



ETORKIZUNA
ERAIKIZ
think tank

**NEW FUTURES OF THE WELFARE
STATE
REPORT OF THE 11th MEETING**

22/06/2021

Contents

| | | |
|----|--|----|
| 1. | Programme | 3 |
| 2. | Participants | 3 |
| 3. | Introduction and presentation of the workshop | 4 |
| 4. | Methodology and results | 4 |
| 5. | Dynamics of reflection and debate | 6 |
| 6. | Results of group dynamics | 8 |
| 7. | Feedback on group dynamics | 10 |
| 8. | Assessment and end of session | 10 |
| 9. | Appendices | 12 |
| a. | Working Document No. 11 | 12 |
| b. | Working Document No. 12 ¹ | 20 |
| c. | Presentation by the Deputy (Provincial Minister) for Social Policies | 29 |
| d. | Presentation of DFG9 and ECO1 | 33 |
| e. | Questionnaire on personalization | 38 |

¹ Working Document 11 (systematisation of the results of the theme addressed in the meeting of 27-05)

1. Programme

| Theme | Presenter/Driver |
|--|-----------------------------------|
| Opening | Maite Peña |
| Methodology and results | Belén Larrión and Joseba Zalakain |
| Recommendations of the Think Tank | Javier Castro-Spila |
| Group deliberation | Javier Castro-Spila |
| Conclusions and closing of the session | Maite Peña |

2. Participants

- | | | |
|--------------------|-------------------|-----------------|
| - Carlos Alfonso | - Eva Sánchez | - Belén Larrión |
| - Maite Peña | - Maria | - Sebastian |
| - Javier Castro | - Mikel Malcorra | Zurutuza |
| - Elena Basagoitia | - Andoni Zulaika | - Jon Arzalluz |
| - Patxi Leturia | - Rakel San | |
| - Arantxa | Sebastian | |
| Gorostiaga | - Lucia Martinez | |
| - Josu Gago | - Ander Arzelus | |
| - Miren Larrea | - Joseba Zalakain | |

3. Introduction and presentation of the workshop

The Deputy for Social Policies opened the session by thanking all the guests for participating in the meeting. He explained that, although the presentation of the white book was originally going to be the main focus of the session, in the end they had changed the agenda. She said they have decided that they will use this session to observe and analyse the work carried out by the group on Person-Centred Care (PCC). *“You have at your disposal all the work done by this team: as you can see, is very substantial and in-depth. That is why we have decided to dedicate the whole session to review the work done by the PCC group”*. The Deputy for Social Policies then handed the floor to DFG9 and ECO1 to present the work carried out.

4. Methodology and results

DFG9 thanked the Deputy for Social Policies for giving her group the opportunity to conduct the project. She said that she and ECO1 would explain the process they have used to get to where they are today. *“The committee formed to carry out the project comes from the Think Tank itself. In November, it was proposed to do a study of PCC for the whole range of public policies. Around February or March, we felt we could launch the group”*. *“I am grateful for the opportunity to be the coordinator. The group comprises people representing institutions that belong to the Think Tank itself. However, there are also people who were asked to participate because of their knowledge and experience”*.

She explained that they had three main objectives: to create a concept map, to create a map of good practice, and to develop a tool to evaluate the model and produce a document, the guide on personalization. *“I want to emphasise that the initiative came from the Think Tank itself, before proposing that this group might extend and collaborate in the final product. For this purpose, we have held three sessions: two online and one face-to-face”*. DFG9 added that they worked on the contents of the document in a consensual fashion, preparing the final document that will be presented to the participants during the session.

DFG9 divided the personalisation work they have carried out into three levels: micro, meso and macro. She said they had reached a consensus to change the name: from PCC to Personalisation. *“We think it's a much more open name. We understand that this guide is not so much a document on putting together a personalization service, but a tool for understanding personalization in services”.*

Referring to DFG9's remarks, ECO1 added that there are three types of contributions in the guide:

- It is a document that discusses all the different areas of social services at the same time, and there are not many documents or manuals of this kind. The document offers a general overview, because it includes various elements of personalisation.
- The document considers personalization in three large concentric circles. These include direct attention, personalization, and the three levels: micro, meso and macro.
- It offers recommendations from the authors.

