#### Introduction: day 2

**Alfonso Lara Montero** 

Chief Executive

European Social Network

#### JOIN. SHARE. LEARN.

- O Demographic ageing care in Nordic countries
- O New concepts of quality in care
- O Social services management quality
- O Session with Care Inspectorates
- O Workshops/discussions on:
  - O AI
  - O Outreach/case management
  - O Home vs residential care
  - O Health & social integration
  - Social planning



27th European Social Services Conference
Striving for quality

From Quality of Care to Quality of Life

5-7 June 2019



#### Panel discussion

#### Supporting social services' workforce

Philip Basso

**Deputy Executive Director** 

**APHSA United Stated** 

Sue Johnson

UK coordinator, Skills for Care and

Development United Kingdom

## Human Services Workforce WellBeing and Health

American Public Human Services Association

**Phil Basso** 



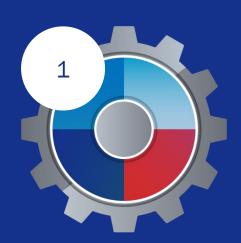
### **Our Mission**

American Public Human Services Association advances the well-being of all people by *influencing* modern approaches to sound policy, *building* the capacity of public agencies to enable healthy families and communities, and *connecting* leaders to accelerate learning and generate practical solutions together.

... Because we build well-being from the ground up.



# Realizing the Potential of All Places



#### **DESIRED OUTCOMES**

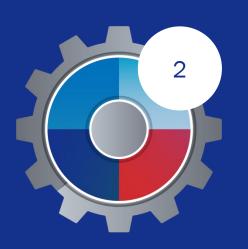
- Gainful employment and economic well-being
- Child and family well-being
- Overall population health and well-being

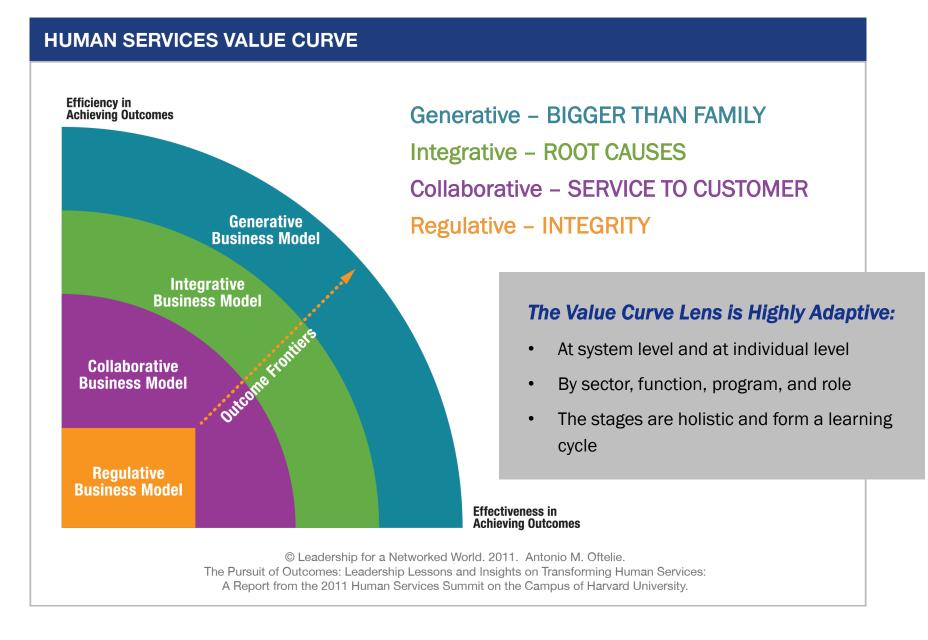
#### Our line of sight to the desired future state ...

grounded in where we all live, learn, work, play, and age and focused on enabling social and economic mobility



