Social Care Systems: Approaches, Models & Applications

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Why Social Care

- Systematic and individual inequalities → vulnerabilities and unequal outcomes
  - Across the life course and cumulative
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Drivers for Social Care Reforms

- Fast-paced ageing transition
- Escalating demand for social care services
- Considerable cross-ministerial activities
- A growing private market
- Policy direction
Social Care Principles & Approaches

• Rights-based
• Care in place – deinstitutionalisation
• Promoting independence through empowerment
• Choice and control
  • Individual agency & active participation
• Care communities and social capital
Example: Services for Older People

- Ageing in Place
- Long life learning at later life
- Economic participation
- Recognition & Participation
- Financial wellbeing
- LTC beyond personal/medical care
Designing Formal Social Care Systems: Core Pillars

• Division of care responsibilities: the level of reliance on the family

• Who to provide care for?
  • Beneficiaries or Target groups:
    • Range from limited to universal coverage
    • Level of care dependency is the most common criterion; Other eligibility criteria may include age and income

• What to provide?
  • In-kind service, cash benefits or a combination
  • A range of services: At home, in the community, residential, telecare, supporting informal carers and the community

• How to finance SC services?
  • Social Insurance, general taxation, out-of-pocket – usually a combination of all

• Ensuring quality care
  • Workforce training and development
  • Regulation and monitoring
Levels of Services: levels of care needs

**Fully independent older people**
- Community participation
- Later life learning
- Day centres
- Home support services
- Preventative services
- Digital literacy

**Older people with care needs**
- Home care
- Day care
- Home support services
- Supported living
- Family support services
- Community support

**Older people with complex needs**
- Care homes
- Nursing homes
- Palliative care
- Family support services
- Specialist care services (e.g. Dementia care)

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Types of Services

- Residential care/assisted housing
- Home care
- Services at day centres - community based
- Telecare services
- Service to informal carers
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Investing in social capital
- Self care
- Mobilising care communities
- Intergenerational support
- Participation
Funding Social Care
Funding Social Care

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Pros:
- Difficulty to evade because it is based on mandatory contributions.
- Predictable resources since there is a specific fund.
- Connection between contributions and benefits.

Cons:
- People without a formal job are not entitled to the social insurance benefits.
- Restricted to wage income.
- Difficult to modify the benefits.

Social Insurance: Broader tax base, including capital gains and indirect taxation, and everybody contributes.
- Access to benefits does not depend on employment status.
- It can be easily combined with a means-tested approach.

General Taxation: Less predictable resources, since there is no specific fund.
- Difficulty ensuring resources due to competition with other causes.
Social Care Trilemma
Social Care Trilemma
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Social Care Trilemma

Spain, Poland

LTC Needs' coverage

Very strong State intervention through services

Strong State intervention through cash benefits

Mild State intervention through cash benefits

Limited State intervention

Reliance on informal family carers

Public expenditure containment

Coverage

Level of provisions

Funding

Reliance on family
Social Care Trilemma

Austria, Italy, Germany

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Coverage
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Reliance on family
Social Care Trilemma

- **Reliance on informal family carers**
  - **Limited State intervention**
  - Public expenditure containment

- **LTC Needs’ coverage**
  - Very strong State intervention through services
  - Strong State intervention through cash benefits
  - Mild State intervention through cash benefits

- **Coverage**
  - Ireland, Malta

- **Level of provisions**
  - Reliance on family
  - Funding
Social Care Trilemma
Social Care Trilemma

Denmark, Netherlands, Sweden

Coverage
Level of provisions
Funding

Reliance on family

Funding

LTC Needs coverage
Very strong State intervention through services

Strong State intervention through cash benefits
Mild State intervention through cash benefits

Limited State intervention

Public expenditure containment

Reliance on informal family carers
Ensuring Quality

A role for the state

Establish workforce policies

- Improve image of the job and roles
- Recruitment and retention strategies
- Updated and adequate training – competency, person-centred care, empathy, safeguarding