ECO1 continued to explain that, *“we are talking about personalization, and not about PCC. Although PCC was the initial brief, we decided that personalisation could work as an umbrella to cover different approaches: the independent living model, person-centred planning, quality of life and support models, person-centred gerontological care and many other aspects of social services”.* ECO1 noted that the document seeks to include several approaches: *“the most important thing in this guide is the bibliography. We haven't written anything new; we have simply compiled different approaches”.*

He added that the document sets out the benefits of personalization and the basic criteria. It highlights the risks, limits and obstacles. It also mentions the improvements that personalization involves for quality of life and satisfaction of families, users and workers. *“The elements that work as accelerators of personalization are leadership and technical drive, social demand, political or institutional impulse, professional engagement and involvement, including trade union involvement, and the generation of scientific evidence”.*

The Deputy (Provincial Minister) for Social Policies invited the members of the working group to share their reflections with the other participants.

ECO13 highlighted the joint effort they have made to *"integrate the spaces in which we participate. This process has led to a very successful integration. We each know the issues that affect our field, but when we have to think about the big jigsaw puzzle, the different visions don't appear to fit together. Thanks to this work we have shared and integrated our visions"*.

The Deputy for Social Policies said that this is precisely the value of the work: *"We wanted to see whether PCC could be promoted in all social spheres. It looks as if it can"*. She added that each person working in this area tends to see his or her own sector as a *"little box"*. So, *"this work is an example that it is possible to work together"*. She explained that during the group dynamics of the session, they will further explore the work carried out, and she is satisfied that they *"have responded to a demand that came from the Think Tank itself"*.

5. Dynamics of reflection and debate

DFG4 took the floor to explain the work in groups. *"We want to discuss the issue of accelerators: we wonder where these personalization accelerators are"*. He said that, *"we have marked the five accelerators with which ECO1 concluded her presentation"*.

- Technical leadership and drive
- Social demand
- Political and institutional drive
- Professional engagement and involvement
- Generation of scientific evidence

DFG4 gave an update on the Think Tank's perspective on accelerators, point by point: *"With regard to technical leadership and drive there is agreement in the Think Tank. On social demand, we have the feeling that there is no clear consensus: we do not know if it is a major accelerator of personalisation. In terms of political and institutional momentum, there is fairly general consensus. We have a clear idea that the public sector is a great accelerator, as is professional engagement and involvement. There is also no*

agreement on scientific generation and evidence. For the Think Tank, it is not evident that scientific evidence is an accelerant”.

DFG4 added that the Think Tank wants to highlight the discussion on the way personalization is accelerated, and then address the issue in the group dynamic. He made one last remark before launching the group dynamics: *“In the document you have received, the chapter on recommendations will be moved to the white paper. In the analytical index on the white paper there is a chapter on personalization in full. Personalization is a central point of the white paper”.* He said that the personalization document made several recommendations on infrastructures, the development of a social deinstitutionalization plan, the definition of specific programmes for training staff, the redefinition of regulations and assessment.

“Now we need to work in groups to consider personalization in two or three lines of discussion: not everyone from the Think Tank participated in the working group that drew up this document. We want you to review these recommendations and let us know what items you think are missing. How can we add to this document with your knowledge. If we get one or two new recommendations, we'll consider the cycle completed”.

ECO1 then took the floor to add that they have used mainstreaming as a criterion for the recommendations. He said that the recommendations should be directly related to personalization. *“We try to focus on items that are suitable for advancing personalization”.*

Finally, DFG9 explained that the document contains a table defining what personalization is and is not.



6. Results of group dynamics

After approximately one hour of dynamic of reflection, DFG4 asked the participants to share the synthesis of ideas on the two recommendations they have had to think about.

Results of the dynamic:

Group 1:

ECO7, the spokesperson for the first group, said that the participants had glanced quickly through the document. They had not been able to delve into it *“as much as they would have liked”*. She added that they have drawn up a list with a series of proposals for improvement:

- To publish an easy-to-read version of the guide that would be accessible to all sections of the public.
- To include a mental health component: *“Although the concept of dignity and rights is implicit throughout the document, in this approach it must be explicitly set out that the idea of persons prevails over that of collectives”*.
- To make a launch plan for the guide and the white paper: *“Both the white paper and the guide run the risk of just being a statement of intent. We propose that*

they should have a start-up plan. Putting something shared in place can help move services forward in a balanced and consistent way”.

- The importance of language: *“Throughout the guide, care is taken with the language. We propose to apply all that to the white paper; to try to use terminology that is consistent with the values of the model”.*
- The assessment of the initiatives should be consistent with the proposal: *“This is something related to the methodology of the questionnaire. We want to know why there is a divergence between what we have been asked about the accelerators of assessment and of social demand. We believe they are synergistic”.*

ECO7 concluded by saying that the team has worked "very well", and that they have especially valued the "enormous work" of ECO1.

