

interlinks

Health systems and long-term care for older people in Europe
Modelling the interfaces and links between
prevention, rehabilitation, quality of services and informal care

Descriptive Note

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INTERLINKS

Health systems and long-term care for older people in Europe – Modelling the INTERfaces and LINKS between prevention, rehabilitation, quality of services and informal care

The rising demand for long-term care calls for policy approaches to long-term care allowing for holistic and inclusive views that integrate the role of different public programmes, sectors of society, and private initiatives. Moreover, there is growing evidence about discrimination of dependent older people with respect to their access to mainstream health care and to prevention and rehabilitation, that need to be addressed by health and long-term care reforms.

The objective of this 3-year project (2008-2011) is therefore to construct and validate a general model to describe and analyse long-term care (LTC) systems for older people from a European perspective. The particular aspects of the different emerging national models that currently address long-term care needs in Europe will be used to show how the links to health care services, the quality of LTC services, the incentives for prevention and rehabilitation, and the support for informal carers can be governed and financed to enhance structures, processes and outcomes of LTC systems.

Specifically, this project will

- develop a concept and methodology to describe and analyse long-term care and its links with the health system. This methodology is to facilitate cross-national comparisons and to enable individual Member States to compare their developmental status and to identify future areas for national development.
- identify a set of practical tools that measure and support progress against evidence-based good practice, and can be used to guide the future in individual Member States.
- identify acknowledged and established good practice that may help to inform the policy and practice of other Member States, particularly with respect to assessing and monitoring quality of care, promoting prevention and rehabilitation and supporting informal carers as well as addressing respective governance and financing issues.

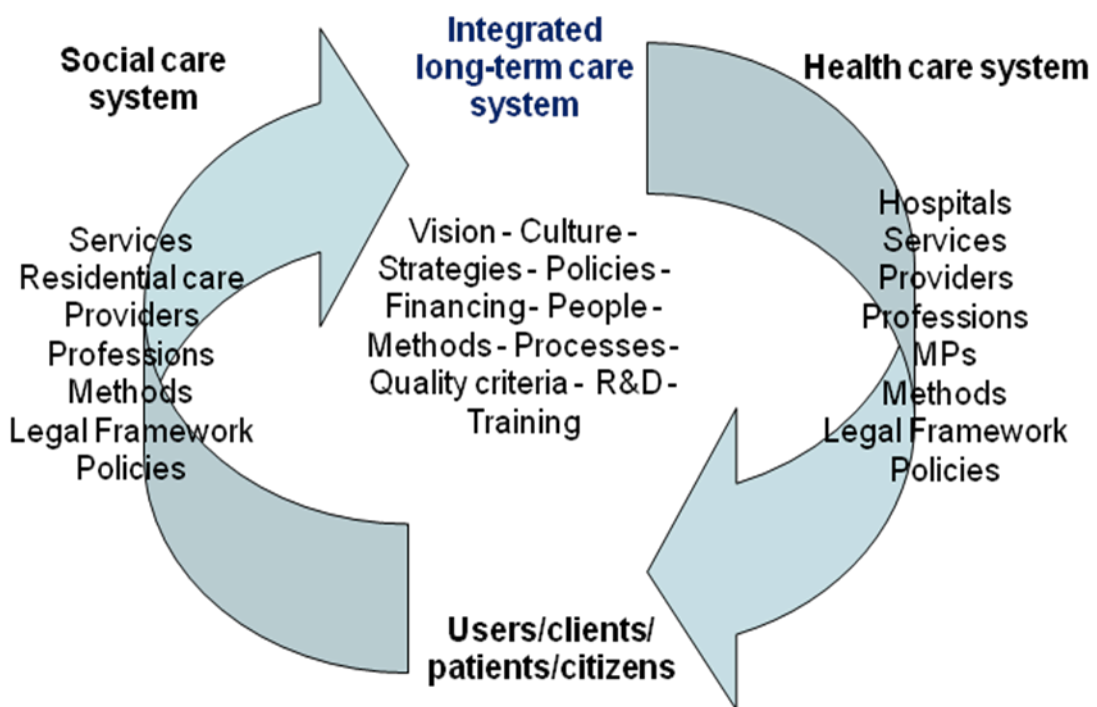
Although the individual aspects of health and social care services for people who depend on continuous support are now an area of extensive research in many countries, the concepts, indicators and models for international comparisons and for the identification of good practice across countries are still very much in their infancy. This is particularly the case for existing evidence and model ways of working towards prevention and rehabilitation in long-term care, the quality of services (such as organisational development towards more coordinated and integrated working), monitoring governance and financing, and the specific role of informal care provided by family members, friends, neighbours and volunteers. Even at a national level, methodology and measurement is often deficient to bring these aspects or elements together.

