

MoPAct Policy Brief: 7

Potentials for active ageing by social innovation in long-term care and social support

Policy priority Recognise that innovations and investment in LTC constitute an asset for ageing societies by contributing to employment, reducing poverty and inequality, strengthening inter-generational balance, and eventually to efficiency gains in public expenditure on health and social care.

Summary:

There is an urgent need and a strong potential for innovation in the following four areas within LTC:

- a) expansion of services, b) coordination and integration of services, c) implementation of community-based care, and d) employment and professional training.

Among the countries reviewed as part of this work package, there is a clear divide in terms of the presence of framework conditions (i.e. incentive structure) for promoting innovation within these four areas in LTC. This translates into 'frontrunner' countries (e.g. DE, NL, AT) that have made strides towards scaling-up complex, partly integrated service innovations, and 'laggard' countries (HU, RO, ET) where innovations tend to be less complex, operate on a small-scale often without public support, and are vertical or isolated interventions.

EU institutions have an important role to play in supporting Member States by fostering transfer of knowledge between countries, and in promoting national frameworks for improving LTC by embedding incentives for innovation that take a longer-term perspective.

Active Ageing and Social Innovation in LTC:

Neither the rhetoric of active ageing nor the current discourse on social innovation are considering the area of social support and long-term care (LTC) as a major source for new ideas and positive change in the social construction of old age. Within the EU FP7 research project 'Mobilising the Potentials of Active Ageing in Europe' (MoPAct) a group of researchers therefore set out to correct this image by describing, comparing and analysing the different approaches to fund, organise and regulate LTC regimes across Europe. The aim of this group has been to identify opportunities for and on-going practice of social innovation and active ageing in selected EU Member States.

In order to contextualise findings and to do justice to the huge differences within and between EU Member States it seemed necessary to analyse data according to better understand drivers of and obstacles for social innovation and active ageing policies in different 'care regimes' (see Overview 1; Bettio and Plantenga, 2004; Lamura et al., 2007).

Overview 1 Care regimes as a context for social innovation and active ageing policies

	Demand for care	Provision of informal care	Provision of formal care	Acknowledgement of LTC as a social risk	
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, Czech Republic , Slovakia, Romania, Bulgaria , Estonia , Latvia, Lithuania

Source: further developed based on Lamura, 2007; Nies et al., 2013.- *) Note: Ideal-typed examples, countries addressed in the study in bold letters.

The Nordic countries and the Netherlands that were first to acknowledge LTC as a social risk that calls for solidarity and universal coverage, a range of countries with a 'Standard care-mix' joined these 'early movers' as they started to implement instruments to fund and develop LTC towards the end of the last century. The Mediterranean countries have been coined 'family-based' as the (legal) responsibilities of families to provide care are most important, even if also in all other countries family care and subsidiarity principles remain the backbone of LTC provision. Finally, during the transition from communist regimes to market economies most Central and Eastern European countries have undergone profound changes in social security systems. Due to the complexity of LTC, the lack of political will and resources, LTC often remained a non-priority in this cluster of countries, a hidden if not 'forgotten' area. The notable similarities between the countries of each cluster do not preclude specific idiosyncrasies and differences, especially in terms of care demand, policy approaches, funding mechanisms or the levels of (de)familialisation and commodification of care (Meagher & Szebehely, 2013; Rodrigues et al., 2012; Rostgaard and Pfau-Effinger, 2011; Simonazzi, 2009).

For the purpose of this study LTC has been defined by considering a number of criteria to focus on the continuity of social and health care with the aim to overcome barriers at the interfaces between social and health care, and between formal and informal care (Schulmann et al., 2014; Leichenring et al., 2013). Given the nascent state of its development, LTC is an area with a wide range of opportunities for processes of 'social innovation' in terms of "new ideas (products, services and models) that simultaneously meet social needs (more effectively than alternatives) and create new social relationships or collaborations" (European Commission, 2011: 33).

Key-findings of research identifying the potential of social innovation in LTC and social support for older people are presented in the following. To realise these potentials we argue that mutual learning and the experiences of existing good practice should be considered in strategies towards 'establishing and expanding LTC as a system', 'facilitating integration and coordination', 'shifting to community-based care' as well as in 'creating and improving employment'.

