INNOVA CARE
ENHANCING SOCIAL INNOVATION · IN ELDERLY CARE

The InnovaCAre Project
Enhancing Social Innovation in Elderly Care:
Values, Practices and Policies

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Social investment in affordable and good quality long-term care.

Theory, challenges and applications

Brussels, European Parliament · October, 30th 2018

Presentation Outline

1. **The InnovaCARE Project, in brief**

2. **LTC and Social Innovation, the state of the art**

3. **The Italian case in comparative perspective**

4. **Research design and empirical strategy**

5. **Dissemination and stakeholder involvement through the "Second Welfare" Observatory**

1. The project, in brief (I)

- *How can "socially innovative" solutions in LTC be defined, and what are the most promising international experiences at the local level in this field?*

- *What policies and practices have been put into place to deal with elderly care in different local contexts?*

- To what extent existing care arrangements and solutions equally *balance the expectations, rights and needs* of all the parties involved in this process?

- What solutions are deemed (by both policy-makers and social actors alike) to be more "appropriate" in order to respond to long term care needs of the elderly? What solutions are considered to be more "effective" in meeting old people's expectations and demands?

HIGHLY SENSITIVE AND INTERRELATED ISSUES RANGING BETWEEN:

positive concerns (*what has been done* to respond to long-term care needs*, what has been effective and why*)

normative concerns (*what ought to be done*, questioning the values and ethics associated with different policy and practices)

A two years project: April 2018 → March 2020

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1. The InnovaCAre project, in brief (II)

OUR APPROACH

- To apply **interdisciplinary scientific knowledge at the service of political and social innovation** in LTC policies

- To **dialogue with LTC stakeholders** at the territorial level

- To **provide them with a knowledge support** for the development of social experiments and the implementation of care policy initiatives

1. The project, in brief (III)

*Literature on Social Innovation, looking at **new responses** that not only are able to meet pressing social needs, but that also affect **social interactions between all actors involved** in welfare provision*

RU #1 – *Political Scientists*, led by Prof. M. Ferrera

RU #2 – *Migration Sociologists*, led by Prof. M. Ambrosini

RU #3 – *Political Philosophers*, led by Prof. R. Sala

Social Innovation and the Welfare State [RU #1]

Normative ethical issues, LTC and Social Innovation [RU #3]

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LTC and Social Innovation in Europe [RU #1]

Immigration and Care Work [RU #2]

*Literature on **normative theory** concerning key research concepts such as **ageing, autonomy, dependency, care***

***Policy documents** produced by EU institutions on Social Innovation, and a comparative review of the **findings of past EU projects** dealing with social innovation and LTC*

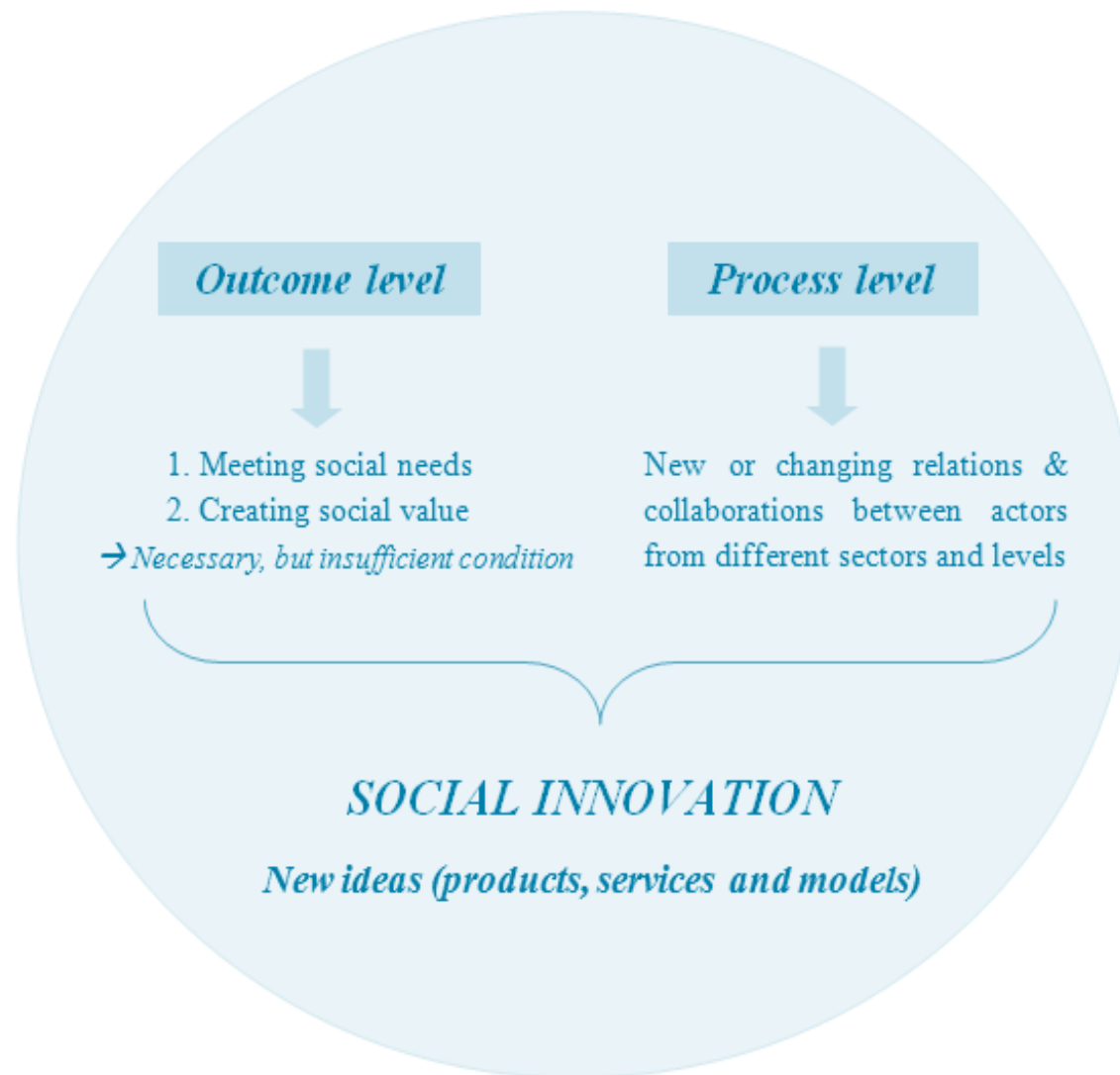*Sociological literature about experiences of **elderly care by families and (foreign) caregivers, and relationships within the "triangle of care"***

