INNOVATIVE APPROACHES AND METHODS FOR HOME CAREGIVERS

EUROPEAN CATALOGUE

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INNOVATIVE
APPROACHES
FOR HOME
CAREGIVER

Exchange of Best Practices

Contents

The project:
Objectives, organizations, and
working methodology

WHY AND WHAT: CONTEXT AND OBJECTIVES OF THE PROJECT

Throughout the EU (with various differences), a wide range of Home Care approaches for the elderly and disabled has been developed. Therefore European organizations that intend to modernize, expand and improve with new services in response to the progressively ageing population and other challenges (such as disability), can take inspiration from an exchange of ideas and experiences.

Home care aims at satisfying people's health and social needs while in their home by providing appropriate and high-quality home-based health care and social services, by formal and informal caregivers, with the use of technology when appropriate, within a balanced and affordable continuum of care.

Home care is necessarily a labour-intensive activity that relies on a variety of providers to deliver an array of formal clinical and social services, as well as informal services, in the home setting.

These providers include a mix of professional and non-professional personnel, including nurses, therapists (physical, occupational and speech), home care assistants, social workers, physicians, dietitians, homemakers, companions, volunteers and others.

Many countries, such as Belgium, France, Italy, Portugal, Spain, Macedonia and the United Kingdom, have an organizational model in which the "health" component of home care is part of the health care system and the "social" component is part of the social system In other countries, especially Denmark, Finland and Sweden, policy-makers recognized the advantages of providing home care within a single organization under the responsibility of one institution: the municipalities.

Country	Health care at home	Social care at home
Belgium	Central or regional government	Local government or municipality
Denmark	Local government or municipality	Local government or municipality
Finland	Local government or municipality	Local government or municipality
France	Social insurance and local government or municipality	Local government or municipality
Germany	Social insurance	Social insurance
Ireland	Central or regional government	Central or regional government
Italy	Central or regional government	Local government or municipality
Netherlands	Social insurance	Social insurance
Portugal	Central or regional government	Local government or municipality
Spain	Social insurance	Local government or municipality
Sweden	Local government or municipality	Local government or municipality
United Kingdom	Central or regional government	Local government or municipality

Objectives and Activities

GENERAL OBJECTIVE: Collecting and exchange Best Practices on Home Care models. Will be compared the models of Northern EU, Central EU and the Southern EU. In this way, organizations engaged in the sector can learn from each other, drawing on the best of the other experiences.

SPECIFIC OBJECTIVE: Strengthen psychological, interpersonal and transversal skills in Home care assistants, aides, social-health workers.

ACTIVITIES:

1. Organized in Mesagne a short-term joint staff training events with a methodology peer to peer in order to:

- compare different welfare State system;
- agreeing on the minimum criteria for which we can talk about a Best Practices in the field of Home care;
- define a methodology for conducting the Local Focus Group (LFG);
- Discuss about different Home Care models to do a first exchange of best practices.

2. Organized 18 Local Focus Group (3 for each partner) which have involved Caregivers, social workers, families, social districts, Cooperatives, etc. a causa COVID anche online

LFC were an important participatory activity for the emergence of best practices used in the Home Care and and evaluate the best practices of other countries.

TARGET:
Professional operators in home care (Operators, educators, assistants, users, families, etc.); policy makers, managers of fomal caregiver services; elderly and disabled people, families, and caregiver organizations.

WHAT IS A BEST PRACTICE?:

These providers include a mix of professional and non-professional personnel, including nurses, therapists (physical, occupational and speech), home care assistants, social workers, physicians, dietitians, homemakers, companions, volunteers and others.

Many countries, such as Belgium, France, Italy, Portugal, Spain, Macedonia and the United Kingdom, have an organizational model in which the "health" component of home care is part of the health care system and the "social" component is part of the social system In other countries, especially Denmark, Finland and Sweden, policy-makers recognized the advantages of providing home care within a single organization under the responsibility of one institution: the municipalities.

A good practice is not only a practice that is good, but a practice that has been proven to work well and produce good results, and is therefore recommended as a model. It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it. In other words, best practices enable you to do something better, faster, or cheaper.

TRAINING ACTIVITIES

The Training Activity was held in Mesagne and involved 16 Social workers and experts from Partner Organization.

The "Training activity" had the objective of:

- agreeing on the minimum criteria for which we can talk about a Best Practices in the field of Home care;

- Discuss about different Home Care models to do a first exchange of best practices;

- defining a methodology for conducting the Local Focus Group (LFG).