Group 2:

ECO14 said that, "we have highlighted the work done by the group and ECO1". He added that they found it difficult to make recommendations on all the work they have done, and that they have flagged some issues that have already been mentioned:

- Training and empowerment of users, linked to individual free choice.
- Simplification of administrative procedures: *“We believe that it is necessary to simplify the portfolio of services on offer. Often it is not only a question of the processing of services, but also of understanding them”.*

ECO14 said that these two points have a strong connection. *“Free choice starts from co-participation in the services you want to receive or not. Free choice is also about making that choice”.* He went on to say that, *“we also commented on several issues such the fact that as well from promoting we need to try to structure the existing networks. Also, public-private partnerships should be encouraged. We talked a little bit about everything but on this point we were not able to come up with anything specific”.*

7. Feedback on group dynamics

DFG4 then took the floor to give an assessment of all the contributions made. *“There are some very interesting aspects like the language used in the text, training families and consistency in the assessment”.*

ECO1 added that, *“the aspect that struck me most was that the choice can also consists of not choosing. In practice that is what can happen. On the issue of cash benefits and disability, there is a request that there should be money available out of which the user can create their own care package. But some people don't want that care package”.* He went on to say that there can be diverse needs and choices, and that *“diversity starts with respecting the fact that there are people who don't want to choose”.* He concluded by commenting that the document should be easy to read, to make it more accessible to many more people.

DFG3 took the floor to say that, in order to provide capacity to choose, it is necessary to have a support that accompanies this process. *“It is fallacious to make someone choose without offering them options”.*

ECO7 said that although it is not expressly stated in the document, they indicate that the user must be able to participate. Referring to the free choice involved in deciding not to participate.

DFG9 stressed the importance of language. *“The white paper and the guide need to have terminology that is consistent with personalization. We often need to take care over the words used. From there we started with social pedagogy”.* She said it was important for the document to reflect public policy issues in different areas: those related to disability and dependency, or those related to childhood or care for women victims. *“We have made an effort to find a terminology that reflects all contingencies”.* She went on to explain that personalisation will be incorporated into the plans and actions of each service and centre. *“I have the impression that this has only just begun”.*

8. Assessment and end of session

The Deputy for Social Policies concluded by sharing her reflection on the difficulty of making contributions to a document that has required a lot of time and work. *“I would again stress that this work is the result of the decisions of the Think Tank”.*

In the work of the groups there is a global and shared vision that I think is very good". She added some of the recommendations made by the participants to the final conclusions: *"In the guide we will have to adapt the language, titles and pictures".* She added that she found the concept of making the assessment consistent with personalization an interesting one. *"Indicators should be aligned with objectives. In terms of user training and empowerment, we are at a point of no return; from which we will only be able to go forward".*

She reminded them that they are still in time to add feedback to the document. *"The aim of this work is not to stick it in a drawer. We have all the ingredients to make it happen".*

"We were thinking of presenting the white paper in July, by pushing things through. Another option was to present it in September, in order to have the necessary discussions. We opted for the second option, when we will also hold the next session". She explained that at the September session there will be a presentation of the white paper, which will include the chapter on personalization, among others.

The Deputy for Social Policies took her leave of the participants, thanking them all for their attendance. *"We will meet again with renewed strength, in a better position and with great enthusiasm".*

9. Appendices

a. Working Document No. 11

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.

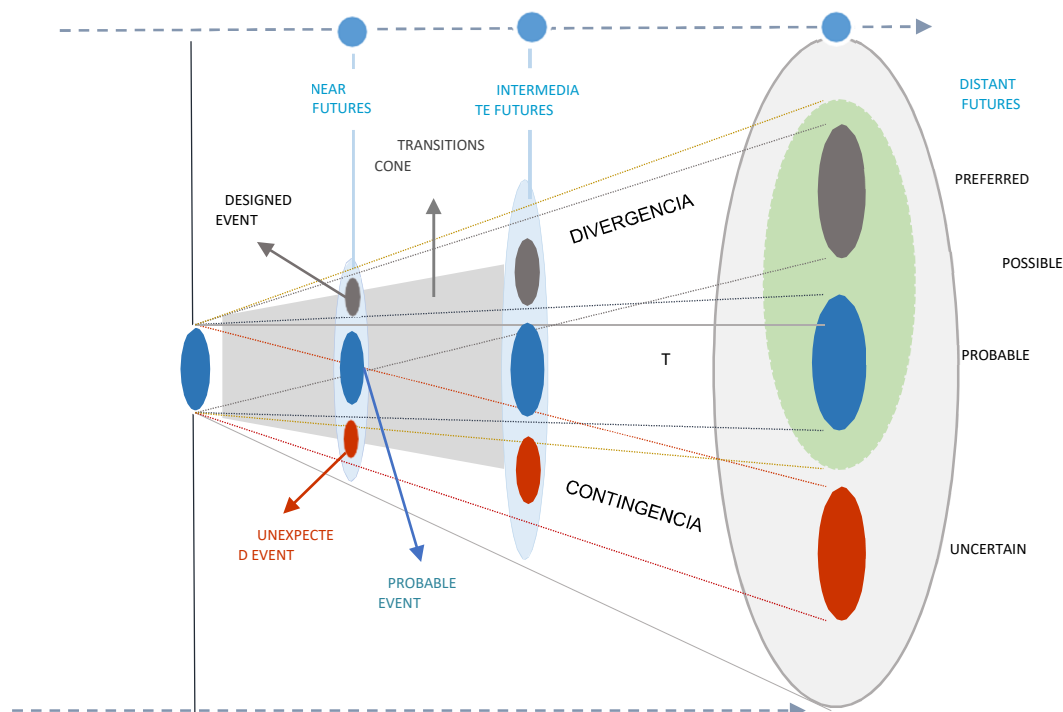
The timeline also offers another type of futures, namely:

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 Etorkizuna 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*² 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

² Sub-provincial administrative area, comprising several municipalities.

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 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.

b. Working Document No. 12

THINK TANK

Deliberation process on the new futures of the welfare state: Working Document

No. 11

(22 June 2021)

THE PERSONALISATION OF CARE AND SOCIAL SERVICES

Purpose

Within the framework of the deliberative process of the ETORKIZUNA ERAIKIZ Think Tank, the deliberation group "Futures of the Welfare State" discussed the importance of expanding the model of Person-Centred Care (PCC) to all social policies (childhood and adolescence; social inclusion; dependence and disability; victims of male violence).

In this context, the November and December 2020 sessions devoted to the PCC model and the personalisation of care (Document No. 5) analysed the relevance of setting up a Working Group on PCC/Personalisation of care/services in order to offer an operational perspective for all social policies.

Objectives

The Working Group on Personalization intends to produce a document containing:

- a conceptual map of the PCC model / Personalisation of Social Services
- a map of best practice in PCC / Personalisation of Social Services
- a toolkit for evaluating the PCC model / Personalisation of Social Services
- a strategic document on the PCC model / Personalisation of Social Services

Methodology

a. Formation of the Working Group

b. Work phases

The working group was made up of the following:

1. Penélope Castejón (F. Matia)
2. Iñigo Kortabitarte (OK en Casa)
3. Javi Sancho (F. Emaus)
4. Maria Muñoz (F. Goyeneche)
5. Josu Gago (Agintzari S.Coop.)
6. Toni Heredia (Gureak)
7. Bakarne Etxeberria (Deusto and F. Hurkoa)
8. Belen Larrion (Provincial Government, Group Coordinator)
9. Joseba Zalakain SIIS (technical secretary)
10. Javier Castro (Technical Assistance, Think Tank)

b. Work phases

First meeting of the working group: presentation of the objectives and work plan.

The first meeting discussed an analysis of a questionnaire that the members of the team had to fill in with their views on the fundamental concepts, organisational and institutional changes, obstacles and difficulties, with a view to draw up an outline of the conceptual map.

The members of the working group had two weeks to respond to the questionnaire. At the same time, the Technical Secretariat prepared a series of summary sheets on national and international experiences that might be considered as references of best practice in the various areas of social services, with a view to developing the personalisation of social services.

Second meeting of the working group: Presentation of the conceptual framework

At this meeting, the reflections on the conceptual framework were presented and shared by the team members. The best practice sheets, prepared by the Technical Secretariat, were assessed.

At the meeting, the core elements of the conceptual framework were agreed upon and the agenda for the elaboration of a draft document was defined. In parallel, the

members of the technical team analysed the best practices proposed by the Technical Secretariat and proposed new ones.

Third meeting of the working group: Best practice analysis and customisation tools

At this meeting, the document prepared by the Technical Secretariat on the conceptual framework, dimensions of personalization, best practice and tools for advancing personalization was presented.

Fourth meeting of the working group: Conclusion of the document

The meeting agreed on the draft document to be presented to the Think Tank Deliberation Group which includes contributions and recommendations for developing the Personalisation of Social Services.

Content of the personalization document

Objective of the Guide for personalization of social services

- To establish the common conceptual elements of the approaches that have been developed in our environment with regard to personalization: to define its foundations, contents and implications, identify the tools that contribute to implementing it and describe some examples of best practice.
- To prepare a conceptual map, toolkit and map of best practice with a series of recommendations to facilitate the transition towards a more personalised model of Social Services.