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2. LTC and Social Innovation: the state of the art (I)

SOCIAL INNOVATION AND THE WELFARE STATE

Outcome level — Process level

1. Meeting social needs
2. Creating social value
→ Necessary, but insufficient condition

New or changing relations & collaborations between actors from different sectors and levels

SOCIAL INNOVATION

New ideas (products, services and models)

- Since the Renewed Lisbon Strategy (2005) the concept of Social Innovation (SI) has been gaining importance at the EU level

- SI describes new responses that are able to meet pressing social needs, and that *also* affect **social interactions between all actors involved in welfare provision**

- On the **explanatory side**, the challenge is to **further explore how different local/national conditions** impact on the emergence, growth and sustainability of socially innovative products and practices in the specific policy area of LTC

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2. LTC and Social Innovation: the state of the art (II)

	DRIVERS AND FAVORABLE INSTITUTIONAL SETTINGS	BARRIERS
GOVERNANCE AND MULTI-STAKEHOLDER PARTNERSHIPS	▪ Existing forms of interaction and cooperation between public and non-profit sectors and/or between public and private sector ▪ Stronger involvement of the sub-national level (type and degree of decentralization) ▪ Poor performance of public welfare programs	▪ Traditional and well-established barriers dividing public-private sectors ▪ Top-down approach (centralization) ▪ Successful functioning of the welfare system
FINANCING AND SUSTAINABILITY	▪ Use of public procurement ▪ Mobilization of private resources ▪ Instruments that increase users' freedom of choice and empowerment	▪ Lack of public resources ▪ Lack of incentives to find alternative resources ▪ Uniform solutions forced upon users
LEGISLATION	▪ Legislation enabling interaction between actors from different sectors ▪ Legislation enabling the use of innovative financing tools	▪ Legislation favoring traditional actor constellations ▪ Legislation hampering the use of innovative financing tools
SCALING UP	▪ Networks ▪ Research ▪ Benchmarking ▪ Public and private funds ▪ Prizes and competition	▪ Fragmentation within closed systems ▪ Lack of sufficient knowledge on institutional settings contributing to the implementation of SI and on the possible use of alternative resources ▪ Lack of capacities and administrative competences to manage benchmarking and scaling up processes ▪ Lack of funds

LTC AND SOCIAL INNOVATION IN EUROPE

e.g.

- Scholarly production on the topic has increased over the last decade, as a result of the considerable attention devoted to SI especially at the EU level

- Some **key European research projects** have recently dealt with the relationships between **SI** and **LTC**

- They provide useful insights:
  - identifying **different kinds of social innovation in the field of LTC**
  - collecting **several best practices** in European countries
  - **singling out some drivers and barriers** to SI with specific reference to this policy field

3. The Italian case in comparative perspective

**IN ITALY SOCIO-DEMOGRAPHIC PRESSURES ARE
PARTICULARLY STRONG BECAUSE OF:**

1. a **comparatively intense aging process**

2. a **family-based care regime**, which suffers more than others the reduction in the availability of informal care givers

3. **underdeveloped and polarized LTC policies** between largely prevalent informal assistance solutions (subsidized by money transfers) and fully institutionalized solutions with comparatively low access rates.

