KEY DRIVERS OF SOCIAL INNOVATION IN SOCIAL SUPPORT AND LONG TERM CARE

Alan Walker

Professor of Social Policy & Social Gerontology

University of Sheffield, UK

International Conference on the Old Age Unites, Prague, 22nd May 2019

KEY DRIVERS OF SOCIAL INNOVATION IN SOCIAL SUPPORT AND LONG TERM CARE

AGENDA

➤ Social Innovation

➤ Long Term Care: the Welfare State's Poor Relation

➤ Key Drivers of Social Innovation in LTC

➤ LTC and Active Ageing

KEY DRIVERS OF SOCIAL INNOVATION IN SOCIAL SUPPORT AND LONG TERM CARE

KEY MESSAGES

➢ LTC has always been the Cinderella service of the welfare state, a position that is not morally sustainable in ageing societies

➢ There is a fundamental division in Europe between those countries that have well-established, publicly-funded LTC systems with dedicated funding, and those for which LTC is a new and developing (or stagnating) sector with insecure and often insufficient resources

➢ Lack of public funding is a barrier not only to traditional LTC services but also to SIs – it is essential therefore to boost funding

➢ Social innovation may be seen as a positive approach to LTC but it may also be seen as substitute for public investment

➢ It is important to evaluate the impact of SIs

➢ A critical element of LTC policy is active ageing – to prevent the need for LTC
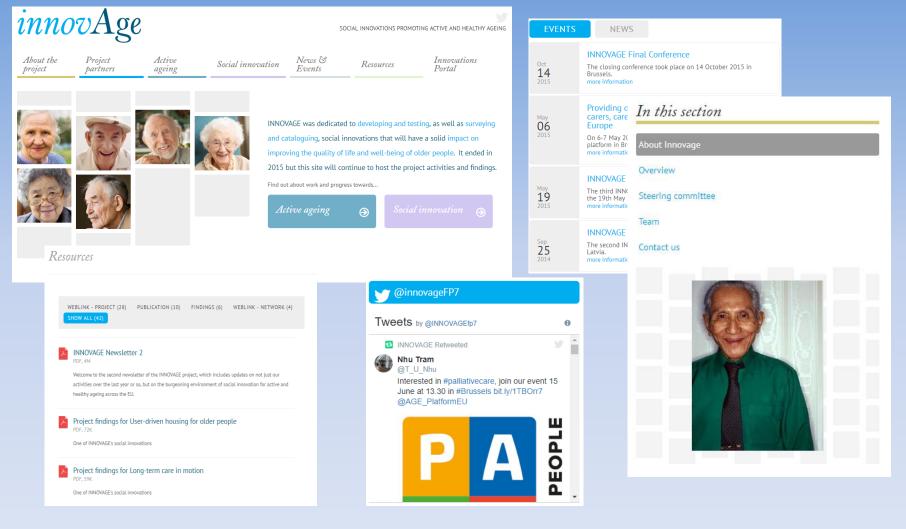
MOPACT RESOURCES

http://mopact.group.shef.ac.uk/

INNOVAGE

Social Innovations for Active and Healthy Ageing

http://www.innovage.group.shef.ac.uk/

THE EUROPEAN INNOVATION PARTNERSHIP

"**Innovation** contributes to **tackling the most critical societal challenges** we are facing. Europe's expertise and resources must be mobilized in a coherent manner and synergies between the EU and the Member States must be fostered in order to ensure that innovations with a societal benefit get to the market quicker. The **launch of the pilot Innovation Partnership on active and healthy ageing is an important step** in that context."

European Council, 4 Feb 2011

SOCIAL INNOVATION

Social innovation is about new ideas that work to address pressing current needs... innovations that are both social in their ends and in their means. Social innovations are **new ideas** (products, services and models) that simultaneously **meet social needs**... and **create new social relationships** or collaborations. (Murray, et al, 2010.)

