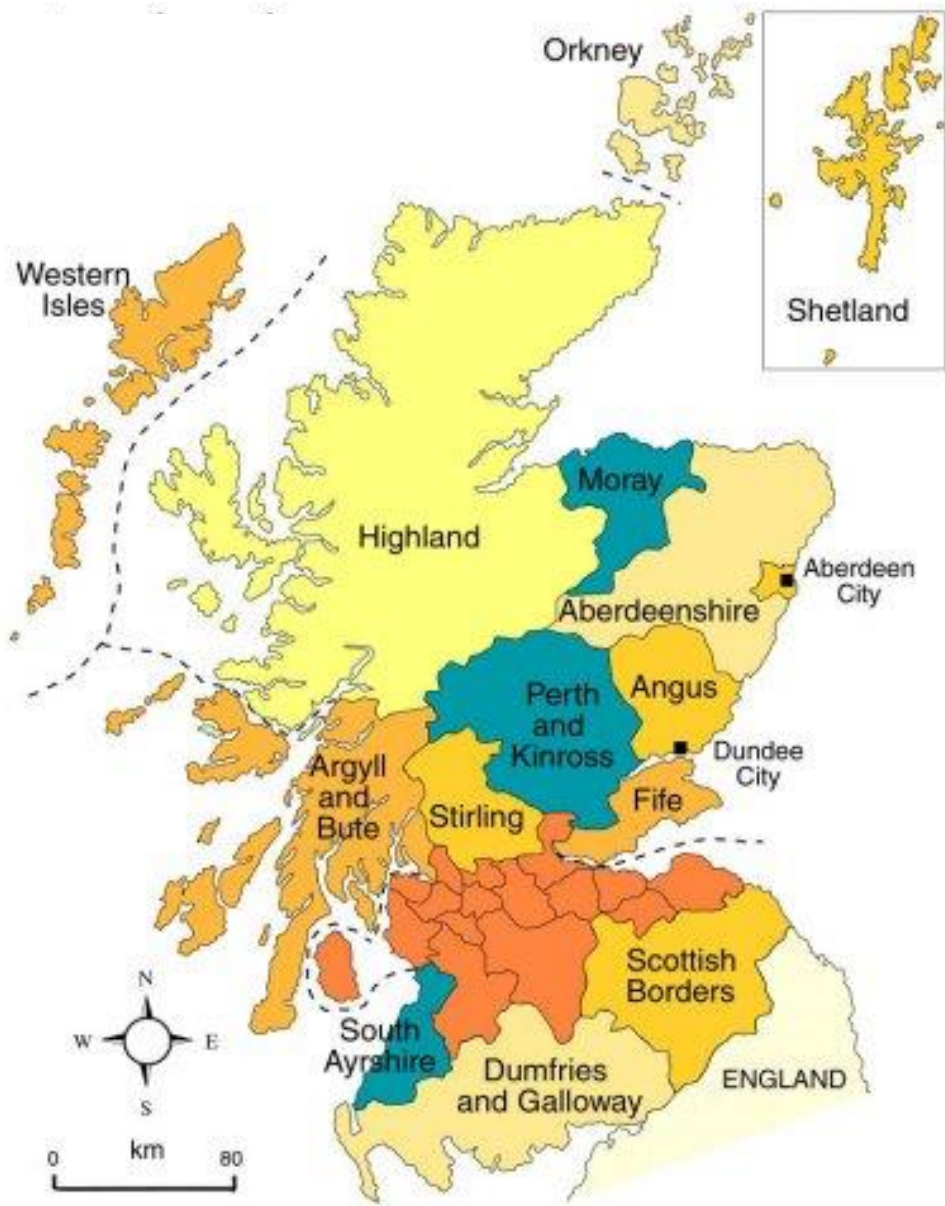
SUSTAINABLE DEVELOPMENT GOALS



Universality

Integrated

No-one left behind

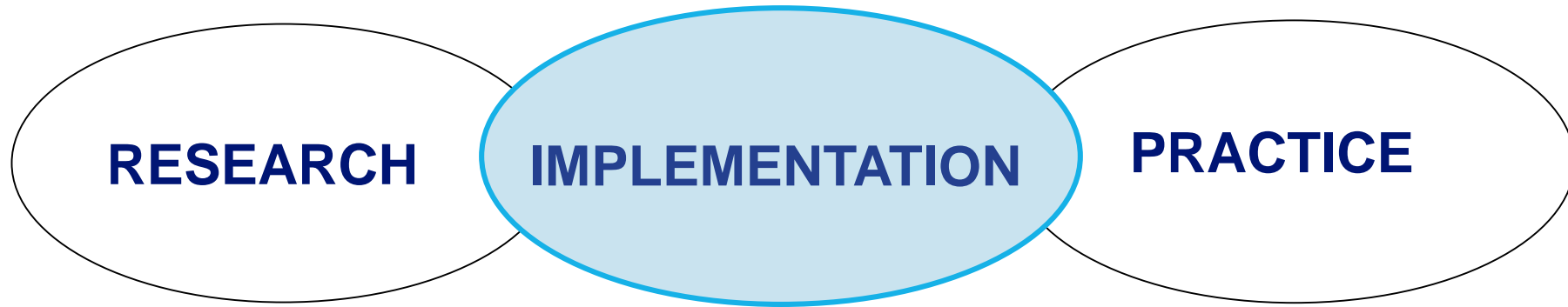


Promoting health and well-being in multi-agency context

- 32 Local Authorities
 - Early Years, Education and Social Services
- 14 Health Boards
 - Midwifery, Health Visiting, Children's Mental Health
- 1 Police Force
- Multiplicity of NGOs



Implementation Gaps



– Implementation gap

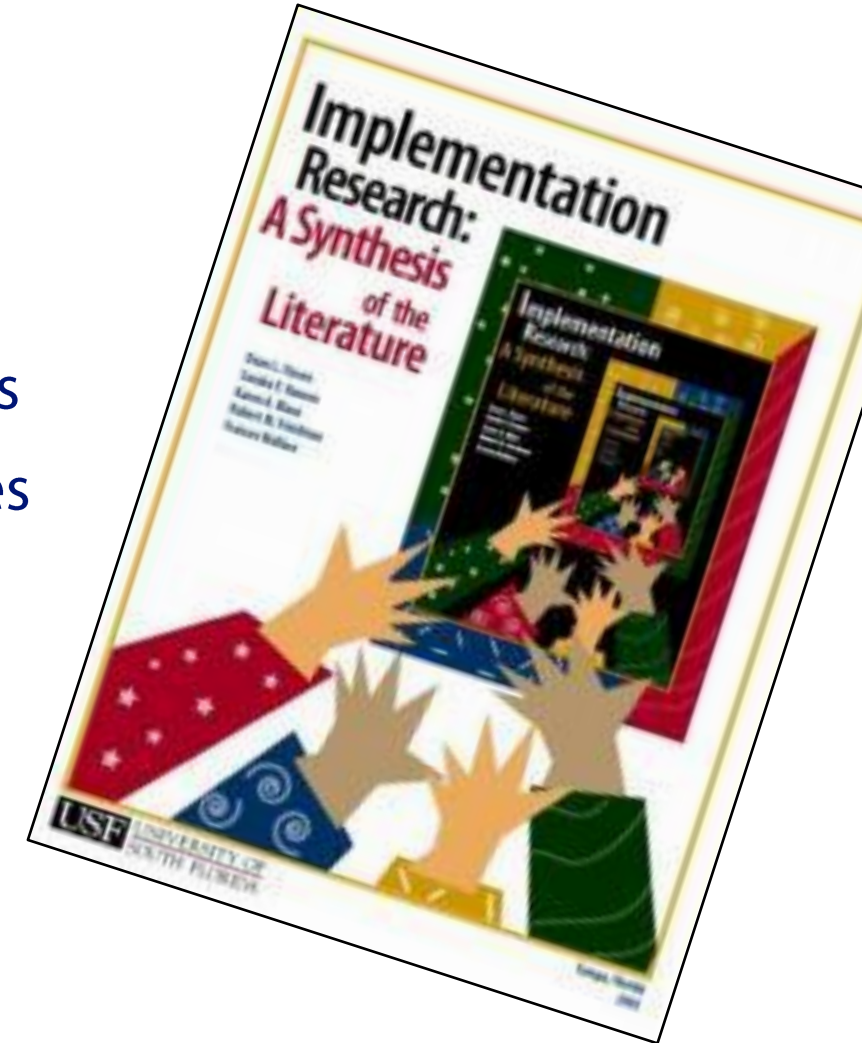
- We don't use innovations with sufficient quality to produce results
- We don't build capacity to sustain innovations
- We don't scale innovations to provide benefits to everyone who is in need of the innovation

Insufficient Methods

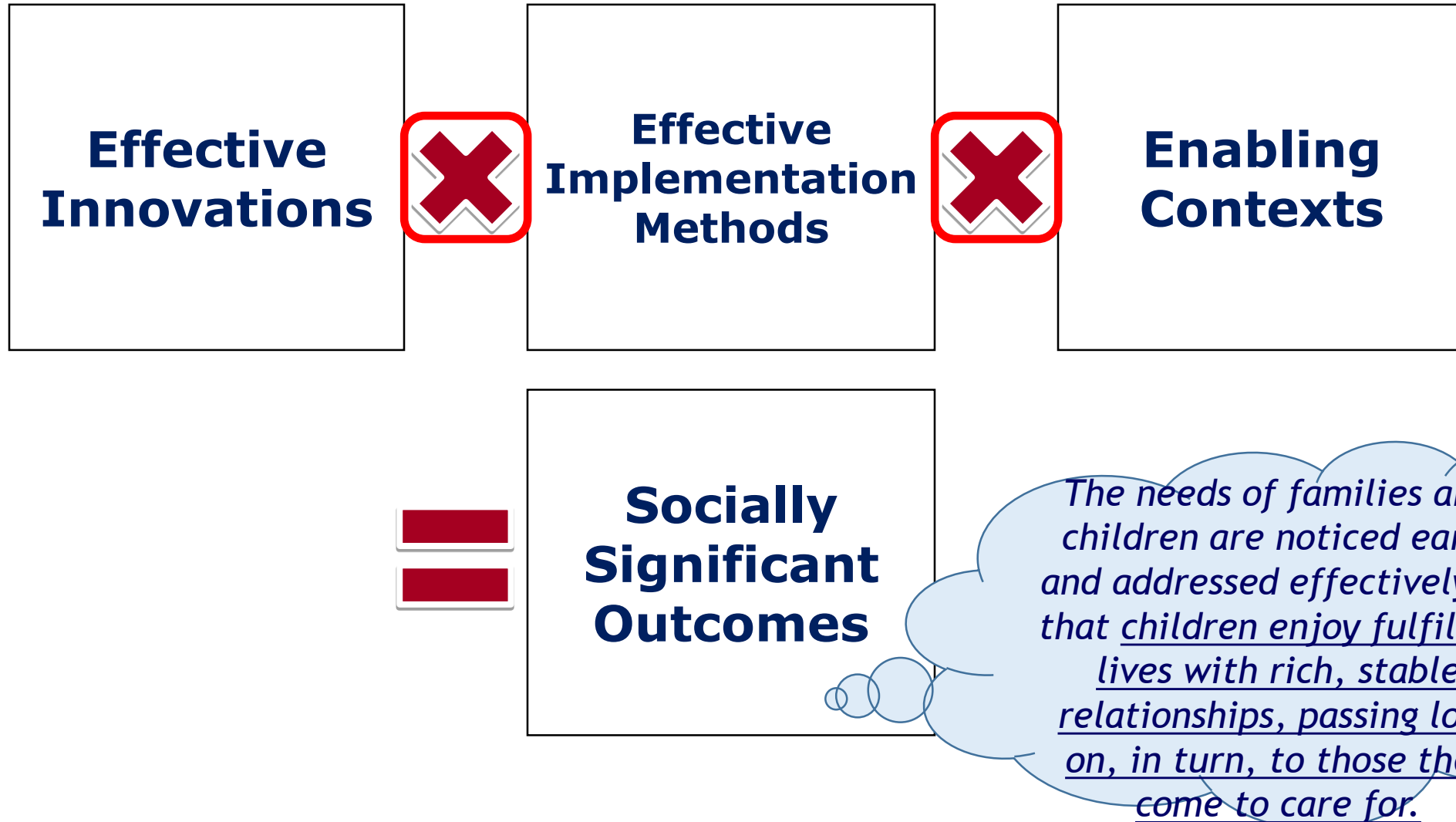
Experimental Data Show These Methods, When Used Alone, Are Insufficient:

- Implementation by laws/mandates/regulations
- Implementation by providing funding or incentives
- Implementation without changing supporting roles
- Diffusion/dissemination of information
- Training alone, no matter how well done

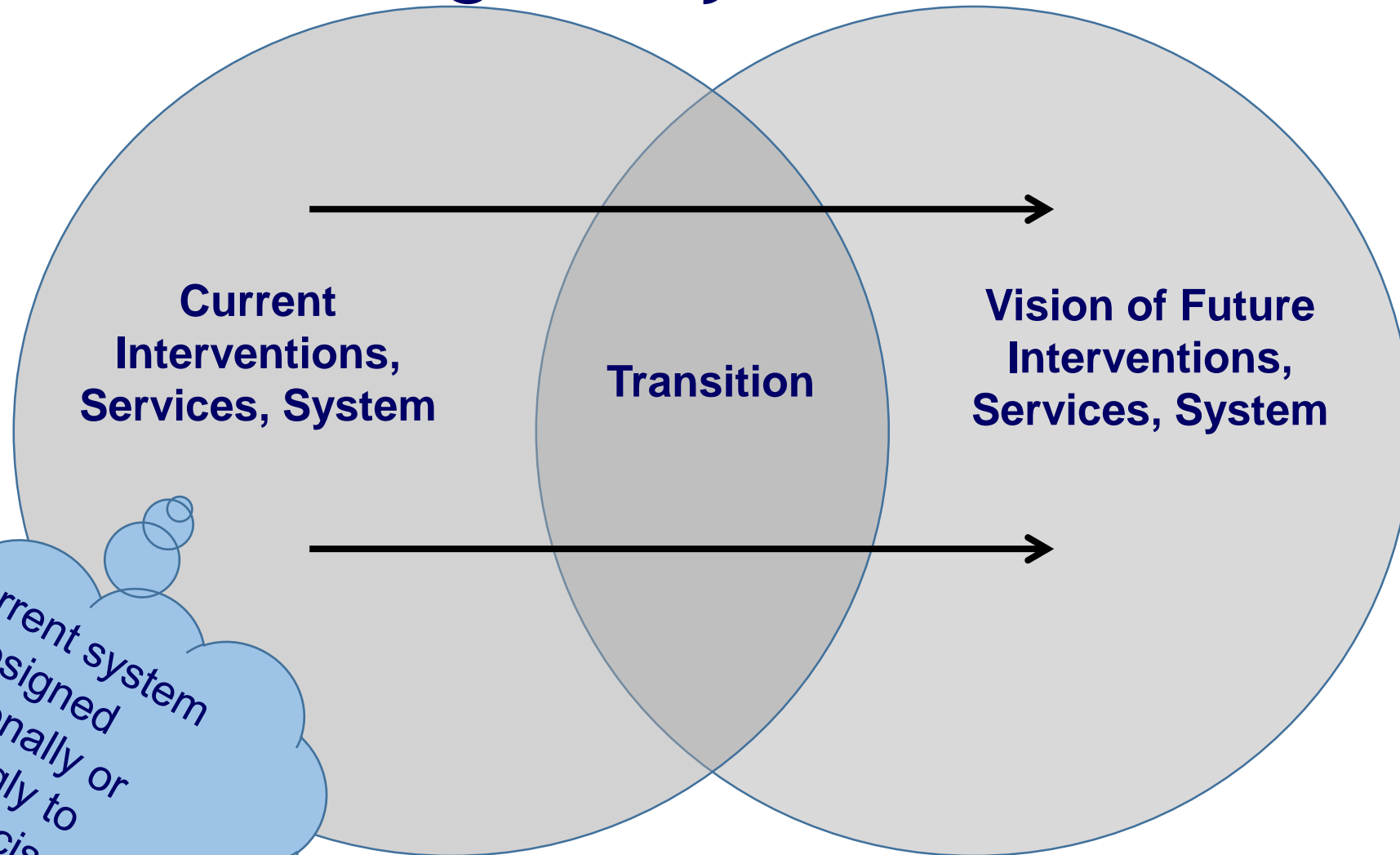
Data: 5% to 15% Realize Intended Outcomes



Achieving the Vision



Analysing the System 'As Is' and Envisioning the System 'To Be'



The current system is designed “intentionally or unwittingly to achieve precisely the results it gets”*

* Quotation attributed to R. Spencer Darling

- ☒ IMPROVEMENT
- ☒ DEVELOPMENT
- ☒ SOLUTION



Implementation



MISSION





Centre for excellence
for Children's Care and Protection

Fiona Mitchell

Head of Evidence and Innovation

Fiona.Mitchell@strath.ac.uk

building brighter futures
#CELCISTweets

Practices from the local level

Promoting well-being of children in care

Fiona Mitchell

Evidence and Evaluation Lead -
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Project officer - ONPE France



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Promoting well-being of children in care

*ESN - Working group on SDGs
Thursday 9 May 2019*

A decentralized policy:

- Child protection is a competence of local authorities (les départements).
- National bodies give policy orientations (State Secretary for child protection, National Council for Child Protection, ONPE) but each *département* elaborates its own roadmap regarding child protection.
- Child protection services operate under the authority of the Departmental President (Président du Conseil Départemental)

Child Protection Departmental Observatories play a strategic role in planning and monitoring the local policy:

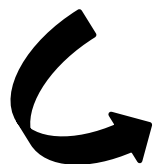
- Evaluate local needs
- Monitor the departmental roadmap's implementation
- Make recommendations regarding the departmental policy

Carte 1. Mise en place des ODPE en France au 1^{er} décembre 2018

Source : enquête sur l'état des lieux des observatoires départementaux de la protection de l'enfance en France en 2018 (N = 100), France métropolitaine et Drom (hors Mayotte). Traitement ONPE.



- To develop and disseminate knowledge regarding child protection
- To list, analyse and promote evaluated prevention and intervention practices in the field of child protection
- To support child protection stakeholders



The ONPE leads the network of departmental observatories, disseminating knowledge and providing tools.

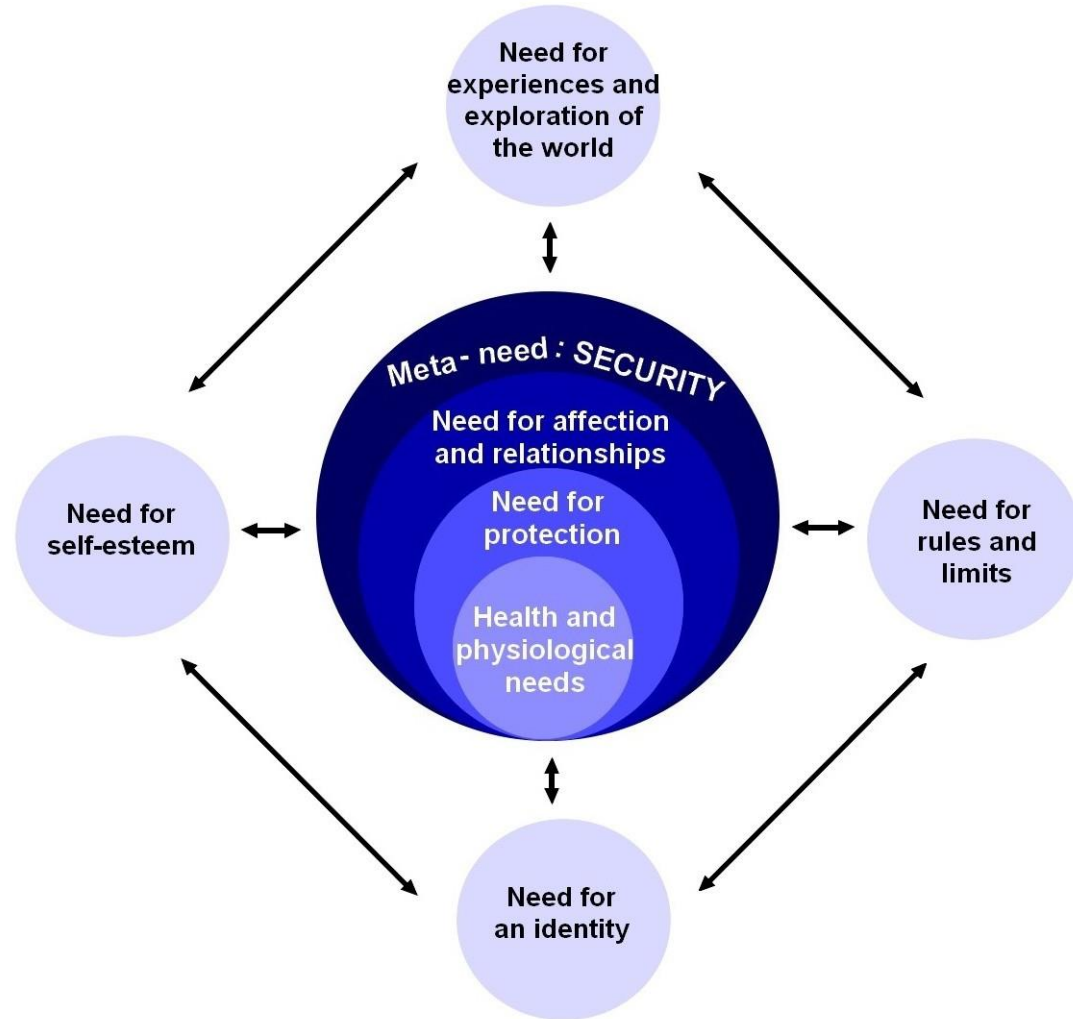


Taking into account the child's core needs

**14th of March 2016 law:
from protecting children to
securing the child's
development**

Launch of an initiative to reach
a consensus on children core
needs:

- Defining the core needs of children within the child protection system
- Establishing common references for professionals.



Source: Démarche de consensus sur les besoins fondamentaux de l'enfant en protection de l'enfance – February 2017

Children's core needs approach: a new focus on health

Since 2016, child protection services must “*ensure that the child’s core needs are taken into account*” and “*protect his/her health*”

(14th March 2016 Law)

➔ Systematic assessment of medical and psychological needs of children in care.

**World Health Organization,
The Ottawa Charter for
Health promotion**

**UN Convention on the
Rights of the child**

Following international guidelines, actions regarding the health of children in care are part of a global “**project for the child**” involving child protection professionals, the child and his or her family.

Assimilation of child's core needs in professional practices

ONPE's actions to promote child's core needs

■ Dissemination of knowledge:

- Reports on innovative practices in child protection services
- Report on the “project for the child”
- Report “*Thinking little: Policies and practices for the benefit of children in care under 6*”

■ Supporting the elaboration of evaluation tools:

- Frame of reference for participative evaluation in child protection (CREAI ARA)

The activities of departmental observatories are an indicator of stakeholders' interest for the child's needs and health.