# The Value Curve Serves as a Shared Model of Interpretation

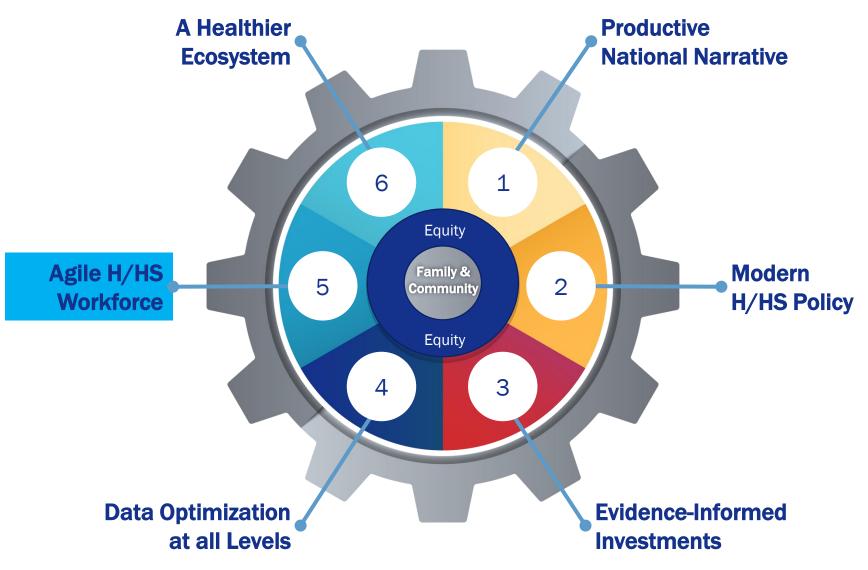




## Defining Success by 2022

Moving Toward a Generative State





#### H/HS Landscape Survey



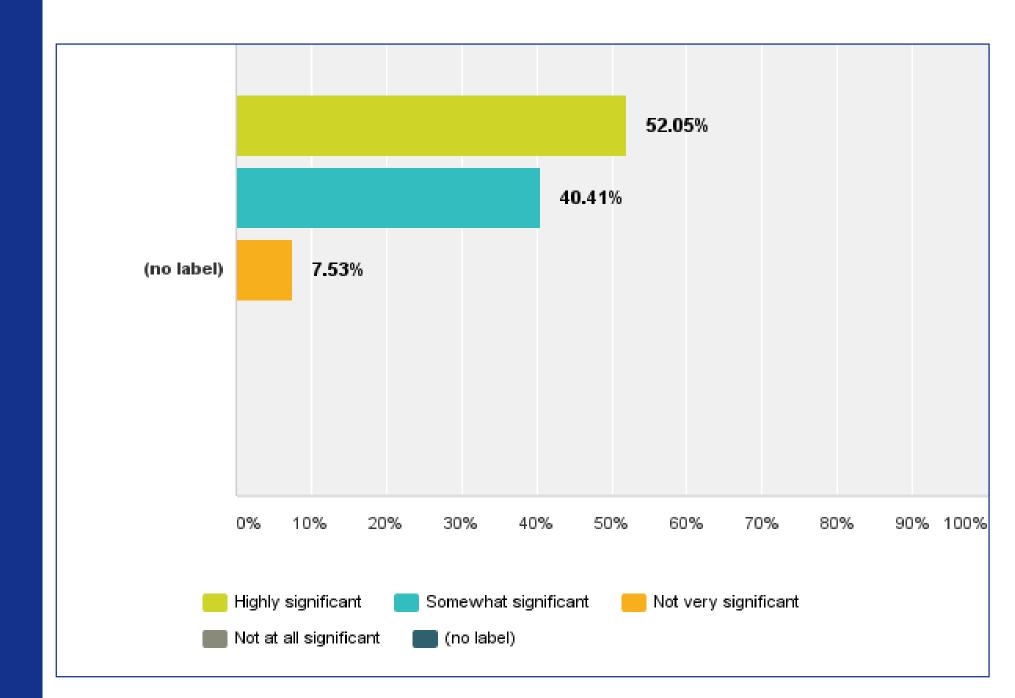
In 2017, we asked CEOs, deputies, administrators and other top level leaders of state and local H/HS agencies about the impact of a number of trends – both internal and external - on their organization.

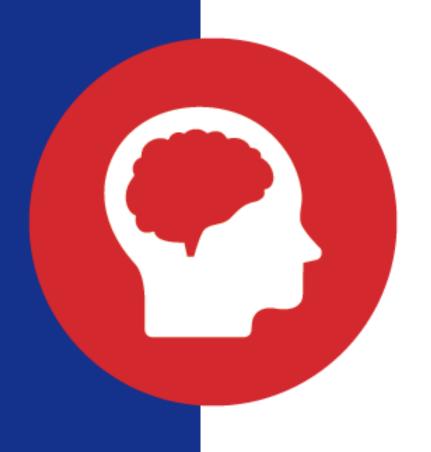
The role of the H/HS Workforce dominated the responses.



#### Internal Trends

Gap between organizational needs and current workforce capacity





- Seeing and engaging the human services workforce as helping "unlock and ignite human potential"
- Both energizing and honoring our workforce, creating an important mindset shift about their role in partnership with families and communities
- Establishing an authentic sense of connectedness between the workforce and the community so that we can solve problems together

#### **Shifting Mindsets**



#### **Igniting the Potential**

Workforce Well-Being and Health: Moving from Intention to Action

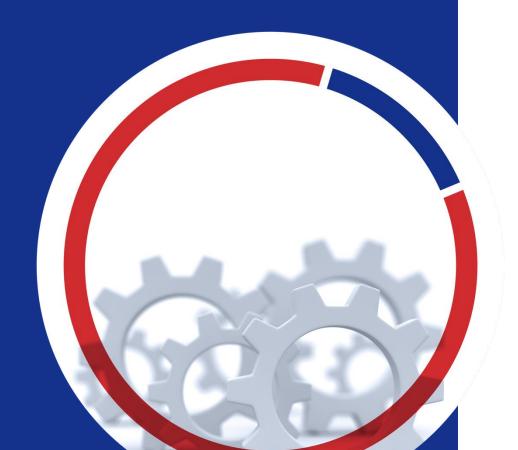
#### The Situation



- A planning team was formed a year ago between APHSA, UC Davis, Beth Cohen, and Connecticut's child welfare agency, with ongoing endorsement from the National Staff Development and Training Association
- We noted many studies and publications focused on workforce capacity in the human resources, management and development literature
- These studies sometimes contain "indicators of workforce well-being and health," especially in industries where workers face traumatic conditions every day



