



The coordination within the territory of the agents involved in RuralCare

Provincial Council of Valladolid

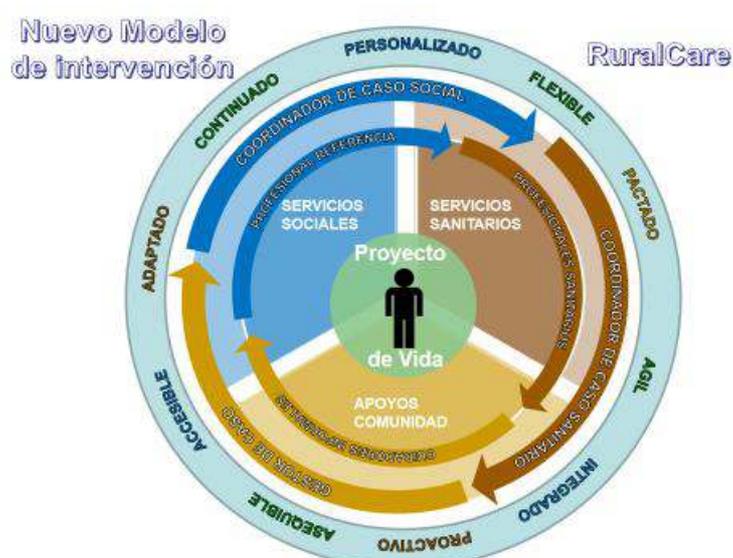


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RuralCare means that what social service professionals have been working and dreaming of for years becomes a reality: putting people at the centre of professional connections and for them to be the ones who decide what, how, how much and when do they want to be supported. "A new integrated model of long-term social and health care, in line with principle 18 of the European pillar of social services." (p. 23, RuralCare Project). Services "at the service" of people's needs, in a job that not only shows what we can offer in our catalogues, but also asks people what they want and "their wishes" in terms of support can come true. The life story is present, being able to request a life project that truly belongs to the person and is of his/her choice, placing their expectations and wishes at the centre of the intervention plan, without losing sight of the community approach.

"Graph 5. Current situation in the provision of LTC services vs RuralCare approach" (p. 25, RuralCare Project)



In this project and from the perspective that the Valladolid Provincial Council holds as part of the consortium, because it is essential to highlight, as it has always been in proximity services and even more so in rural areas, the close coordination between all social agents. One of the elements that defines this model is committed to "activating community resources to promote an inclusive and united society" (p. 24, RuralCare Project). The rural Social Action Centres (CEAS), and more so in areas such as Tierra de Campos, with a very strong regional identity, have become a link between the users of our services and the community, linking with relevant institutions and agents in the area. From the Valladolid Provincial Council, the social case coordinators of the RuralCare Project have taken advantage of this synergy created over the course of decades, essential from the outset so that the support that people receive is necessary and complementary to that already existing.

In short, the coordination must be "perfect", so as not to generate confusion, take advantage of and jointly articulate all the existing resources, thus overcoming professional



suspicion. Fortunately, rural areas still shows its friendly side and its advantage, in an environment in which proximity makes it possible to get to know each other and establish an easy relationship, this makes it easier for communications between professionals in rural areas, at a general level, to be able to be fluid, close and trustworthy as the basis of the professional bond. The perspective of the intervention of the coordination of the social case, if it starts from the territory itself, is that the territory is the space of shared life, where endogenous resources emerge.

The different entities and organizations that act in the social field: the Town Halls, the CEAS that are members of the Valladolid Provincial Council, the Health Centres, the parishes, Cáritas, the local Red Cross associations, the patronages, the rural development centres of the Region of Tierra de Campos and other associations, the neighbours, have behind them professionals and/or people willing to provide a good service and/or help their neighbours. In short, articulate personal assistance for people preferably elderly, dependent, with disabilities or chronically ill belonging to this region.

In addition to the knowledge of the territory where we intervene, it is essential, through a previous analysis, to know the needs and demands of the population, the resources, existing and available supports, in order to be able to meet the objectives set. It is important to maintain a coordination or interaction of knowledge between the different agents in the area, pointing out in which areas they are intervening, with the aim of not duplicating actions.