METHODOLOGY:

peer to peer education: In a nutshell, peer education can be described as learning from one's peers.

Think-Pair-Share (TPS) is a collaborative learning strategy in which learners work together to solve a problem or answer a question about an assigned reading. This technique requires learners to (1) think individually about a topic or answer to a question; and (2) share ideas with classmates.

During the training a participatory definition of best practices was discussed, identifying the criteria and a participatory definition of the welfare state.

The welfare systems of the countries in the consortium were also presented and compared with a *swot* analysis.
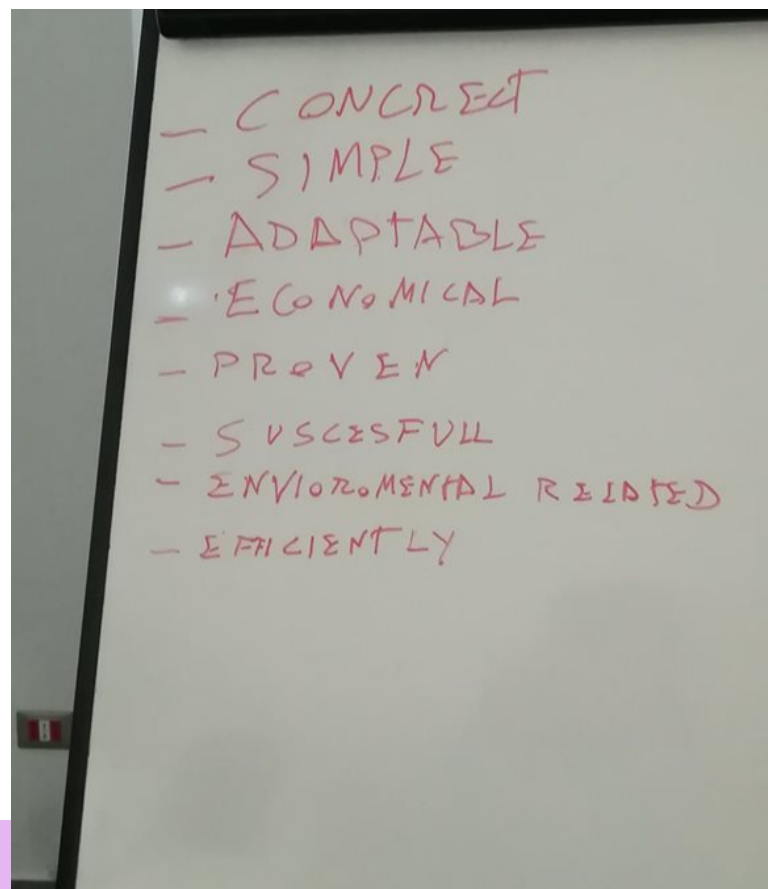
RESULTS

WHAT DOES BEST PRACTICES MEAN?
Doing the best for everyone satisfying needings. It is a practice that is proven and verified to be a successful. It is the best result as possible with the resources available.

WHAT DOES WELFARE STATE REFER TO?:
´The "Welfare State" refers to the set of interventions organized by the State. It aims at guaranteeing the provision of a minimum service level to the population via a social protection system.

8 BEST PRACTICES EXCHANGED:

During the Training activity have been catalogued 8 Best Practices as follow:
- 4 for Users
- 4 for organizations

These best practices have been presented and evaluated in the various countries of the partnership in order to collect feedback and facilitate their replicability where possible

TRAINING ACTIVITY - MESAGNE, 13-17 MAY -2019

Methodology: Peer to Peer Training/Cooperative learning

Time	Monday, 13	Tuesday,14	Wednesday, 15	Thursday, 16	Friday, 17	Saturday, 18
9:00		Opening Session	Opening Session	Opening Session	Opening Session	
9:15		Presentation Social welfare System - Apulia Region	Presentation Social welfare System - Austria	Best practices: definition and key elements	Local Focus Group: Goals	
10:00					Visit Mesagne Ambito	
11:00		Presentation Social welfare System - France	Presentation Social welfare System - Macedonia	Develop qualitative and quantitative indicators to measure the quality of services		Departure
12:00					Evaluation Training actvity	
13:00		Debate (strenghts and weakness) - Conclusion	Debate (strenghts and weakness) - Conclusion	Presentation of at least one best practices per Country	Closing of the Training Activity	
14:00	Lunch Break	Lunch Break	Lunch Break	Lunch Break	Lunch Break	Lunch Break
15:00	Welcome and getting to Know each others		Presentation Social welfare System - Finland	Presentation of at least one best practices per Country		
16:00	Overview of the Training: Objectives and Program		PresentationSocial welfare System - Spain	Presentation of at least one best practices per Country		
17:00	Group Discussion: what are the biggest problems encountered in your countries? Sharing and Conclusion		Debate (strenghts and weakness) - Conclusion	Presentation of at least one best practices per Country		Departure
18:00						