#### The Situation



- But no one had ever constructed a holistic organizing framework and theory of impact to serve as the basis for systematic and systemic improvement
- We identified well-being as the overarching frame, adopting the Full Frame Initiative's five well-being factors
- We linked workforce well-being and health, consistent with a social determinants, resilience, or equity lens



Well-Being Factors	Well-Being Indicators (23)	Health Factors	Health Indicators (23)	Methods For Evaluation or Data Collection
Social Connectedness	<ul> <li>Trauma-Informed Recruitment, Selection, and Onboarding</li> <li>Well-being and Resilience Building Activities, including Teaming with Peer Supports</li> <li>Flex Hours and Telecommuting</li> <li>Community Connections Cultivated</li> </ul>	Illness	<ul> <li>Stress-Related Illnesses</li> <li>Resulting Time Off and Disability</li> <li>Work Unit Isolation or Stigmatization</li> <li>Enterprise-Wide Stigmatization</li> </ul>	<ul> <li>Human Resources Family Medical Leave Data (FMLA)</li> <li>Stay Interviews/ Trauma Informed Employee Supervision and Coaching</li> <li>Exit Interviews/ Employee Engagement Surveys</li> <li>Time and Attendance Reports</li> <li>Focus Groups</li> <li>Grievance and Complaint Data</li> <li>Self Identified Specific Time Allotments to Discuss Personal Concerns</li> </ul>
Safety	<ul> <li>Equity Principles and Standards</li> <li>Physical Safety Program Quality</li> <li>Trust-Building Activities</li> <li>Ergonomic and Space Design</li> </ul>	Injury	<ul> <li>Work Accidents and Near Misses</li> <li>Chronic Fatigue and Discomfort</li> <li>Non-Workplace Accidents</li> <li>Resulting Time off and Disability</li> </ul>	<ul> <li>FMLA Reports</li> <li>Time and Attendance Reports</li> <li>Work Comp Reports</li> <li>Employee Wellness Survey</li> <li>Employee Leave Reports</li> </ul>
Stability	<ul> <li>Quality of Supervision</li> <li>Reward and Recognition: Internal and External</li> <li>Succession Planning</li> <li>HR Functional Effectiveness</li> <li>Organizational Change Expertise</li> </ul>	Mental Health	<ul> <li>EAP Program Use</li> <li>Employee Relations Charges</li> <li>Workplace Violence</li> <li>Non-Constructive Staff Resistance</li> <li>Media and Stakeholder Support</li> </ul>	<ul> <li>EAP Employee Usage Report- Third Party Reporting</li> <li>Upward Evaluations, 360 Feedback ,Exit interviews</li> <li>Employee/ Organizational Climate Survey</li> <li>Customer Service Surveys</li> <li>Town Hall Meetings</li> </ul>
Mastery	<ul> <li>Use of a Strategic Framework</li> <li>Data/Outcome-Driven Decision-Making and Continuous Improvement</li> <li>Training and Development Investment</li> <li>Mentorship and Coaching</li> <li>Challenging Work with Clear Roles</li> </ul>	Productivity and Adaptability	<ul> <li>Unit and Staff Alignment to Strategy</li> <li>Individual Performance</li> <li>Staff Learning and Knowledge-Sharing</li> <li>Staff Resilience Metrics</li> <li>Unit and Enterprise-Wide Performance</li> </ul>	<ul> <li>Program Outcome Reports</li> <li>Employee Performance Evaluation</li> <li>Team Meetings</li> <li>Organizational Training Reports</li> <li>Organizational Resilience Survey</li> <li>Organizational and Program Performance Reports</li> </ul>
Access to Resources	<ul> <li>Compensation Equity</li> <li>Healthcare and Retirement Benefits</li> <li>Tools/Technology to Do the Job</li> <li>Workload Plans and Capacity Management</li> <li>Family Care and Transportation to Work</li> </ul>	Sustained Commitment and Desired Growth	<ul> <li>General Retention Rates</li> <li>Attraction and Retention of Top Talent</li> <li>Pace of Innovation</li> <li>Employee Climate Surveys</li> <li>Compelling ROI and Increased Investment</li> </ul>	<ul> <li>Organizational Employee Turnover Report</li> <li>Employee Stay Interviews/ Net Promoter Score</li> <li>Employee and Customer Innovation Survey</li> <li>Employee Salary Costs Compared to Organizational Outcomes</li> </ul>

## Applying and Testing



#### Answer & Act:

- Who do we involve within the agency and at the community level?
- For the well-being indicators, what does our desired state "look like?"
- Where are we currently strong and where do we have things to improve upon?
- For the health indicators, where do we have our most significant challenges today?



