

THINK TANK

Deliberation process on the new futures of the welfare state: Working Document No. 12

(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.