More information about the ONPE and its
publications:

www.onpe.gouv.fr

TABLE DISCUSSIONS

What are the main challenges and opportunities for social services in ensuring the well-being of children in care and leaving care?



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Coffee Break



Presentation

WHO Guidelines on Integrated Care for Older People and the role of social services

Islene Araujo Carvalho

Senior Policy and Strategy Advisor - WHO



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Integrated Care for Older People

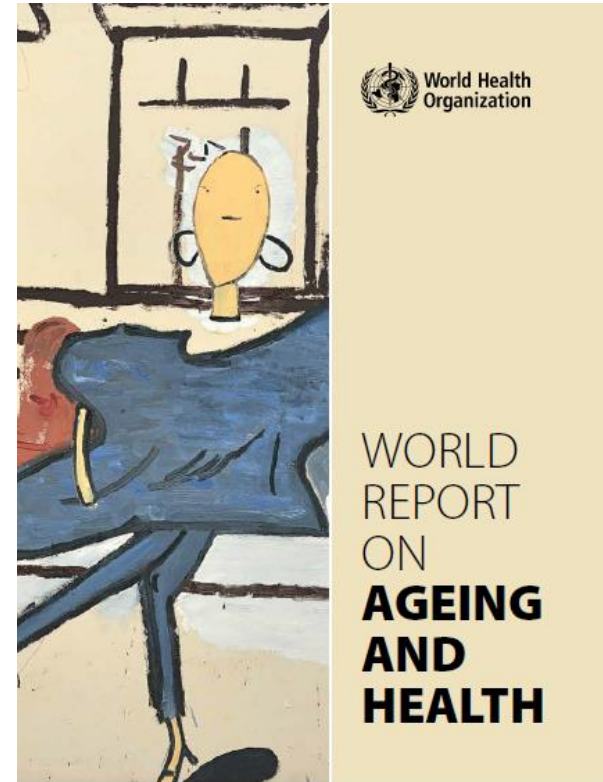


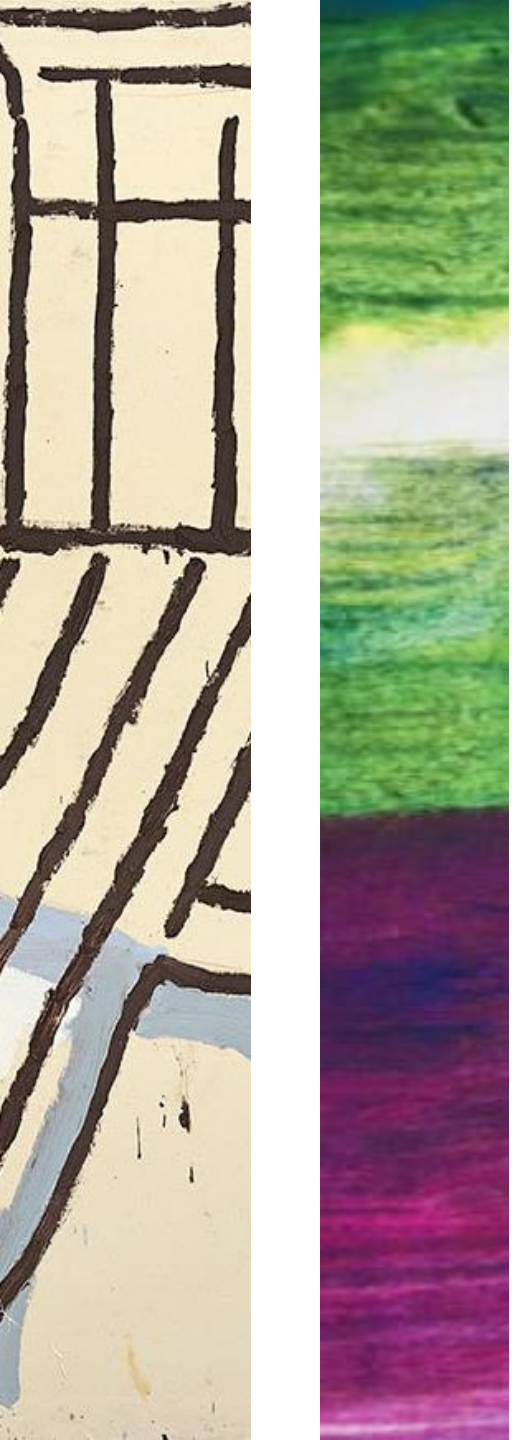
**World Health
Organization**

Dr Islene Araujo de Carvalho
Senior Policy and Strategy Advisor
WHO Division of UHC and Life Course

World Report on Ageing and Health

"***Healthy Ageing*** - the process of developing and maintaining the functional ability that enables wellbeing in older age."



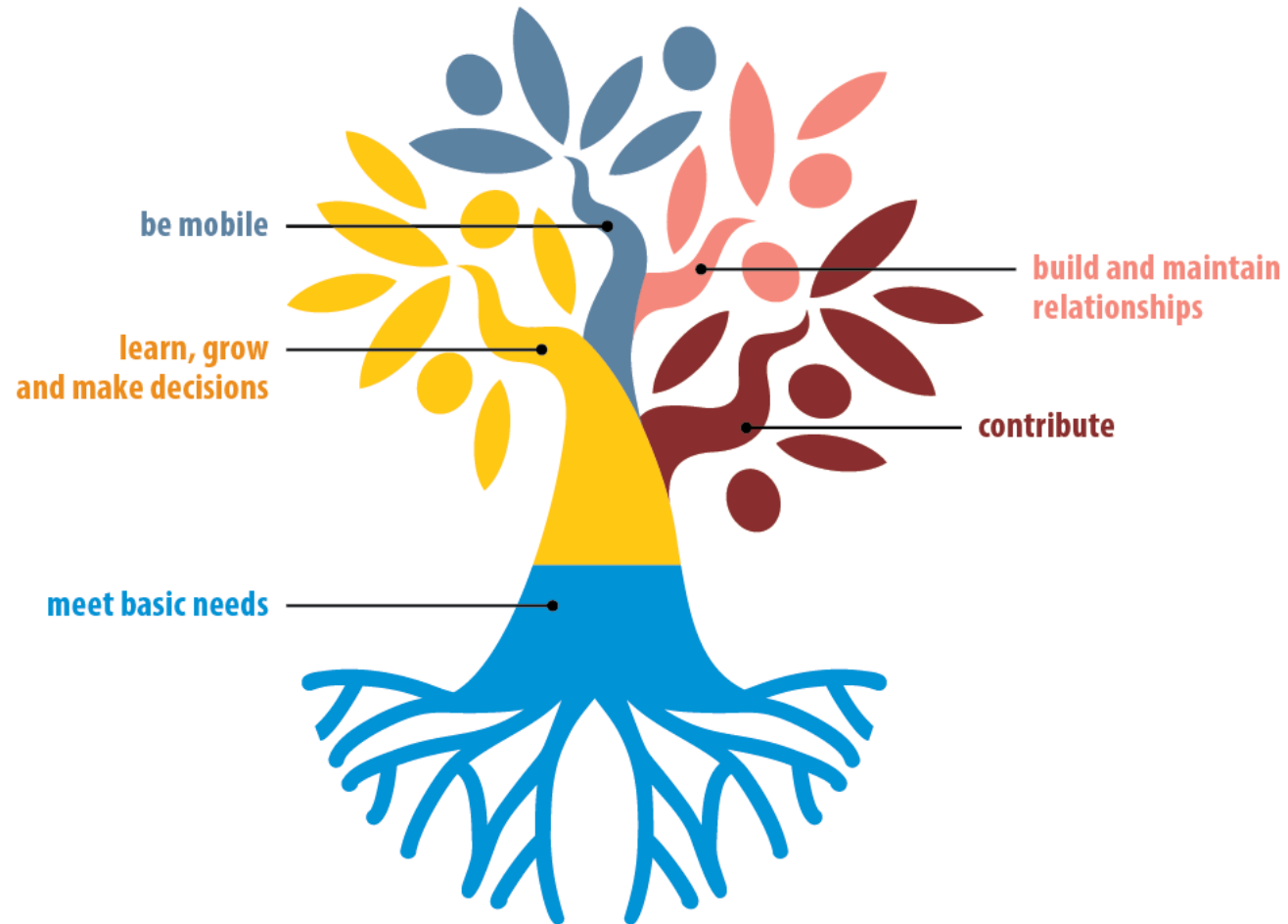


Functional ability (FA) comprises the health-related attributes that **enable people to be and to do what they have reason to value.**

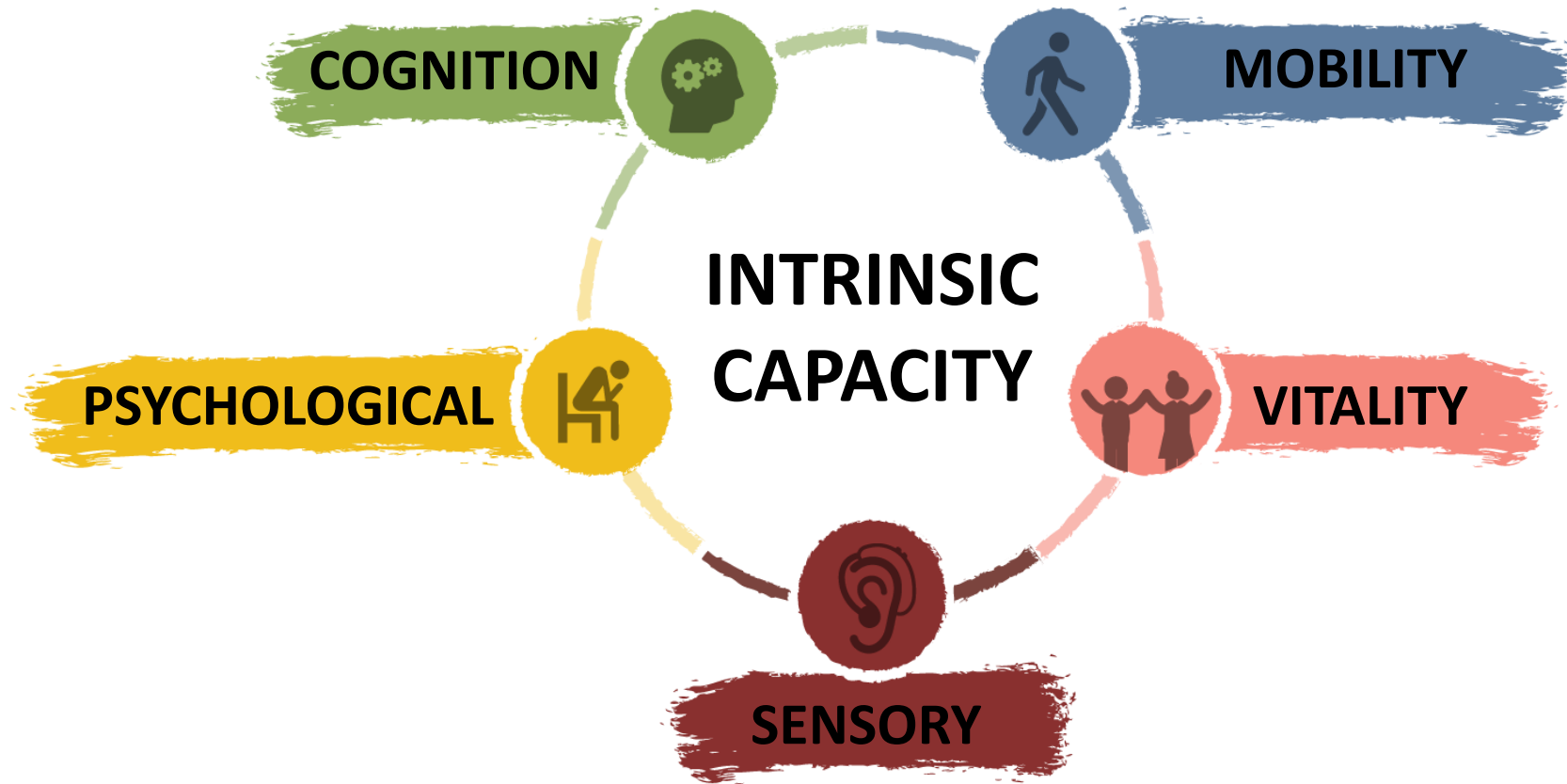
It is made up of the

- intrinsic capacity of the individual,
- relevant environmental factors and
- the interactions between the individual and these factors.

