

RURALCARE PRELIMINARY ANALYSIS

Target population, needs and environment resources



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OBJECTIVES OF THE ANALYSIS



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Provide a detailed understanding of the **resources of the environment** and of the **information required to plan the intervention**



Identify prospective beneficiaries and their related features



Identify those resources of the environment able to contribute to the implementation of the project



Understand the starting point of the territories in which the intervention will be deployed



Provide useful contributions to the Project's scope

METHODOLOGY



METHODOLOGY



1 discussion group CEAS Tierra de Campos Norte and Sur



2 interviews to CEAS Norte and CEAS Sur officials



1 interview to the socio-cultural dinamisation officer



4 interviews in health centres



5 interviews to RuralCare prospective beneficiaries



Enquiry to 64 mayors



SAUSS dependency databases, socio-health resources databases, social resources guides, health services mapping.

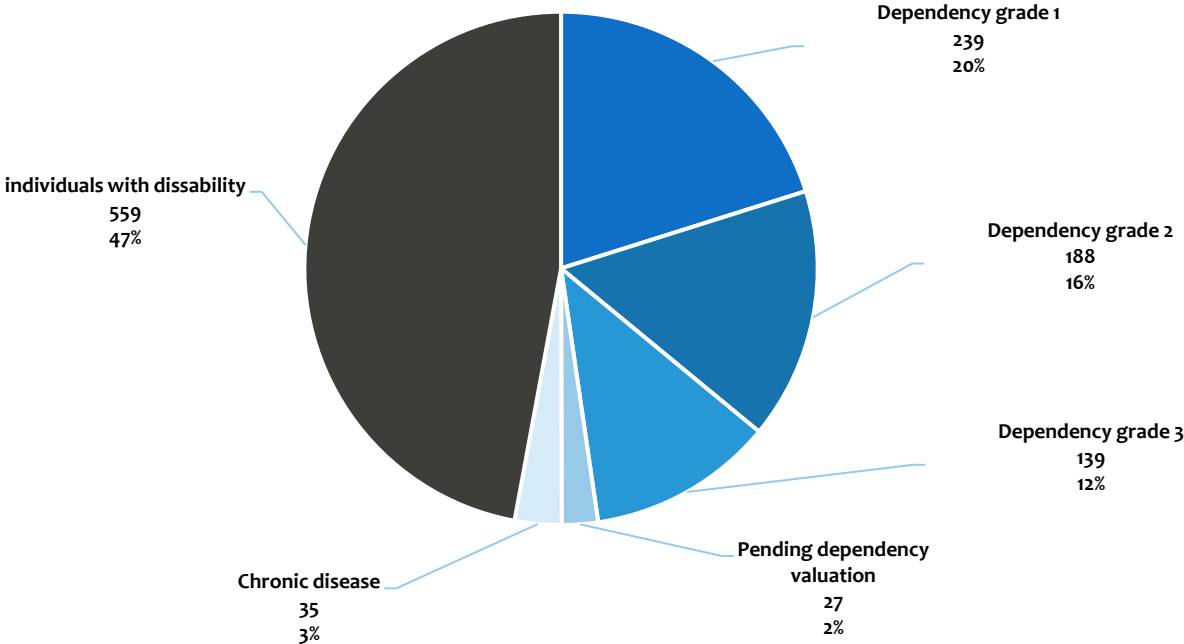
CONCLUSIONS



PROSPECTIVE BENEFICIARIES



Prospective beneficiaries: **1.187 individuals**



ENVIRONMENT



- ✿ Significant ageing
- ✿ Dispersed population
- ✿ Escarcely populated municipalities: 36 municipalities under 150 inhabitants

NEEDS and DEMANDS



- ✦ **More intensive and flexible domestic care services**
- ✦ Importance of an **active social support environment**
- ✦ Increase **support to caregivers**
- ✦ **Technical home support**
- ✦ Further demands: **company and support outside the home** and increased **day centre units**
- ✦ **Health perspective:** Home-delivered physiotherapy, strengthen health benefits, recover home-visit frequency
- ✦ **COVID-related increased needs: loneliness and social activity drastic reduction.**

AVAILABILITY OF SERVICES AND RESOURCES



 Resource availability is generally in proportion to the size of the municipality

Basic services

- **Most citizens have access to food supply, pharmacy, bar and culture basic services.**
- Most services are delivered **in mobility**
- **Nevertheless, many citizens do not have access to pharmacy (30%), butchers (30%) or cultural activities (40%)**

Health services

- All municipalities have full Access to **public health**
- LTC Centres: **4 day centres (65 places), 8 elderly homes (529 places) y 1 supervised home (8 places)**
- **Sufficiently endowed with residential units**

Community resources

- **Strong presence of pensioners' associations**
- 24 municipalities have access to **neighbourhood associations**
- **16 NGOs or associations** implementing actions aimed at citizens requiring support

SERVICES ACCESS AND CONSUMPTION



- ❖ Most demanded resources **public health practice, religious services and social services**
- ❖ **Limited access and consumption of: day centres, dentist, physiotherapy and banking services**
- ❖ Main reason behind such limited use is restricted availability.

