

Entitlement and process – how to reach universality, empowerment and person centred provision

Vito Flaker, Faculty for Social Work, University of Ljubljana

From subsidiarity to universal right

- Traditionally LTC was a subsidiary function of formal care
- It had a corrective function – delivered either to distinct categories of people or to those without their own (social and personal resources)
- With demographic and other social changes – tendency to universalisation

Universal what?

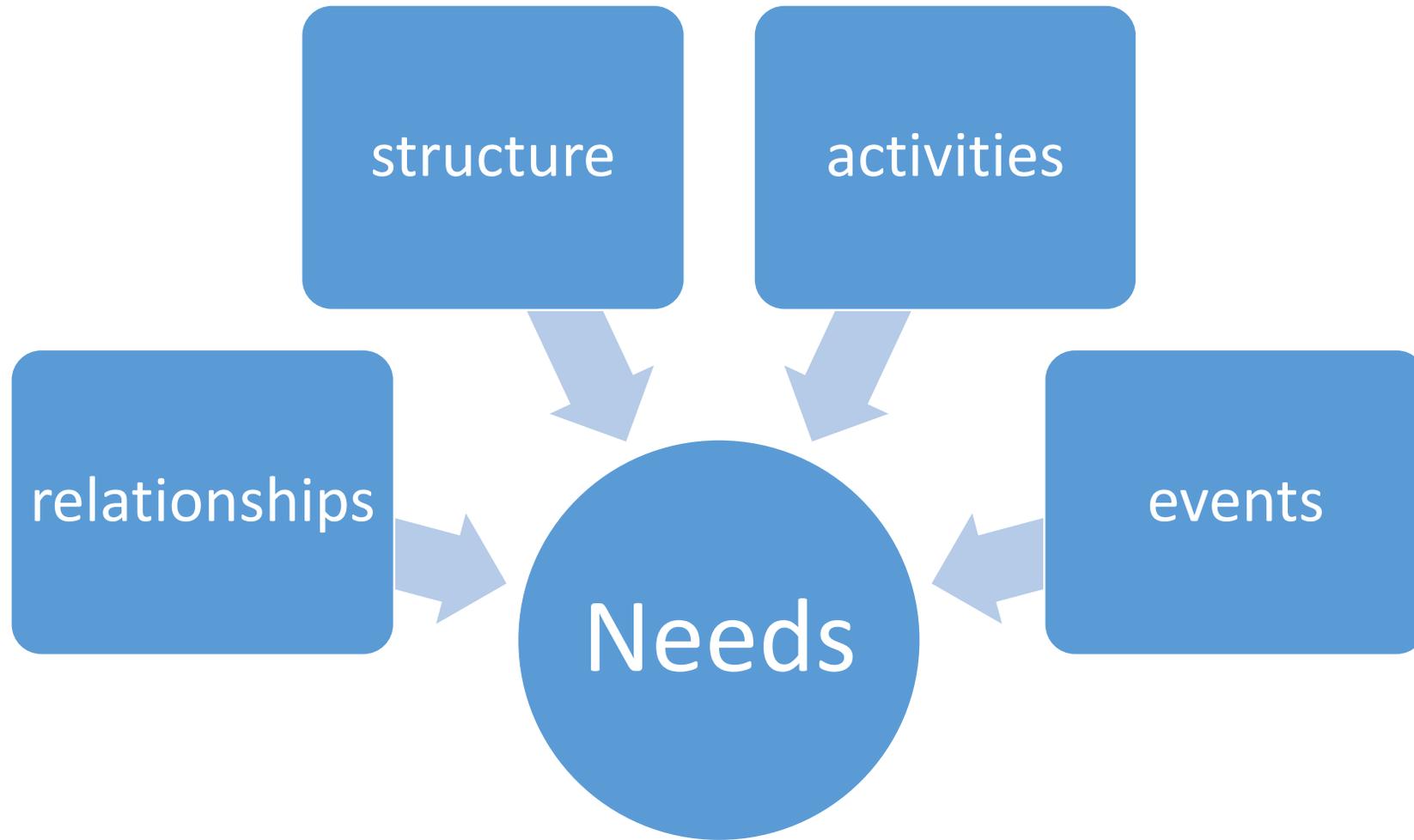
- In fact universality of the rights is always somehow limited
- To what we are entitled is decided by experts
 - Education – teachers
 - Health – doctors
 - However the limit is in what they provide not in what we ask
- LTC calls for different approach
 - Different epoch – emancipation from professionals
 - LTC does not have an esoteric aura
 - The special institutions or spaces are not needed – not segregated from the community and informal carers – inclusive services
- The reason for LTC to become universal is not only the crisis of informal care but also crisis of the formal system.