The things older people wants



DOMAINS OF INTRINSIC CAPACITY



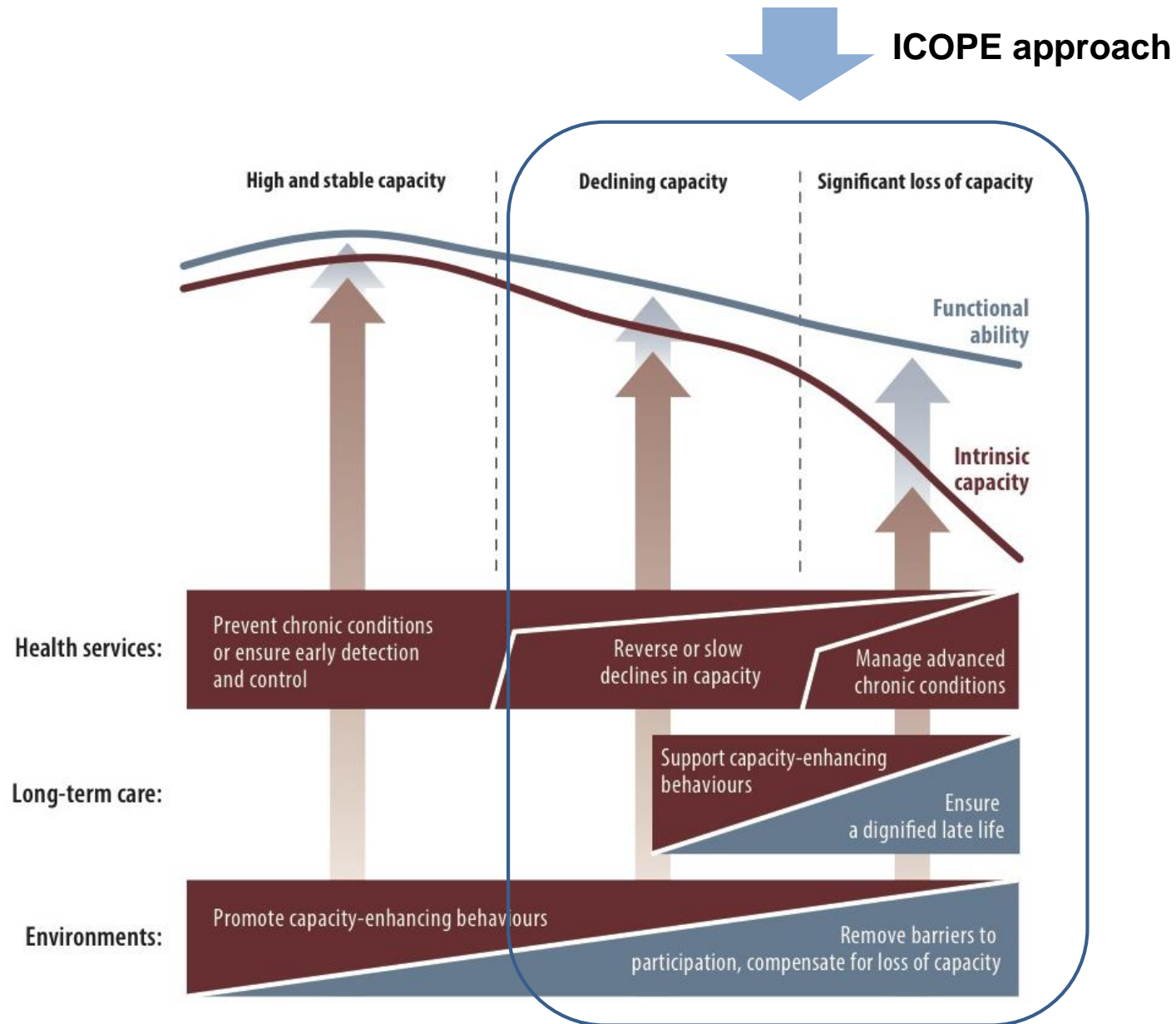
The ICOPE Approach

ICOPE reflects a community-based approach that will help to **reorient health and social services** towards a more **person-centred** and **coordinated model of care** that supports optimising functional ability for older people

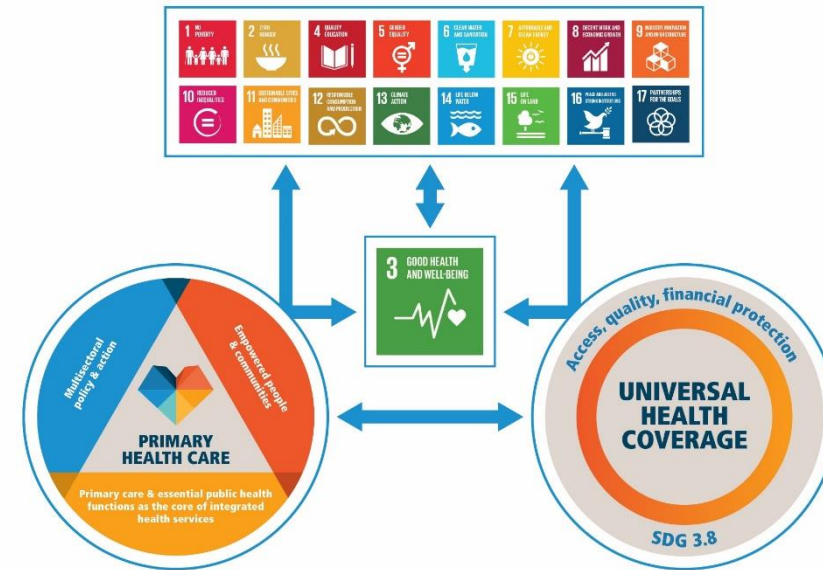
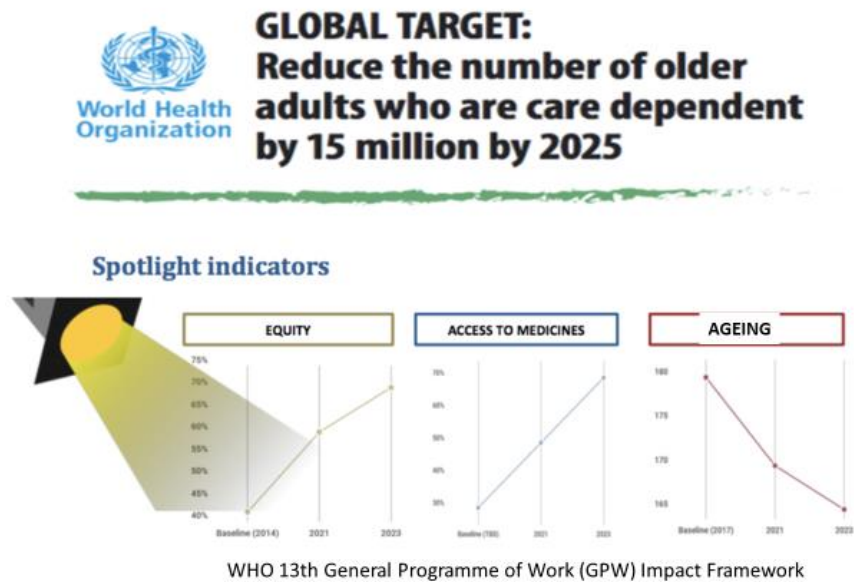
Take action today.



Scope of ICOPE Approach



How ICOPE supports UHC and SDGs



HOW DOES INTEGRATED CARE WORK?



1

Providing care at the communities,
close where people live



2

Person centered assessment and care
plan shared with everyone involved



3

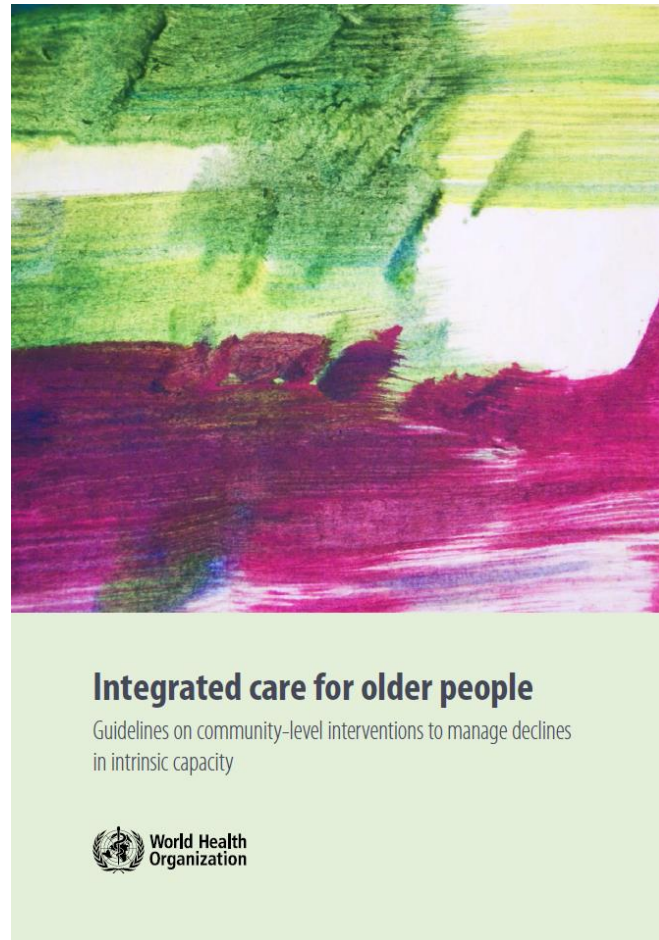
All professionals work together
to maintain IC and FA



4

Engaging communities and
supporting family care givers

WHO Guidelines on Community Level Interventions to Manage Declines in Intrinsic Capacity



6 Actions

to manage declines in the intrinsic capacity of older people

1. Improve musculoskeletal function, mobility and vitality
2. Maintain older adults' capacity to see and hear
3. Prevent cognitive impairment & promote psychological well-being
4. Manage age-related conditions such as urinary incontinence
5. Prevent falls
6. Support caregivers

Take action today.