→**The main challenge** is not that of de-institutionalization, as in other EU countries, but the development of **intermediate solutions**, more sustainable and respectful of the preferences of those who are in conditions of non self-sufficiency (and caregivers)

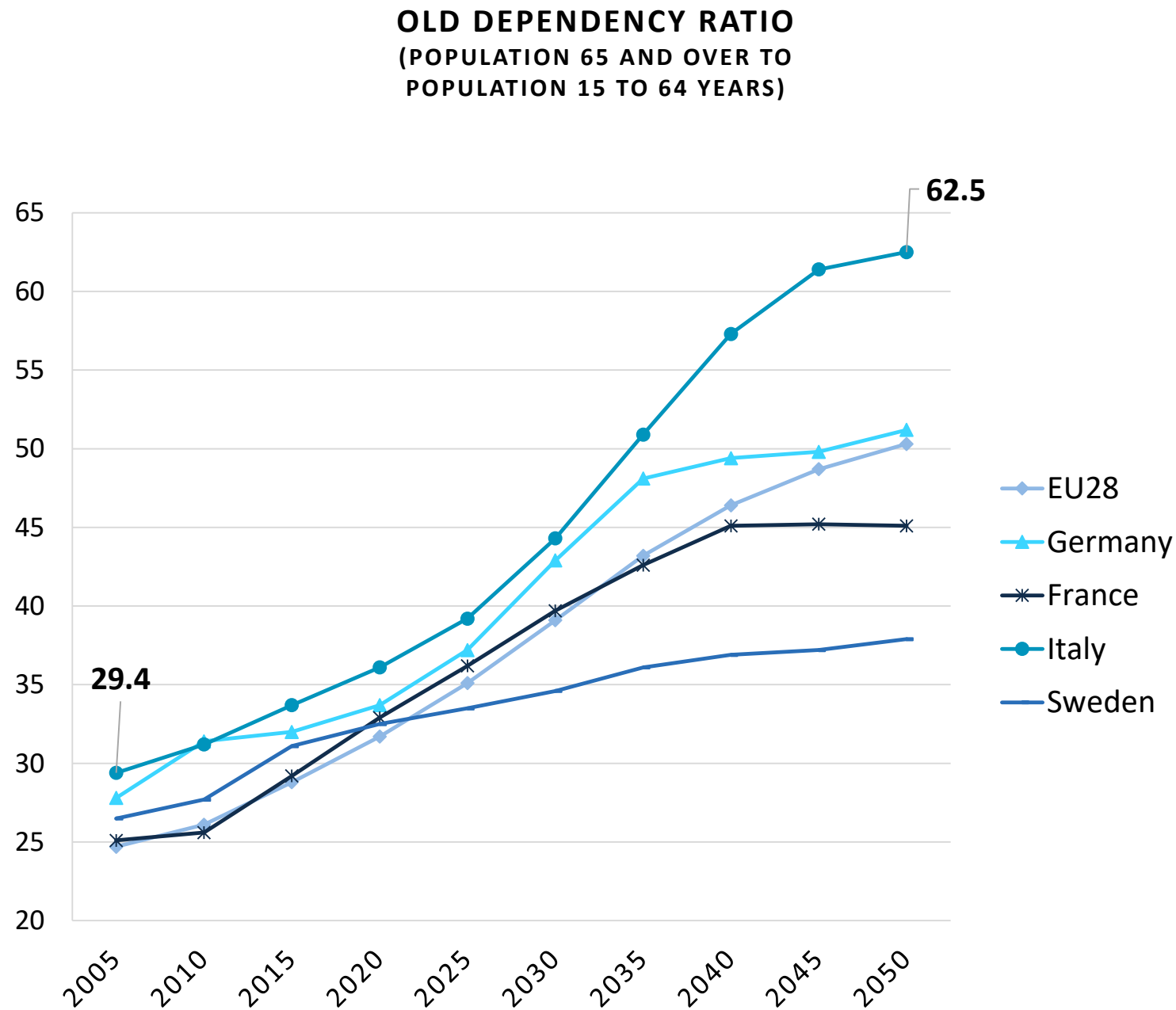→**Social innovation** (new solutions and/or processes) as a possible answer to these challenges?

3. The Italian case in comparative perspective

	Demand for care	Provision of informal care	Public provision of care	Countries
Standard care mix	High	Medium/low	Medium	Germany, Austria, France, United Kingdom
Universal-Nordic	Medium	Low	High	Sweden, Denmark, Netherlands
Family-based	**High**	**High**	**Low**	**Italy**, Spain, Portugal, Ireland, Greece
Transition	Medium	High	Medium/low	Latvia, Poland, Hungary, Romania, Slovakia, Czech Republic

Source: adapted from Ilinca *et al.* (2015).

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3. The Italian case in comparative perspective

OLD DEPENDENCY RATIO
(POPULATION 65 AND OVER TO
POPULATION 15 TO 64 YEARS)