Activities as a base of universal entitlement

- Universal human trait – activity as a metaphor for life
- Object of help to be subject of action
- Need to separate activity from the context – is it a precondition for the universalisation?
- Finalism of human action – it is always singular and context bound

Flaws and traps

- De-contextualisation
 - Personal context – goals, desires, interests
 - Social context – events relationships, social structure
- Based on deficit, lack



Activities

- **Basic activities of daily life**
 - **Physiological priorities**
- Personal preferences
 - expressive
- Creative/ productive
- **Instrumental (supportive)**

Events

- Life events and stress
- Accidents
- Hazards and dangers
 - Subjective
 - Objective
- **Risk perception**
- Purpose. Values. Life course and meaning. Life goals.

Relationships and interactions

- **Contacts and social life**
- **Interaction offences and stigma**
- **Institutional career**
- Emancipation, affiliation, empowerment
- **Control one's life, deciding, choice, setting priorities**, right to make mistakes;
- Independence of family, professionals;
- Taking valued social roles;
- Membership of associations, groups;
- Ethnic and gender specific issues;
- **Capability of formulating goals, planning future**

Structural determinants

- Socio-economic status
 - Social capital
 - Network capacity – numbers, resources, ...
 - Personal capital
 - Skills, knowledge, assets,
- Status (employed, retired, etc.)
- Income
 - Poverty threshold
 - Expenses?
- Housing
 - Square meters
 - Furnishing
 - Appropriateness
 - Privacy, guests

Is the rights based approach possible? (as alternative to activities based)

Group of users	Specific emphasis on rights
Disability	Independent living
Old age	Maintaining dignity and inclusion
Mental health	Recovery – empowerment and valued social roles
Children	Development, education, safe and stimulating (family) environment

Relevant for all ,vulnerable‘ groups

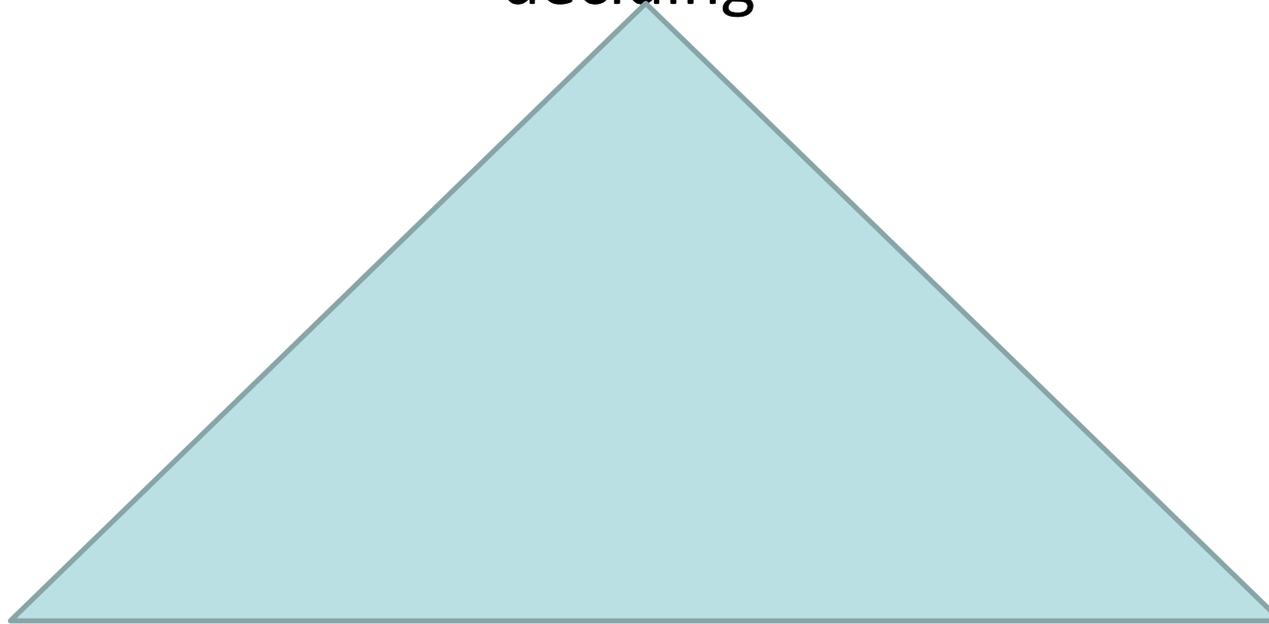
- Right to live in the community (inclusion, participation – deinstitutionalisation)
- Right to independent decision making (choice, etc.) – free will
- Right to age and context appropriate activities (work and leisure, education, creative and instrumental activities)