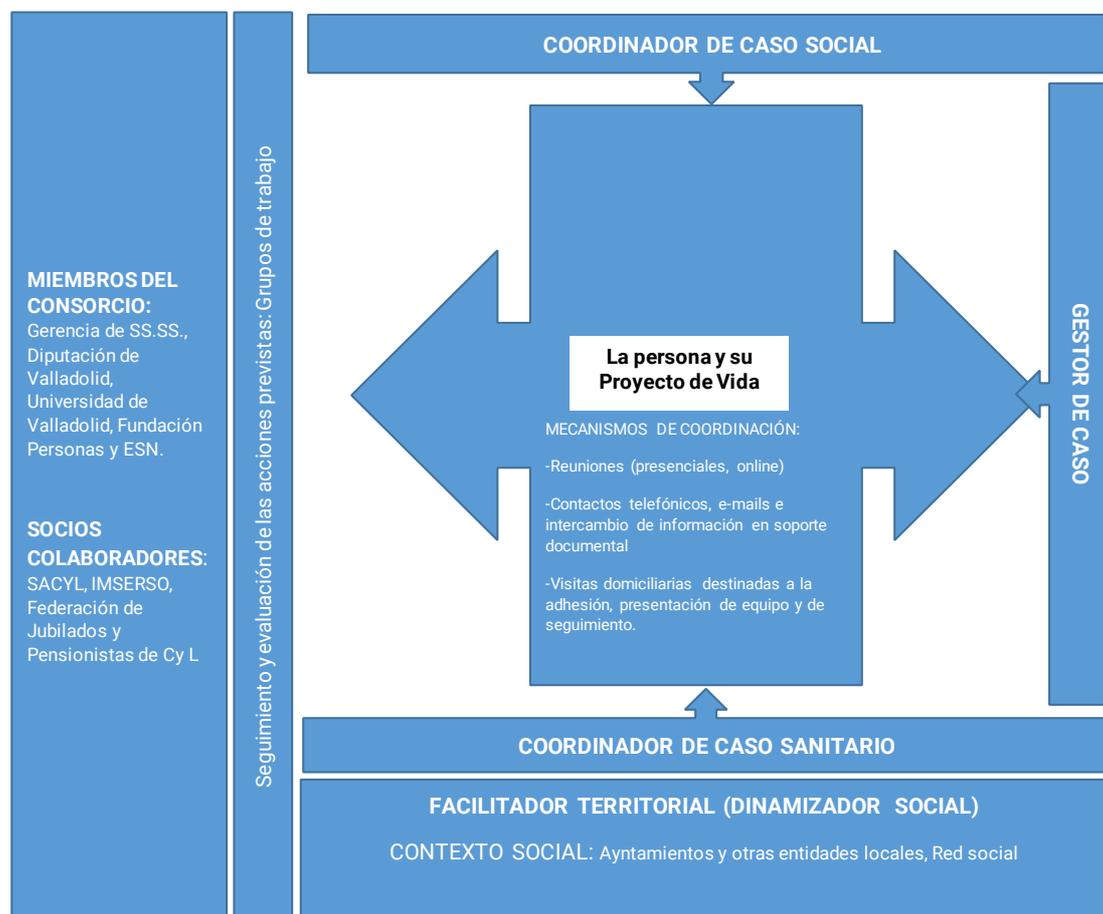
The social case coordinators, experts in coordinating at the community level, work as facilitators and liaisons with case managers and health case coordinators as members of the Team. The Project, with a large number of intervening agents, requires a new care model in which the necessary support is agreed so that the person can really develop their Life Project, within the environment that welcomes them. The provision of long-term care in rural areas does not only involve the user or beneficiary, but also the development of a sustainable system, taking advantage of existing communication flows and coordination processes, to advance in new procedures, which in the framework of this pilot experience, they are being provided from a participatory culture.

RuralCare assumes a high level of organization and coordination that rises through working groups with committees of direct, technical and evaluation level. Likewise, the "implementation of the Project requires the participation of a series of professional roles with specific functions" (p. 29, RuralCare Project). It is essential for social case coordinators to maintain continuous coordination with all agents. "The Project, this figure highlights, within the Primary Care Social Services System, is considered essential for the operation of the new model." Among the fundamental areas is the activation of the community through the territorial facilitator and in coordination with the case manager" (p. 30, RuralCare Project).

This coordination work on the field of practice of professionals and between entities for the promotion of the RuralCare service, identifies the work carried out in order to highlight a model for living "comfortably at home" in other territories, enriching attention to the person with the set of contributions that in this pilot experience is being carried out from the partner entities.

In this context, both social services and health services maintain the responsibility to support the person with care mechanisms from proactive and coordinated action, a characteristic that defines the actions of the professionals who work in RuralCare. "Social care and comprehensive sanitation in support plans is the basis on which to build the articulation of public protection systems." (p. 27, RuralCare Project). From this perspective, this style of work is being prioritised.

In order to consolidate this care integration model from the subsequent perspectives: social



and health, a new relationship mechanism has been established, formalized in the Social and Health Coordination Protocol, currently in the implementation phase. The joint action of the institutional model of the RuralCare Project has improved the development of this comparative management system, ensuring the complementarity, globality, comprehensiveness and convergence of social and health services.



This collaborative work model has been recently approved by the Social and Health Coordination Commission, defining the roles and functions of the professionals in each area, made up of direct care professionals: social case coordinator and case managers from the social field, and the coordination of health case from the health field. These professional profiles implement the formulas designed based on the professional experience demonstrated and validated throughout the development of the Pilot. Also define the information that must be shared and validate the connection documents, such as the basic social information file and the nursing care plan. Integrate recommendations, orientations, contacts and retro directional communications with feedback throughout the intervention, with the person and at the moments defined in the gear of the socio-health collaboration: adherence phase, life project and support plan, and development and follow-up phase.

In short, we are talking about a process but mainly about a new style of work; creating an organizational culture that integrates actions from all aspects, with agile and flexible management, whose ultimate goal is that the person attached to RuralCare only has to ask for what they need. From the closest environment of the person; the family and caregivers are involved and integrated into this culture.

" To generate safe homes for the protagonists with whom we share, through the RuralCare Project, lives with meaning ".