Contributions of the Guide

- Concept map: personalisation of social services
- Recommendations: how to move towards more personalised services in Gipuzkoa
- Tools for personalising care
- Best practice for personalisation of care in Gipuzkoa
- Main contributions of the guide:

- Personalisation of care, which has been proposed as a cross-cutting challenge for all sectors of social services (childhood, exclusion, disability, the elderly, etc.)
- Personalization as a challenge that extends beyond direct care (macro, meso and micro perspective) and as an "umbrella" concept covering different approaches and paradigms
- Proposals and recommendations to move towards personalisation in Gipuzkoa, linked to the White Paper and the Gipuzkoa 2030 Agenda on Transitional Social Policies.

Referents used for discussing personalization

The concept of personalization used is based on various different approaches and references:

- The independent living model
- Person-centred planning
- The quality of life model and the supports model
- Person-centred gerontological care
- Damage reduction and non-conditionality of the supports
- Direct payments and individual budgets (UK-style personalisation)
- The best interests of the child and attachment theory
- The approach of the transition to adulthood or independent living
- Other approaches: model of recovery in the field of mental health, co-production, psychosocial rehabilitation...

Organizational dimensions

- Identification of the catalogue of services and forms of access to the services: the importance of free choice.
- The role of professionals: professionalising and de-professionalising
- The organisational dynamics of service-providing bodies
- The physical, environmental and architectural design of the centres and the importance of deinstitutionalization
- Definition of the legislation governing operation of the centres and services

- Individual planning, intervention and everyday activities
- User involvement in collective decision-making
- Community resources and community inclusion
- Communication tools, access to information and transparency of organizations

Risks, limits and obstacles

- Personalisation has organizational, economic and administrative limits, which must be taken into account
- Personalisation also runs into difficulties of various kinds: institutional and organisational momentum, limitations on time and staffing, asymmetries of power, difficulties in real acceptance of the postulates and cultural changes involved in personalisation, inadequate adaptation of the regulations, complexity of powers, difficulties with coordination, etc.
- Nor should the risks of personalization be ignored: personalization as awarding individual responsibility, personalization as removing institutional responsibility, personalization as individualism, personalization as an empty significant.

Benefits and accelerators of personalization

Personalization involves improvements for the people attended and also for staff, families and organizations. It also involves progress in terms of social justice insofar as it prioritises principles such as the users' rights, dignity and self-determination and the ethical perspective of intervention.

The five accelerators of personalization identified were:

- Leadership and technical drive
- Social demand
- Political and institutional drive
- Professional engagement and involvement
- Generation of scientific evidence, evaluation and RDi.

Discussion

At the session on 22 June, three relevant topics were discussed in relation to the preparation of the Document on Personalization of Care and Social Services.

The first exercise consisted of sending out a form to assess the level of agreement with the accelerators of service personalisation.

Table 1 shows the results of the forms received. Thus, the data show that *political and institutional drive* is one of the accelerators on which there is most consensus amongst the think tank (70% gave it the highest score). Two other factors, *leadership and technical drive* (operationalisation of the philosophical frameworks in organisational and care practices) and *professional engagement and involvement* were considered relevant accelerators of personalisation (in both cases 60% of respondents awarded the highest score). On the other hand, there was a considerable divergence in the scores given to *social demand* and *generation of scientific evidence*, suggesting a low degree of agreement.

| Table 1. Please state to what extent you agree with the following ACCELERATORS of service personalization | 1 | 2 | 3 | 4 | 5 | TOTAL |
|--|---|-----|-----|-----|-----|-------|
| 1. Leadership and technical drive. Personalisation derives from the impulse given from the technical sphere to the change in philosophical frameworks and the change in organisational and care practices. | | | | 40% | 60% | 100% |
| 2. Social demand. Social demand, the pressure that can be exerted by users or people affected by the care model developed by the social services and other organisations. | | 40% | 20% | 20% | 20% | 100% |
| 3. Political and institutional drive. Social and socio-health policies can become an accelerator for the personalisation of care and social services | | | | 30% | 70% | 100% |
| 4. Professional engagement and involvement. The work and experience of staff working in direct care who are committed to personalising care. | | | | 40% | 60% | 100% |
| 5. Generation of scientific evidence, evaluation and RDi. The ability to generate convincing scientific evidence on the effectiveness of personalization and on the most appropriate ways to implement it, including costs and impacts. | | 20% | 30% | 10% | 40% | 100% |