Right for basic humanity

Free will,
deciding

Community

activities



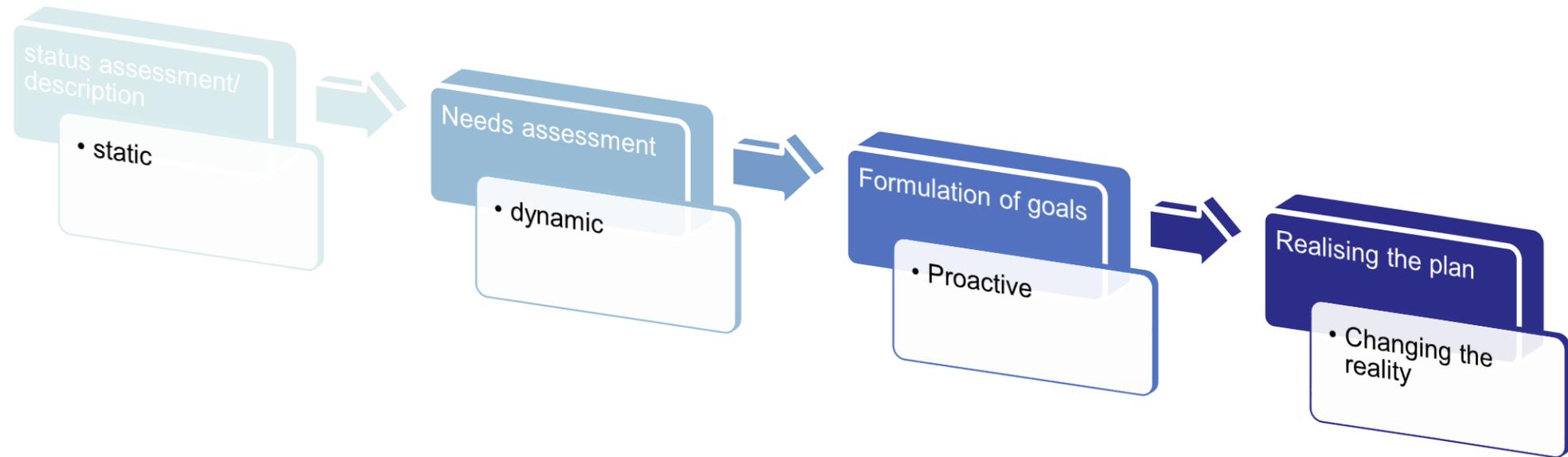
LTC – as anti-discriminatory tool

- Against discrimination on the grounds of long-term distress – in activities, inclusion and free will.
- Entitlement, then, would be based on:
- Deprivation/ discrimination/ in the enactment of rights
 - To perform activities;
 - Express free will and decide,
 - To participate, be included and have a valued status in the community.
- In this case – the assessment would have to assess ability to contend these rights – as a supplement to the independence scale.