## Applying and Testing



#### Answer & Act:

- What will we do to further leverage our strengths and close our gaps related to workforce well-being?
- How will we study the impact of improved workforce well-being improvements on workforce health?
- How will we also study the impact on service experience, practice innovation, partnership quality, and overall community well-being and health?



## **Zooming Out:** What's Next



- Capture the baseline research related to what we already know about trauma, stress, resilience and equity
- Understand what we can already surmise about the theory of impact, including from other industries
- Roll out the application and testing in California, two other states, and a tribal setting
- Form a national advisory group including NSDTA, CWDA, and local agency leaders
- Secure broader funding for nation-wide evaluation and knowledge mobilization



## Questions and Discussion



How does this situation and response compare and contrast with what you are experiencing?

Does your system employ similar models and methods?

How might we join forces across systems to advocate for and advance investments in our international workforce?



#### Panel discussion

#### Supporting social services' workforce

Philip Basso

**Deputy Executive Director** 

**APHSA United Stated** 

Sue Johnson

UK coordinator, Skills for Care and

Development United Kingdom

## 'UK initiatives in supporting a sufficient, capable and confident social care workforce'

Sue Johnson, UK Coordinator, Skills for Care & Development

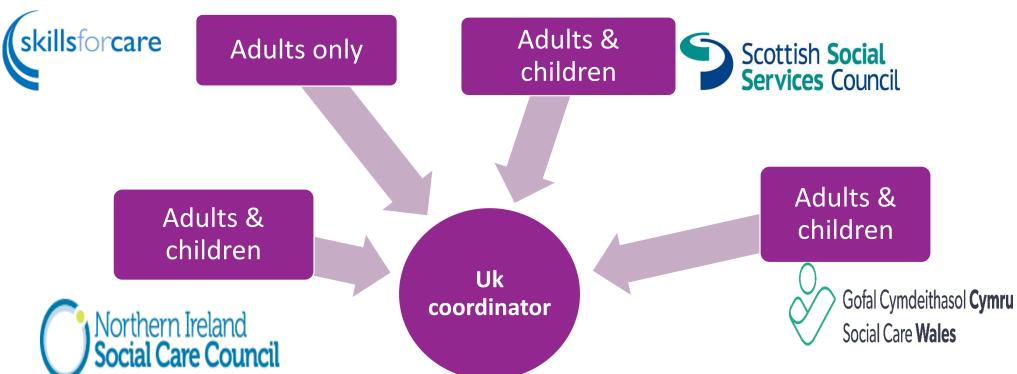




















# Governance

#### **Individual partners**

- Own organisational structures and accountability
- Own responsibilities and statutory requirements
- Government accountability different in England
- Legal basis for regulation except in England
- Funded individually
- Different social / national contexts for each partner
- All strong on employer engagement











#### **Purpose of Partnership**

- Innovate Uk wide practice
- Inform shared expertise across 4 organisations / nations
- Impact Uk wide standard setting
- Influence Sector Skills Council license









# Uk wide

#### Partnership wide

- Sector Skills Council responsibility
- National Occupational Standards
- A Question of Care recruitment tool
- Economic value of the Uk Social Care Sector

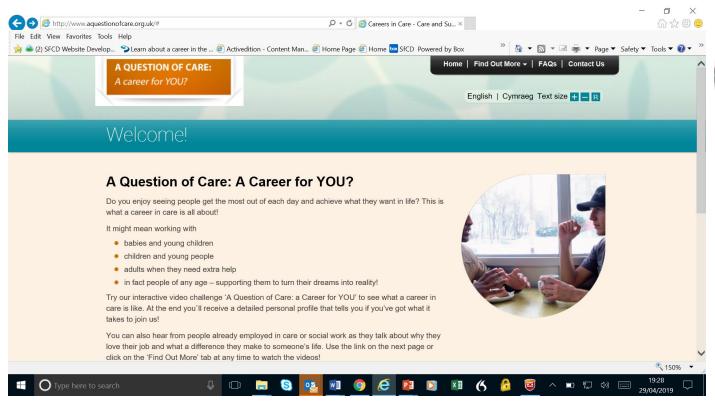








#### A Question of Care recruitment tool









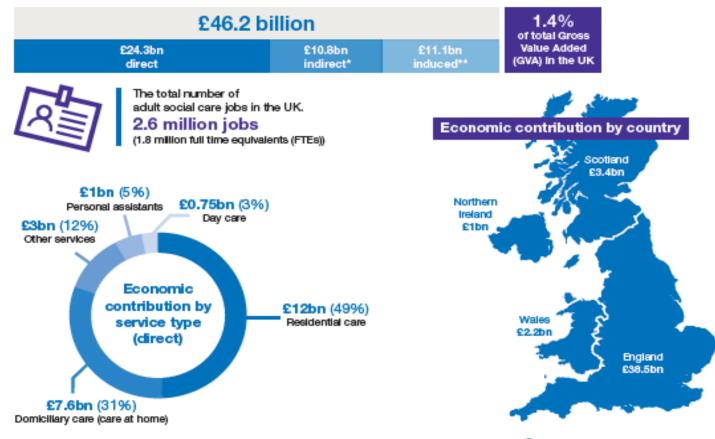








#### **Economic Value of Uk Social Care sector**













#### **Attraction & Recruitment campaigns**

England-phase 1	Wales	
Opinion testing	'Not just a job'	
'Every day is different'	5 year plan	
Social media presence	New regional officers	
National job search site	National job search site	
Impact evaluation now on	Posters /press releases	
Case studies	Media advertising	
	Impact measurement	