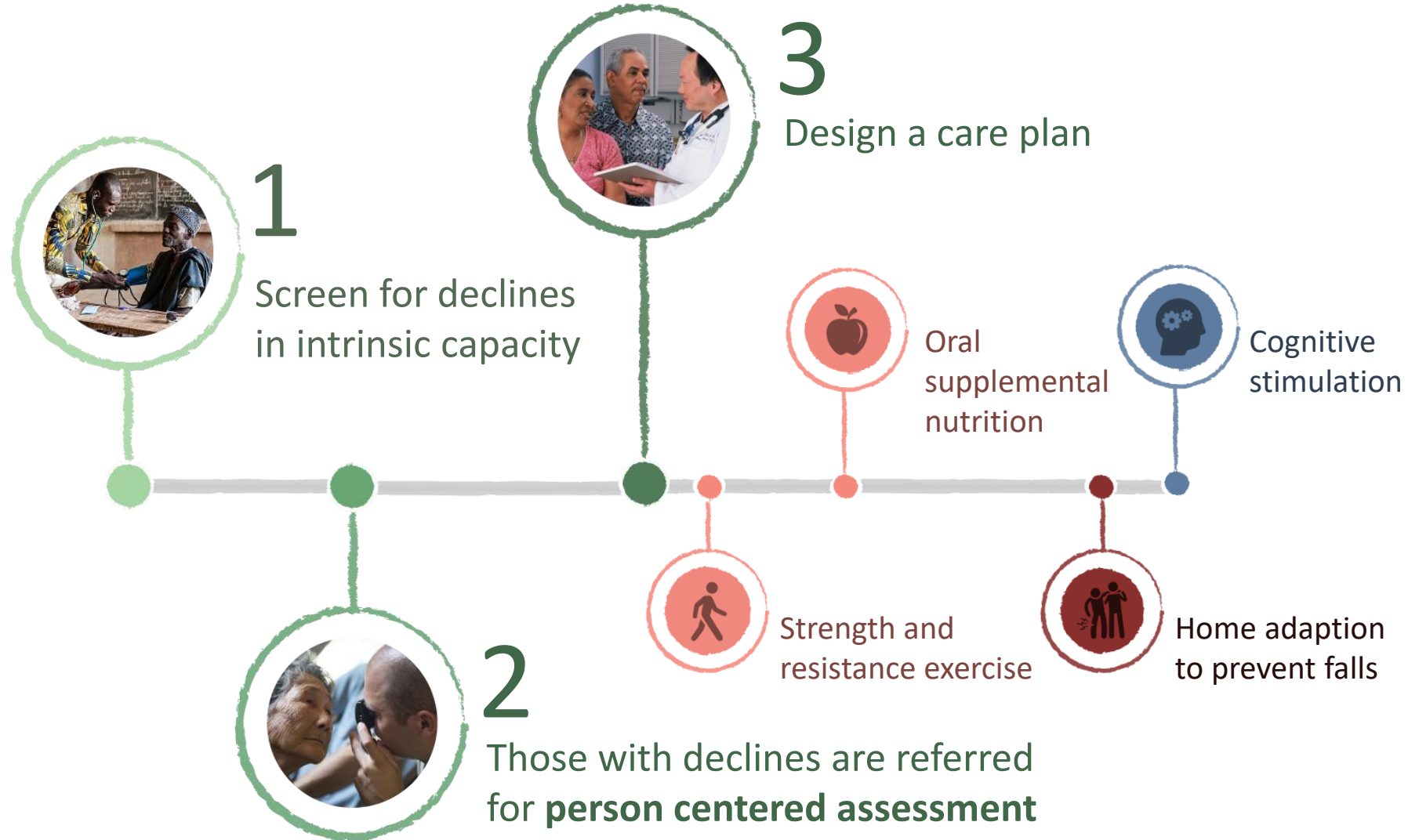


Photo credit:

- 1. National Cancer Institute/ Rhoda Baer
- 2. U.S. Air Force photo/Senior Airman Omari Bernard
- 3. Own work/ Ewien van Bergeijk - Kwant

- ✓ Person-centred goal setting
- ✓ Involve multi-disciplinary team
- ✓ Engage community and care-giver
- ✓ Include multi-component interventions in the care plan
- ✓ Support for self-management
- ✓ Care-giver support
- ✓ Referral (link to geriatric care) and follow up



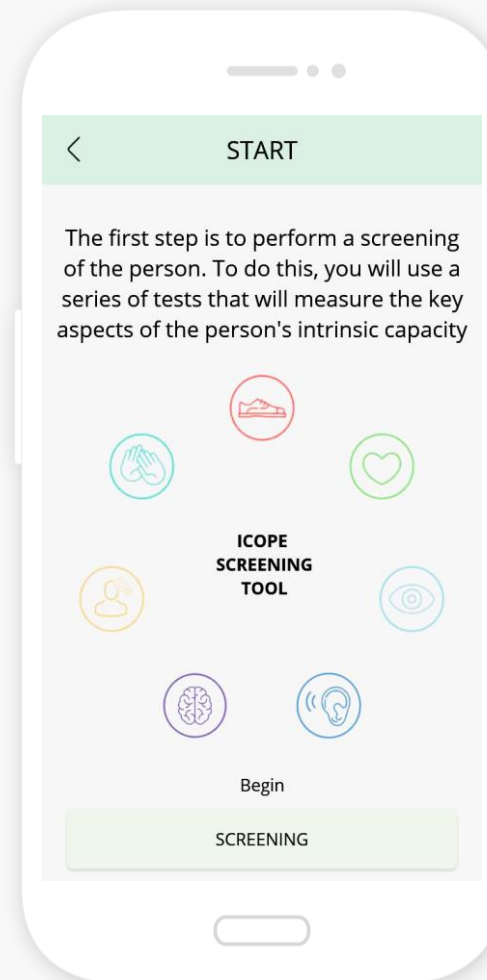
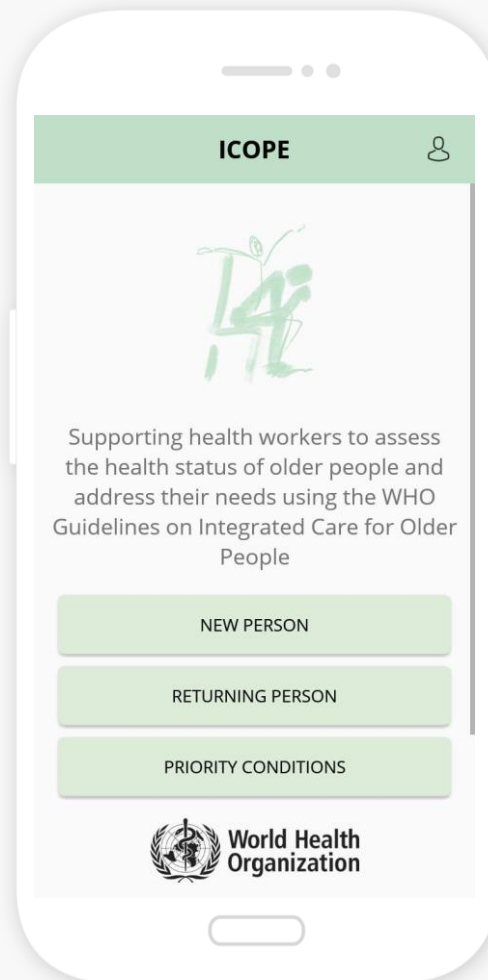
ICOPE

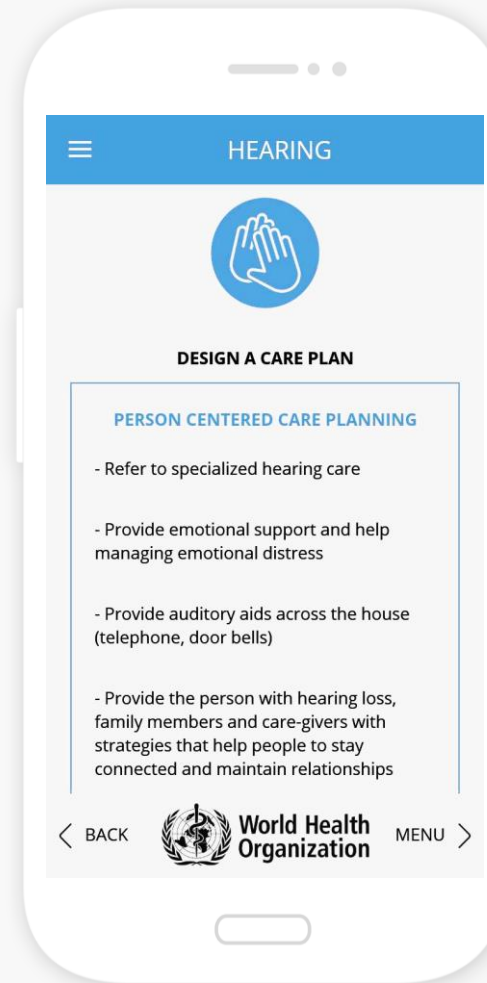
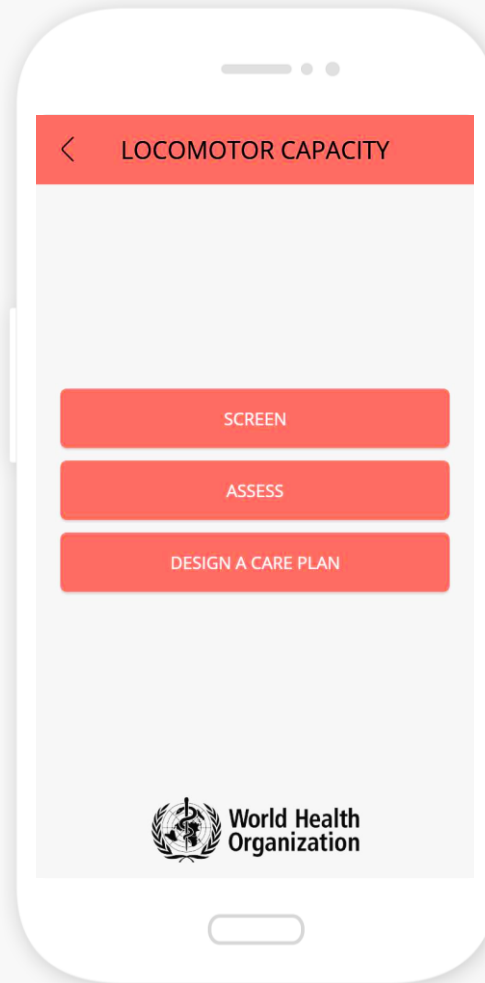
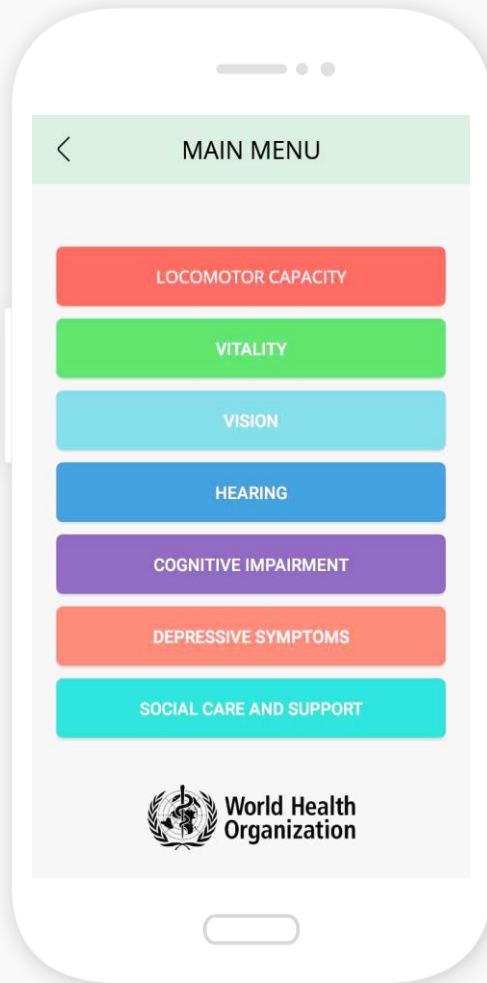
Handbook

Guidance on person-centred assessment
and pathways in primary care



**World Health
Organization**





10

Social care and support



ASSESS SOCIAL CARE NEEDS

(10 questions, in this order)

- 1 Can you use the toilet (or commode)?
- 2 Can you dress yourself?
- 3 Can you use the bath or shower?
- 4 Can you keep up your personal appearance (that is, brush hair, shave, put make-up on)?
- 5 Is there someone who could help you in case of illness or emergency?
- 6 Do you have concerns about your accommodation?
- 7 Do you have concerns about your finances?
- 8 Do you feel lonely?
- 9 Do you ever feel threatened or harassed by anyone?
- 10 Are you able to pursue leisure interests, hobbies, work and learning activities that are important to you?