...the development and implementation of **new ideas** (products, services and models) to **meet social needs** and **create new social relationships** or collaborations.... Social innovations are innovations that are social in their ends and their means. (European Commission, 2013: 6)

SOCIAL INNOVATION AND ACTIVE AGEING

Active ageing should be a comprehensive strategy to **maximise participation and well-being as people age**. It should operate simultaneously at the individual (lifestyle), organisational (age management) and societal (policy) level and at all stages of the life course. (Walker, 2009; FUTURAGE, 2011)

Social innovations are ideas, products, services or models that are new or applied in new contexts, and which are **designed to improve the well-being and quality of life of people as they age**.
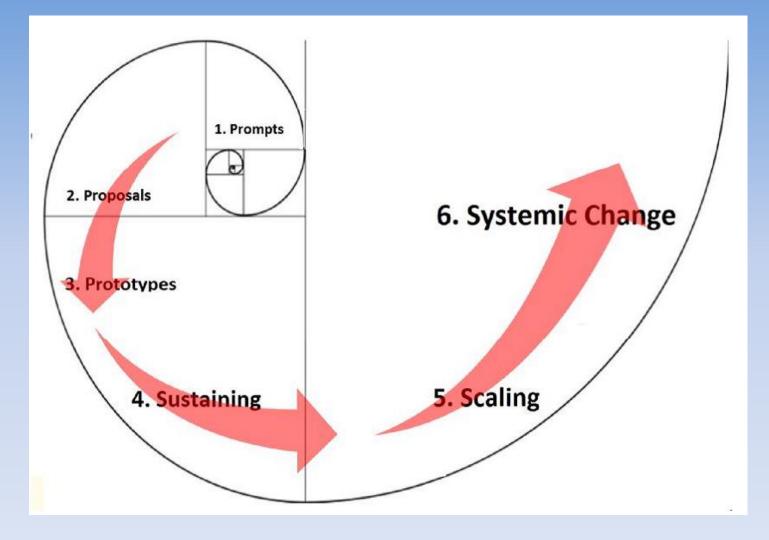
SOCIAL INNOVATION AND LTC

CRITERIA

➢ Oriented towards exceptional societal challenges

➢ Suggests approaches that are 'new' in a particular societal, cultural and economic context

➢ Creates new social practices to overcome shortcomings in traditional arrangements

➢ Overcomes traditional dichotomy between social and technological innovations

➢ Promotes integration or collaboration between stakeholders that have previously not cooperated

➢ Includes reflexive and multidisciplinary approaches

➢ Creates structures and processes that are sustainable

➢ Involves end-users as co-producers

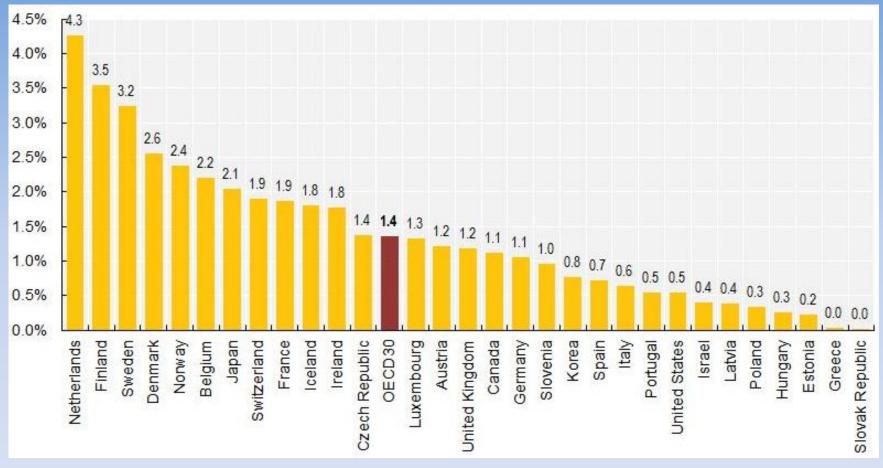**Source: Heinze & Naegele, 2012**

THE INNOVATION SPIRAL

WEB PORTAL

PUBLIC SPENDING ON LTC AS % GDP

Source: OECD Health Statistics 2018

CHALLENGES CONFRONTING LTC

➢ Low Policy Priority: Enduring Care Gap

➢ Population Ageing and Multimorbidity

➢ Increase in Older People Living Alone

➢ Gendered Nature of LTC

➢ Division Between Health and Social Care Systems

➢ Workforce: shortages, low skill, variable quality

THE CARE GAP

RECIPIENTS OF LTC 65+ AS % OF TOTAL 65+

Austria	17.9	Bulgaria	3.9
Germany	12.3	Romania	1.2
Netherlands	19.5	Italy	14.3
Estonia	7.8	Lithuania	1.6
Spain	8.1	Latvia	5.3
Portugal	1.3	UK	17.5
Hungary	10.1	Finland	12.0
Czechia	13.5	Sweden	15.2
Slovak Rep	6.7		