Not just a job



Recruitment

#### Ddim yn chwarae plant

Oes gen ti'r hyn sydd ei angen i ysbrydoli'r genhedlaeth nesaf?

Darganfydda' fwy ar Gofalwn.cymru

#### Not just child's play

Have you got what it takes to

inspire the next generation?

Find out more at WeCare.wales



Gweithia mewn gofal cymdeithasol a gallet ti fod yn help i dy gymuned.

Darganfydda' fwy ar Gofalwn.cymru

#### Not just a job

Work in social care and be the lifeline your community needs.

Find out more at WeCare.wales

skillsforcare



**Kirsty Crowe** 

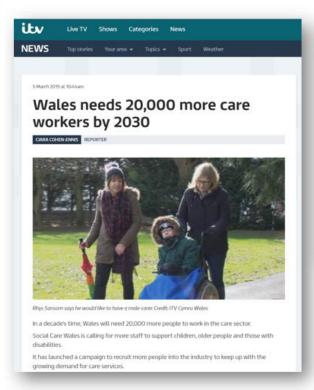
Cynorthwyydd Meithrin

















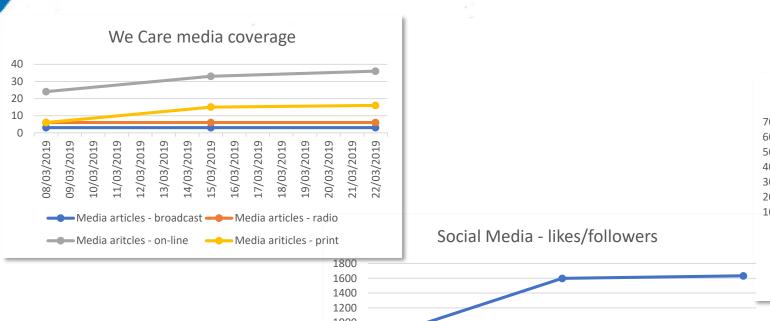




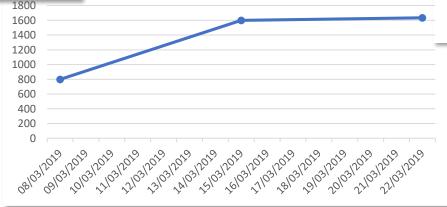




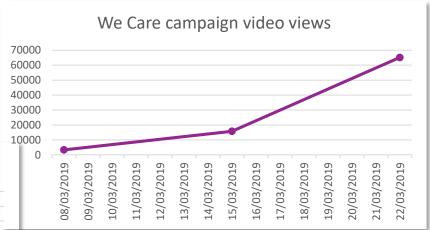
Recruitment



Welsh impact data – 2 weeks

















National & local strategy

Impact measures

Using data

National Regional & Local reports

workforce intelligence

Inform recruitment campaigns





(skillsforcare







- Uk wide
- Written with the sector
- Range of roles including leadership and frontline
- Underpin all qualifications



Our staff are registered with the SSSC

Find out what this means here





Behaviours and values

To keep people safe

Promote peoples rights

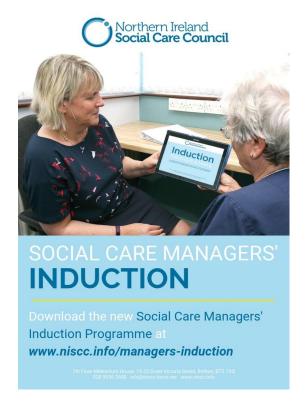
Accountability

Fitness to practice



#### **Induction Standards**



















Leadership





Could you host the next generation of leaders in health and social care?

















Leadership



#### Enabling leadership

Research to identify what good leadership looks like in Scotland's social services



Produced on behalf of the Scottish Social Services Council by Carol George, Frances Patterson. Catherine-Rose Stocks-Rankin and Catherine Pemble, University of Stirling in partnership with the Institute for Research and Innepartion in Social Services (IMSSS).