Best Practices Catalogued - For Users

Foster Care for Seniors (Italy)

OBJECTIVE:
Find a replacement family to elderly people remained alone which takes care of them. So they can stay at home and be followed and without being forced to stay in a nursing home.

TARGET:
elderly people who have remained alone, without a family, without relatives, and without friends

PLACE WHERE IT IS USED:
several experimentations in Italy, first of all in the North (Veneto and Lombardia Region) and some municipality as well (Bari Municipality, Mesagne Municipality). In Veneto region introduced a Regional law concerning it.

HOW   DOES IT WORK :
4 Types of Foster Care:

1. Cohabitation: The elderly can host or be hosted;
2. Care activity: The contractor Takes care of the entrusted person;
3. small foster care: the caregiver can take care of one or more people in difficulty; but still able to manage themselves;
4. temporarily support to the family (to cope with temporary needs).

Different Kinds of implementation:

 Only daytime;
 full;
 night,
 Only weekend;
 For holiday period.

First Step: Regional Authority should set the legislation. It gives the guidelines for its operation and modalities;

Second Step: Municipality/Ambito/ASL should be the managing body

These local Institutions should organize the T**hird step**:

 a network of solidarity families for the realization of the Foster Care in the ways indicated;
 a network of seniors who apply for assistance and foster care;
 a network linking local institutions (Area, Municipality, Local Health Authority, INPS, university, volunteering, etc.);

Fourth step: creation of an evaluation equipe
It is in charge for:

 assesses the elderly person's state of need
 select the carers;
 identify the most suitable family or person;
 preparing standard agreements that are signed by the contractor and the contractor, in which the reciprocal rights and obligations are specified;
 defining the personalized intervention plan in which the type of foster care, the objectives to be pursued, the program of periodic meetings for assessing the progress of foster care are identified.

INNOVATIVE ELEMENTS:

✓ to help others, young families to become agents of social change;
✓ Create a relationship and a dialogue between different generations;

BENEFITS:

Social Benefits:

✓ Happy elder, because he stays at home, but no longer alone;
✓ Relational exchange between generations and formation of human values;
✓ Networked institutions to monitor and manage assistance;

Cost benefits:

 Savings for Local Authority and families. Foster care allowance, lower than a hospitalization fee;
 Savings for the family of the elderly and for the elderly who do not pay the fee of the Institute of Hospitalization;
 Savings for the elderly who do not pay for a caregiver;
 Opportunity for new jobs, for young people and families;
 Earnings and savings for university students, and the possibility of studying with lower costs.
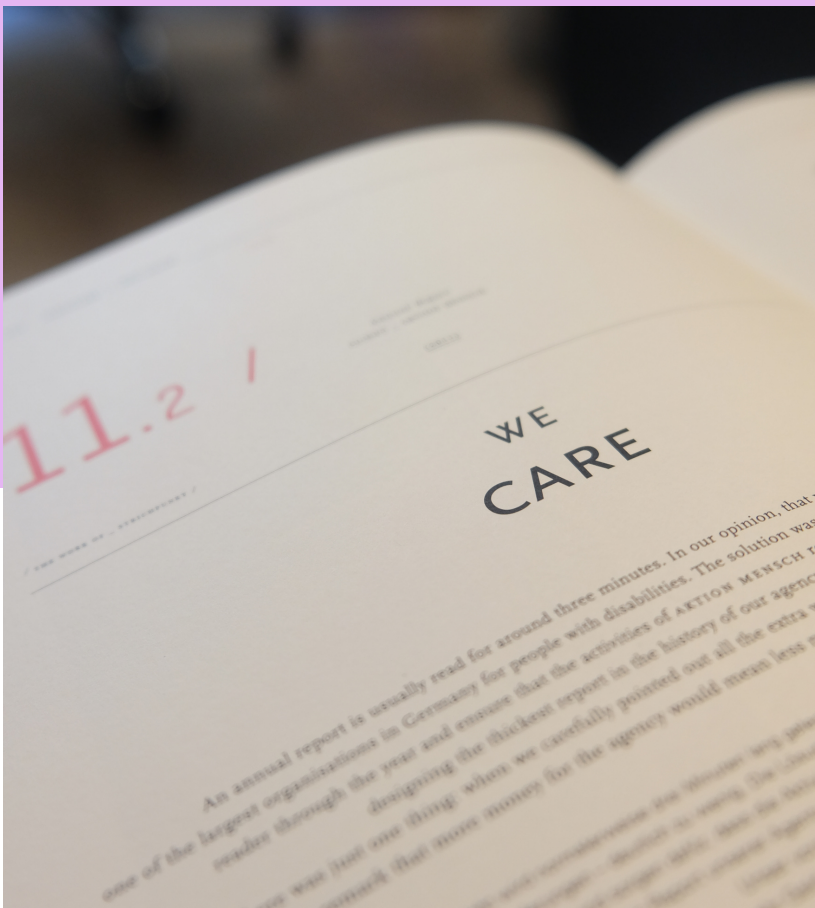
Family Reconciliation (Spain)