Key Finding #1: Expansion of LTC services

LTC at the interface between health and social care, and between formal and informal care represents a strong case for social investment to extend the infrastructure both in quantitative and in qualitative terms. Even though the expansion of services as such cannot be seen as social innovation, a large number of initiatives can be identified that combine new approaches, new relationships between stakeholders or new technological applications to reduce gaps in access for marginalised target groups, professionalisation, information and communication. The potential for improvement through service expansion therefore consists in the following:

- A better definition of target groups in need of LTC would avoid under supply, inappropriate or in some cases even oversupply. Users should get needs-based access independently from the origin of their disability because different regulations for specific age groups, diseases or disabilities are causing a lack of coverage and appropriate support.
- Acknowledgement of informal carers as a specific target group for support measures would facilitate a better work-life-care balance for carers at working age, and older carers (spouses) could be prevented from strain that may cause that they end up in needing LTC services themselves.
- A better balance of service provision between metropolitan and rural areas, e.g. by means of appropriate financial incentives for municipalities and professional interventions at the local level, could avoid undersupply and re-strengthen social ties in rural areas.
- In many Member States there is a rising need for considering ageing citizens who are foreign-born as a target group for LTC services to avoid social exclusion.
- The role of the EU in such processes could be, apart from providing funding opportunities, to promote the usage of ICT and assistive technologies in LTC delivery, to ensure mechanisms for promoting LTC across all types of care regimes and to gather appropriate data for analysing supply and demand across Europe.

Key Finding #2: Re-orienting Europe's LTC systems towards community-based care

The potential for Social Innovation

Community-based care entails a model of care in which the locality – with its disparate stakeholders working together – serves as the nexus of support and care provision, and in which the confluence of formal and informal support and care, including volunteer services, is a central principle. Essentially, community-based care is one approach to meeting the needs of users receiving community care, i.e. care at home; an approach that emphasises person-centred care and the complementing of formal care services by making the most of resources and networks available in the user's local environment.

A clear distinction emerges between those countries that have already pushed for fully realised community-based care innovations (Care-mix, Universal), and those in which there remain considerable opportunities to do so (CEE, Family-based). Even among the former, community-based care models have not yet become mainstream practice and tend to be isolated to specific localities and regions. Transferability of best practices in this area is hampered by existing framework conditions that require concerted reforms at the national, regional and local levels.

National-level recommendations:

- Endow local governments with the authority to plan and coordinate care services, with at least partial long-term funding support coming from national sources;
- Incentivise civil society organisations and grassroots initiatives with financial support that extends beyond the traditional duration of pilot programmes (approx. 5 years);
- Incorporate systematic evaluation and a strategy for eventual scaling-up into innovation programmes receiving public funding.

Institutional-level recommendations:

- Develop community networks and create time and space for mediation and negotiation with all stakeholders involved;
- Service planning based on needs assessment involving users from within the community;
- Recruitment of personnel and volunteers from within the community;
- Incorporating solidarity, social participation and building on common social values as core principles.

Key Finding #3: The potential of integrating and coordinating LTC

Criticism about fragmentation hampering the appropriate delivery of long-term care, as underlined in the relevant literature, has been repeated in expert interviews and focus group discussions. The potential for social innovation and policy-measures to foster active ageing by coordination and integration therefore consists in improving independent living of older people at home by inclusive strategies involving new types of stakeholders, coordinating existing (or new and additional) services (e.g. case management) and improving the infrastructure such as the built environment as well as information and communication technology (ICT).

Recommendations

At the macro-level it is necessary to strike a balance between national framework legislation (funding, standard setting, controlling) and the local settings in which services, facilities and care relations are being organised and delivered. National governments need to embrace the concept of 'social investment', in particular in those countries where social support and LTC policies have not yet been fully implemented. First steps towards national strategies need to be underpinned by a profound inter-sectorial dialogue to shape appropriate national framework conditions and by tangible 'Social Innovation Funds for LTC'. In this connection, coordination between national authorities and EU funding opportunities needs to be enhanced as initiatives by local partnerships based on funding by EU programmes often do not find subsequent financial backing at the national level beyond the pilot phase.

On the meso- and micro-level, apart from the fundamental issues of stakeholder involvement and citizens' participation, the following recommendations for realising active ageing and social innovations that address issues of coordination and integration were deduced from the analysis of expert interviews and focus groups with relevant stakeholders in the participating countries:

- A focus must be put on 'the local', e.g. by activating and building on local resources and existing networks to promote the development of dedicated LTC structures;
- Information and consultation structures should be integrated under one roof ('one-stop shop' principle) based on inter-sectorial data systems;
- Bundling information at the interfaces must be professionalised by implementing new job profiles (e.g. case managers, network coordinators, social animators and mediators);
- The scope of LTC and integration needs to be extended by addressing new societal challenges in the community towards general issues related to ageing and intergenerational exchange including ICT applications, built environment, transport and employment.