LONG TERM CARE REGIMES

	Demand for care	Provision of informal care	Provision of formal care	Acknowledgement of LTC as a social risk	Countries
Standard-care mix	Medium – high	Medium	Medium	Early movers	Germany, Austria, France, UK
Universal-Nordic	Medium	Low	High	First movers	Denmark, Finland, The Netherlands, Sweden
Family based	High	High	Low	Late movers	Spain, Italy, Portugal, Ireland, Greece
Central & Eastern European (CEE)	Low – medium	High	Low	Starters	Hungary, Poland, Czechia, Slovakia, Romania, Bulgaria, Estonia, Latvia, Lithuania

Source: Further developed based on Lamura, (2007), Nies et al. (2013), Schulmann et al (2019)

DRIVERS AND BARRIERS OF SI IN LTC I

KEY FACTORS	DRIVERS	BARRIERS
Co-ordination/integration	• Uses integrated care model	• Fragmentation of LTC system; • Lack of co-ordination
Design	• Evaluation built in to design • Efficient use of ICT • Universal access • Expert input and feedback • Quality management • Rigorous use of evidence	• Lack of incentives • Recruitment difficulties • No evaluation • Design ill-suited to meet needs
Framework conditions	• Legislation recognising services • Draws on existing resources (HR, infrastructure) • Autonomy of affiliated organisations	• Unfavourable policy context • Lack of harmonised data • Ill-defined identity of SI (eg legal status)
Funding	• Affordability for end user • Raising private funds • Public-sector co-financing • EU-level funding	• User payment required • Insufficient funding • High implementation cost • Difficulty transferring from EU to national funding
Leadership	• Institutional leadership (often third sector)	• Lack of leadership

DRIVERS AND BARRIERS OF SI IN LTC II

KEY FACTORS	DRIVERS	BARRIERS
Local/community focus	• Adapted to meet local needs • Strong sense of community ownership • Broad community involvement	• One size fits all approach
LTC specificity	• Incorporates a CC model • Case management component • User-centred care plan	• No acknowledgement of LTC as a public priority
Network	• Well established/active stakeholder network • Public-private partnership • Contribution of volunteers • Formalised partnerships • Multi-sector cooperation	• Absence of networks, existing collaborations
Sustainability	• Successful transition from pilot • Integration into publicly provided services	• Short duration leading to lack of continuity • Lack of dissemination
Target group	• Well defined	• Restricted coverage • Resistance to participation • Low computer literacy
User involvement	• User-led element • User impact and feedback	• Absence of user inputs
Workforce	• Multidisciplinary project team • Attention to sustainability	• Unskilled/ill-supported informal carers • Insufficient HR

Source: Schulmann et al, 2019

IMPROVING PROSPECTS FOR SI IN TRANSITION COUNTRIES?

MACRO LEVEL

➢ **Identity and value building**: signs of policy awareness and some actions

➢ **Policy and governance**: retrenchment in some countries but new investments in others

MESO LEVEL

➢ **Processes and pathways**: emerging role of NGOs as coordinators between public authorities and LTC service users, and organising training for professionals. Innovative pilot programmes initiated by NGOs

➢ **Management and leadership**: little evidence of innovation

➢ **Education, resources and means**: NGOs often fill the gap in mapping needs and providing training

MICRO LEVEL

➢ **Organisational structures**: new cooperations between NGOs, other stakeholders and local public authorities

➢ **People**: growing recruitment and involvement of volunteers in management of initiatives and actual provision of LTC

Source: Schulmann & Leichsenring, 2014

EXAMPLES OF SIs IN TRANSITION COUNTRIES

Home Care and Assistive Services – Bulgaria

➢ Bulgarian Red Cross (Vratza Region)

➢ Provision of health and social care services at home

➢ SI status: new solution to major societal challenge, new social practices to fill gap in traditional arrangements, new roles and partnerships, new structures and processes

➢ LTC challenges: multidisciplinary, user centred, tackling barriers between health and social care, strengthens users/patients capacities, case management, evaluated

➢ Benefits: enables older people to live independently, reduces health care costs, new job profile 'home helper', staff training, framework for sustainability

