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SoCaTel

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EXECUTIVE SUMMARY

Policy challenges caused by ageing are well known, and have been comprehensively collected by the Madrid Declaration of the UN in 2002. These challenges and policy solutions can be summarised as the followings: health challenge (healthy ageing), activity challenge (maintaining activity in social connections and in work), housing challenge and increasing old adult care efficiency by enhanced knowledge and technology uptake. Policy phenomena add up to policy problems because of the want of sufficient human and material capacities in contemporary advanced societies to perform acceptable services in an ever growing proportion. According to Zaidi et al (2017), percentage of population over the age of 60 will increase by 9% globally by 2050. The enlisted policy challenges enable policy action by embracing the main possible alternatives: improving human services, technology and material circumstances. Out of these three alternatives of potential development, Socatel project focuses on the issue how technological improvement can have a positive impact on supportive human interactions directed to a better and more efficient old adult care. As such, empirical pieces of evidence were collected on the four pilot sites, Finland, Ireland, Spain and Hungary, in order to verify the particular policy challenges and responses that emerge locally.

At the given phase of the research, local policy challenges are characteristically homologous however, it can be hinted that Hungarian old adult care services are generally less supported by IT than in the other three countries therefore Hungarian responses contain multiple remarks on the outdatedness of softwares in use and on other technologies that are currently unavailable to the respondents. The Finnish, the Irish and the Spanish research sites contain multiple policy recommendations regarding the human aspect of public service management improvement such as better communication, better coordination, better training.

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Saving more time of the caregivers to do actual caring and better clinical health record management are – it appears according to the research – constantly emerging as desired elements of modernization at each pilot research site.

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ABBREVIATIONS

ACRONIMS / ABBREVIATIONS	DESCRIPTION
UN	United Nations
LTC	Long-Term Care
IT	Information technology
EC	European Commission
EU	European Union
GFC	Gál Ferenc College (Hungary)
UTA	University of Tampere (Finland)
FONCE	Fundación ONCE (Spain)
URV	Rovira i Virgili University (Spain)

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1 INTRODUCTION TO THE POLICY BRIEF

The aim of this Policy Brief is to draw up policy recommendations for the development of co-creation and the related digitalization in services for older people.

According to Zaidi et al (2017), percentage of population over the age of 60 will increase by 9% globally by 2050. Ageing is far from being a policy challenge of the developed world only. What makes developed countries more prone to the wide scale policy challenges of ageing is their low fertility rates. The two intertwined demographic challenges put old adult care systems under stress by steeply increasing demand for their services while supportive family and community environments dominated by the young and healthy are expected to plummet.

Naturally, Socatel project cannot target all potential policy issues, however, this Policy Brief intends to comprehensively collect major policy challenges regarding old adult care based on policy documents and literature. These are collected under the title “Policy recommendations put forth by international organizations and by scientific literature”. In the second part of the Policy Brief, those policy recommendations are collected, that could be crystallized from the focus group interviews conducted at the four pilot sites (Ireland, Finland, Hungary and Spain).

It is a realistic expectation that the comparison of the policy recommendations collected from the pilot sites would fit into the macro-level policy issues that had been collected and addressed by international organizations such as the UN and the OECD. The novelty of the current Policy Brief could be to throw light on what the service providers and service users see from their unique, grassroots-level perspectives on the same issues but from a different perspective.

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2 POLICY RECOMMENDATIONS PUT FORTH BY INTERNATIONAL ORGANIZATIONS AND BY SCIENTIFIC LITERATURE

Healthy ageing and active ageing are the two dominant policy aims promoted by international organizations such as the OECD and the UN. Both embrace the individual well-being and social integrity of the lives of old adults. Nevertheless, our approach is also focusing on some ambivalences of this conceptualization. Paradoxically, older adults are perceived as an homogenous group who lack agency, while there are important differences regarding social class, gender and ethnicity. As a consequence, there are enormous differences in the way older adults can have an active ageing (Timonen, 2016)

Healthy Ageing: **maintenance of personal control over one's life as physical health**.

Policy elements of healthy ageing:

- Preventive and curative care, installing early warning systems, minimizing unhealthy habits. Mental health services are also to be mentioned for their special requirements.
- Preventing injuries by careful design, maintenance, tidying. Clean water, proper nutrition.

Active Ageing: generally places emphasis on **maintaining labour market activity** and the need to maintain functional capacity for as long as possible. By EU terminology active ageing can refer to improving individual welfare, but also to increasing overall social welfare through a larger workforce, higher output and a lower burden of dependency.

