

THINK TANK

Deliberation process on the new futures of the welfare state: Working Document No. 11

(27 May 2021)

DESIGN OF FUTURES

Purpose

The Etorkizuna Eraikiz Think Tank's deliberation group on the Futures of the Welfare State plans to structure its deliberations and proposals in a White Paper. The book identifies the challenges of the present and the future of social policies in Gipuzkoa, offering a set of actions to promote social policies for transition. The latter are oriented towards managing the transition from a service-centred care model to an ecosystem and people-centred care model.

Within the framework of drafting the White Paper, a futures design exercise was proposed at the Think Tank session on 27 May to explore *probable* and *preferable* scenarios for the Welfare State in Gipuzkoa. The design of futures is an additional ingredient that will make it possible to identify horizons and actions for Social Policies with a view to promoting long-term transitions.

In futures theory all futures can exist in the future. To better understand this statement, it may be illustrative to explain the central elements of the *futures cone* (Figure 1). Two key elements in the timeline become obvious in the Futures Cone: a) Different types of event and b) Different types of future. Thus, the Futures Cone shows that: a) There is no one future, but rather futures, b) All futures compete in the present, c) Designing futures in the present allows us to design futures for the future.

A classification of futures that emerges from the Futures Cone can be defined as follows:

Probable Futures: These are the expected futures that can be interpreted thanks to trends and statistical data (weight of the pathway). These futures are related to the cost of inaction (what happens if we do nothing).

Preferred Futures: These are the futures desired or preferred by a social group that drive dynamics of divergence. These futures are related to the cost of innovation (what happens if we do something).

Possible Futures: These are the futures that might happen (preferred / probable futures), i.e. that are likely to exist in the future either through inaction or through innovation.

Uncertain Futures: These are "chaotic", unpredictable futures, derived from unexpected events, which drive the dynamics of contingency. These are the futures that cannot be designed or foreseen.

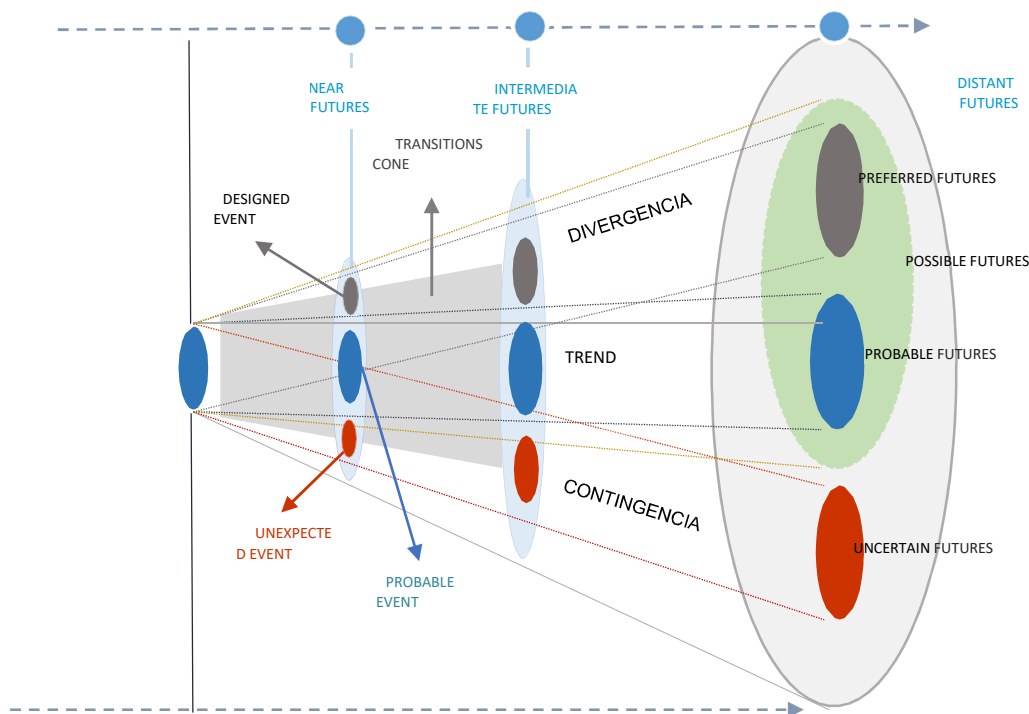
The timeline also offers another type of futures, namely:

Near Futures: These are the near futures, which are easier to estimate or foresee (trends) and which range between 3-5 years. They are the most familiar, where no major variations and transformations are expected.