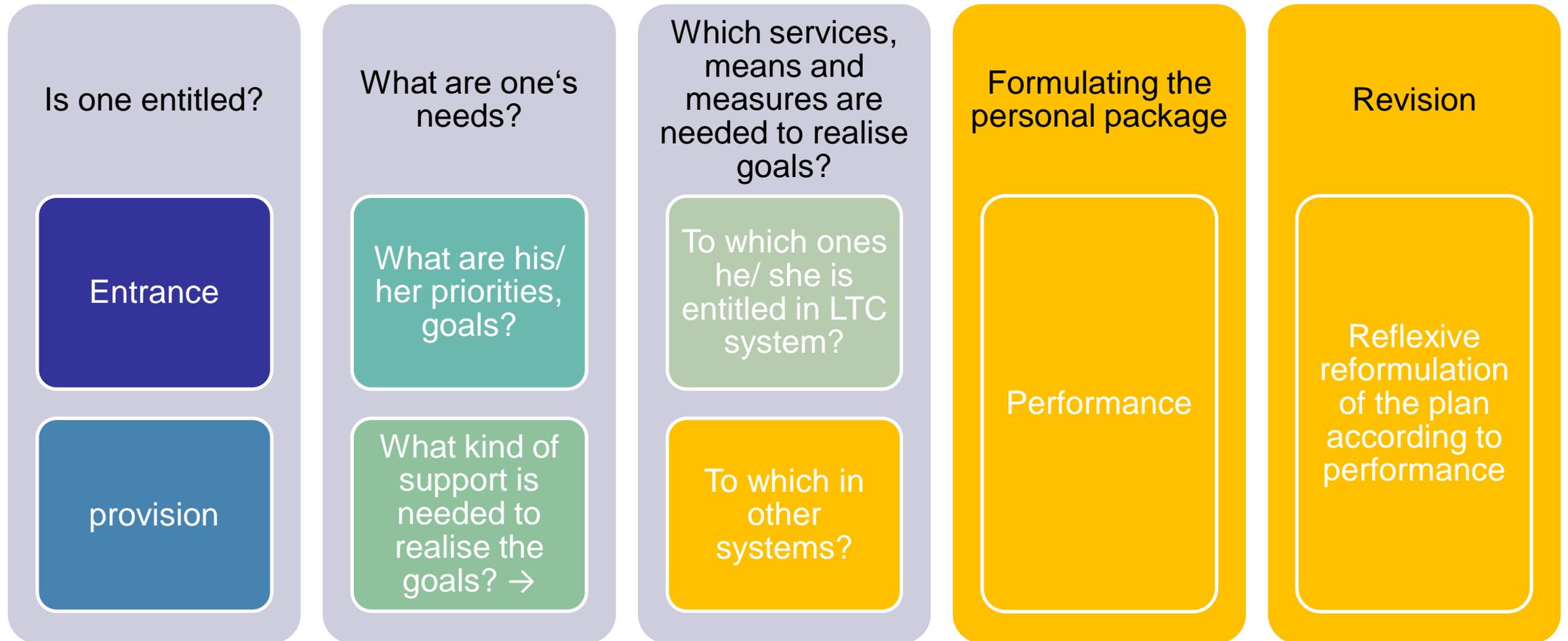
Procedure (process) – a degradation ceremony or celebration of promotion – incorporeal metamorphosis

Phase	Status	Metamorphosis	Formal step (needed to proceed to the next phase)
I. Recruitment/ expression of the intent	Interested party/ insurance holder	Activation	Agreement for personal planning
II. Planning	Co-creator of a plan	Subjectivation	Approval of the plan
III. Formalisation of a care package	Owner of a personal plan	Substantiation	Payment
IV. Launching the package	Recipient of the funds or a commissioner of the services	Contractualisation	Contract with providers
V. Implementation of the plan	User of a personal care package	Partnership	Revision