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2.1 Healthy Ageing policy recommendations

- **Physical activity:** This is widely recognised as benefiting both the length and the quality of life of older adults and promotes independence. There is some evidence that policies to encourage activity can bring about a reversal in this physical decline. Diabetes, osteoporosis, chronical hypertonia for example have strong correlation with the lack of physical activity.
- **Nutrition and healthy eating**: special attention needs to be given to promoting healthy diets. Obesity should be prevented or reduced. In certain localities in Central and Eastern Europe, old adult poverty jeopardizes access to continuous and healthy alimentation. Poverty and people at risk is an important cause of bad healthy eating.[1]
- **Substance use/misuse**: reducing consumption of tobacco, alcohol, antidepressants, excessive use of pain relief medication.
- More regular follow-up of **chronically-ill** patients and better co-ordination of care.
- Enhanced preventive health service.
- Greater attention to **mental health**. Policies to address wider determinants of mental health as well (social isolation, poverty and discrimination and housing) may also be required.
- Encourage better self-care, increasing social capital of old adults.
- User-friendly **access to health services** including prevention services. More user-friendly and more user-value oriented access to medical care, supervision and nursing. Better adequacy of care can be promoted by enhanced doctor-client connection.
- Increasing the **efficiency of home visits** by better preparation.

[1] For example, in Hungary guaranteed minimum state pension is HUF 28.500 = EUR 88.

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2.2 Enhancing participation, creating better social environment for active ageing

- Encourage and support the **contribution of older persons to families, communities** and the economy;
- Provide opportunities, programmes and support to encourage older persons to **participate** or continue to participate in cultural, economic, political, social life and lifelong learning;
- Provide information and access to facilitate the participation of older persons in **mutual self-help, intergenerational community groups** and opportunities for realizing their full potential;
- Create an enabling environment for **volunteering at all ages**, including through public recognition, and facilitate the participation of older persons who may have little or no access to the benefits of engaging in volunteering;
- Promote **the cultural, social and economic role and continuing contribution of older persons to society.**
- Older persons should be treated fairly and with **dignity**, regardless of disability or other status, and should be valued independently of their economic contribution.
- Promote civic and cultural participation as strategies to **prevent and care social isolation** and support empowerment.

2.3 Work and ageing: promoting the sense of necessity

- Promote the productive capacity of older workers as being conducive to their **continued employment** and promote awareness of their worth, including their self-awareness, in the labour market.
- Older persons should be enabled to **continue with income-generating work** at will.
- **Reduce the risk of exclusion or dependency** in later life by prevention, promotion of occupational health and safety, maintain work ability.

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- Access to technology, life-long learning, continuing education, on-the-job training, **vocational rehabilitation and flexible retirement arrangements**; and efforts to reintegrate the unemployed and persons with disabilities into the labour market.
- Make special efforts to raise the **participation rate of women and disadvantaged groups**, such as the long-term unemployed and persons with disabilities, thereby reducing the risk of their exclusion or dependency in later life.
- Promote **self-employment** initiatives for older persons, inter alia, by encouraging the development of small and **microenterprises** and by ensuring access to credit for older persons, without discrimination, in particular gender discrimination.
- Promote new work arrangements and **innovative workplace practices** aimed at sustaining working capacity and accommodating the needs of workers as they age, inter alia, by setting up employee assistance programmes.
- Support workers in making **informed decisions** about the potential financial, health and other impacts **of a longer participation in the workforce**.

2.4 Urbanization and rural development, housing

- The urban setting is generally less supporting to sustaining traditional communities, urban communities lack extended family network and reciprocity systems. Urban environments are more exposed to old adult care entangled by costly forms of institutional care. New communities shall be created based on mutual help and solidarity. On the other hand, there are scarcely populated areas in Europe such as in South-Eastern Hungary where the physical access to medical or practically any help might be limited especially during the winter.

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- Rural areas seem to need to relay more on community networks than to their children most of them have move to urban areas. Furthermore, public services are far away from their homes.
- Promote self-help oriented old adult care in rural areas, carrying out development policies accordingly.
- Promote intergenerational relationships for exchanging knowledge and experiences, as well as caregiving.
- Prevent isolation, marginalization and homelessness, social and general security. Generating income for old adults through community or state redistribution.
- Housing: inclusive housing, designing architecture and housing economics according to future needs (Peace at al. 2011).

2.5 Increasing the efficiency of old adult care by increased knowledge uptake

- Harmonizing expectations of old adult clients and family members regarding old adult hostel care beforehand (Kiljune et al. 2018).
- Ensuring that care provided is individualized – not only according to the perceptions of the nurses (Rodríguez-Martín et al. 2016).
- Implementing methodologies were older adults and their needs are in the centre of the system (Person-centered care).
- The training curriculum of nurses, care workers, social workers and health care professionals shall be extended with the knowledge of new technologies such as telehealth or other IT related solutions (Koivunen and Saranto, 2018).
- A consolidated concept of caring technology shall be taught to nurses and other professionals in long-term care, while keeping the balance between

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caring ethos*, loving and doing* and technologies used to enhance human efforts (Korhonen et al. 2014).