OBJECTIVE: To promote the work-life balance of the carers and workers of the Home Help Service.

TARGET: the carers and workers of the Home Help Service

PLACE WHERE IT IS USED: workplace

HOW DOES IT WORK :
It has been developed a series of actions aimed at reconciling the work and family life of the workers of the Home Help Service.

Among others, can be highlighted:

- Playroom: aimed at carers with the purpose that they can leave their children in the workplace when they have to attend meetings outside normal hours.

- Online Training: since it's required by law that carers are training, it has been developed continuous online training directed that workers can be trained with freedom and flexibility, being able to connect from home and without having to go to face-to-face classes.

INNOVATIVE ELEMENTS:
the innovative elements are in the line of developing actions of family reconciliation in a sector with only 10 years of life (The Law of Dependency was created in Spain in 2008) and with more than 90% of female staff (with family responsibilities and middle-aged). Sector in which conciliation measures are not usually applied.

BENEFITS:
Improvement in the management of the worker's time, which ends up affecting their personal satisfaction, and which translates into a better quality of the service provided.

Intergenerational Meetings (Spain)

OBEJCTIVE: development of various actions from the Home Help Service, aimed at the socialization of the user and the commitment to their environment.

TARGET: users of the Home Help Service (dependent people)

Place where it is used: The activities are usually developed in public spaces provided by the Municipalities.

HOW DOES IT WORK:

various activities developed with elderly people in several municipalities. Among others, can be highlighted the following activities:

✓ Cultivating Values: different activities in which the elderly people of a municipality meet with the students of primary schools and together they plant trees, read poems…
✓ The users, together with the carers, wrote a short story of their lives, which were published in our biannual newsletter, blog, facebook…: this allowed the approach, the memory and writing work, the socialization;
✓ Competitions in collaboration with the city councils about poetry, stories, etc;
✓ Workshops aimed at the use of new technologies by users.

INNOVATIVE ELEMENTS:

the innovative elements are the transversal inclusion of intergenerational actions in the Home Help service, aimed at the emotional (and not only physical) care of the user.

BENEFITS:

The main benefits of these actions are the improvement in the health and emotional well-being of the user.

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The Personalized Autonomy Allowance (PAA) (France)

OBJECTIVE: The PAA (Personalised Allowance for Autonomy) at home helps to pay the necessary expenses to stay at home despite the loss of autonomy.

TARGET: elderly people aged 60 years or over
- At the end of 2016, 1.29 million elderly French people were receiving PAA.
- In 2015, the average annual expenditure per beneficiary is 4450€ at home.

PLACE WHERE IT IS USED: in France, in the whole country

HOW DOES IT WORK :

Financial assistance:
For relatives needing help with daily tasks such as getting up, grooming or going out alone.v To finance home care services, the Personal Autonomy Allowance (PAA) can be allocated by the Departmental Council, depending on its resources and level of dependency**.**

Criteria of eligibility:
Persons over 60 years of agev Residing legally in France, living at home or in an institutionv With a certain level of dependency: they must belong to GIR (level of loss of autonomy of an elderly person) from 1 to 4 (an Individual Needs Assessment sheet to fill in with different phases to follow)à If a relative meets these criteria, this assistance is granted without recovery from the estate.