The focus of this project is thus to draw the existing elements together in a ‘state of the art’ European model for analysing long-term care provision.

Given the huge variety of existing health and social care systems in Europe, such a model will have to be constructed as an analytical toolbox that takes into account pathways of reform policies, economic and other incentives and thresholds for improvement at any stage of a national system’s development. Key to this project is a validation procedure that will ensure a robust outcome in terms of methods and tools.

Figure 1 locates the virtual and potential future position of an integrated long-term care system with its links and interfaces to social and health care systems. This ideal-typed position of LTC will be the framework that will have to be underpinned by research on innovations and models of good practice – including, for instance, policies and legal regulations, model ways of working, quality assessment (structures, processes, outcomes) and quality development as well as modes of governance and financing.

Figure 1 Positioning integrated long-term care between health and social care systems



The construction of such an approach will integrate the professional and the non-professional domain and will need input from the perceptions, interests and perspectives of a wide range of stakeholders. This includes political and administrative decision-makers at different levels, professional federations, provider organisations and carer organisations.

INTERLINKS is therefore conceived as an interactive study of applied social research which is underlined by a number of milestone events during which an informed public (national experts from research and practice, high-level policy makers, EU institutions and European level non-governmental organisations and providers) will be involved in the validation of findings and in the elaboration of model elements. It is a special aim of the project to identify and involve “change agents” in policy and practice – persons who are open for change and able to implement learning and evidence into practice – as much as possible in the gathering of data (evidence-based good practice), in the validation of findings and in the implementation of methods and instruments.