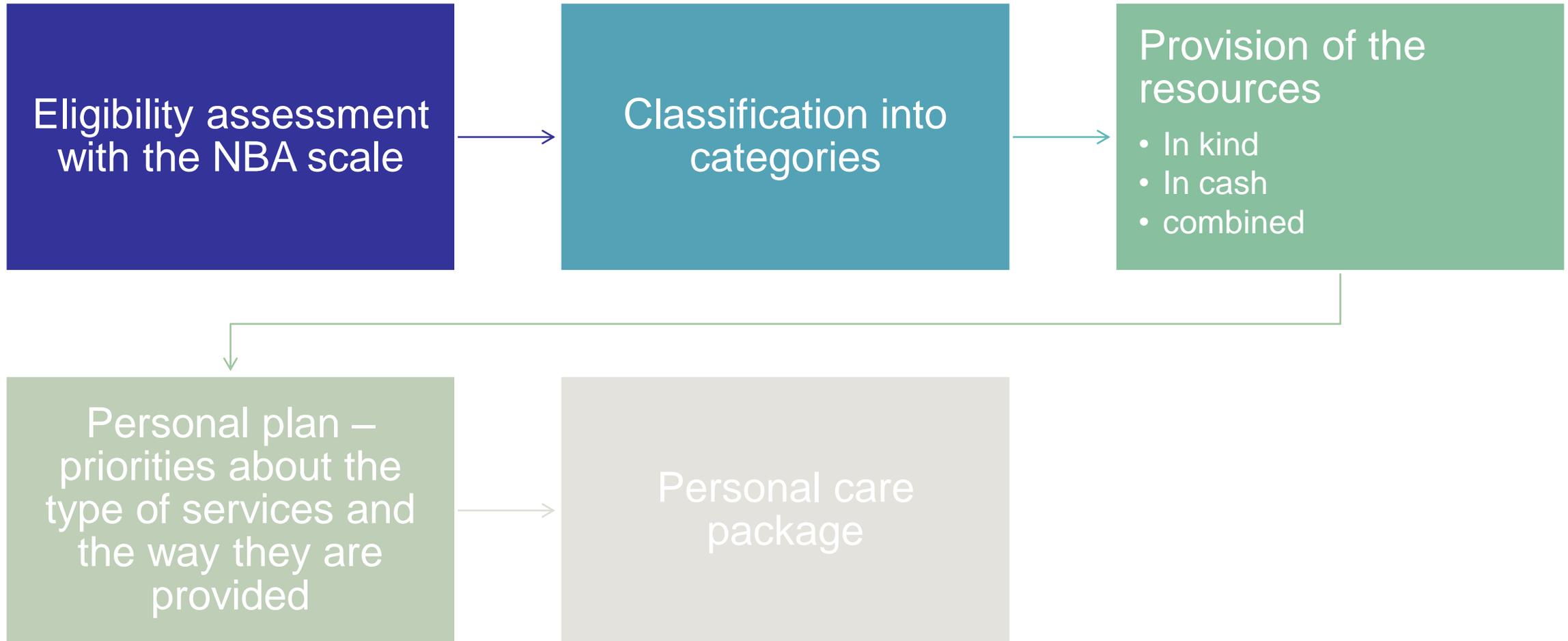
Upscaling of the assessment and planning