Its amount depends on:
• Level of dependency,
• Needs for help
• Income

The PAA is an aid that facilitates the financial management of the services set up to compensate for a relative's dependency. A financial contribution will be requested subject to resources.

For home care
The person must benefit from an Individual Needs Assessment by a medical and social team of the Departmental Council.

The team defines accordingly an individualized assistance plan that also takes into account the needs of family caregiversv

The amount of the assistance is calculated according to the assistance plan established for the elderly person, reduced by a contribution left at his expense, which varies according to his/her own resources.

An individualized demand
To apply for a PAA for a relative: completing a file available from the following organizations:
· The CCAS (Communal Social Action Centre) of your city;
· The CLIC (Local Information and Coordination Centre) nearby;
· The Departmental Council;
· Health insurance or mutual insurance companies.
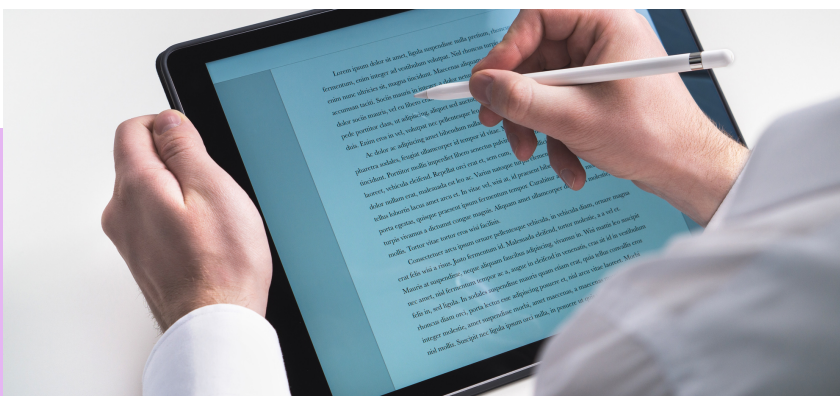
A number of documents supporting your relative's situation (identity, health insurance plan, medical information, income and assets) must be attached to the file.à If the relative has difficulty completing the form, the caregiver has to contact the CLIC, CCAS or the home help service (if he/she is already using one of them).Once the file has been sent, the caregiver will receive an acknowledgement of receipt and, following an individual needs assessment, a proposal for a personalized assistance plan. Within 10 days of receiving this proposal, the relative can make comments and request changes.The time between the submission of the application and the award varies according to the department but may not exceed 2 months.

INNOVATIVE ELEMENTS:

- Helping carers in managing their relatives and financing care;
- The sum provided depends on the level of dependency;
- An individual assistance plan is proposed;

BENEFITS:

Social Benefits:
- Happy elder, because he/she stays at home, but no longer alone;
- Helping caregivers from a social point of view;

Cost benefits:
- Financial adapted assistance, lower than a hospitalization fee;´
- Savings for the family of the elderly and for the elderly who do not pay the fee of an hospital;´
- Savings for the elderly who do not pay for a caregiver;

Best Practices Catalogued - For Organizations

Good Environmental Practices (Spain)

OBJECTIVE:
Sensitize carers in a directly way and indirectly to users, about the impact we generate on the environment, providing solutions and proposals for activities that care and respect the environment.

TARGET:
Aimed at carers directly and indirectly to users (generating environmental awareness)

HOW DOES IT WORK:
We have developed an Action Protocol for environmental management in the Home Help Service. They are supported by the ISO 14001 Regulations.
Among the actions developed, it has been created a Manual of Good Environmental Practices directed to the activities developed by the carers. This manual explains the resources and waste generated both in the care and housework tasks carried out by the carers and its effects on the environment.

Also, this Manual proposes a series of actions and good environmental practices in the activities of supply, storage, use (of materials, water, cleaning products, and energy), maintenance and waste management

INNOVATIVE ELEMENTS:
Environmental awareness in groups unfamiliar with global environmental problems due to their low socio-cultural level and, due to age (in older users) have not been aware of this problem.

BENEFITS:
Benefits: benefits both in a globally and locally. Globally: these actions contribute to the global movement of environmental awareness. Locally: the improvement in the management of resources in the family unit, from the point of view of the service (energy saving, recycling ...), which contributes to the local environmental improvement.

ÖJAB Home Care (Austria)

OBJECTIVE:
Nurse health and nursing care, care assistance, home help, visiting services, several-hour daily companionship.