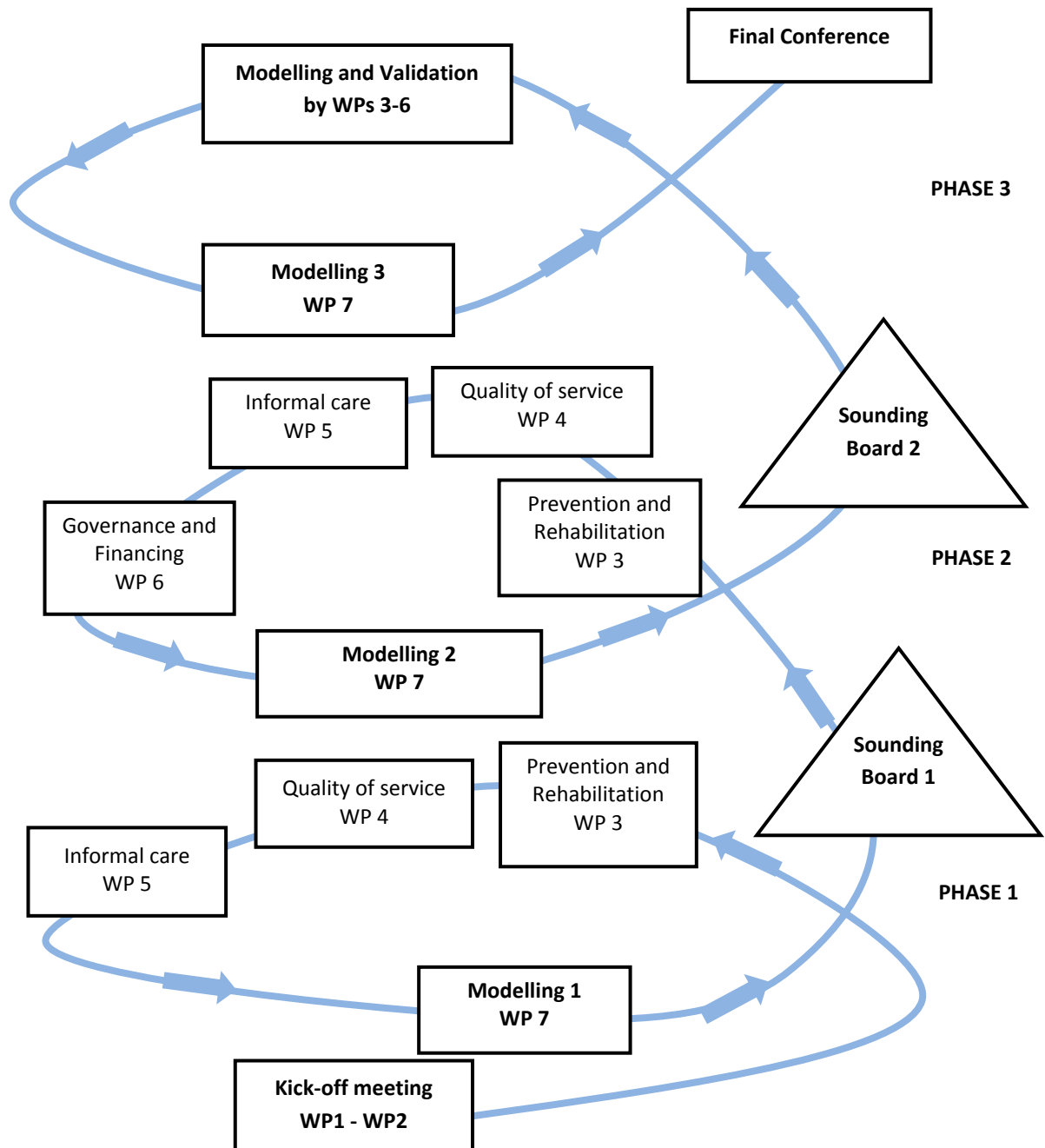
Key research questions are:

- How can efficiency, effectiveness and financial sustainability of health and long-term care for dependent older people be conceptualised and monitored from an international perspective?
- Which determinants, structural conditions and organisational aspects contribute to a successful interplay at the boundaries of health care and long-term care?
- How can LTC systems be described and analysed with a focus on these determinants as well as taking into account the major contribution of family and informal carers?
- How can benefits of integrated long-term care systems be governed and financed, and to what extent do they contribute to equal access (including to prevention and rehabilitation), enhanced quality and sustainability?
- The project outcome will guide policy analysis and design, permit comparison and will substantially broaden the scientific base that supports the Member States to better organise their health and LTC systems. It will also integrate the professional and the non-professional domain with inputs from a wide range of stakeholders by means of National Expert Panels and European-level Sounding Board Conferences. The project architecture for this 3-year project is shown in Figure 2.

INTERLINKS is carried out by a consortium of 16 partners from universities, national and international research institutes with international and interdisciplinary expertise, also in cross-national research. The consortium represents 13 Member States (AT, DE, DK, EL, ES, FI, FR, IT, NL, SE, SI, SK, UK) and Switzerland covering different welfare regimes and geographical domains to allow for the regional and developmental, path-dependent differences to be addressed.

INTERLINKS is coordinated by the European Centre for Social Welfare Policy and Research a UN-affiliated research intergovernmental organisation concerned with all aspects of social welfare policy and research (www.euro.centre.org).

Figure 2 The project architecture of INTERLINKS



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Major previous publications of participants:

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