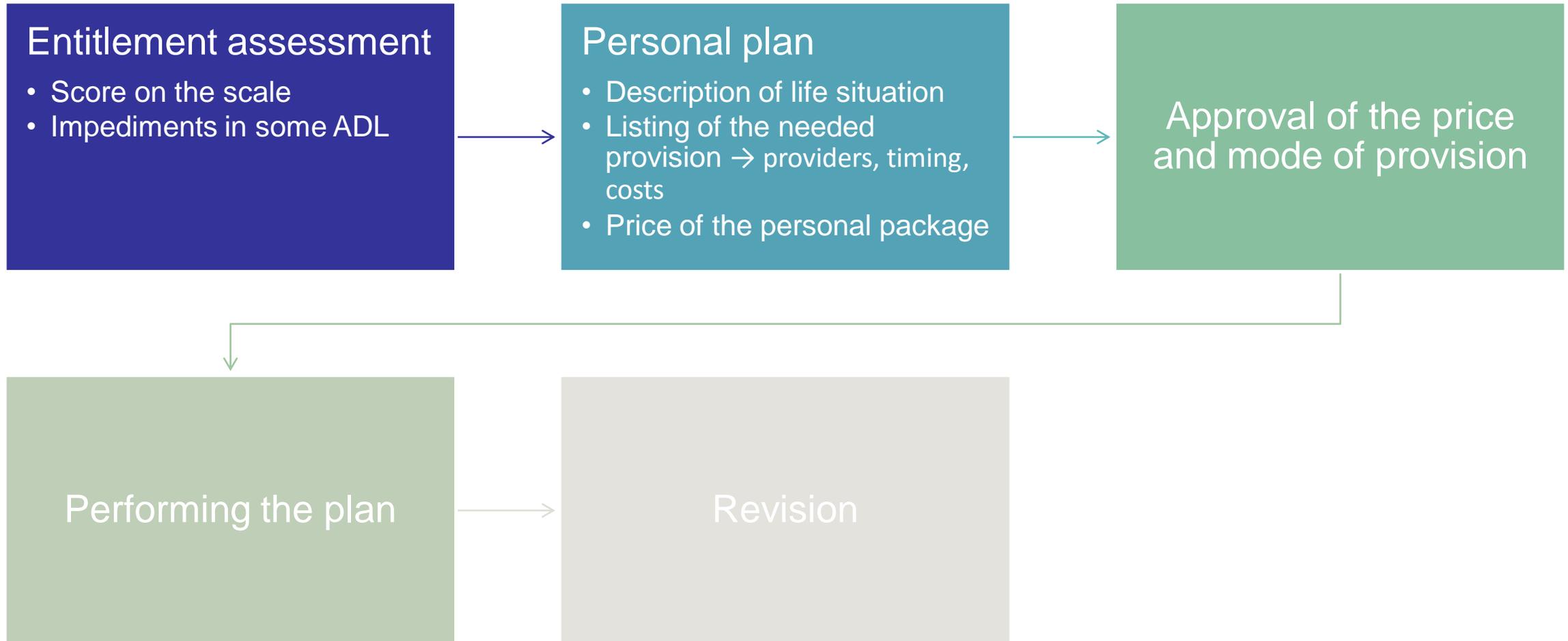
General elements of procedure



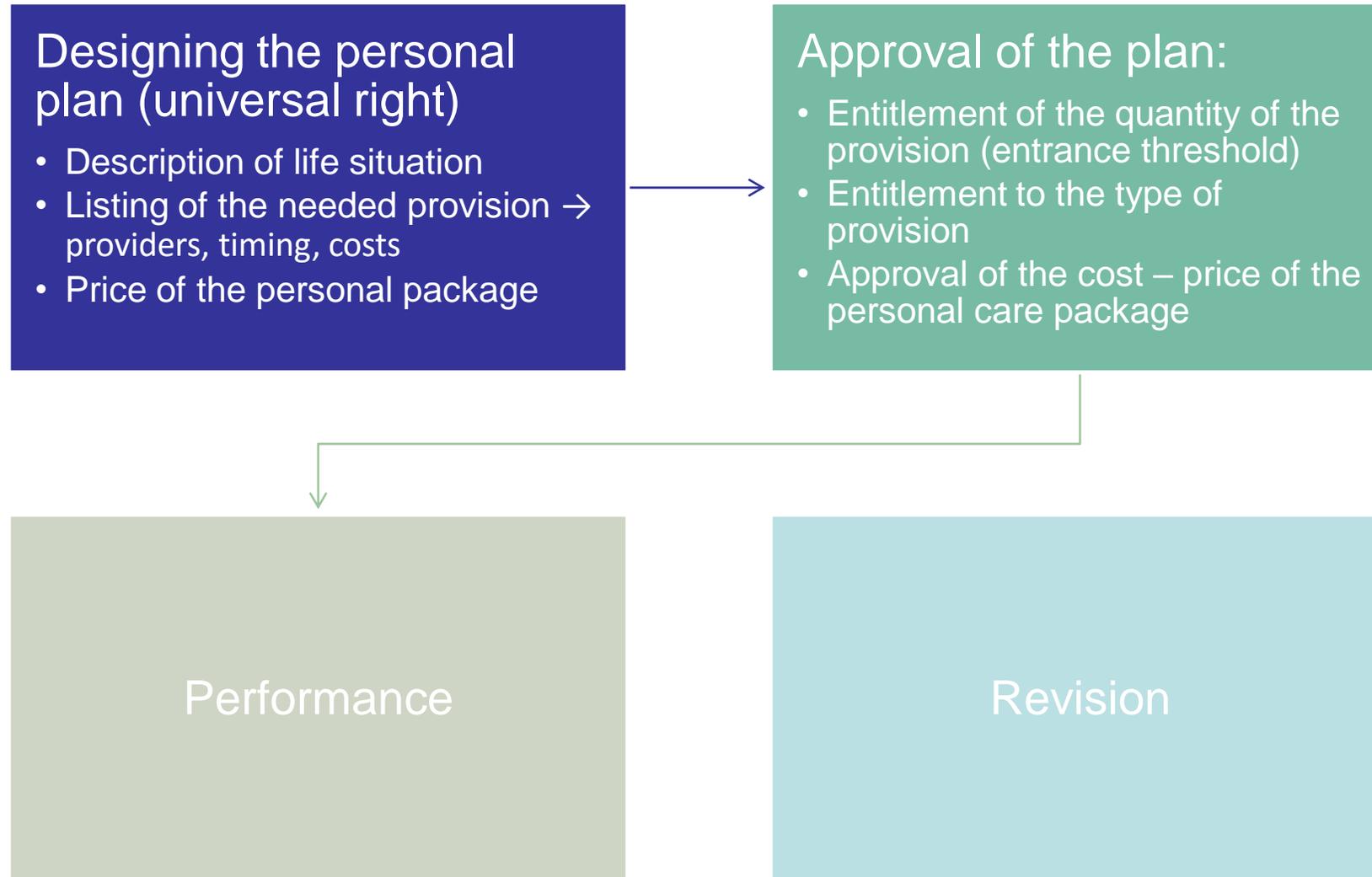
German example (new approach)