ASK



NO

Do you need help with daily living activities, such as looking after yourself or being mobile?

YES

REASSESS...

- After acute event or illness
- Once per year for older people living in the community

- Assess and modify physical environment to compensate for loss of intrinsic capacity, improve mobility and prevent falls
- Consider use of assistive technologies, aids and adaptations
- Assess support from spouse, family or other unpaid care-givers, and include an assessment of the carer's needs.
- Review needs for support from paid care workers

- Identify someone (spouse, family, neighbour, volunteer, call service or professional) as an emergency contact and agree the best way to contact them

ASK SUPPLEMENTARY QUESTIONS:

Do you have concerns because of:

1. Your safety and security in your house?
2. The condition of your house?
3. The location of your house?
4. The costs of your house?
5. The repair and maintenance of your house?
6. Managing to live independently in your house?

Consider

- home adaptations
- alternative accommodation
- refer to social welfare or community housing programmes or existing support networks

ASK SUPPLEMENTARY QUESTIONS:

1. In general, how do your finances work out at the end of the month?
2. Are you able to manage your money and financial affairs?
3. Would you like advice about financial allowances or benefits?

- Consider referral for specialist financial advice
- Consider advice on delegation of financial decision-making with protection against financial abuse

Review ways to enhance:

- close social connections (spouse, family, friends, pets)
- use of local community resources (clubs, faith groups, day centres, sports, leisure, education)
- opportunities to contribute (volunteering, employment)
- connectivity using communications technology

- Identify any immediate threat and link with local protection or law enforcement systems
- Refer for specialist assessment

ASK SUPPLEMENTARY QUESTIONS:

You are not able to pursue... because of:

1. cost, 2. distance, 3. transport, 4. others?

- Provide a list of local community services available to older people, such as leisure facilities and clubs, adult education providers, volunteering and employment advisory services
- Encourage the older person to use these services to increase their participation.



World Health Organization

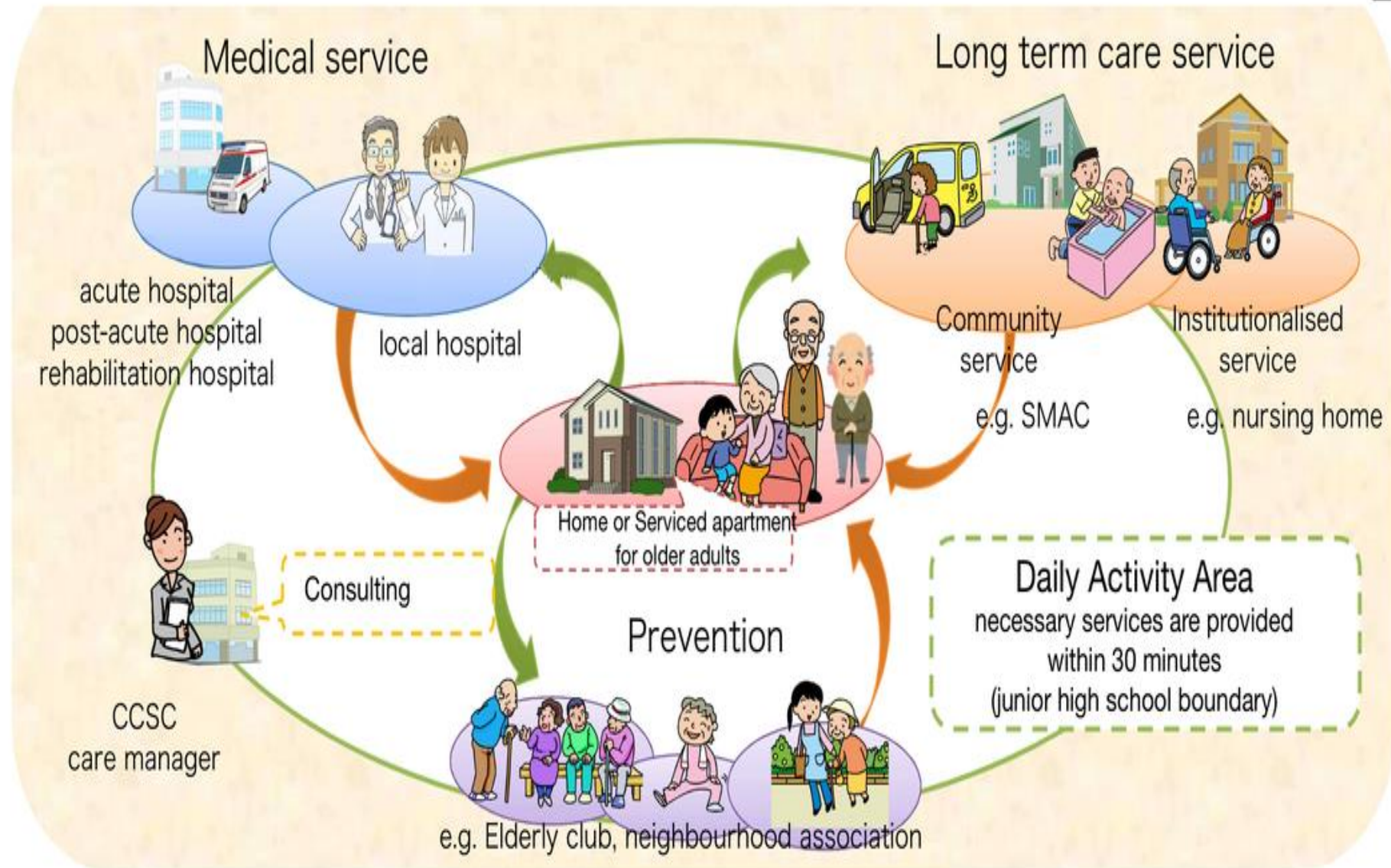
Social Care Functions

- Help with daily living activities or personal care
- Access to community facilities and public services
- Reducing isolation and loneliness
- Financial security, suitability of place to live
- Freedom from harassment and abuse
- Participate in activities which give life meaning
- Further older people prefer to remain in their local communities and maintaining their social networks throughout the ageing process

Equitable and sustainable services that support community-based care giving

- Day care
- Respite care
- Home based health and social care
- Residential care
- Nursing homes
- Engagement of communities and volunteers
- Support to unpaid care givers

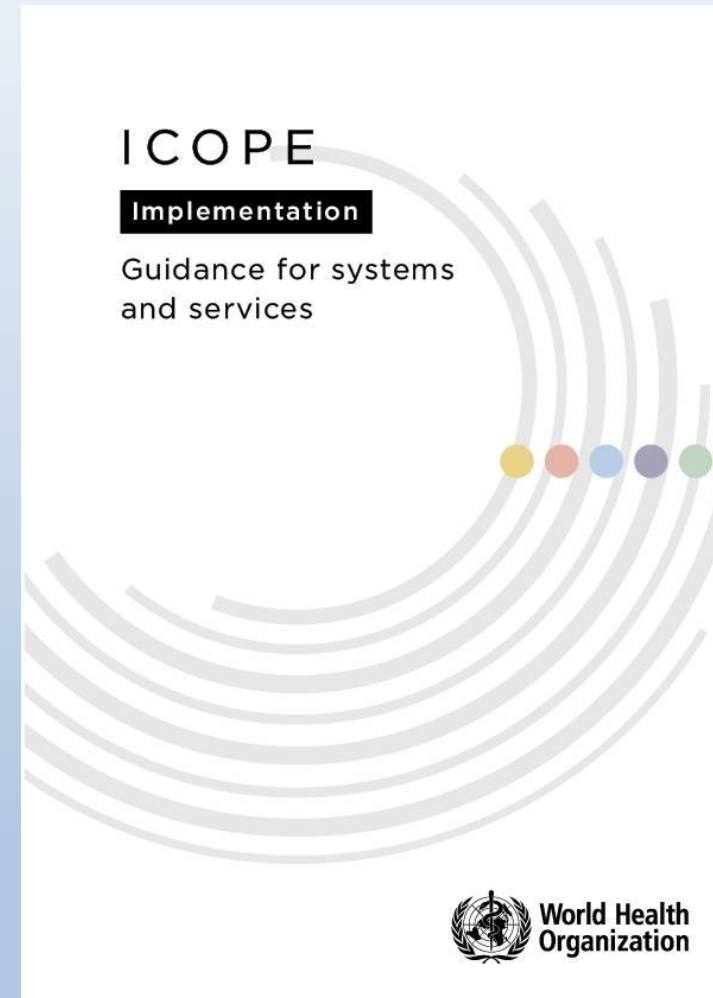
Japan Integrated Health and Social Care System



National investments in long term care policies, infrastructure and human resources

- Infrastructure and support needed to ensure long term care and inclusion under Universal Health Coverage;
- Sustainable mechanisms for resourcing long-term care;
- Convene relevant stakeholders, including older people and caregivers, and plan for sustainable and equitable long-term care, including provision, resourcing, regulation and monitoring, and define roles and responsibilities
- Foster collaboration between key stakeholders, including care dependent people and their caregivers, NGO's, state and private sectors, to provide long-term care
- Develop and implement strategies for the provision of information, training and respite care for unpaid caregivers and flexible working arrangements or leaves of absence for those who (want to) participate in the workforce;
- Produce national standards in training for professional caregivers;
- Develop – through training and task-shifting - the long-term care workforce (also including men, younger people, non-family members such as older volunteers/peers);

www.who.int/ageing/health-systems/icope



Next steps

- Launch of ICOPE guidance during APEC, Chile in August, 2019
- ICOPE pilots for screening tool (validation study)
- Systematic review for ICOPE assessment tool





Thank you!
araujodecarvalho@who.int

See ICOPE Guidelines in full:

www.who.int/ageing/health-systems/icope

Clinical Consortium on *Healthy Ageing*

www.who.int/ageing/health-systems/clinical-consortium

Practices from the local level

Quality of life for older people

Sylvie Desmarais

Director - INESSS Canada

Anne Sophie Deladeriere

Project Manager, Department of Autonomy
and Health – Pas-de-Calais County

Council France



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LIVING ENVIRONMENT QUALITY IN RESIDENTIAL FACILITIES FOR SENIORS WITH REDUCED AUTONOMY

European social network

Working group on the role of social services
in the implementation of the sustainable
development goals – Promoting health and
well-being for vulnerable groups