- Consolidated data management of caring and medical files would be desirable from care professionals. Separate handling and storing of these data may lead to duplications or losses of information (Wälivaara et al. 2011). Nebeker et al. (2003) emphasize that "proper care necessitates efficient gathering, integration, and management of information by each professional in each setting" – with regards to the fact that old adult patients have multiple medical records and documentation which is important to be checked for determinations of potential therapies, for cross-references and personal contextual specificities.

- Better administration would enhance providing care services for saving capacities for providing care. Nurses are either administering or nursing. (2,5 hours are spent with administration by each nurse!) (Bagyinszki, 2010)

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3. EMPIRICALLY SUPPORTED POLICY RECOMMENDATIONS COLLECTED FROM SOCATEL PILOT SITES

3.1 Finnish pilot site

- **Targeting isolated ageing**

  Lonely old adults do not participate in the current range of service and involvement opportunities. There should be initiatives that target the challenge of loneliness, without breaching the choice of solitude i.e. the right to reticence, including positive incentives to participate in services and events.

- **Building trust**

  Creating multi-disciplinary groups of professionals takes time to build trust before innovative solutions emerge. These processes should be made more effective by allowing time and opportunities for cross-disciplinary training and innovation planning.

- **More attention on training carers**

  Reflective action research by social workers requires more time and more training on systematic techniques, such as our framework and mirroring in the context of co-creation; this should be systematically planned, using online and physical learning resources and opportunities.

- **Effectiveness first**

  Focus should be primarily on effectiveness not efficiency: experimentation requires slack built into the system, as an investment giving rise to innovative service ideas: systematic distribution of lessons and ideas from experiments should be organised.

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3.2 Irish pilot site

Better communication

- **Communication in home care services should be person-centred, have a structured approach and include a clear delineation of ownership.**
  - Devise and implement clear lines of communication, connected to meaningful hubs, with a clear structured approach, that address both the content (ensuring the required message is accurate and complete) and the timelessness of the communication.
  - Develop and implement mechanisms for a clear delineation of ownership and accountability of the communication.
  - Invest in the recruitment and training of staff that can act as a 'single source' to provide information, access to or delivery of home care services.

More effective care

- **Develop, test and implement effective mechanisms within the home care services to ensure that formal caregivers have enough time to provide high quality care to their clients.**
  - Strengthen the training and capacity of home care service providers to empower formal caregivers to have greater autonomy and decision-making capacity regarding the allocation of care hours among their clients.
  - Increase funding for training programs to care givers to facilitate the development and implementation of outcome-based model of care.
  - Expand the data collection infrastructures within the home care services to facilitate monitoring, tracking, and reporting on the experience of formal carers and clients around an outcome-based programme.

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Unification of care

- **Establish design guidelines and standards, based on existing accessibility and usability guidelines, for content, accessibility, functionality, and usability of consumer home care technologies.**
  - As part of the certification process, the home care agencies should require evidence that manufacturers have followed existing accessibility and usability guidelines and have applied user-centred design and validation methods during development of the product.
  - Develop clear guidelines for home care agencies as to what aspects of the care package can or cannot be replaced by home care technologies.

3.3. Spanish pilot site

Potentials to improve efficiency of caring

- Administrative burden should be taken off the old adult clients.
- Better coordination among stakeholders should be pursued.
- Old adult home application processes should be smoothened and made transparent.
- Sharing, transferring and managing clinical records should be enhanced.
- ICT could and should be used to fight old adult isolation.

Old adult care capacities are insufficient

- General work conditions and wages should be improved in the caring sector.
- Accessibility of old adult homes should be enhanced.
- Home care should be better financed and improved.

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3.4. Hungarian pilot site

Improved public service management and renewed IT support

- Consolidated software park in the caring sector, workable IT solution for transferring medical records.
- Home care should be supported by portable positioning and telecommunications devices.
- Administration and providing care should be separated in order to save the time and energy of the caregivers.
- Pre-admission information should be enhanced in order to make service more accessible.

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4. CONCLUSIONS

Ageing and old adult care as a social phenomenon has been addressed by public policy stakeholders and relevant literature for a long time. The substantial time spent on understanding and formulating public policy realities yielded a relatively compact public policy problem map nurtured by OECD and UN. This naturally has a much wider scope than what the Socatel respondents could provide. Still, Socatel partners such as service providers and service users tend to address policy problems without regards to the works of international organizations or public policy considerations. The individual problems however, can be streamlined into larger problem-solution streamlines out of which the ones connected to IT and communications appear to be decisive apart from generally dominant complaints to the lack of sufficient resources in old adult care.

Better coordination and thus better utilization of existing resources appears to be an obvious choice both on institutional and on policy levels. The use of medical files to spare working hours of nurses and doctors working in old adult care is also an apparent promising solution for policy development. Reduction of administrative burden and increasing transparency of admissions and operations of old adult homes would significantly contribute to the user friendliness of such institutions. Apart from these, Socatel also has a substantive potential to build trust between cares and their clients as well as towards local societies that have the potential to prevent social isolation of old adults.

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