Procedure with initial entitlement assessment



Procedure based solely on the personal plan

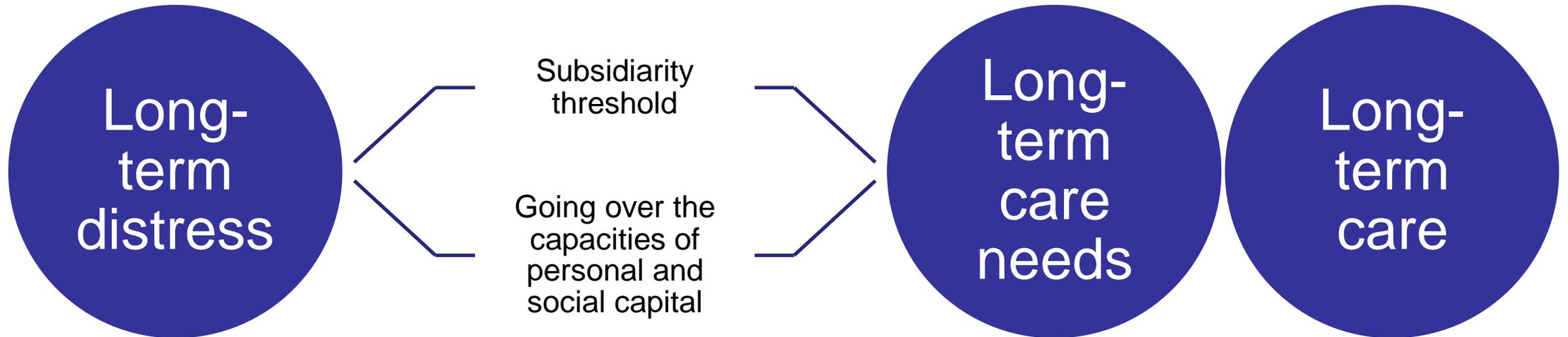


Entitlement formula:

$$N = N_{pe} - N_{pr} = Q(S + R) \leq St - d_r$$

- N – needs
- N_{pe} – perceived needs
- N_{pr} – need provided for
- Q - quantity
- S – services
- R – resources
- St – Standard
- d_r – reasonable difference (by individual situation)

Subsidiarity threshold



Personal planning

- Active and key role of the user
 - Empowerment
 - Holistic approach
 - Biographic
 - Proactive
-
- Whole life planning, Person centred planning, Personal planning and service provision, self-directed planning

Basic elements and requirements

- Based on the:
 - Life story, 'magnets' (qualitative analysis of life contingencies) and goals (biographical, analytic, proactive, finalistic and heuristic – reflexive).
- Providing:
 - Detail list of services and needed resources, with description of provision, providers, time frame, costing.

Prevention or investment into well being

- Not all responses are individual – need to channel some funding into enabling of the local, neighbourhood – collective response – LTC micro projects
- Monitoring and mapping (needs and responses) at local, regional and national levels will provide information of missing provision – also of non LTC type – but that could prevent long-term distress – e.g. good crisis service, rehabilitation etc. diminishes the need for long-term care;
- prevention/ investment on the level of personal plan: including services that are not part of LTC entitlement – e.g. planner has a e.g. 5 hours of the „joker“ – discretionary right.

Suggestions

- Translate NBA and make an appendix for other kinds of needs (events, expressive activities, relationships, structural determinants) – apply in parallel.
- Quasi-experiment – try out two different sets of procedures
- In all cases make a good plan for piloting!!