By considering these features, investing in LTC policies offers major potentials to national and EU strategic objectives concerning growth, (female) labour market participation and the reduction of poverty and social exclusion.



Key Finding #4: Social innovation in the area of employment in LTC

Priority areas for social innovation in LTC employment

Training	Professional profiles	Governance and regulation	Networks and stakeholders
<ul style="list-style-type: none"> 'Specialised training' for LTC workers 'Integrated training' for formal carers' profiles National or local programmes for (further) qualification of formal and informal carers Web-based e-learning 	<ul style="list-style-type: none"> Recognition and regulation of household-based privately hired (migrant) care workers' profiles and skills (including qualification) Development of specialised LTC professional profiles Differentiation of professional LTC profiles 	<ul style="list-style-type: none"> Formal professional profiles specialised in integrated LTC (including migrant care workers) Multidisciplinary teams (case management) New stakeholders in LTC governance, including employment (main challenge: how to involve different stakeholders' groups into the policy decision-making process) 	<ul style="list-style-type: none"> For-profit and non-profit organisations/NGOs as providers of training programmes and new types of LTC services Mixed networks (private and public) involving local institutions and private (for-profit and non-profit) organisations to promote LTC employment and training A more systematic involvement of care recipients and informal carers

'Enablers' of social innovation in the LTC employment sector

Macro level	Micro-Meso level
<ul style="list-style-type: none"> Propensity to 'professionalisation of care' by investing appropriate resources to remunerate LTC providers Recognition of the crucial role played by privately hired (migrant) care workers in LTC, in particular in family-based care regimes, by implementing nation-wide programmes to fight undeclared work, support quality care provision (e.g. accreditation) and prevent care drain in migrants' countries of origin Adoption of specific national programmes or reforms to train family carers and low-skilled (migrant) care workers, e.g. via web-based e-learning initiatives Mainstreaming LTC policies, also by involving for-profit and non-profit providers in quasi-markets of care 	<ul style="list-style-type: none"> Positive attitude of local LTC organisations to join forces, e.g. to achieve better terms in working and employment conditions of LTC staff (e.g. federations of non-profit organisations) Inclination to develop and disseminate grass-root initiatives to tackle local LTC needs Presence of local projects and programmes to integrate migrant carers into local formal care provision Development of age-friendly environments Adoption of ICT and new technologies in the delivery of LTC at local level, accompanied by appropriate training of professionals involved

Recommendations for EU-level policy makers

<ul style="list-style-type: none"> Shift focus from acute care to prevention
<ul style="list-style-type: none"> Improve working conditions in LTC, by enhancing remuneration, work organisation and ergonomics
<ul style="list-style-type: none"> Revamp the public image of LTC, e.g. by celebrating success stories
<ul style="list-style-type: none"> Enhance multi-professional collaboration to overcome hierarchies between nursing, medicine, health and social care
<ul style="list-style-type: none"> Promote the development and strengthening of a LTC professional identity
<ul style="list-style-type: none"> Develop and disseminate new, more adequate LTC job profiles
<ul style="list-style-type: none"> (Re)train and educate: promote large scale programmes to train and re-train staff
<ul style="list-style-type: none"> Facilitate cross-border movement of LTC workforce, e.g. by extending application of the European professional card for LTC workers
<ul style="list-style-type: none"> Recognise the role of care migration, by promoting its integration and qualification
<ul style="list-style-type: none"> Stimulate initiatives for a more gender-balanced workforce
<ul style="list-style-type: none"> Promote the use of new technologies, e.g. ad-hoc training of care staff and investing in ICT use and tele-care
<ul style="list-style-type: none"> Strengthen efforts to improve the quality and quantity of care staff in rural areas
<ul style="list-style-type: none"> Harmonise LTC standards EU-wide (common understanding of services, guidelines and standards in LTC)
<ul style="list-style-type: none"> Recognise, value and support the role played by voluntary care work
<ul style="list-style-type: none"> Promote research and foster social innovation in LTC, encouraging international collaboration
<ul style="list-style-type: none"> Support the joint collaboration of micro-level initiatives into meso- and macro-level networks
<ul style="list-style-type: none"> Develop strategies to facilitate the transferability of experiences, e.g. by implementing a network of national observatories on LTC employment issues

Approach & Methods:

Partners from Austria, Estonia, Germany, Hungary, Italy, Portugal, Romania gathered a large amount of information (also including neighbouring countries) by involving a number of relevant stakeholders, experts and representatives of users over the past two years of research activities and policy analyses (Schulmann et al., 2014; 2015; Määttä & Salminen, 2014). Research encompassed an overview of different care regimes regarding governance and financing of LTC, patterns of care needs and coverage as well as the identification of examples of

socially innovative practice (Schulmann et al., 2014). 18 out of 62 innovative initiatives were then selected for an in-depth analysis of relevant key factors, drivers and barriers for social innovation in LTC. After discussion and validation through more than 20 expert interviews and 15 focus groups with representatives of long-term care facilities and services, carers' associations, local/regional administration, relevant NGOs/local associations, hospitals, research, nursing schools and health insurance companies (carried out by all country teams) the results of this analysis were published in a second report (Schulmann et al., 2015).

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Annex

Table 1 The potentials of integration and coordination and their realisation by initiatives of social innovation in selected EU Member States

Name of initiative (country)	Features of integration & coordination	Features of social innovation
AREÍON Emergency care (CZ)	Creating the basis for an integrated service system including public and private non-profit providers.	New patterns of social practices to overcome the social/health care divide.
Active Ageing with Dementia (PT)	Establishing new partnerships with small local entities, private enterprises and public institutions.	Addressing social needs in dementia care, involving society, formal and informal carers.
Bielefelder Model (DE)	Creating a network of different stakeholders to overcome fragmentation. A designated coordinator facilitates networking and sustainable relationships in the neighbourhood.	Moving from single care services to inclusive care in the neighbourhood with the idea of a 'caring community'.
Buurtzorg – Care in the neighbourhood (NL)	Home care provision based on autonomous teams of community nurses with a focus on resources of clients in their neighbourhood.	Sustainable creation of employment (growth!); cooperation between relevant and new stakeholders; bottom-up initiative.
Care for Carers (PT)	Creation of inter-municipal, multidisciplinary partnerships as well as between health and social services and professionals to overcome the formal-informal care divide.	Promotion of partnership between heterogeneous stakeholders that have hitherto not co-operated; Involvement of users and sustainable mutual-help groups.
Care Support Centres in Mönchengladbach (DE)	Bundling the distribution of all relevant information regarding LTC. Care consultants address the social need of an 'all-inclusive' care management.	The continuation and expansion of existing structures; combining care and housing.
Elderly-friendly Housing (HU)	Supporting older people living at home by removing obstacles to avoid or postpone admission to a residential facility.	Partnership of heterogeneous stakeholders that have hitherto not co-operated.
Family Nurse Programme (IT)	Creating a group of LTC professionals to respond more effectively to the various needs related to chronic health conditions (case management).	New patterns of social practices; new solutions in the given societal, cultural and economic context
Home Care and Assistive Services for an Independent and Dignified Life (BG)	Offering provision of health care and social services at home through partnership with relevant institutions and stakeholders in a scarcely developed context.	New patterns of social practice in the national context; creation of employment (new job profiles).
Integrated Help-at-Home Development Programme (LT)	Integration of social workers and nurses into one team to develop a new LTC model. The integrated services are expected to substitute care provided by family members, allowing the latter to return to the labour market.	Partnership of heterogeneous stakeholders that have hitherto not co-operated; new social ties and local relations.
Recognition of informal skills, Piedmont region (IT)	Recognising informally acquired skills and complementary training programmes to increase formal employment of migrant carers, supported by certification and mentoring.	Promotion of integrated public-private partnerships; new patterns of social practices; growth of employment; new solutions in the given societal context.
UP-TECH project, supporting caregivers of people suffering from Alzheimer's disease (IT)	Reducing the care burden on family caregivers by case-management strategies, new technologies in the home of patients, preventive home visits by trained nurses and the integration of existing services.	Promoting integration and collaboration of heterogeneous stakeholders that have hitherto not co-operated; incubator with multidisciplinary approaches.
Village Service (AT)	Facilitating voluntary work through professional support. Coordination and networking between formal and informal social support in a rural context.	New social solutions for LTC; bottom-up initiative; creation of (female) employment and new types of partnerships between stakeholders; transferability.
VIRTU – Virtual Elderly Care Services on the Baltic Islands (EE and FI)	Creating a virtual LTC service with the aid of ICT by supporting existing services and fostering cross-sector collaboration with a broad involvement of relevant stakeholders.	Novel interactions between the public sector and the third sector (social enterprises); smart use of ICT.

Source: MoPAct WP8 country reports; Schulmann & Leichsenring, 2014.





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