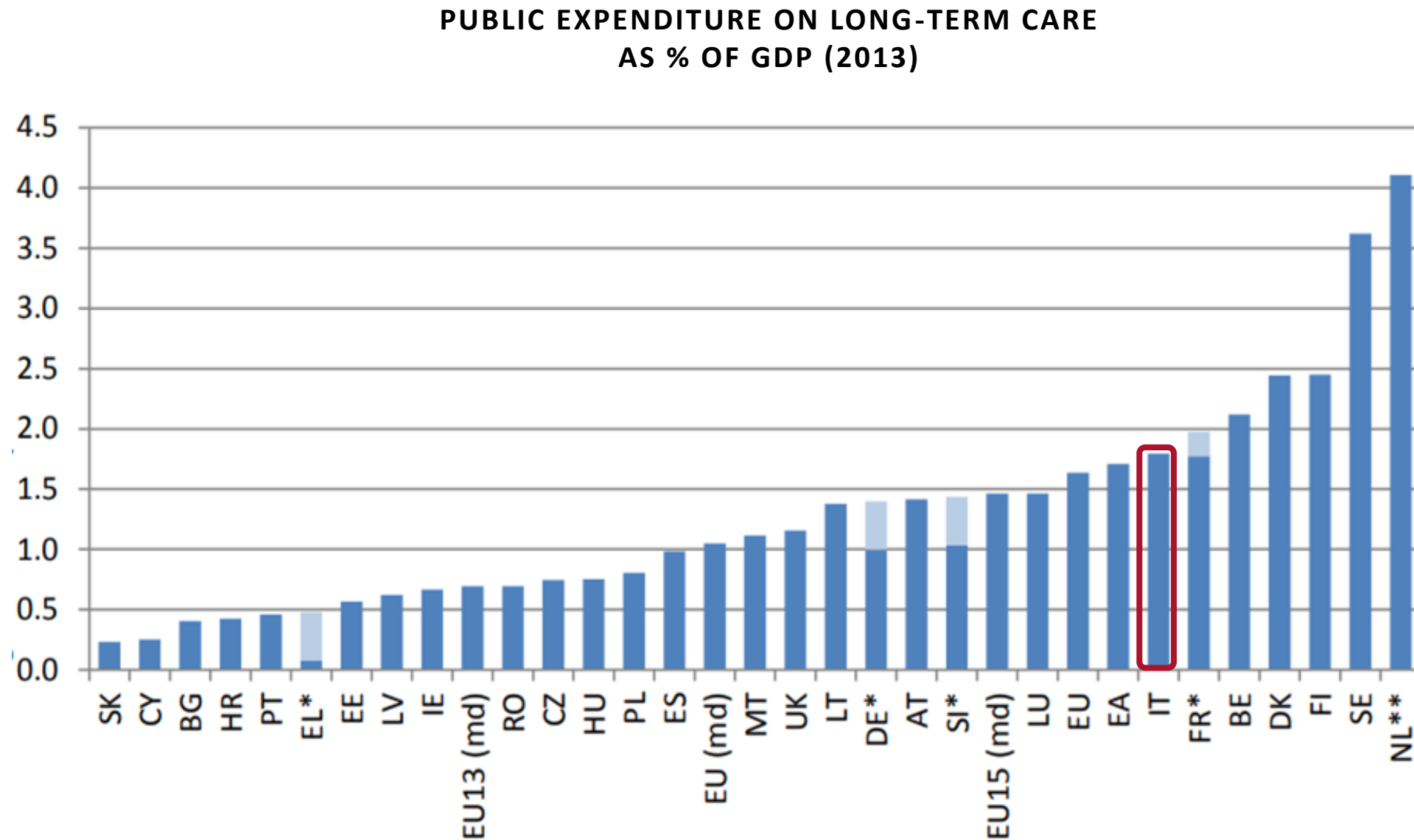Source: Eurostat database [demo_pjanind]

THE GROWING SHARE OF OVER 80

In the EU28 the share of **population aged 80 or more** over the total is expected to increase **from 5.3% in 2015 to 11.1% in 2015**.

In the same period, Eurostat projections tell us that **in Italy** the proportion of oldest-old is expected to grow **from 6.5% to 13.8%** of the general population.
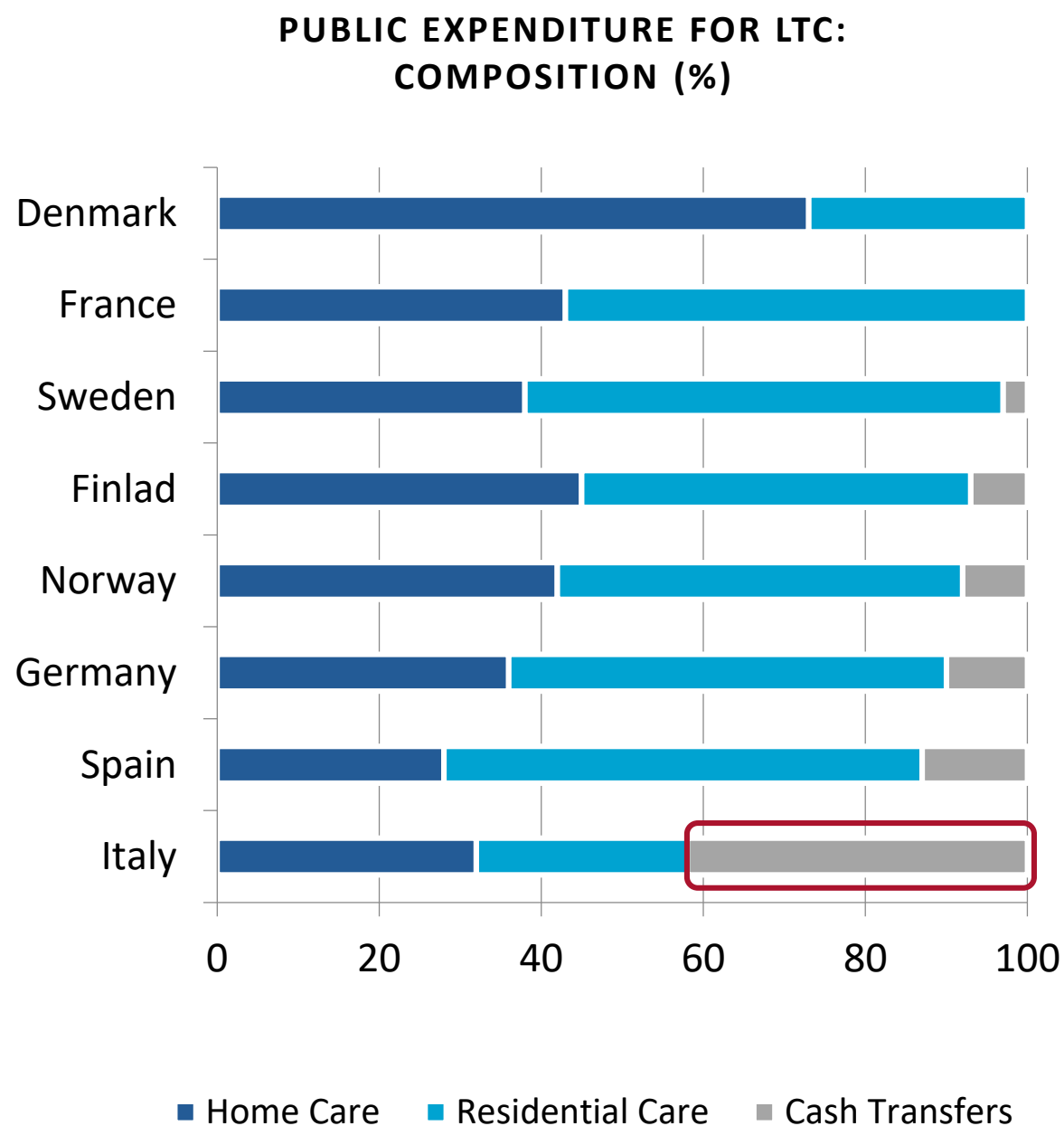
3. The Italian case in comparative perspective

