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
The framework

1. No Poverty
2. Zero Hunger
3. Good Health and Well-being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation, and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace, Justice, and Strong Institutions
17. Partnerships for the Goals

The European Social Network is supported by the European Union
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)
City of Paris social services approach to health and well-being

Jean-Paul Raymond
Director – DASES
Ensuring child protection adequately supports young people leaving care

Gabriella Rask
Project Coordinator – SOS Children’s Villages International
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
Leaving Care

- Preparation & support for transition and after care
- Independent living
- Maintaining relationship
- Being cared for
- Consistency of the leaving care process
- Trust
- Individuality
- Participation
- A transition period
- An enabling environment
- Promoting positive change
- An inter-sectoral approach
- Age of leaving care

Co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union
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
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
THANK YOU!

Co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union
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
Working group on the implementation of the Sustainable Development Goals

2019 Meeting

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

Integrated

No-one left behind
Building brighter futures
#CELCISTweets
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
LEARNING

KNOWLEDGE

INFORMATION INFORMATION INFORMATION

DATA DATA DATA DATA DATA
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

Fixsen, Naoom, Blase, Friedman, Wallace, 2005
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

Fixsen, Naom, Blase, Friedman, Wallace, 2005
The needs of families and children are noticed early and addressed effectively so that children enjoy fulfilling lives with rich, stable relationships, passing love on, in turn, to those they come to care for.
Analysing the System ‘As Is’ and Envisioning the System ‘To Be’

Current Interventions, Services, System

Vision of Future Interventions, Services, System

Transition

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

* Quotation attributed to R. Spencer Darling
Frameworks that speak to each part of the Formula in implementation terms: effective innovation = usable innovation; effective implementation = teams, drivers, stages, improvement; enabling context = systemic change

Of course, all interact simultaneously all the time in complex (non-linear) ways
Fiona Mitchell
Head of Evidence and Innovation
Fiona.Mitchell@strath.ac.uk
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
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 1er 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 Dom (hors Mayotte). Traitement ONPE.
ONPE’s missions

- 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

Groupement d’Intérêt Public de l’Enfance en Danger
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
What are the main challenges and opportunities for social services in ensuring the well-being of children in care and leaving care?
Coffee Break
WHO Guidelines on Integrated Care for Older People and the role of social services

Islene Araujo Carvalho
Senior Policy and Strategy Advisor - WHO
Integrated Care for Older People

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

- be mobile
- learn, grow and make decisions
- meet basic needs
- build and maintain relationships
- contribute
VITALITY

DOMAINS OF INTRINSIC CAPACITY

COGNITION

MOBILITY

PSYCHOLOGICAL

VITALITY

SENSORY

INTRINSIC CAPACITY
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

ICOPE approach

High and stable capacity
Declining capacity
Significant loss of capacity

Health services:
- Prevent chronic conditions or ensure early detection and control
- Reverse or slow declines in capacity
- Manage advanced chronic conditions

Long-term care:
- Support capacity-enhancing behaviours
- Ensure a dignified late life

Environments:
- Promote capacity-enhancing behaviours
- Remove barriers to participation, compensate for loss of capacity
How ICOPE supports UHC and SDGs

GLOBAL TARGET: Reduce the number of older adults who are care dependent by 15 million by 2025

Spotlight indicators

WHO 13th General Programme of Work (GPW) Impact Framework
INTEGRATED CARE

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
Integrated care for older people
Guidelines on community-level interventions to manage declines in intrinsic capacity

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.
ICOPE APPROACH

1. Screen for declines in intrinsic capacity

2. Those with declines are referred for person centered assessment

3. Design a care plan
   - Oral supplemental nutrition
   - Cognitive stimulation
   - Strength and resistance exercise
   - Home adaption to prevent falls

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
Principles of ICOPE Person-centred Care

✓ 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
Supporting health workers to assess the health status of older people and address their needs using the WHO Guidelines on Integrated Care for Older People.
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

Medical service
- acute hospital
- post-acute hospital
- rehabilitation hospital

Long term care service
- Community service
e.g. SMAC
- Institutionalised service
e.g. nursing home

Home or Serviced apartment for older adults

Prevention
- Daily Activity Area
necessary services are provided within 30 minutes (junior high school boundary)

Consulting
- CCSC care manager

E.g. Elderly club, neighbourhood association
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
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

Environment that makes residents feel at home

Environment with participatory management

Environment where the staff is competent, involved and recognized

Environment where attention is paid to transitions experienced by residents

Continuous quality improvement
• A quality living environment makes every resident feel at home.

• Several contributing factors:
  - Psychological
  - Social
  - Environmental
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
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
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
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!
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Practices from the local level

Quality of life for older people

Sylvie Desmarais
Director - INESSS Canada

Anne Sophie Deladeriere
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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
Le Département du Pas-de-Calais dans la région des Hauts de France
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
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 :

**Être acteur du GUICHET INTÉGRÉ, c’est**

- CONSTRUIRE collectivement la réponse harmonisée
- DISPOSER d’outils communs d’accueil d’information et d’orientation
- SIGNER une convention de partenariat Maison de l’Autonomie
- BÉNÉFICIER de temps d’information et de sensibilisation

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...

**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

**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

➔ objectif : simplifier les parcours
What are the main challenges and opportunities for social services in the provision of good quality long-term care in an ageing society?
Cocktail Reception