December 201





# Sgiliau Gofal a Datblygu





Healthy staff Valued Learning culture Identify stress Lone workers











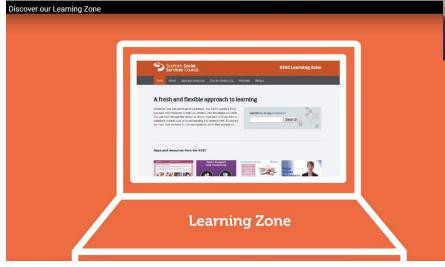
Wellbeing

#### Skills for Care & Development Sgiliau Gofal a Datblygu

#### **Digital learning zones**

















# Skills for Care & Development Sgiliau Gofal a Datblygu











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#### Skills for Care & Development Sgiliau Gofal a Datblygu







Social Care Wales











# TABLE DISCUSSIONS

What are the main challenges of ensuring the social services workforce well-being and what are the opportunities?

#### JOIN. SHARE. LEARN.

- O Demographic ageing care in Nordic countries
- O New concepts of quality in care
- O Social services management quality
- O Session with Care Inspectorates
- O Workshops/discussions on:
  - O AI
  - O Outreach/case management
  - O Home vs residential care
  - O Health & social integration
  - Social planning



27th European Social Services Conference
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5-7 June 2019



# Coffee Break



### Panel discussion

#### Supporting vulnerable groups

Julia Peterbauer

International Relations Officer,

Viennese Social Fund Austria

Mike Orland

**Operations Manager** 

Sedqa Malta



# Wiener Wohnungslosenhilfe Health Services for homeless persons in Vienna

Julia Peterbauer



#### The FSW ...



is responsible for planning and control



provides funding



offers advice



provides services



controls quality



# 120,800 different customers (only counted once)





(As at 31.12.2018)



#### **Tasks**

- Provision of information and counselling to FSW clients and their families
- Provision of needs-based services funded by the FSW
- Billing for client contributions to costs
- Preparation of quality standards and guidelines, e.g. funding guidelines, and review of compliance
- Accreditation procedure
- Determination of tariffs and quotas together with the partner organisations
- Networking, stakeholder relations



#### Rooflessness and homelessness

Accommodation for specific target groups

Assisted accommodation in flats

**Night shelters** 

Mobile housing support

Temporary accommodation

Mother-child facilities

Socially assisted accommodation



# e u ner haus

Funded by:

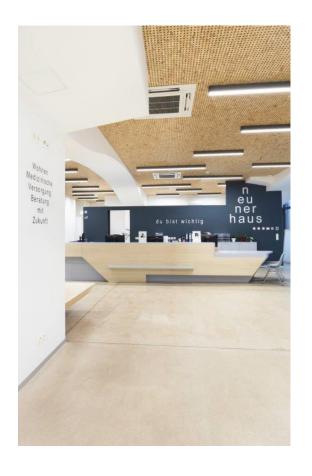


du bist wichtig

#### neunerhaus health center - our health services

Easily accessible medical care with specific interdisciplinary competence for homeless persons and people without national insurance (no national health card)

- since 2006: neunerhaus mobile doctors; 2019 outreach medical care in 25 facilities of the Viennese assistance programme for homeless persons
- since 2009: neunerhaus dental practice
- since 2013: neunerhaus general practitioner
- all integrated in the new neunerhaus health center in 2017





#### Challenges

Homeless persons and people without national insurance have to cope with

- structural barriers: unavailable national insurance, hard-to-reach character of health services
- individual barriers: abandonment of necessary medical treatment because of shame, lack of money, stigmatising experiences in the health system, language barriers, priority shift

#### Consequences

- medical treatment only in case of emergency
- expensive transport to and treatment in the outpatients' department (A&E)
- the socio-economic situation defines the quality of medical treatment
- on the individual scale: missing personal efficacy, helplessness, exhaustion



#### Effects of homelessness on health

- significantly higher rates of early mortality, chronic
   diseases and disability than in average population
- multi-morbidity
- high demand of psychiatric and psychosocial support
- limited individual resources for health promotion and prevention
- high prevalence of non treated caries





#### Interface between housing and health

Health subjects and housing are closely associated and at the same time inhibit each other: no recovery and stabilization without housing and vice versa.

#### For example:

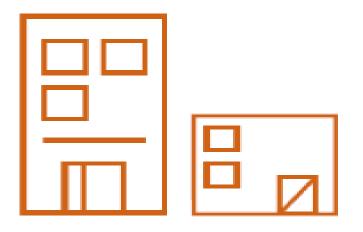
- convalescence after operations
- adjustment of psychiatric medication
- stabilization during alcohol withdrawal
- healing of chronic wounds
- sustainable treatment of chronically ill persons
- resources for psychosocial relief and stabilisation
- assessment of perspectives within the social system



#### Easy access

- ... means equal chances for all patients and continuity in treatment and counselling
- ... and for the teams of all professions the readiness to offer these chances consistently to all patients, irrespective of their status and life conditions
- no ready-made processes
- barrier-free access without requirements or preconditions
- no pedagogical ambition
- high quality of personal communication:
  - ensuring understanding by the means of easy and clear language
  - usage of dialect-free language and paraphrasing
  - encouragement to ask questions
- video interpretation as a standard in case of language barriers







#### Health for homeless women and families

(Gesundheit für wohnungslose Frauen und Familien, GWFF)