TARGET:
Elderly people and people who need nursing care, care assistance and home help.

HOW DOES IT WORK:
Weekly plan for qualified staff is being continuously created, according to information gathered from evaluations, visits and all other kind of relevant information that clients provide or to Head Manager of home care, or to qualified staff
- Creation of weekly plan;
- Needs and wishes of our clients has been collected 24h per day (Mo – Fr)

- .Availability of qualified staff is being checked and locally organized;
- Finalizing of a weekly plan on every Friday by Head of Home care.

INNOVATIVE ELEMENTS:
Elderly people can stay in their known soundings (flat, house…), level of home care giving can be set to individual need of patient (medical care till home help).

BENEFITS:
People who need home care can stay in their homes and do not need to visit any kind of institute.
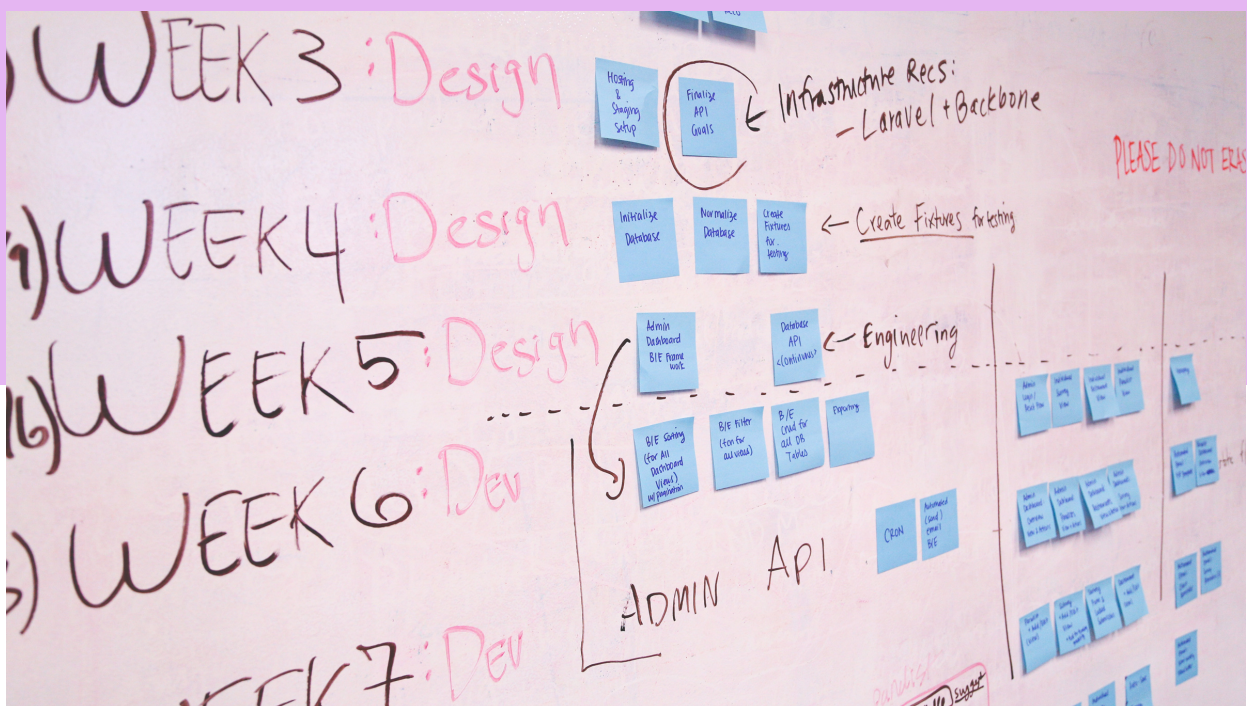
APOTTI System (Finland)

A Finnish transformational project that develops social and healthcare services and adopts a regionally uniform social and healthcare information system. It is a new electronic system for combining information from social and health care sectors, and it is the first in the world to combine social healthcare information in the same system.

OBJECTIVES:
The goal of Apotti is that social and healthcare professionals would obtain a user-friendly tool that makes working easier and provides best practices
(source: www.apotti.fi/en/what-is-apotti/).

TARGET:
Aimed at solving the problems and communication between professionals such as doctors, nurses, and health experts.