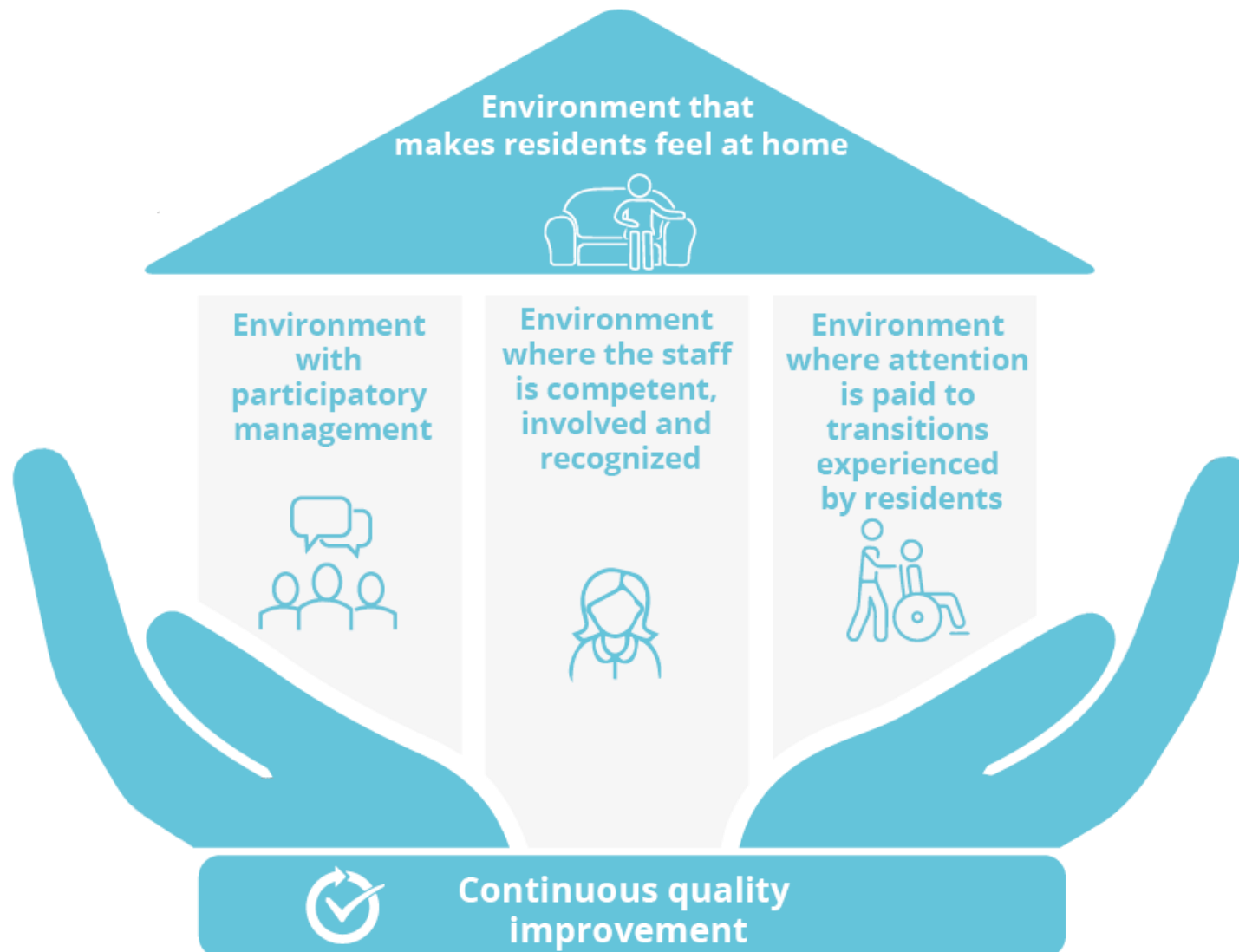
Sylvie Desmarais, Director of social services
May 9, 2019



What do we mean by a quality living environment in residential and long-term care facilities?

- ❖ What are the characteristics of an environment of quality in a residential and long-term care facility?
- ❖ What impact does a living environment of quality have on residents, family members, staff and the facility?
- ❖ How can the quality of a living environment be measured?

CHARACTERISTICS



FEEL AT HOME



- A quality living environment makes every resident feel at home.
- Several contributing factors:
 - Psychological
 - Social
 - Environmental

PARTICIPATORY MANAGEMENT



- A quality living environment has a management style that allows all people concerned the possibility of influencing and contributing to different aspects of how the facility is run.
- There are a number of participatory management organizational models:
 - Person-centred
 - Relationship-centred
 - Organizational culture change

STAFF IS COMPETENT, INVOLVED AND RECOGNIZED



- A quality living environment counts on staff with relevant **basic training** and access to **continuing education**.
- Staff involvement is positively impacted by:
 - Support from colleagues and managers
 - Suitable built environment
 - Empowerment-fostering strategies
 - Participation in decisions about work organization

TRANSITIONS EXPERIENCED BY RESIDENTS



- In a quality living environment, special attention is paid to the transitions faced by residents and family members by personalizing care and services.
- Critical stages:
 - Initial move to the residential long-term care facility
 - Transfers to and from the hospital
 - End-of-life care
 - Death

CONTINUOUS QUALITY IMPROVEMENT



- A quality living environment is engaged in a continuous quality improvement process that is:
 - Collaborative
 - Constructive
 - Objective
 - Targeted
- Public reporting of the results of quality evaluations of residential and long-term care facilities helps ensure transparency.





Assessing the quality of living environments

ASSESSING THE QUALITY OF LIVING ENVIRONMENTS

- **4 general assessment methods**
 1. Observation
 2. Interviews
 3. Case studies
 4. Surveys
- **35 tools**
 - Questionnaires and interviews
 - Primarily geared at staff, occasionally at residents and family members
 - Top characteristic assessed: “competent, involved and recognized staff”
 - None of the tools have been translated into French
- **25 indicators**

Questions?



Thank you!

Québec

2535, boulevard Laurier, 5^e étage
Québec (Québec) G1V 4M3

Phone: 418-643-1339

Fax: 418-646-8349

inesss.qc.ca

inesss@inesss.qc.ca



Montréal

2021, avenue Union, 12^e étage
Bureau 1200

Montréal (Québec) H3A 2S9

Phone: 514-873-2563

Fax: 514-873-1369

Practices from the local level

Quality of life for older people

Sylvie Desmarais

Director - INESSS Canada

Anne Sophie Deladeriere

Project Manager, Department of Autonomy
and Health – Pas-de-Calais County

Council France



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La méthode d'intégration :
les maisons territoriales de l'autonomie
au service du parcours des personnes en perte
d'autonomie

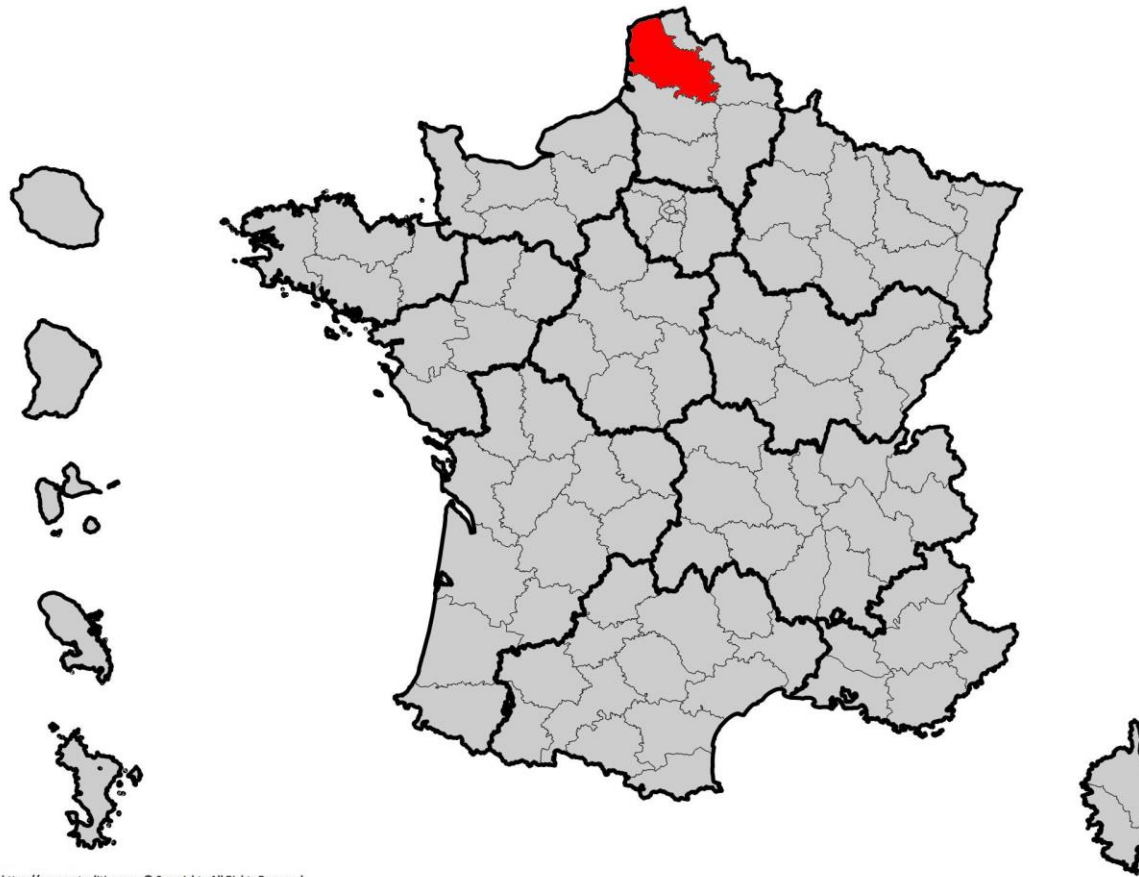
***UNE AMBITION POLITIQUE,
Une déclinaison territoriale***