PUBLIC EXPENDITURE ON LONG-TERM CARE AS % OF GDP (2013)

Source: DG ECFIN (2016)

3. The Italian case in comparative perspective

PUBLIC EXPENDITURE FOR LTC: COMPOSITION (%)

Denmark

France

Sweden

Finlad

Norway

Germany

Spain

Italy

0   20   40   60   80   100

■ Home Care   ■ Residential Care   ■ Cash Transfers

Source: Mastrobuono (2018)

Compared with other European countries, such as France, Germany and the UK, which have developed more articulated systems to respond to LTC needs, the **Italian case** stands out for the **polarization in the supply of LTC: informal family-based home care** solutions on one hand, and **full institutionalization** on the other.

This situation can be understood as the consequence of **shortcomings (in some case the full absence) of intermediate solutions**, meant to bridge the gap of elderly care beyond informal home-care and residential health-care driven assistance.
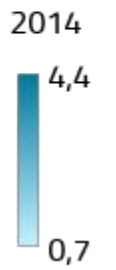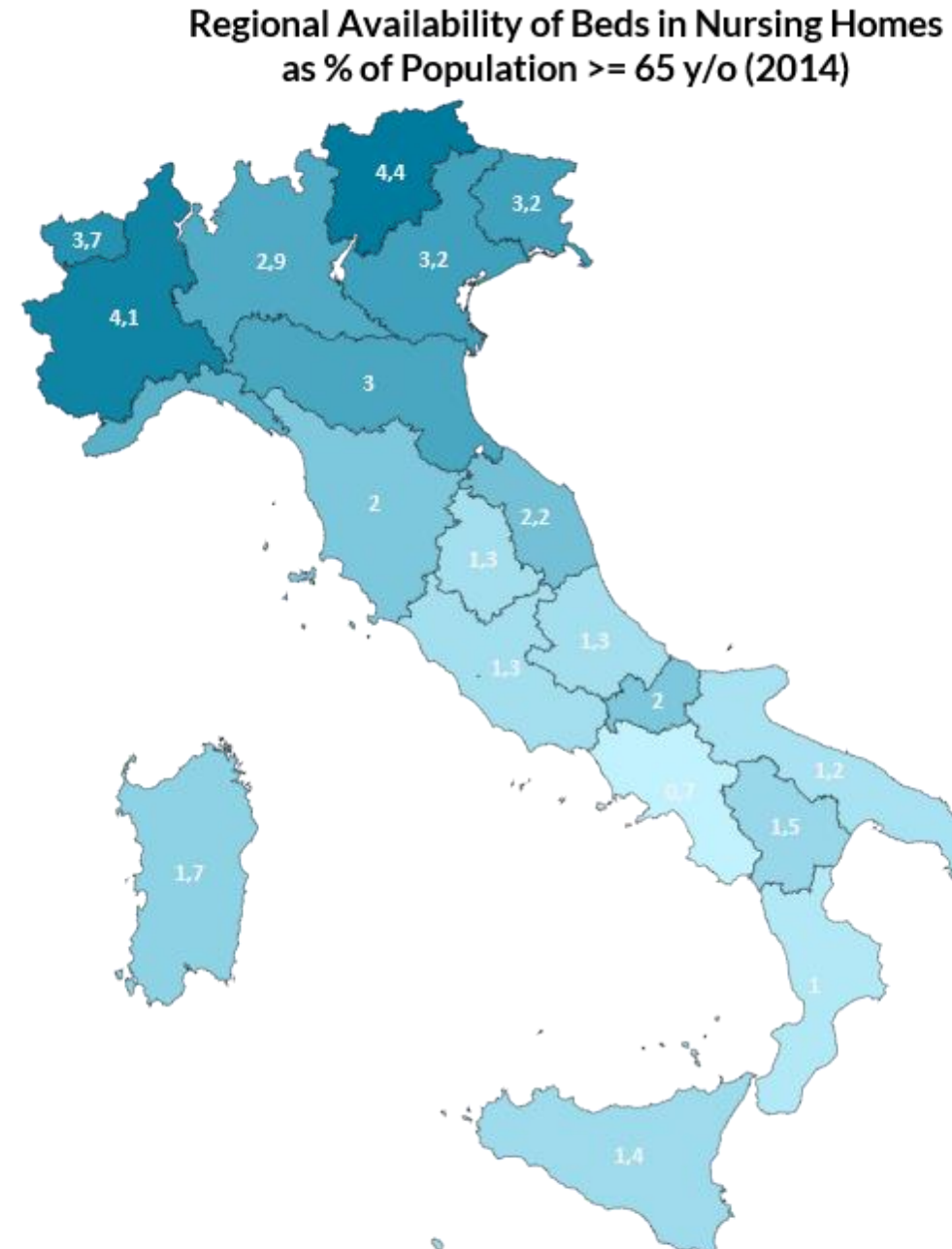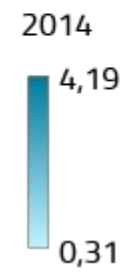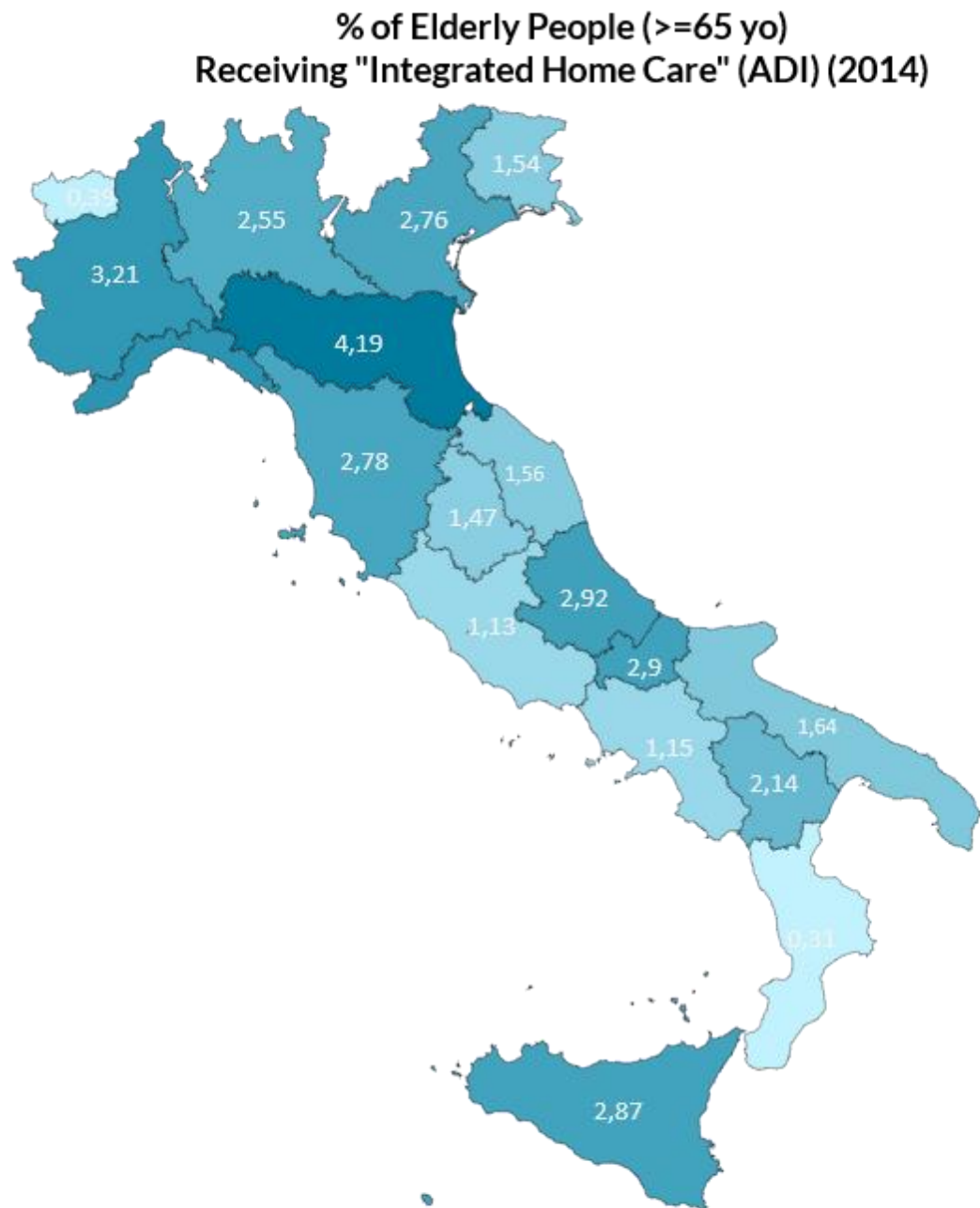
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3. The Italian case in a comparative perspective

- A second feature of LTC policy in Italy concerns the **high level of institutional fragmentation**. Many actors are involved in the financing and provision of LTC services: municipalities, local health authorities (ASLs), nursing homes, the National Institute of Social Security (INPS).