THE PANDEMIC'S IMPACT OVER RESOURCES



- ✿ COVID has significantly reduced resources availability and has consequently limited access to them

Health system

- **Sobrecarga del sistema sanitario**
- **Reducción de visitas a domicilio y consultas presenciales**
- Esto ha **limitado calidad e intensidad de la atención sanitaria** a las personas con necesidades de apoyo
- **Las farmacias** aumentado su rol como **agentes de control y seguimiento**

Social system

- **Significant reduction in the number of cultural-leisure activities**
- **Limited access to volunteering and support projects**
- **Reinforced neighbourhood solidarity** for daily support

RECOMMENDATIONS





- Actively involve environment's actors in recruiting prospective users
- Programme tailor-made supports
- Restore pre-COVID resources and activities as soon as possible
- Involve key actors and provide them with the required supports
- Improve coordination and enhance use of existing resources
- Activate community resources and make them available to the project
- Data collection

ACTIVELY INVOLVE ENVIRONMENT'S ACTORS IN RECRUITING PROSPECTIVE USERS



- ❖ Main role played by **social services, the socio-cultural dynamisation officer and health services**. Active knowledge
- ❖ **Further prescribers:** pharmacies, neighbourhood associations, priests and food supply centres or street vendors.
- ❖ Underline the importance of **communicating the benefits: flexible tailor-made supports which are adapted** in order to continue **residing in the same environment**
- ❖ Information must flow in a **personalised manner and through various different channels**, reinforcing the messages

PROGRAMME TAILOR MADE SUPPORTS



- ❖ **Enhance service intensity, flexibility and personalisation**
- ❖ Emphasize how individuals must **express their needs and how they wish to be supported**
- ❖ Empathy and proximity between professionals, beneficiaries, caregivers and individuals in the environment
- ❖ **Home-delivered supports** must be **flexible in terms of schedule and tasks**, aiming at **caring the beneficiary** but also providing **support to the caregiver**.

RESTORE PRE-COVID RESOURCES AND ACTIVITIES AS SOON AS POSSIBLE



- ❖ The pandemic had a stronger impact over citizens requiring care
- ❖ It is imperative to **recover all of the pre-COVID activities** (social reunions, meeting spots, volunteering, assistance services)
- ❖ **Under no circumstances can it be a turning point in service availability.**

INVOLVE KEY ACTORS AND PROVIDE THEM WITH THE REQUIRED SUPPORTS



CEAS

- **Essential actors** in the Project's implementation: direct contact with users, pool of services design, RuralCare service delivery follow-up, etc.

Sociocultural dynamisation officer

- Key role dynamising neighbourhood groups, link with social institutions, promoting access to resources and participation
- Since there is only one officer and account taken of the importance accorded to community dynamisation, **it is highly recommended to reinforce this role with support from CEAS or with added resources.**

Health system

- Main role in beneficiaries health monitoring
- Bear in mind **exceptional overload situation**
- It is recommended to **involve the social worker** in participants' formal coordination and monitoring mechanisms

Town halls

- Mayor act as a proximity figure
- **Prescriber role** in the project, main role in **municipality dynamisation**
- They must be **involved from the outset of the project, and must be provided with Project updates.**

IMPROVE COORDINATION AND ENHANCE USE OF EXISTING RESOURCES (1)



- ❖ **Improve coordination between social and health services**
 - Current coordination is informal, with limited exchange
 - Mechanisms that allow socio-health information exchange are required and a more active role of social services in early detection of needs is also required.
- ❖ Improve **physiotherapy** resources increasing home visits and delivering training

IMPROVE COORDINATION AND ENHANCE USE OF EXISTING RESOURCES (2)



- ❖ **Transportation services (buses):** scarce and lack accessibility. It is a priority to solve such barrier: promoting **accessibility** of buses or **accessible taxis network at reduced prices**.
- ❖ **Courses and workshops,** must be increased in order to reinforce community dimension

ACTIVATE COMMUNITY RESOURCES AND MAKE THEM AVAILABLE TO THE PROJECT



- ✿ **Design and awareness-raising plan**, dynamized by the CEAS, the sociocultural dynamisation officer and the Project's assigned staff.
- ✿ **Reinforce the community scope by activating resources in the environment:** associative tissue and neighbourhood solidarity
- ✿ **Reinforce social-mandated institutions**
- ✿ Investigate formulas to **dynamise the community and promote volunteering**
- ✿ **Reinforce neighbourhood solidarity networks**

DATA COLLECTION



- ❖ Underline the importance of **data collection and systematization** throughout the intervention process
- ❖ **Objective: measure territory bound results** in terms of existing resources and beneficiaries participation in those.

Para que puedas prestar mejores servicios a las personas

Nuestro compromiso, cualificación y experiencia en la temática social nos avalan



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