

FROM 'PATIENTS' TO 'CO-CREATORS' OF INTERVENTIONS

INTEGRATED AND PERSON-
CENTERED CARE MODELS
POLICY RECOMMENDATIONS

BACKGROUND

Integrated and person-centred-care means putting people and communities, not diseases, at the centre of health systems and empowering people to take charge of their own health rather than being passive recipients of services. Based on the multiple, complex and multi-faceted components that constitute people's identities, person-centred frameworks acknowledge the diversity of PWUD and provide a wide range of support services. Furthermore, these care models address the negative impact of stigma and discrimination on access to health and social care, the dignity of PWUD and their right to participate in society fully.

Although not many would argue against the need for integrated and person-centred care, there are challenges and critical factors at different levels that continue to hinder implementation. These include ideological, political, structural, organizational and individual challenges.

cooperation and synergy between relevant policy domains (e.g., health, social and welfare, economy, justice), health and social care systems and related stakeholders.

→ The implementation of a new set of care practices under the framework of the social determinants of health, moving from a focus on disease to a vision that appeals to the person's holistic well-being.

→ Meaningful involvement of affected communities and people with lived experiences in developing and implementing policy and practice.

→ Adequate funding to develop, implement and evaluate integrated and person-centred care models. This funding should cover all expenses, thus ensuring an increased guarantee of sustainable and long-term services.

→ Critical factors for implementing integrated and person-centred care models must be identified and addressed at European, national and local levels. Ideological, political, structural, organizational and individual challenges must be considered.

→ A shift from ideology-based to person-centred and evidence-based policies, thus ensuring the implementation of effective interventions and creating more impact and better (health) outcomes.

→ A joint effort to fight stigma and discrimination and improve access to health and social services for people who use drugs.

POLICY RECOMMENDATIONS

Integrated and people-centred care models require:

→ Integrated and inclusive policy frameworks, ensuring a coordinated approach and multi-professional, cross-cutting and intersectional

PRACTICE RECOMMENDATIONS

Integrated and people-centred care models should:

- Be based on a proper needs assessment, including the perspectives of people who use drugs.
- Ensure a democratic work environment where the team and the client's participation is equally valued.
- Be evaluated regularly, building on the feedback and reports of service users.
- Be co-developed and co-designed by community members and peers.
- Include paid peer workers in their teams. Practice shows that teams composed of peers and other professionals provide a higher quality response because they increase proximity and relationship with drug user communities.
- Address the needs of people with diverse sexual orientations, gender identities, gender expression and sex characteristics to ensure a safe environment without discrimination and violence.
- Ensure multi-professional, cross-cutting and intersectional cooperation with other domains.

- Provide continuous and systematic training for own staff. The permanent acquisition of knowledge and new skills enhances service innovation processes by adjusting the quality of responses to clients'/community needs.
- Promote health literacy among staff and clients, thus ensuring that the person who uses drugs has sufficient skills and knowledge to make an informed decision about a given program of care.

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Correlation - European Harm Reduction Network

c/o De Regenboog Group

Stadhouderskade 159 | 1074BC Amsterdam | The Netherlands

correlation-net.org



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