THINK TANK

Deliberation process on the work of the future: Working Document No. 3

(24 September 2020)

THE MOVE TO EXPERIMENTATION IN SOCIAL POLICIES

1. Context for reflection

1.1. Aging and long-term care

By 2031, 46% of the population of Gipuzkoa will be aged over 55 and 35,900 people will have some degree of dependency. At present, although care for elderly people is still largely provided by families, public and private-sector professional services are playing an increasingly important role, creating a mixed model based above all on home and residential care services (the latter in cases of very high dependency). This model is currently undergoing an interesting process of transformation in Gipuzkoa.

Long-term care can be seen as a set of activities, performed either by informal carers (families, friends or neighbours) or professionals (healthcare workers, social workers and others), or a combination of the two, to ensure that people who are not entirely capable of taking care of themselves continue to have the best possible quality of life, in keeping with their individual preferences, with the highest possible degree of independence, autonomy, participation and personal realization in conditions of human dignity (WHO). Long-term care is therefore designed on the basis of a model that favours the greatest possible quality of life.

1.2. Emergence of the ecosystem-based approach

In recent years, a clear necessity has emerged to promote a model of Person-Centred Care from an ecosystem-based perspective. Pilot schemes have incorporated large numbers of professional and informal agents, working to satisfy the support needs of people who require long-term care: healthcare services, social services, community initiatives, voluntary action, neighbourhood services, guidance and design of friendly and accessible physical environments, development and integration of technologies tailored to specific needs (digital technologies, home automatics, robotics, etc.), psychological support for family carers and reappraisal

of educational models for care workers and non-professional individuals (family members and others).

"Case management" is a working approach that guarantees continuity in the care and accompaniment of individuals and families throughout the duration of long-term care. This methodology enables different public, private and community social services adapted to care and attention needs (health, social and family) to be managed in a cross-cutting way. This is a practical approach oriented towards promoting the autonomy of the service user and their quality of life.
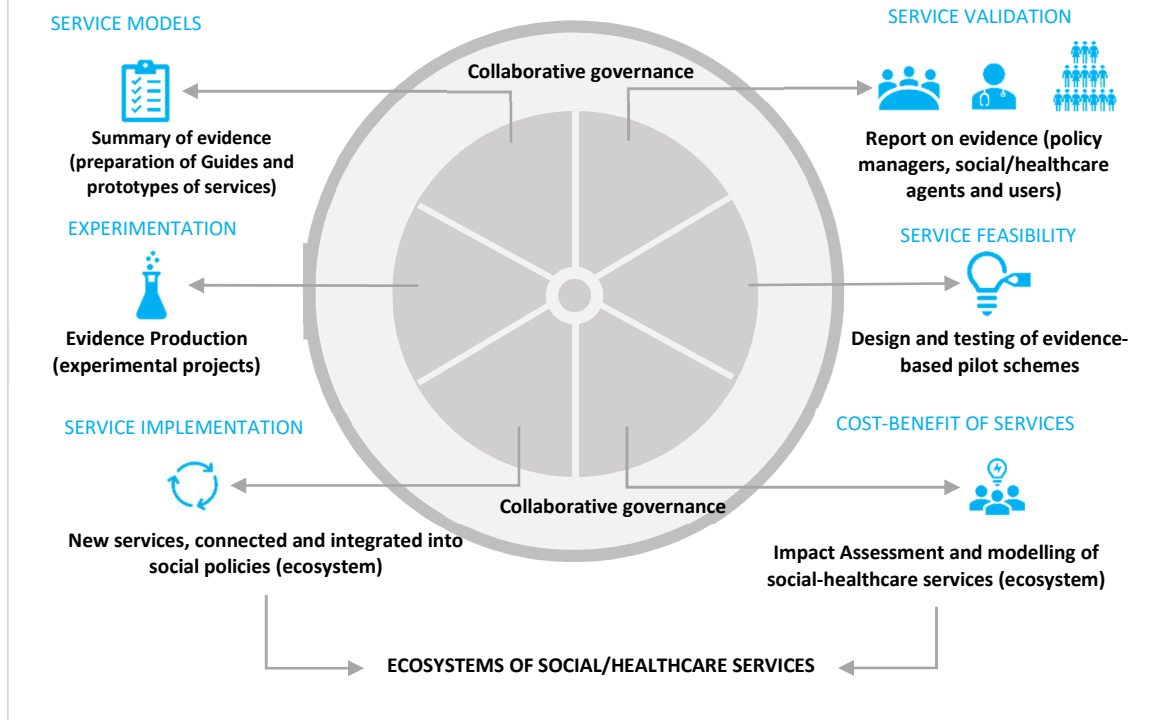
2. Experimentation and social policies

Figure 1 shows a circuit for structuring the relationship between experimentation and social policies.

1. Evidence Production. The performance of experimental projects is a key strategy in generating evidence. Experimental projects using ex-ante/ex-post methodologies; control groups and experimentation groups allow causal relations to be identified.

2. Summary of evidence. Experimental projects not only seek to establish or understand causal relations but above all to design "new services" or "improvements to existing services" linking social services, health services and community services, based on models of Person-Centred Care. These projects result in prototypes of services or products, expressed through guides that can be readily understood and adapted/adopted by private, public or community agents.

FIGURE 1: CIRCUIT OF EVIDENCE GENERATION, MANAGEMENT AND IMPACT

3. Report on evidence. The experimental projects, which result in models of services (social, technological, health, community, etc.), have to be validated from the perspective of the policy managers (feasibility), managers of social/healthcare organisations (relevance) and users (usability).

4. Design and testing of services. Services validated by key agents in the social/healthcare system are upscaled in the form of "pilot schemes" in which the feasibility of the services designed on the basis of evidence from the previous stages is explored under real conditions.

5. Impact assessment. The services tested in the pilot schemes (real contexts) are assessed from the perspective of users (service usability), feasibility (cost-benefit) and connectivity (linkage with other services, ecosystem).

6. Service implementation. In the final phase, the services tested (in real contexts) and assessed (feasibility and connectivity) enable can be integrated into the provision of social/healthcare services at a provincial scale.

3. Invitation to reflection

Based on these considerations, in the session on 24 September, we expect to discuss the following reflections:

1. New care models. What are the main challenges for the future?

2. What experimentation agenda is required?

3. What results are expected from the experimental processes?

4. How do we link social experimentation to social policies? (learning tools)

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