PLACE WHERE IT IS USED:
In Combines many other healthcare systems in use in the capital area. Apotti members include e.g. HUS, Helsinki University Hospital, Helsinki city, Vantaa city, and regions like Kirkkonummi, Kauniainen, Kerava and Tuusula. Other municipalities in the HUS district may also join the project in accordance with the procurement contract.

HOW DOES IT WORK:
The Apotti system has all of the current information related to the customer or patient available for use in treatment or service situations. In addition, the system generates operational information that allows for continuous improvements.
The greatest financial benefits of Apotti consist of changed operational practices and more efficient utilisation of current data.
The Apotti system can be used, for example, to prevent medication errors and overlapping laboratory tests. Apotti also improves the availability of services.
In the future, a municipality resident is able to address the issues using a remote clinic, for example, and utilise the digital customer portal.

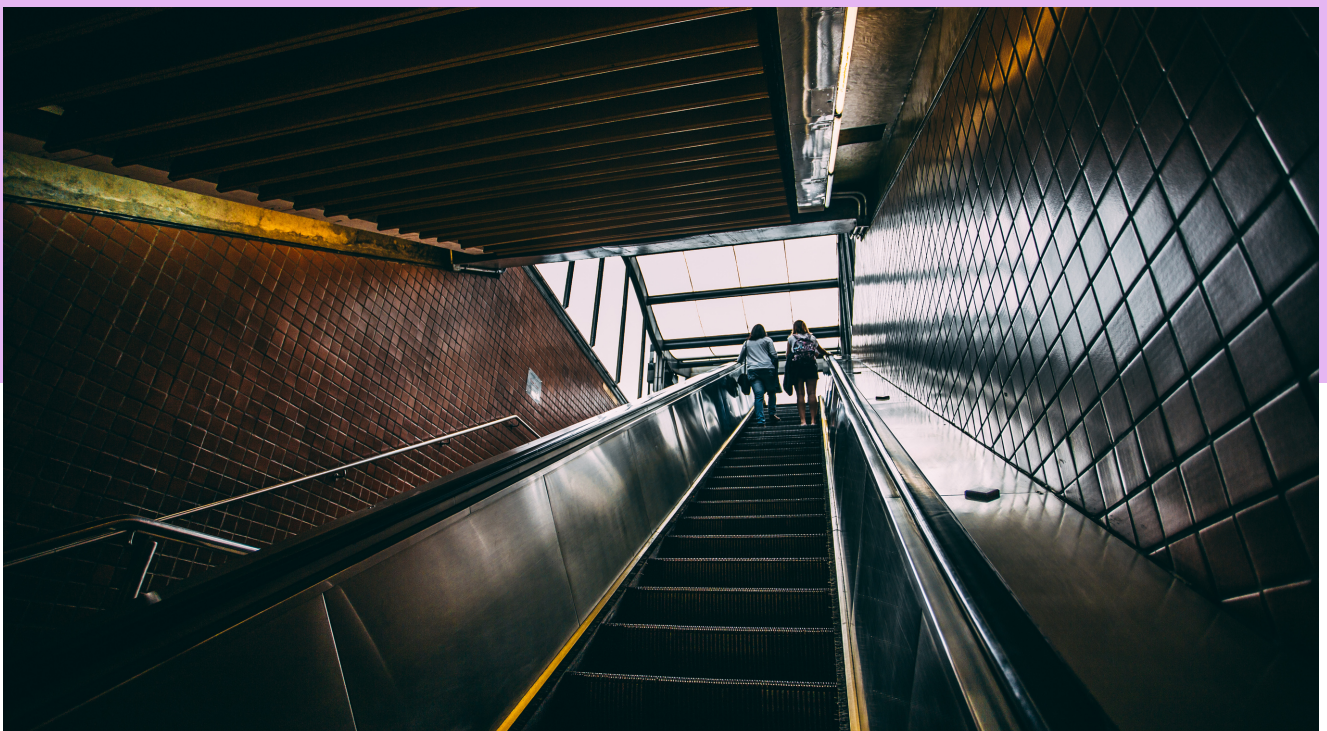The main principles of the transformation are:
- customer-oriented operations;
- uniform operational practices;
- cost-efficient and high-quality operations;
- managing with information and utilising data;
- satisfied users;
- new innovative practices.

Project follow-up: The Apotti Project was launched in 2012. At the time, a policy decision was made to establish the Apotti client and patient information system around a core system with integrated supplementary systems. These will be integrated into one system in order to guarantee information sharing and open interfaces.