A project by women's health centre FEM

Funded by:







#### FEM's fields of work

course catalogue





networking and cooperations



women's health literacy centre



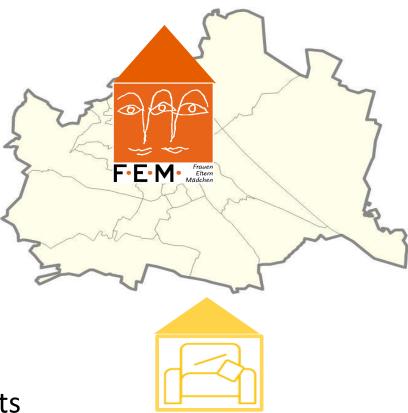
advanced training for multipliers



multilingual counselling for women



visiting health promotion projects



parent's health centre

#### **GWFF** – the concept



- needs-based, female-specific health services for homeless women and children
- participative approach for development and implementation of services in 26 facilities of Vienna homeless assistance (Wiener Wohnungslosenhilfe)
- holistic and interdisciplinary approach
- combining social work, medical & psycho-social care
- cross-linked work, using available resources
- female-specific work empowerment
- assuring continuity and sustainability
- close cooperation with men's health centre MEN



#### Goals and target group

- 1. Enhancement and stabilising of homeless women's and children's mental and physical health
- strengthening health resources
- promotion of health literacy and sustainably healthy behaviour
- enabling clients to use services in the existing health system
- improving compliance
- transfer into follow-up measures with appropriate aftercare
- 2. Support for staff in homeless facilites concerning health promotion and health care for homeless women and children.



#### **Project measures**

#### A) Health counselling (inidividual setting)

psychological, psychotherapeutical, and gynaecological counselling, bio-feedback, body awareness therapy

#### B) Health promotion (group setting)

Women's groups, exercise for women and children, workshops on nutrition, self-worth, violence, gynaecology, cooking groups, mental training, health days, etc.

#### C) Structural work – promoting health literacy for multipliers

vouchers for advanced training, networking, health projects, supervision, health team meetings with MEN, psychosocial services (PSD), neunerhaus, health dialogues, etc.



#### **Acceptance and Issues**

#### **Issues discussed**

- overload
- room for oneself
- relationship issues, separations
- upbringing issues
- (sexual) violence
- psychiatric diagnoses
- addiction
- psychosomatic disorders
- gynaecological questions
- explanation of diseases, diagnostic findings and medication
- trust/mistrust in the health system

#### Women and children reached:

2018:

2.970 counsellings

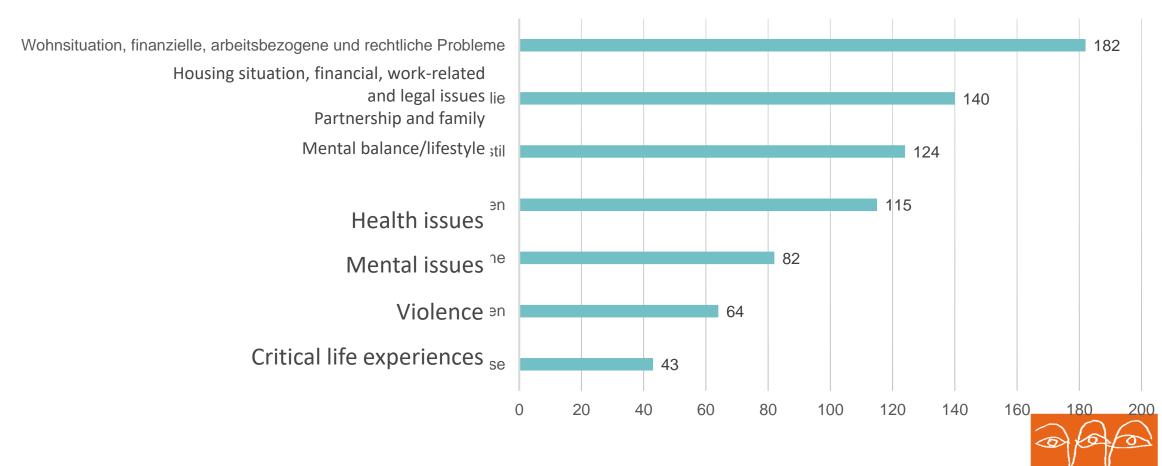
1.028 contacts at group meetings

Services are offered in 26 facilities



# ISSUES IN PSYCHOLOGICAL COUNSELLING OF HOMELESS WOMEN 2018

N=750, FREQUENCY OF OCCURRENCE, MULTIPLE MENTIONS POSSIBLE



#### Contact

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# We are here to support you.