- The **multi-actor and multi-level configuration** of LTC-policy governance has been generally represented as a major feature of the Italian LTC system.

- Because of this **fragmentation** and the **low level of formalization** of this policy sector, it is even possible to speak of **several LTC systems**, which vary greatly, depending on the amount of resources available at the local and at the regional level, as well as on the different regional legal frameworks

The Italian case:
a fragmented LTC system

% of Elderly People (>=65 yo) Receiving "Integrated Home Care" (ADI) (2014)

Regional Availability of Beds in Nursing Homes as % of Population >= 65 y/o (2014)

Source: own elaboration from NNA (2017)

Second Welfare Initiatives in the LTC Field: examples from the Italian case

Several multi-stakeholder, bottom-up initiatives supported by Bank Foundations, local and regional Governments, profit and non profit companies to make feasible the adoption of the ageing in place approach:

- Cariplo Foundation and "**Welfare in Azione**" (e.g. "condominium care giver sharing"/badante di condominio);

- Crc Foundation and "**Veniamo a Trovarvi**" Project (homecare services provided by local nursing homes)

- **Il Paese Ritrovato** (Monza): a small village entirely designed and bulilt-up for elderly people with dementia

- **Jointly Fragibility**: LTC services provided by means of company-based welfare packages

- **Casa alla Vela** (Trento): intergenerational housing

- Compagnia di San Paolo and **A Casa di Zia Jessy** (Turin): intergenerational and social housing
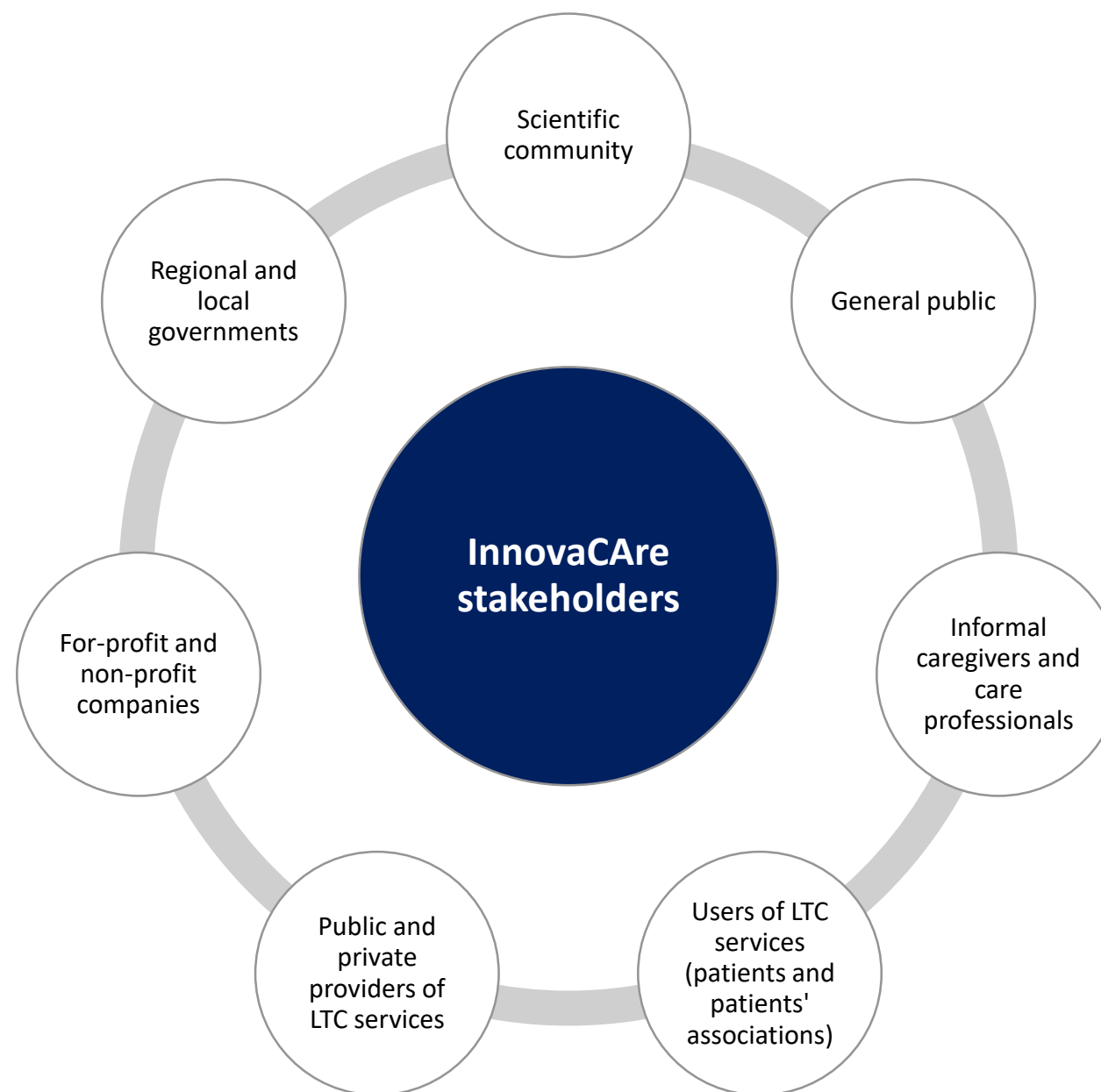
4. Research design and empirical strategy