The project is now at the implementation and deployment stage: The first deployment took place at the Peijas Hospital (HUS) on November 10, 2018. After the deployment, the system's adaptation began based on user feedback. The next deployments of the Apotti System will be be carried out in
phases in Vantaa, HUS, Helsinki, Kauniainen, Kerava, Kirkkonummi and Tuusula in 2019 and 2020.

User training and the transfer of the existing customer and patient data to the Apotti System are key parts of the deployment stage. Training will focus on the proficient use of the system as well as on the new operating models required by the operational change. The new aspects include the Apotti System's ERP elements and the new operating models required by online services. Their implementation is managed and monitored after the deployment.

Empowering educational partnership - Local Hug - (North Macedonia)

PLACE WHERE IT IS USED:
Day care centers, Home for elderly people, houses and homes of the affected beneficiaries and their families, Municipality offices and halls in Kumanovo; other municipalities.

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OBJECTIVES:
Empowering the social impact of the municipality, the authorized Institutions and the non-governmental sector in attempt to make the process of implementation of social services to become more economic and easier, using the very nature of the social services as they are, in sense that they don't require enormous financial resources, but instead it is enough to use smaller direct financial investments, but on the other hand, to coordinate and empower the capacities and the resources of the local stakeholders, so they can join forces. By straightening that network and collaboration between the authorities, the Institutions and the NGO's, it is possible to increase the quality of the social care for all of the users and to save the expenses for implementing more social services, thus focusing on better ways and improving the level of care for people with disabilities, pupils with disabilities and elderly that is already in place.

TARGET:
People with disabilities under and over 18 years old, beneficiaries of the day care centers, pupils with disabilities that are included in the inclusive elementary schools, elderly people both living in the city and in the rural areas – who are not able to become beneficiaries of the Institution for elderly for various reasons and those who are already in placement in the Home for Elderly in our municipality.

DESCRIPTION (How does it work): Tackling three important groups, with different methodology and place for implementing activities.
The first one is about providing improved care for the beneficiaries with intellectual disabilities of the day care centers by adding trained stuff who are becoming mentors and are providing individual schooling and therapy instead of group work. That would make the day care centers places where beside providing and developing skills for independent living and self-advocacy, they will in time become places where the users can develop work skills by implementing professional rehabilitation program, work engagement, developing skills according their own personal preferences and sport inclusion.

The second refers to pupils with disabilities included in regular inclusive education, who are being supported and included in the educational process by providing personal educational assistants, one assistant per one pupil, and the teaching content is being mastered with the help of those engaged assistants. The goal is to include more pupils, engage more young people as assistants and cover more elementary schools in the municipality.

Third and the latest group are the elderly and frail people, most of whom are alone in their home without enjoyable conditions and with greater need for care. Creating Service for elderly people in their homes, will provide psychological and social support, help in performing daily duties, organizing better and more structured quality time which will improve their quality of life and developing the sense for belonging to the community. The leading group and stuff employed in the Home for elderly in Kumanovo is involved in training and advocating for the need of social, psychological and personal care for elderly people who are not able to become beneficiaries in
the resident home.

This activities are becoming more inclusive each year and supported by the municipality and the city council. The volunteers and public awareness campaign are being leveled up in order to influence the citizens and young people to become part of these social narrative.

INNOVATIVE ELEMENTS:
Formalizing and operationalizing cooperation between affected stakeholders, the beneficiaries and their families, the Institutions and care providers in one direction: improved homecare for elderly and people with disabilities regardless of their social status, ethnicity, gender, living conditions and place of origin.

Working groups formed for these purpose are in charge for designing Operative plans for according activities, which will be defined by their responsibilities, the way and level of participation of each of the involved parties and partners. Continual assessment and reporting of the achieved results, transparent information about the results and encouraged open discussion about all the subjects which could eventually be potential points.

The municipality of Kumanovo obliges and commits itself to provide support for the working groups in the process of implementation, organizing and implementing the meetings, the workshops and the remaining activities.

BENEFITS:
Charting a path to create conditions, resources – financial and human; knowledge and improved models of homecare for the vulnerable groups such as people with disabilities and elderly people, who are not able to take care for themselves and are in need of assistance. Employing young people and creating new job opportunities for them, encouraging volunteerism, straightening public awareness about the social impact each of us can have on the quality of life for everyone, social inclusion and justice, equal human rights for everyone, furthermore, equal opportunity for everyone for life with dignity and respect.