Establish quality standards for providers

Continuous monitoring

- Compliance, inspection and reports
Social Care Markets: MENA Region

Reliance on the family
The ‘invisible’ welfare scheme

(un)sustainability of family care
- Socio-economic and demographic changes
- Emotional burden
- Competing opportunities

Suitability/adequacy of care

LTC jobs one of the fastest growing markets across the globe

Attracting women in particular
Labour gender-gaps

Employment opportunities within a context of high female unemployment rates
Social Care for Older People in Egypt

• The role of families & charitable organisations
• Universal Health Insurance (UHI) launched in 2018
• Social protection: two schemes, ‘Takaful’ (solidarity) and ‘Karama’ (dignity), since 2015
• The Older People’s Rights’ Law, 2021, is being debated
• New initiatives currently in progress: The Golden Card; ‘Al-Tadamun’ older person’s companionship programme
  • Piloted in 2019 with 51 successfully trained individuals
  • A new scheme is currently being prepared
Case Study 2: Social care markets in the Kingdom of Saudi Arabia

LTC market is estimated to be one of the major growth sectors in KSA (esp. rehabilitation, extended care facilities, psychiatric centres and home health care)

Health care transformation as a part of the ‘Saudi Vision 2030’. Home care is a core element

Funded by the government with some services purchased from the private sector
# Social Care – part of an eco-system

## Social Policies
- Social Protection & pensions
- Health & Social Care provision
- Welfare model

## Formal Care services
- Home care
- Day centres
- Residential care

## Connectors
- Family
- Community
- Technology

## Immediate Environment
- Home
- Family
- Neighbourhood

## The individual
- Self-care
- Independence
- Preferences

## Labour Market

## Social norms

## Participation

## Family structures

## Community cohesion

## Private Sector
- NGOs
- State providers

## Innovations
- Opportunities
- Life long learning

## Funding and Resources
- Competing Demands
- Infrastructures
- Regulations and standards
- Funding and Resources

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Integrated Care in Practice

A core action area of the UN Decade for Healthy Ageing 2021-2030

Effective and good-quality medical and social care services and preventative interventions

A structure of services coordinated to address older persons' needs rather than a single condition or need

Reducing fragmentation within and across services

• Horizontal OR Vertical
  • Horizontal integration: a cross-sectoral collaboration to improve overall outcomes.
  • Vertical integration: creates individualised pathways to treat named conditions that transcend organisational boundaries

• Formalised OR ‘virtual’
  • Formal merger of services
  • Virtual networks: underpinned by contracts or informal agreements/arrangements

A single system of needs assessment and service provision
Challenges & Opportunities

• Europe
  • Diverse models
  • Strong workforce training
  • Shifting to cash-provisions
    • States as funders and commissioners
  • Increasing role of the individual, family & communities
  • Fragmentation vs. integration
  • Crisis narratives
    • Labour shortages

• MENA
  • Early developments (opportunities to learn & choose)
  • Informal care (embedded in policy development)
  • Fiscal & governance constraints
  • Opportunities within a context of escalating demands
    • Population dividends
    • Strong cultural norms fostering respect and care for the most vulnerable
    • Duty of care is commonly shared
Moving Forward

• The role of the state as an enabler and regulator
  • Cross-ministerial task force

• Create formal mechanisms for LTC provision
  • Market shaping – identify gaps
  • Set standards and regulations
  • Partnership working & integrated services
  • Pilot, evaluate and upscale
  • Improve public trust

• Develop and train a diverse workforce
  • Creation of job opportunities and career opportunities
  • Capitalise on the window of the population dividends

• Establish funding streams
  • Mixture models with eligibility criteria
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Empower individuals and enhance self-care
Through the life course & Public engagement
(language and images)
Support informal carers
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Through the life course & Public engagement (language and images)
Support informal carers

Invest in the community and social capital
Capitalise on faith-based beliefs and norms
Create opportunities for mutual learning and benefits
Thank you for listening

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