Web: www.fsw.at

Tel.: 01/24 5 24



### Panel discussion

#### Supporting vulnerable groups

Julia Peterbauer

International Relations Officer,

Viennese Social Fund Austria

Mike Orland

**Operations Manager** 

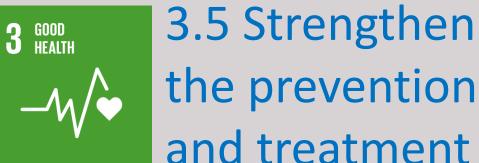
Sedqa Malta

# Life-long community based Addictions Prevention interventions



Foundation for Social Welfare Services
Agency Sedqa, Malta
Mike Orland, Operations Manager Community Services





of substance abuse, including narcotic drug abuse and harmful use of alcohol.



#### **Agency Sedqa**

Agency Sedqa aims to increase public awareness of the harm caused by addictive behaviours and imparts skills in order to prevent or to delay the development of such patterns. It also supports persons who have developed an addiction and their significant others to modify their lifestyles so as to lead a healthier and more satisfying life whilst becoming productive citizens within society. Sedqa seeks to do this whilst maintaining high ethical and professional standards in all its interventions with every individual who seeks its assistance.



#### The Strategy

Children in Primary School

T.F.A.L. Programmes for Grade 3 & Grade 5 students

> Secondary School Students

Tailor-made programmes for Grade 8 & Grade 10 students

Post-Secondary & Tertiary Students
Tailor-made programmes

- > At The Workplace
  SAFE Programme
- Community Interventions
- Care Services





#### **Our Guiding Principles**

- An increased Self-Efficacy and realistic Outcome Expectancies are necessary for correct decision making (Social Cognitive Theory)
- Adolescents with healthy coping mechanisms can do better in a period of rapid and drastic biological and emotional changes (Problem Behaviour Theory)
- ➤ Good Role Models along with correct knowledge are important for youths to form strong and healthy believes about things around them (Social Learning Theory)
- ➤ A healthy bonding to Pro-social units is an important Protective factor (Social Development Model)
- Interventions at all levels of the social domains strengthen communities that are supportive to health environments (Social Ecological Model)



# T.F.A.L 3 – Tfal Favur Ambjent Liberu

Given to Children aged 7yrs



- 1. Self-Image & Feelings
- 2. Peer pressure & Decision Making
- 3. Coping Skills



- 5. Private Body
- 6. Seeking Help











# T.F.A.L 5 – Tfal Favur Ambjent Liberu Given to Children aged 9yrs

- 1. Self Worth & Coping Skills
- 2. Peer Pressure & Decision Making
- 3. Addictions Cigarettes & Alcohol
- 4. Drugs and wise use of medicine
- 5. The wise use of technology and gambling





#### S.A.F.E. Programme

**Substance Abuse Free Employees** 

Phase 1 – **Exhibition** 

Phase 2 – **Training sessions for management and supervisors** (topics included are Alcohol and its effects, Drugs and their effects, Stress Management and Approaching the Problem Employee)

Phase 3 – **Informative sessions for employees** (topics included are Alcohol and its effects, Drugs and their effects, Substance abuse and driving, Wise use of Technology, Gambling, Stress Management, Bullying at the workplace, Dealing with aggressive behaviour at the workplace and Skills for the Parent Employee)



Phase 4 – Substance abuse and gambling policy

#### **Care Services**

- Psycho-Social Interventions focusing on addictions and related issues
- Doctor Visits
- Therapeutic Services with Psychologists, Psychotherapists and Family Therapists





# **Thanks**



Foundation for Social Welfare Services

# Life-long community based Addictions Prevention interventions



Foundation for Social Welfare Services
Agency Sedqa, Malta
Mike Orland, Operations Manager Community Services

## TABLE DISCUSSIONS

What is the role of social services in the implementation of the SDG3? How are they working towards it and how can they contribute further?

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27th European Social Services Conference

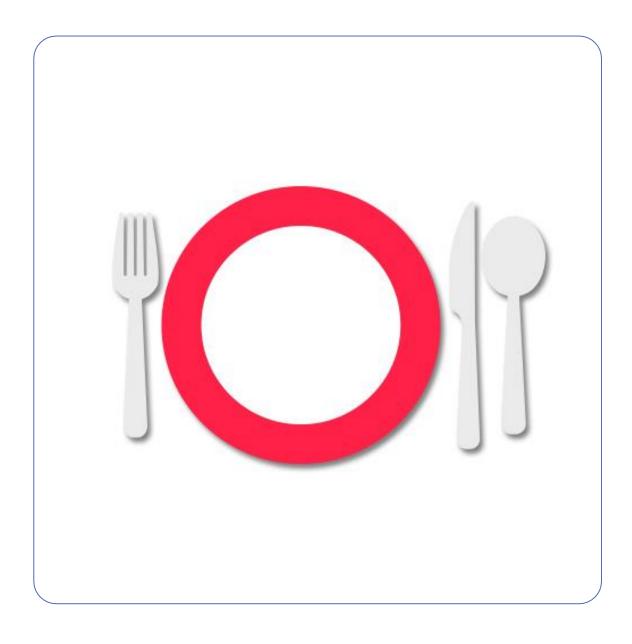




## Conclusion

Next steps for the working group

Thank you for your participation!



# Lunch Break