

# Specialised Social Services: need, policy, case studies

**Prader-Willi-Syndrom** 

# Dr. Norbert Hödebeck-Stuntebeck Diakonische Stiftung Wittekindshof, Germany









**EURORDIS Membership Meeting 2013** 

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# Prader-Willi-Syndrom - Introduction of the syndrome -

### Main symptoms of the Prader-Willi-Syndrome

- Genetic disorder
- Rare disease 1: 20.000
- Eating addiction
- Mental handicap (80% mild or moderate)
- Cognitive deficits (low cognitive flexibility)
- Problems in changing the perspective (emotional perspective)
- Mood instability
- Low competence of self regulation/ self-control
- Challenging behaviour (main problem in families or not specialized support)
- Metabolic disturbances
- Growth hormone and sexual hormone deficits
- Skin picking
- Diabetes
- Sleep apnea
- ...

Multiple handicaped people



# The past

# - Without specialized social services -



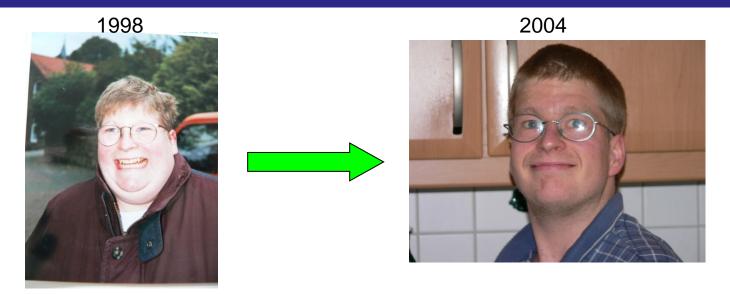


Ian on arrival



# The future

## - with specialized social services -











Name of Service: Diakonische Stiftung Wittekindshof

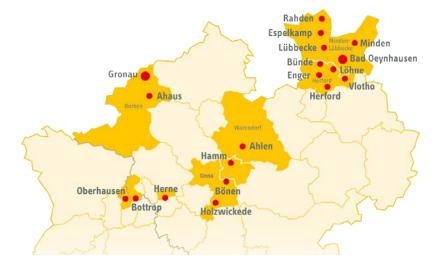
**Country: Germany** 





# Foundation 1887 in Bad Oeynhausen

# **Today 65 places in North Rhein Westfalia**





Name of Service: Diakonische Stiftung Wittekindshof

**Country: Germany** 

#### Type of Service:

- the whole institution "Wittekindshof": Adapted Housing (AD) / Respite Care Centre (RCS) / Therapeutic Recreation Program (TSR) / Recource Centre (RC)
- Prader-Willi-Syndrom (mainly): Adapted Housing, but also RCS/TSR/RC

Type of institution: Private foundation

Origins of funding: public funds (98%), individual donors (2%)

#### Cost for beneficiaries:

- <u>Adults</u>: 0€if they are not wealthy; Parents from adults pay 59€per month (group homes) if you rent your own appartement it depends on your financial situation
- <u>Children</u> pay nothing but Parents from children: it depents on the financial situation of the parents.

Costs for the service (living) between 1000 and 5000€ per month.



Dates/Times of the Year: all year long

Target Population: 3500 patients at different locations with different kind of handicaps most with mental handicaps

- 68 of them with Prader-Willi-Syndrom

### **Age-Groups:**

- in the whole institution: 1 to 103 years
- in PWS: from 12 to 48 years















Rare Diseases Europe

Dates/Times of the Year: all year long

Target Population: 3500 patients at different locations with different kind of handicaps most with mental handicaps – 68 of them with Prader-Willi-Syndrom



• in the whole institution: 1 to 103 years

• in PWS: from 12 to 48 years

Countries of Origin: Germany, with the focus of the state of

North Rhein Westfalia

Webpage: www.wittekindshof.de/pws









## MAIN FIGURES





**Total Budget/Year:** 

Institution: 150 millon €

PWS: 4,5 million €

**Total Nr. of Beneficiaries/Year:** 

**Institution: 3500** 

**PWS: 68** 

**Total Nr. of Permanent Staff:** 

Institution: 3000

**PWS: 80** 

**Total Nr. of Intermittent Staff:** 

**Institution: 100** 

**PWS: 0** 

Nr. of Volunteers/year:

**Institution: 100** 

**PWS: 0** 



**Date of Start: August 1998** 

#### **Created by:**

Foundation Wittekindshof with the projektmanager: Dr. Norbert Hödebeck-Stuntebeck),

The PWS Parent Association Germany were involved in initiating this process

#### **Short History:**

- •Start 1998 group home 6 adult people with PWS rurale, country side placement with working places in a sheltered workshop (Schloss Benkhausen)
- •2000 second group home 8 places (6 small group + 2 apartment places) places in the village (Lübbecke)
- •2003 starting <u>seminars for parents</u> and for <u>people with</u> PWS
- •2007 starting <u>support</u> for people with PWS and their families in the family
- •2008 starting the curricula for the staff in PWS







- •2008 group home 12 places (small groups of 2 + 4 + 6 places) in the centre of a city (Herne)
- •2010 group home for children and youth 7 places in a city (Gronau)
- •2013 12 places (6 x 2 apartments) in the centre of a city (Oberhausen)
- •At each city (Lübbecke/Herne/Gronau/Oberhausen) where we have PWS offers we organised it as a form of a Ressource Centres (RC)
- Organisation of national and international
- •conference every year since 2008.





## **Characteristics of quality today:**

- •Differentiation in the group homes in samll groups at each facility and for special need for people with PWS like: high function, slow tempo, young adults, ....
- •School or work offer at each facility.
- •Consulting for people with PWS in their families and for the families at each facility (Resource Centre)



Were patients involved in the creation process?

**Indirect by the PWS parent association** 

In 1996 <u>we had a patient</u> with PWS (what was totally unknown for us) and there were also an <u>initiative from the PWS parent association Germany</u> to our institution "Can you help"

There were a first information about the syndrome by parents (parent association) The result was "We have to do"

The patients were in the way involed as they live with us and we learn with them.

Many things we do today – we do because we learnd in the interaction with them. "Ask them!!!" was the most important note I gave to the staff.







# GOVERNANCE AND MANAGEMENT of the institution (Diakonische Stiftung Wittekindshof)





**Currently managed by: Foundation** 

Funded by: public funds, individual donors (small part)

Governance structure: (nr of people and general profiles of board members and members of advisory committee if there is one)
Two Directors (Theology, Economic)

7 Ressort Leaders (second level) (Theology, Economic, Paedagogic, Law)

**Unit managers (third level) (paedagogic, nursing)** 

Are patients/patient representatives involved in the governance process? Patients are involved by "Patients advisory board", (for work, for living) people with PWS were temporarily members of this board.

Parents advisory board

How many? The "patients advisory board" (work/ living) have each 12 members and they will be elected by all patients of the whole institution.

The "Parents advisory board" has 10 members, elected from all parents.

What is their role and their scope of action?

All advisory boars have periodically meetings with the first and second level of the management. They get information about the economic numbers and about the new plans of developments in the institution and discuss this with the government of the institution. They develop ideas gave reflections to themes: living, working

nutrition, roles, ...

## **QUALITY ASSESSEMENT**

Are patients evaluating the service after attending? No

Is the service accredited by any authority performing quality control?

Yes, by different authorities of the public government (in processes and in structures)

Is the service connected to a Centre of Expertise/Hospital?

The whole institution: Yes, by different Centres

#### **Special to PWS**

- University of Essen Faculty of Human genetics: getting diagnosis and work together to develop new research themes in PWS
- University of Essen Faculty of Endocrinology: communication and information about hormones and hormone-treatment
- St. Bernward Hospital in Hildesheim: working on individual nutrion-treatment by children and adult with PWS
- -Heart and Diabetes Centre of North Rhein Westfalia, Bad Oeynhausen: interacting by questions of diabetes, make research together

- ...



## **QUALITY ASSESSEMENT**

-The cooperation with all this extern experts helps to increase the quality of care in a high level.

We are working as a "Centre of Expertice" for other PWS group homes, for people with PWS, for parents, for teachers, ... in themes of psychology and paedagogic.