- **Qualitative case-oriented research:**
  - **in-depth analysis of 5 "emblematic cases"** of good practices selected at the local level in other European countries (tbd)
  - **mapping of LTC policies in all Lombardy provinces** and identification of socially innovative cases
  - **in-depth analysis of selected contexts**

- **Sources and techniques:**
  - **documentary analysis**
  - **semi-structured interviews** with stakeholders and local experts in Lombardy (no. 20) + about **100 interviews** with domestic (foreign) caregivers and family care-managers
  - **focus groups**
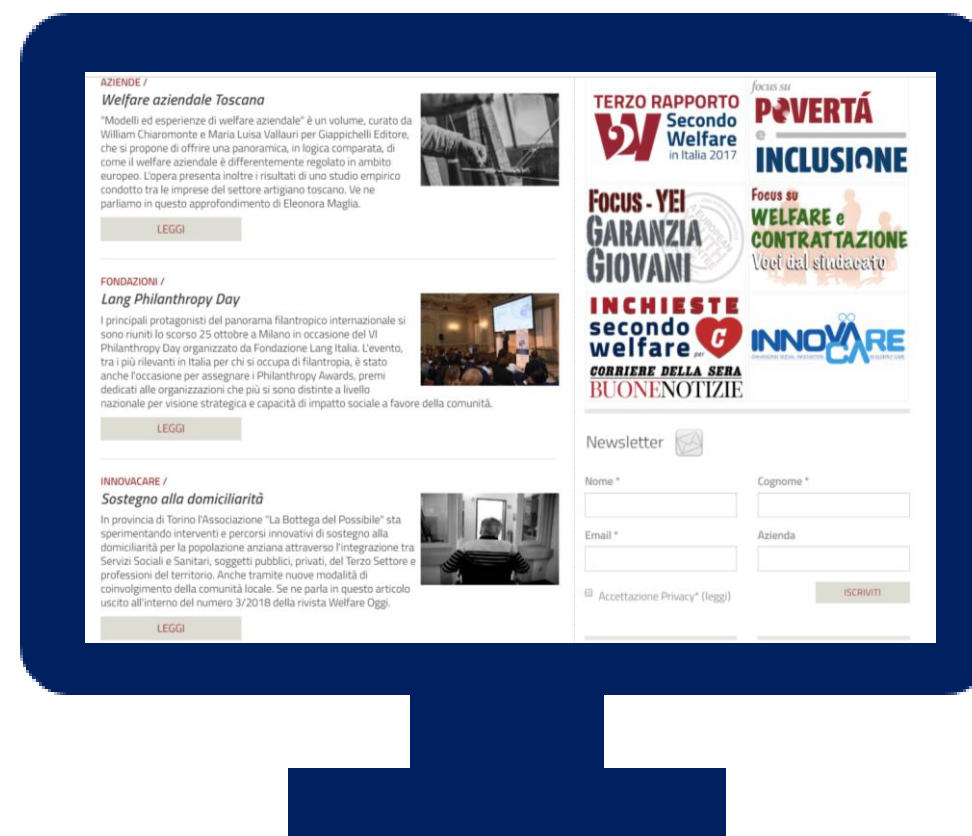
4. Research design and empirical strategy

Tight involvement of different stakeholders along the whole research process:

→ Key-role of the **project "Steering Committee"**, involving a number of stakeholders active in the LCT field: associations of elderly people and their care givers, civil society organizations, private for profit and non-for-profit providers, trade unions, public bodies and policy makers…

Scientific community

General public

Regional and local governments

Informal caregivers and care professionals

InnovaCAre stakeholders

For-profit and non-profit companies

Public and private providers of LTC services

Users of LTC services (patients and patients' associations)

5. Dissemination and stakeholder involvement through the "Second Welfare" Observatory

- InnovaCare **dissemination plan** builds on an integrated and reciprocal multi-stakeholder dissemination strategy, whose main targets are :
    - the scientific community
    - local and national stakeholders
    - and the general public

- InnovaCAre main **dissemination channel** is the website www.secondowelfare.it →
http://secondowelfare.it/innovacare/il-progetto-di-ricerca.html

Thank you for your attention

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R^G **Project Page on Research Gate:**

https://www.researchgate.net/project/InnovaCAre-Enhancing-Social-Innovation-in-Elderly-Care-values-practices-and-policies

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