The second exercise consisted of recording the level of agreement with the spaces of transition towards the personalisation of services. The transition space with

which there was most agreement was the development of networks, innovation, learning and participation. Other spaces and tools such as *diversification of the service portfolio* and *home intervention and accompaniment in the community* were among the spaces on which there was greatest consensus. In contrast, a model oriented towards *user choice*, the development of *meaningful activities*, and *appropriate working relationships* (qualification, etc.) met with a wide variety of responses, suggesting less consensus.

| Table 2. Please state to what extent you agree with the following SPACES FOR TRANSITION towards service personalization | 1 | 2 | 3 | 4 | 5 | TOTAL |
|---|---|-----|-----|-----|-----|-------|
| 2.1. Going from a rigid and limited Service Portfolio to a broad, diverse and flexible Service Portfolio | | | | 40% | 60% | 100% |
| 2.2. Going from a model of access to services based on the allocation of resources by government to one fundamentally oriented towards users' choice. | | 14% | 30% | 14% | 42% | 100% |
| 2.3. Going from a model of services fundamentally based on centres (residential, occupational, day care, etc.) to another based on independent living, fostering, home intervention and community accompaniment. | | | | 60% | 40% | 100% |
| 2.4. Going from a model of limited, impersonal activities, in segregated environments, to one based on positive and meaningful activities, based on each individual's background and preferences | | | 14% | 30% | 56% | 100% |
| 2.5. Going from a continuist, reactive and fragmented organisational model to one based on networking, innovation, continuous learning and participation by all agents. | | | | 30% | 70% | 100% |
| 2.6. Going from a residential model based on institutional-type facilities to one fundamentally based on community housing, supervised apartments and cohabitation units. | | | 14% | 40% | 46% | 100% |
| 2.7. Going from the current inequality in terms of qualifications, facilities and working conditions, to the widespread introduction of sufficiently equipped and qualified professional teams, with suitable working conditions. | | 14% | 14% | 30% | 42% | 100% |
| 2.8. Going from a model of communication and information that is not very accessible or comprehensible, to another based on transparency, cognitive accessibility and accountability. | | | 8% | 42% | 50% | 100% |

In general, the working group assumes that the degree of satisfaction with public services in Gipuzkoa is very high. It is therefore necessary to innovate and move progressively towards an "improved" model, above all towards greater diversity in the portfolio of services, but at the same time maintaining and reinforcing the aspects that are working satisfactorily at present.

During the workshop, the contributions to the document on personalisation of social services and to the White Paper on Social Policy Transitions, which drive the transition agenda towards a new model of care and support, were discussed.

Proposal 1. Document on Personalization of Social Services. The document on service personalization should include an easy-to-read version, using language that is more in line with the model of care personalization, inclusive and understandable by different target audiences. The same recommendation was made for the White Paper.

Proposal 2: White Paper. The document on personalisation sets out a series of proposals for promoting personalisation of social services and care. Whereas the document on Personalisation of Social Services offers a conceptual framework, tools and best practice, the White Paper should offer a framework of action for the development of transitional social policies, validated with different contrast groups related to the social policy ecosystem.

Proposal 3: Evaluation model. Explore, experiment and develop a service assessment model consistent with personalisation (concepts, tools and indicators to calculate the degree of personalisation of care and social services)

Proposal 4: Promote learning in personalization. Design and develop a personalisation learning strategy and programme for users and carers (professional and non-professional). The aim is to empower users and their families.

Proposal 5. Structure existing networks. Develop a tool for mapping and structuring existing networks, in order to create private-public-social linkages related to the promotion of care ecosystems.

Proposal 6. Encourage free choice. Social policies should encourage free choice with regard to the services users prefer and the model of care and supports they wish to receive, including the "choice not to choose".

Proposal 7. Simplify procedures. Promote the use of accessible online tools to unify access to the portfolio of services.

c. Presentation by the Deputy (Provincial Minister) for Social Policies

Personalisation of Care & Social Services

22 June 2021

Agenda for the Meeting

(22 June 2021)



01



Opening: Working Group on
Personalization

Personalisation of care and
social services

Personalisation of care and social services

INITIATIVE. The working group was formed at the initiative of the think tank, which was set up to reflect on personalisation of care and social services.