Intermediate Futures: These are futures at between 5-15 years, in which some trends can be extrapolated and preferable futures can be designed. They combine familiar (contextual) elements and so-called post-normal elements, which are removed from the usual, normal, familiar.

Distant Futures: These are futures at between 15-20 years. They are the most *speculative*, and removed from the familiar environments of thought and action. These are futures that require greater imagination for the design of long-term systems.

Futures are usually explored as the design of scenarios, but these only refer to packages of futures. Scenarios are more specific and refer to more specific areas of a possible future.



Methodology

There are many techniques for approaching futures design that involve different levels of complexity and time for reflection and consensus. Adapting to the way Etorikizuna Eraikiz Think Tank works, we propose a basic methodology adapted to the design of futures/scenarios. Within the framework of the Think Tank it is assumed that the design of futures is a collective work that augments capacity for observation and trains capacity for projection.

Main hypothesis of the exercise

The emergence of the COVID-19 pandemic, viewed as a *contingent event* of global impact, has modified the parameters and dynamics in which social policies had been operating. The crisis has prompted and required a paradigm shift in the care model. Thus, the definition emerges (as a framework for action) of **Social Policies for Transition** expressed as a set of short-term actions designed for the long term which promote, gradually and incrementally, a change from a model focusing on services to one focusing on ecosystems and people.

Future design forms

In order to design the futures, the members of the Think Tank were sent forms to set out the Think Tank's vision of the future. The forms allowed for exercises on probable futures (2030) and preferred futures (2050).

Once the different perspectives of the future had been set out in the forms, we moved on to the Think Tank futures workshop, where we essentially discussed the preferred futures in order to offer radical proposals, with the aim of causing divergences towards those preferred futures.

Results from the forms

1. Probable futures

To facilitate the exercise, we have classified the probable futures into 4 types of scenario: a) continuity, b) collapse, c) new equilibria, d) transformation.

Scenario 1: A new (but) non-innovative balance

Concrete and limited improvements are being implemented, but the essence of the model (limited mutualisation, residual role of public care compared to family care, de-professionalisation, difficulties for the public system to change the orientation of the system...) are maintained. There are new balances based on institutionalization, making limited adjustments to suit emerging needs and approaches. We continue to have lack of coordination between Government-Services/Support resources-People/Families. Social policies are subordinate to economic policies, competitiveness, employment and tax collection. These resources are not keeping pace with demands on all fronts: childhood, exclusion, dependency, disability.... Only an approach involving giving up personal time for social work can provide non-financial coverage of the growing needs. There is an improvement in social services.

Scenario 2: A new critical and disorienting balance

There is a growth in social spending in line with the growth of the elderly population. There is a tendency towards technification (digitalization) and loss of social focus of social policies. The technology already available today will start to be deployed in accompanying people throughout their lives: robotics, AI, home automation... technology can facilitate certain savings through more efficient processes. There is resistance to implementing a model based on personalization and free choice by people. Lack of coordination between systems to promote a care model based on remaining in the natural environment (home care). There is insufficient economic and social dignification of professional care and there

is even expected to be some deprofessionalisation. Digitalisation emerges as a solution. Mass digitalization disorients / bewilders users due to the technology gap (technology advances faster than society)

2. Preferred futures

Preferred futures are open, reflective and hypothetical futures. Two types of preferred futures emerge from the forms, referring to the Community Model and the Technological Model of care.

Scenario 1: COMMUNITY MODEL (predominance of state and public sector)

The system is managed by a single institution, with sufficiently flexible and decentralised internal functioning. This institution is responsible for social policies throughout the province, structuring the services at *comarca*¹ level. Municipal authorities will have merged into reasonably-sized units structured in sustainable ecosystems with new, but limited and coordinated power in the field of social services. In the future, local ecosystems will be characterised by coordination and collaboration between different systems (housing, employment, education, income guarantee system, health, etc.). Government focuses on ensuring the quality of direct care services, provided by small, locally-based firms and cooperatives. We are facing a paradigm shift: empowerment of the person. Institutional protectionism and welfarism are abandoned, transferring the protagonism to the people themselves, guaranteeing free choice and personalised care according to each person's individual needs. Prevalence of home-based care with strong links to the community (families, neighbours, networks). We also have a system based on prevention and anticipation in relation to personal health and lifestyle habits (exercise, social networks, late deterioration of cognitive abilities). Care is professionalised, with a major development in immigrant caregivers (integrated via major investment in training to improve their knowledge, professionalization and decent employment). Informal care is marginal in the system. Social policies are more robust than they are today, with trust and approval of their importance in society. Technology serves mainly to support and monitor processes, but it is marginal to care policy.