People with PWS are involved in this development of concepts for other PWS offers





## 1) Rights and Personal Identity

The existing offers are open for all people with diagnosed PWS (children and adult) from North Rhein Westfalia.

There are individualized support concepts for everyone with PWS.

We support other institutions in regions where no special offers for PWS are.

We build up new PWS offers in regions where no institutions are.



### 2) Person/Family Centeredness

#### In the PWS group homes:

Individualized support concept which includes: nutrition, physical activities, behavioral treatment, work/school, ...

Lifespan orientated offers: for children, youth and adults, school, work training, work ...

what we have to develop is a training for the early childhood and the childhood period.

Periodically "parent/ family days" in the group homes Individualized face to face meetings between parents and professional caregivers

#### In or for the families:

individulized counsulting with the child, youth or adult and the family



### 3) Holistic, Comprehensive, Integrated Approach

The staff is a multidisciplinary team: paedagogics, nurse, social worker, psychologists...

### Regular cooperation with:

- the school or the sheltered workshop
- Families
- Physicians
- Parent association

Getting and asking for information from external national and international experts

All the offers are "inclusive" offers (placed in the society), placed in the cities.



4) Governance Structure

(slide "Governance and Management")

Qualification/ education of the patient advisory board



## 5) Organisation and Administration

- The institution have a Mission statement of the Institution
- There is a Strategic masterplan 2013/ 2018/ 2026 for the whole institution
- We have a quality-management-system with internal auditing processes
- All patients have a regular service contract for living and or working
- We use a documentation system computer based
- We have Multidisciplinary Quality-Circles for: <u>PWS</u>, Autism,
   Challanging behavior, older people with handicaps, ...

## 6) Evaluation and Permanent Improvement of Quality

We are part of a Benchmarking process in Germany between social services

We have a quality-management-system with internal auditing processes for all processes and structures

We have a Curricula for the staff in PWS

We organize National and international conferences for PWS

We do research: "Change of perspective by PWS" Hödebeck-Stuntebeck, 2012

We start Developments of training programs: "Social competencies in PWS" Hödebeck-Stuntebeck, 2012



### 7) Connection to Centres of Expertise/Medical Institutions

#### We are in cooperation about PWS with:

- University of Essen Faculty of Human genetics: getting diagnosis and work together to develop new research themes in PWS
- University of Essen Faculty of Endocrinology: communication and information about hormones and hormone-treatment
- St. Bernward Hospital in Hildesheim: working on individual nutrion-treatment by children and adult with PWS
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#### Working together with:

- PWS association of Germany
- International PWS Organisation (IPWSO)
  - N. Hödebeck-Stuntebeck Chairman of Professional Provider Caregiver Board of IPWSO

Editing of the "Best practice guidelines for PWS"



## 8) Admission Procedures and Individual Assessment

Concept of the different parts of the PWS support

We have a regular and defined admission process

There is every time a personal contact before an admission

We have the chance to offer a short term support if helpful

Every time the patients of the group home are involved in this process



### 9) Training of Staff and Volunteers

#### We have a special PWS Curricula with 10 modules (130 hours)

- 3 Basic modules
  - Introduction into the PW syndrome (1/2 day)
  - Behavior analyses (1 day)
  - Behavior modification (1 day)

#### 7 Specialised modules

- communication (1 day)
- nutritionmanagement (1 day)
- neuropsychology (1 day)
- case supervision (1/2 day)
- internship in work or school (2 days)
- team supervison (3 days per year)
- De-escalation training (3 days)

New staff mambers have to use the basic modules in the first 3 month after starting the work in a PWS offer.

All 10 modules have to use in the first two years after starting work in a PWS offer.

The seminar leaders are internal and external PWS experts



### 10) Rare Diseases and Health Care Needs

The special health care needs are in the focus by the special members of the supporting team:

**Paedagogics** 

**Nurses** 

Specialist for nutrition in cooperation with a nutritionist

**Psychologist (in every team)** 

In case of the massive behaviour problems we are in contact with the local psychiatries

We have regular contact with the physicians of the patients if they allowed it.







# Thank you!

Dr. Norbert Hödebeck-Stuntebeck

norbert.hoedebeck-stuntebeck@wittekindshof.de