THE AREAS OF SOCIAL POLICIES: The working group was asked to reflect on whether the personalisation of social services can be promoted in all areas of social policies (childhood and adolescence, social inclusion, victims of sexist violence, the elderly and dependency)

Methodology and results of
the Working Group on
Personalisation (WGP)



Contribution: Goals,
Methodology and Results

02

Presentation of the objectives, methodology and results of the Working Group on Personalisation

Belén Larrión and Joseba Zalakain

03

Personalization
Accelerators

Group deliberation

Personalization Accelerators

| 1. Please state to what extent you agree with the following ACCELERATORS of service personalization | 1 | 2 | 3 | 4 | 5 | TOTAL |
|--|---|-----|-----|-----|-----|-------|
| 1. Leadership and technical drive. Personalisation derives from the impulse given from the technical sphere to the change in philosophical frameworks and the change in organisational and care practices. | | | | 40% | 60% | 100% |
| 2. Social demand. Social demand, the pressure that can be exerted by users or people affected by the care model developed by the social services and other organisations. | | 40% | 20% | 20% | 20% | 100% |
| 3. Political and institutional drive. Social and socio-health policies can become an accelerator for the personalisation of care and social services | | | | 30% | 70% | 100% |
| 4. Professional engagement and involvement. The work and experience of staff working in direct care who are committed to personalising care. | | | | 40% | 60% | 100% |
| 5. Generation of scientific evidence, evaluation and RDi. The ability to generate convincing scientific evidence on the effectiveness of personalization and on the most appropriate ways to implement it, including costs and impacts. | | 20% | 30% | 10% | 40% | 100% |

03

Accelerators of
Personalization

Group Deliberation

Recommendations for driving personalization

| INFRASTRUCTURES | SOCIAL INTERVENTION | TRAINING | LEGISLATION | ASSESSMENT |
|--|---|---|--------------------------------|--|
| Increase the number of places in accommodation centres | Home-based programmes (socio-educational, psycho-social intervention) | Define specific training programmes for professionals | Redefine the Service Catalogue | Assessment of users' expectations and preferences |
| Develop a De-Institutionalization Plan (housing, co-housing) | Facilitate free choice of services by users | | | Assessment of service quality (certification and transparency) |
| | Strengthen Case Management / Referral Professional | | | Quality of life assessment (impact of social policies) |
| | Promote community networks and projects | | | |
| | Simplification of formalities (access to services) | | | |

Proposals of the
Personalization Working
Group

Next session

29 July (conclusion of the
first Think Tank cycle)

04

NEXT SESSION

29 JULY

Presentation of the White Paper
Conclusion of the first cycle of the Think Tank

THANK YOU

d. Presentation of DFG9 and ECO1

Guide for Personalisation of Social Services in Gipuzkoa



Why and what for a guide on personalization

- Establish the **common conceptual elements** of the approaches that have been developed in our environment with regard to **personalization**: define its **foundations, contents and implications**, identify the **tools** that contribute to implementing it and describe some examples of **good practice**.
- For this purpose, a **conceptual map**, **toolkit** and **map of best practice** have been drawn up with a series of **recommendations**, to facilitate the **transition** towards a more personalised model of Social Services.

Elaboration process

- The process of drawing up the guide has been based on the **shared work** of ten people representing ten **organisations entities working in the field of social services in Gipuzkoa** (elderly, disability, illness, childhood) and participating in the Think Tank on the futures of welfare.
- The participants in the process were **Fundación Hurkoa, the University of Deusto, OKencasa, Agintzari, Fundación Goyeneche, Fundación Matia, Emaús, Elkartu y Gureak**, in a project promoted by the **Department of Social Policies of the Provincial Government of Gipuzkoa**
- Drafting and technical secretarial work was carried out by the Fundación Eguía Carega's Documentation and Studies Centre (SIIS).

Contents and contributions of the guide

- **Concept map:** personalisation of social services
- Recommendations: how to move towards more personalised services in Gipuzkoa
- **Tools** for personalising care
- **Good practice** for personalisation of care in Gipuzkoa
- Main **contributions of the guide:**
 - Personalisation of care, which has been proposed as a **cross-cutting challenge** for all sectors of social services (childhood, exclusion, disability, the elderly, etc.)
 - Personalization as a **challenge that extends beyond direct care** (macro, meso and micro perspective) and as an **"umbrella" concept** covering different approaches and paradigms
 - **Proposals and recommendations** to move towards personalisation in Gipuzkoa, linked to the White Paper and the 2030 Agenda

Referents used for discussing personalization

The concept of personalization used is based on **various different approaches and references**:

- The **independent living** model
- **Person-centred planning**
- The **quality of life** model and the **supports** model
- **Person-centred gerontological care**
- **Damage limitation** and **non-conditionality** of supports
- **Direct payments** and individual budgets (UK-style personalisation)
- The **best interests of the child** and **attachment** theory
- The approach of the **transition to adulthood** or independent living
- Other approaches: model of **recovery** in the field of mental health, **co-production**, **psychosocial rehabilitation**...