ESN – 9 mai 2019

Département du Pas-de-Calais

Le Département du Pas-de-Calais
dans la région des Hauts de France

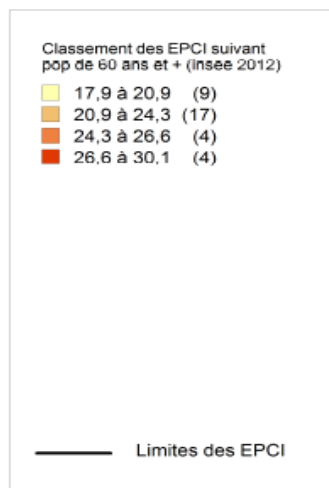


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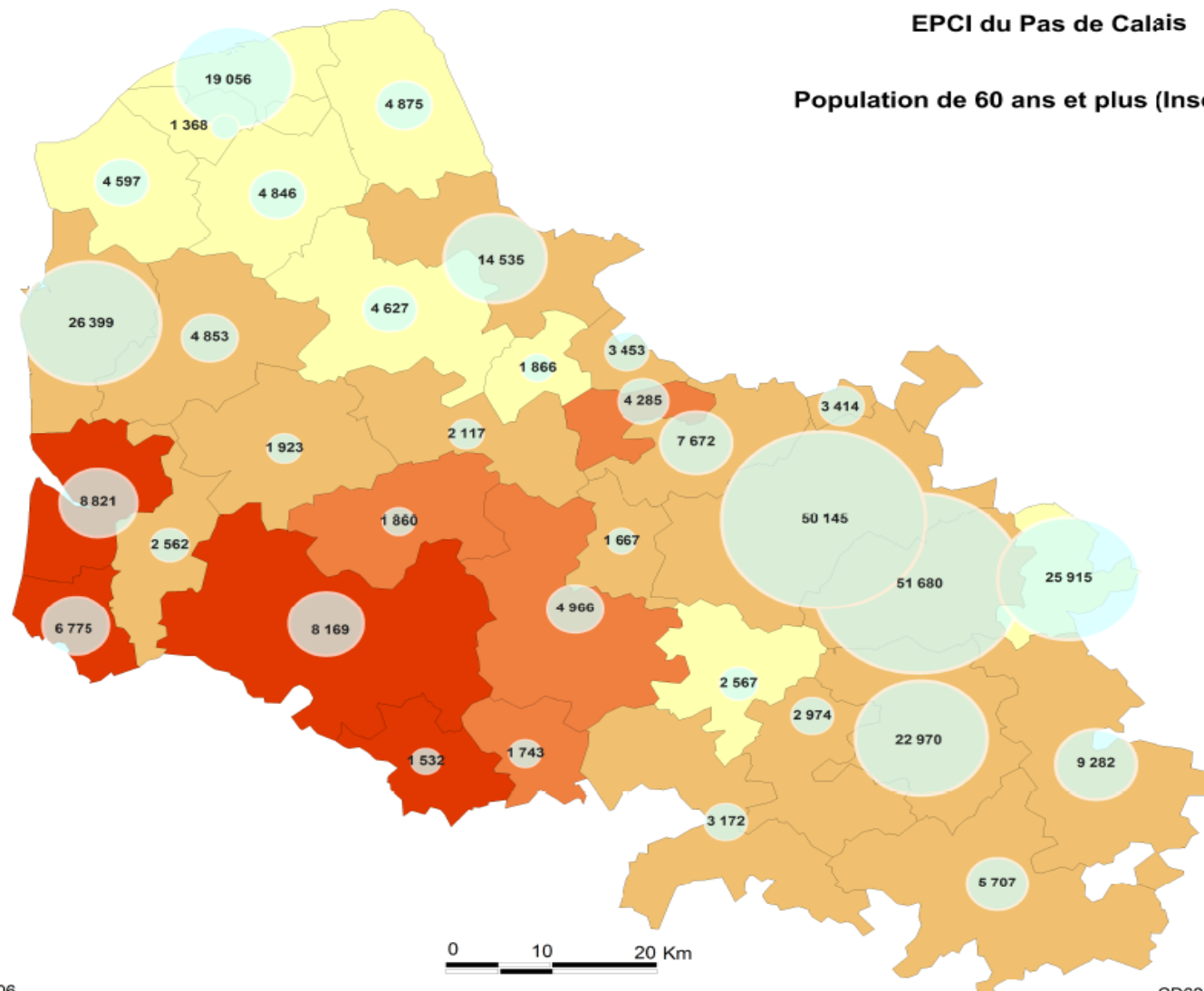
Département du Pas-de-Calais



Sources :
BD CARTO® - ©IGN - Paris 2006
CD62/DAS

EPCI du Pas de Calais

Population de 60 ans et plus (Insee 2012)



CD62/DAS/SCAA
octobre 2016



Une ambition politique forte en faveur des personnes en perte d'autonomie et de leurs aidants

 Déclinée dans le schéma départemental de l'Autonomie 2017-2022

4 enjeux:

- ⊗ **Organiser des réponses adaptées à la perte d'autonomie,**
- ⊗ **Rendre lisible et accessible l'information,**
- ⊗ **Mieux articuler les accompagnements,**
- ⊗ **favoriser la coresponsabilité des acteurs.**



Pour répondre à ces enjeux, une méthode :

Développer un mode d'organisation partagé avec les
acteurs sociaux, médico– sociaux et sanitaires :
le « **GUICHET INTÉGRÉ** »

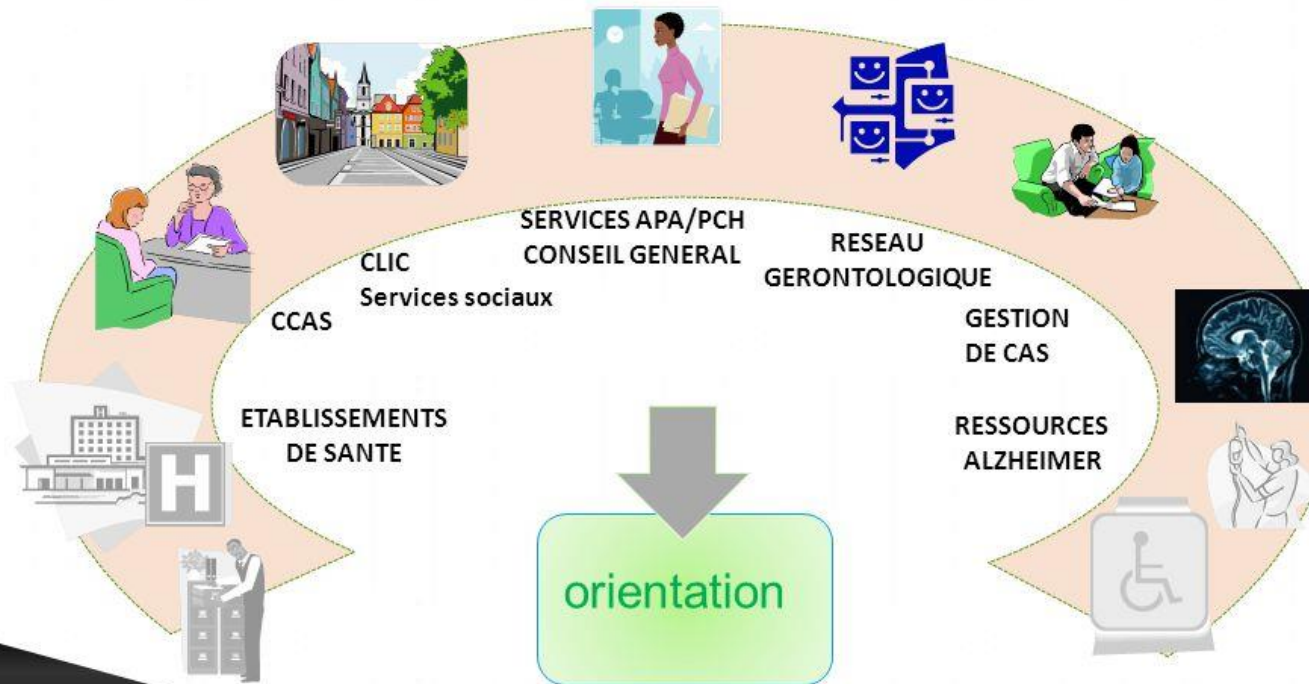


*Tous les acteurs chargés de l'accueil, l'orientation, l'évaluation et
l'accompagnement*



QU'EST-CE QU'UN GUICHET INTÉGRÉ?

Guichet intégré : des procédures communes d'accueil, d'analyse de situations et d'orientation



Accès de proximité, quelle que soit la structure à laquelle s'adresse la personne, il s'agit d'apporter la réponse ou d'orienter vers la ressource la mieux adaptée afin de faciliter son parcours.



La Maison de l'Autonomie pilote et organise le guichet intégré.

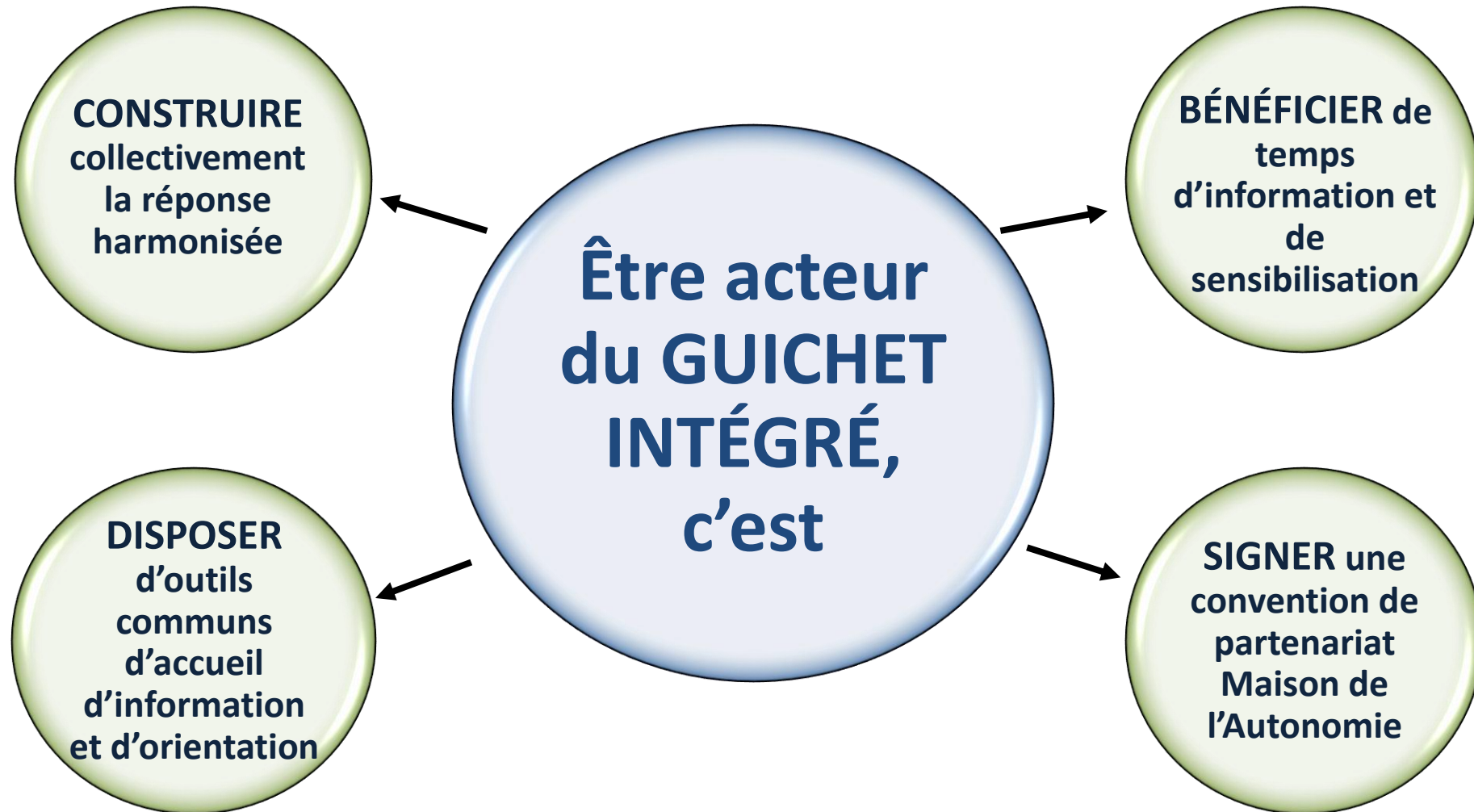


8 Maisons territoriales de l'Autonomie, qui prennent en charge les usager dans leur parcours :

- En évaluant leur besoin,
- En accompagnant ceux qui sont dans une situation critique,
- En coordonnant l'action des acteurs qui gravitent autour de la personne et de son aidant.



Les conditions de réussite :



Zoom sur la **méthode MAIA** pour les personnes souffrant de la maladie d'Alzheimer ou de maladies apparentées

Gestion de cas

Accompagnement de situations complexes : besoin d'intervention du sanitaire, du social et du médico-social

→ Observation des interactions entre les acteurs, repérage des dysfonctionnements, des bonnes pratiques, des besoins...

Guichet Intégré

Multiplication des points d'information

- Permettre la bonne information au bon moment, éviter l'errance.
- Favoriser l'accès aux ressources
- Repérer les dysfonctionnements
- Repérer les situations complexes



Table de concertation

Travail collaboratif, organisation des acteurs entre eux

- Corriger les dysfonctionnements, améliorer le système = éviter que les problèmes observés ne se répètent.
- Organisation du guichet intégré

→ ***objectif : simplifier les parcours***

TABLE DISCUSSIONS

What are the main challenges and opportunities for social services in the provision of good quality long-term care in an ageing society?



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Cocktail Reception