EXAMPLES OF SIs IN TRANSITION COUNTRIES

Integrated Help-at-Home - Lithuania

➢ Local municipalities (21 out of 60) European Social Fund

➢ Mobile teams to provide wide range of health, social care and counselling

➢ SI status: meets exceptional social challenge, new solutions in a particular societal, cultural and economic context, new social practices to fill gap in traditional arrangements, promotes integration/partnerships in services, multidisciplinary, end users as co-producers, sustainable framework

➢ LTC challenges: user-centred, overcomes barriers between health and social care, care needs assessed by multidisciplinary team, strengthens capabilities of service users, quality assurance guaranteed, integrated single access point

➢ Benefits: funding helps to overcome silo thinking and allows carers/facilitators to respond to specific user's needs, multi-functional teams provide different services to support quality of life of older people, nurses provide services that were previously available only in hospitals, creation of new social ties and local relations based on solidarity

POLICY PRIORITIES FOR SI IN LTC

➢Establishing and Expanding LTC Systems

➢Realising Community-Based Care

➢Integrating and Coordinating LTC

➢Up-skilling the Workforce

➢Emphasise Active Ageing

REALISING COMMUNITY-BASED CARE

➢ Differences between care regimes but nowhere mainstream

➢ Hampered by centre-local blockages – need for a clear division of responsibilities: local authorities should <u>plan</u> and <u>coordinate</u> care services with national <u>funding</u>

➢ Need for community infrastructure of all stakeholders

➢ Key to community-based care is embeddedness in local infrastructure

➢ Essential to systematically evaluate SIs and scale-up successful ones with public funding

➢ Service planning should be based on needs assessments that involve services users and carers

➢ Appropriate regulatory and financial support from national governments

INTEGRATION AND COORDINATION OF LTC

➢ Fragmentation of services a major barrier to effective care

➢ LTC divisions: health and social care/formal and informal care

➢ Need for SIs in coordination and integration

➢ Expand networks of social support

➢ New job profiles: case manager, network coordinator, social animator, mediators – identified as key to successful SIs

➢ Divisions of governance: health/social care, centre/local – overcome barriers by inter-sectoral dialogues and a SI Fund for LTC

LTC WORKFORCE

➢ Shortages of qualified care professionals in all care regimes

➢ Dangers of privatisation: race to the bottom with low skilled, low paid, insecure workforce. A poor workforce will provide poor care

➢ Problems of migration: migrant care workers a solution to staff shortages in destination countries but exacerbate the shortage in sending countries (largely CEE)

➢ Neglect of need for LTC in rural areas: need for SIs

➢ ICTs and staff training: can be a barrier if staff not trained

ACTIVE AGEING AND LTC

➢ Focus on the life course with the aim of <u>preventing</u> the need for LTC or reducing the degree of need

➢ The neglected role of secondary prevention: it is never too late

➢ Great potential for intergenerational support in active ageing programmes

➢ Mixture of top-down support and bottom-up innovation in approaches to active ageing

➢ Active ageing focus aids coordination and integration of different sectors

KEY DRIVERS OF SOCIAL INNOVATION IN SOCIAL SUPPORT AND LONG TERM CARE

AGENDA

➢ Social Innovation

➢ Long Term Care: the Welfare State's Poor Relation

➢ Key Drivers of Social Innovation in LTC

➢ LTC and Active Ageing

KEY DRIVERS OF SOCIAL INNOVATION IN SOCIAL SUPPORT AND LONG TERM CARE

KEY MESSAGES

➢ LTC has always been the Cinderella service of the welfare state, a position that is not morally sustainable in ageing societies

➢ There is a fundamental division in Europe between those countries that have well-established, publicly-funded LTC systems with dedicated funding, and those for which LTC is a new and developing (or stagnating) sector with insecure and often insufficient resources

➢ Lack of public funding is a barrier not only to traditional LTC services but also to SIs – it is essential therefore to boost funding

➢ Social innovation may be seen as a positive approach to LTC but it may also be seen as substitute for public investment

➢ It is important to evaluate the impact of SIs

➢ A critical element of LTC policy is active ageing – to prevent the need for LTC

KEY DRIVERS OF SOCIAL INNOVATION IN SOCIAL SUPPORT AND LONG TERM CARE

THANK YOU

Děkuji

http://www.innovage.group.shef.ac.uk/

http://mopact.group.shef.ac.uk/