Organizational dimensions

- Identification of the **catalogue of services** and **forms of access** to the services: the importance of **free choice**.
- The **role of professionals**: professionalizing and de-professionalizing
- The **organisational dynamics** of service-providing **bodies**
- The **physical, environmental and architectural design** of the centres and the importance of **deinstitutionalization**
- Definition of the **legislation** governing operation of the centres and services
- **Individual planning, intervention** and everyday **activities**
- User **involvement** in collective decision-making
- **Community resources** and **community inclusion**
- **Communication tools**, access to **information** and **transparency** of organizations

Risks, limits and obstacles

- Personalisation has **organizational, economic and administrative limitations**, which must be taken into account
- [The limitation also encounters **difficulties**] of various kinds: institutional and organisational momentum, limitations on time and staffing, asymmetries of power, difficulties in real acceptance of the postulates and cultural changes involved in personalisation, inadequate adaptation of the regulations, complexity of powers, difficulties with coordination.
- Nor should the risks of personalization be ignored: personalization as **awarding individual responsibility**, personalization as **removing institutional responsibility**, personalization as **individualism**, personalization as an **empty significant**, etc.

Benefits and accelerators of personalization

Personalization involves **improvements** for the people attended and also for staff, families and organizations. It also involves progress in terms of **social justice** insofar as it prioritises principles such as the users' **rights, dignity and self-determination** and the **ethical perspective** of intervention.

The **five accelerators** of personalization identified were:

- Leadership and **technical drive**
- **Social demand**
- The **political** and institutional **drive**
- **Professional engagement** and **involvement**
- The generation of **scientific evidence, evaluation and RDi**.

Eskerrik asko
Thank you very much



matia

OKlencasa
Conforto a quienes luchan



Hurkoa



e. Questionnaire on personalization

THINK TANK

Personalisation of Social and Care Services.

(22 June 2021)

Deadline for submitting the questionnaire: 19-06-2021

The Think Tank's Working Group on Personalisation of Care and Social Services has identified a series of accelerators and spaces for transition towards personalisation.

We would like you to indicate your level of agreement or disagreement with the accelerators and spaces identified by the Working Group and to add any recommendations, as well as new accelerators and transition spaces that are not included in this list

(1=strongly disagree, 5=strongly agree)

| 1. Please state to what extent you agree with the following ACCELERATORS of service personalization | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. Leadership and technical drive. Personalisation derives from the impulse given from the technical sphere to the change in philosophical frameworks and the change in organisational and care practices. This technical drive translates into the development of new conceptual frameworks, the design of new tools, the implementation of dissemination and awareness-raising activities, the development of research programmes and training and capacity-building activities... | | | | | |
| 2. Social demand. Social demand, the pressure that users or people affected by the care model developed by the social services and other organisations can exert. | | | | | |
| 3. Political and institutional drive. Social and socio-health policies can become an accelerator for the personalisation of care and social services | | | | | |
| 4. Professional engagement and involvement. The work and experience of staff working in direct care who are committed to personalising care. | | | | | |
| 5. Generation of scientific evidence, assessment and RDi. The ability to generate convincing scientific evidence on the effectiveness of personalization and on the most appropriate ways to implement it, including costs and impacts. | | | | | |
| Recommendations: Other accelerators? Please state | | | | | |

| 2. Please state to what extent you agree with the following SPACES FOR TRANSITION towards service personalization | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 2.1. Going from a rigid and limited Service Portfolio to a broad, diverse and flexible Service Portfolio | | | | | |
| 2.2. Going from a model of access to services based on the allocation of resources by government to one fundamentally oriented towards users' choice . | | | | | |
| 2.3. Going from a model of services fundamentally based on centres (residential, occupational, day care, etc.) to another based on independent living, fostering, home intervention and community accompaniment . | | | | | |
| 2.4. Going from a model of limited, impersonal activities, in segregated environments, to one based on positive and meaningful activities , based on each individual's background and preferences | | | | | |
| 2.5. Going from a continuist, reactive and fragmented organisational model to one based on networking, innovation, continuous learning and participation by all agents. | | | | | |
| 2.6. Going from a residential model based on institutional-type facilities to one fundamentally based on community housing, supervised apartments and cohabitation units . | | | | | |
| 2.7. Going from the current inequality in terms of qualifications, facilities and working conditions, to the widespread introduction of sufficiently equipped and qualified professional teams , with suitable working conditions , | | | | | |
| 2.8. Going from a model of communication and information that is not very accessible or comprehensible, to another based on transparency, cognitive accessibility and accountability . | | | | | |
| Recommendations: Other spaces of transition? Please state | | | | | |