Scenario 2: TECHNOLOGICAL MODEL (predominance of the market and the private sector)

In the future we are facing a huge technological shift, but not a cultural one, so the digital transformation is not incorporated into the culture of care but into the processes of care. There is a lot of technological innovation, to such an extent that care-related niches are exporting technologies to other sectors and it is travelling around the world (Gipuzkoa is now a technological model). There is a significant state and business collaboration network. There is a gain in personalization, but a loss in control over data, and also in human contact in care. There is greater autonomy for people and their care, but less personal attention. More business, but fewer social relations. Prevalence of home-based

¹ Sub-provincial administrative area, comprising several municipalities.

care thanks to home automation, robotics and digital monitoring, but a new model of loneliness is emerging, albeit with supervision. There are higher levels of risk-sharing in dependency: people finance services *ex ante* (in case they have need of them) and not *ex post* (when they have need of them). People can choose, within limits, the services they want to receive and the entity that provides them, from a range of providers and a wide range of services appropriate to people's needs. This system allows higher levels of security and the possibility of performing certain tasks efficiently. But the system is expensive and greater financial participation from families is required (which is also why private life-long savings systems were developed). Governments only concern themselves with the direct provision of services when there is no other option (for the poorest); However, they have a role to supervise and evaluate the private services provided in their territorial area.

Emerging results from the futures workshop

In the futures workshop, the Think Tank participants were asked to work in groups and define what kind of preferred scenario they wanted to work with. Each group was to propose three "radical initiatives" that would lead to that preferable future.

The four working groups in the Think Tank opted for the community model of care in the future (2050). This implies a homogeneity in the care paradigm that the Think Tank wishes to promote.

Although the Think Tank has chosen the community care model, the importance of incorporating the technological dimension to a significant extent was also highlighted. Among the main radical ideas for advancing the community care model (2050) were:

A) Residence Zero: This initiative suggests developing social and health services in such a way that all the care and support needs of a population with increasing demand are met at home. This means creating ecosystems of health and social services with a high degree of structure, flexibility, accessibility and agility.

B) Social Bonus: This is an instrument to co-finance the social responsibility of volunteers (with an intergenerational approach), with the aim of complementing the care of frail elderly people in particular. The aim is not to replace the role of the public administration in its care policies but to complement it on the basis of community support.

C) Direct financing: This is a new model of direct funding whereby users can "buy" the services they need according to their preferences. This system is aimed at people who are capable (have the cognitive capacity) of making decisions about their preferences, with the support of managers to aid in the decision-making process.

D) Community Living Labs: This is a new system of community management that strengthens the role and design of "care neighbourhoods" (the care "super block"), facilitates social networks and the role of neighbours and encourages social commitment to care. It can also be an effective space for promoting prevention and anticipation strategies at a local level related to active ageing.

E) Smart Technologies: The aim is to promote new technologies related to the development of prevention, strengthening autonomy and independence in the home, through the promotion of home automation, artificial intelligence and perhaps robotics. Smart technologies can be a good support not only for monitoring but also for strengthening the social networks of future generations.

F) Anticipatory rule: Rules (laws) are usually mechanisms that organise, regularise or consolidate a state of affairs that is already in place. The anticipatory rule consists of design and development of new legal frameworks that anticipate and promote new care policies, particularly the following: smart integration of migrants (linked to care) with new regulatory frameworks associated with immigration; a new regulatory framework to facilitate care at a local level that facilitates centralization of institutional competencies but guarantees care policies at a local level; new regulatory framework for financing the system (Inheritance Act, direct taxes to support the care system, elimination of co-payment for care).

G) Establishment of a High Inspectorate of Social Services: This is a new model of comprehensive inspection to ensure the rule and quality criteria of social services, but at the same time to promote a new system of assessment and user information.