Introduction: day 2

Alfonso Lara Montero
Chief Executive
European Social Network
JOIN. SHARE. LEARN.

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

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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 Well-Being 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 People in 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

HUMAN SERVICES VALUE CURVE

Generative – BIGGER THAN FAMILY
Integrative – ROOT CAUSES
Collaborative – SERVICE TO CUSTOMER
Regulative – INTEGRITY

The Value Curve Lens is Highly Adaptive:
• At system level and at individual level
• By sector, function, program, and role
• The stages are holistic and form a learning cycle

Defining Success by 2022

Moving Toward a Generative State

www.APHSA.org | Washington, D.C.
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

- Highly significant: 52.05%
- Somewhat significant: 40.41%
- Not very significant: 7.53%
- Not at all significant
- (no label)
Shifting Mindsets

- 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
Igniting the Potential

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

The Partnership
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
Partnership wide

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

Welcome!

A Question of Care: A Career for YOU?
Do you enjoy seeing people get the most out of each day and achieve what they want in life? This is what a career in care is all about!

It might mean working with:

- babies and young children
- children and young people
- adults when they need extra help
- in fact people of any age – supporting them to turn their dreams into reality!

Try our interactive video challenge: "A Question of Care, a Career for YOU" to see what a career in care is like. At the end you'll receive a detailed personal profile that tells you if you've got what it takes to join us!

You can also hear from people already employed in care or social work as they talk about why they love their job and what a difference they make to someone's life. Use the link on the next page or click on the 'Find Out More' tab at any time to watch the video!

http://www.aquestionofcare.org.uk/
Skills for Care & Development
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Economic Value of Uk Social Care sector

£46.2 billion

<table>
<thead>
<tr>
<th>Economic contribution by service type (direct)</th>
<th>1.4% of total Gross Value Added (GVA) in the UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>£7.6bn (31%) Domiciliary care (care at home)</td>
<td>£11.1bn induced**</td>
</tr>
<tr>
<td>£3bn (12%) Other services</td>
<td></td>
</tr>
<tr>
<td>£2bn (5%) Personal assistants</td>
<td>£10.8bn indirect*</td>
</tr>
<tr>
<td>£0.75bn (3%) Day care</td>
<td></td>
</tr>
<tr>
<td>£12bn (49%) Residential care</td>
<td>£24.3bn direct</td>
</tr>
</tbody>
</table>

The total number of adult social care jobs in the UK: 2.6 million jobs (1.8 million full-time equivalents (FTEs))
<table>
<thead>
<tr>
<th>England-phase 1</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opinion testing</td>
<td>‘Not just a job’</td>
</tr>
<tr>
<td>‘Every day is different’</td>
<td>5 year plan</td>
</tr>
<tr>
<td>Social media presence</td>
<td>New regional officers</td>
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<tr>
<td>National job search site</td>
<td>National job search site</td>
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<tr>
<td>Impact evaluation now on</td>
<td>Posters /press releases</td>
</tr>
<tr>
<td>Case studies</td>
<td>Media advertising</td>
</tr>
<tr>
<td></td>
<td>Impact measurement</td>
</tr>
</tbody>
</table>
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Recruitment

Not just a job

Ddim yn chwaræ plant
Does this sound like a job you’d want to do?
Darganfyddir i gefnogi Gofalwn.cymru

Not just child’s play
Have you got what it takes to inspire the next generation?
Find out more at WeCare.wales

Mwy na swydd
This is more than just a job
Darganfyddir i gefnogi Gofalwn.cymru

Not just a job
Work in social care and be the difference your community needs.
Find out more at WeCare.wales

Gofalwn .cymru | WeCare .wales
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Wales needs 20,000 more care workers by 2030

In 10 years, Wales will need 20,000 more people to work in the care sector. Social Care Wales is calling for more staff to support children, older people and those with disabilities. It has launched a campaign to recruit more people into the industry to keep up with the growing demand for care services.
Welsh impact data – 2 weeks
Skills for Care & Development
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Inform recruitment campaigns

National & local strategy

Impact measures

Using data

National Regional & Local reports

Staff vacancies in care services 2017

Northern Ireland Social Care Council

Scotland Social Services Council

Gofal Cymdeithasol Cymru Social Care Wales
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▪ 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

Standards

▪ Behaviours and values
▪ To keep people safe
▪ Promote peoples rights
▪ Accountability
▪ Fitness to practice
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Induction Standards

Download the new Social Care Managers’ Induction Programme at www.niscc.info/managers-induction
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Could you host the next generation of leaders in health and social care?

Leadership
Skills for Care & Development
Sgiliau Gofal a Dатblygu
Skills for Care & Development
Sgiliau Gofal a Datblygu

Healthy staff
Valued
Learning culture
Identify stress
Lone workers

Greater resilience
better care
A resource to support the mental health of adult social care workers

Building your own resilience, health and wellbeing
Digital learning zones
Skills for Care & Development
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Professional in Practice
Continuous Professional Development for Social Work

Tools
Skills for Care & Development
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What are the main challenges of ensuring the social services workforce well-being and what are the opportunities?
JOIN. SHARE. LEARN.

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REGISTER www.essc-eu.org
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

ESN
WG on SDG 3, 10 May 2019, Paris
The FSW ...

is responsible for planning and control

provides funding

offers advice

provides services

controls quality
120,800 different customers (only counted once)

- 59,810 customers in need of care and nursing
- 26,370 refugees
- 13,900 customers with disabilities
- 11,730 customers living without accommodation or shelter
- €9,930 customers with debt problems
- €3,590 Customers solely in need of mobility services

(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

- Assisted accommodation in flats
- Temporary accommodation
- Mother-child facilities
- Night shelters
- Accommodation for specific target groups
- Mobile housing support
- Socially assisted accommodation
Funded by:

[Logo: SOZIALES WIELEN]

Stadt Wien

du bist wichtig

WG on SDG 3, 10 May 2019, Paris
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
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 facilities concerning health promotion and health care for homeless women and children.
Project measures

A) Health counselling (individual 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

- Housing situation, financial, work-related and legal issues (182)
- Partnership and family (140)
- Mental balance/lifestyle (124)
- Health issues (115)
- Mental issues (82)
- Violence (64)
- Critical life experiences (43)

WG on SDG 3, 10 May 2019, Paris
Contact

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We are here to support you.
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
3.5 Strengthen the prevention and treatment 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
4. Addictions – Cigarettes, Alcohol & wise use of medicine
5. Private Body
6. Seeking Help

Based on Puppets from BABES World, USA
Beginning Awareness Basic Education Studies
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
Life-long community based Addictions Prevention interventions
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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Register www.essc-eu.org

27th European Social Services Conference
Striving for quality
From Quality of Care to Quality of Life

5-7 June 2019
MILAN
Conclusion

Next steps for the working group

Thank you for your participation!
Lunch Break