A life-course approach to social welfare policies

Rationale and perspectives for policy-making

Kai Leichsenring

GAM 2018
Elaborating on “Ageing 4.0”
Integrated life-course perspectives in a solidaristic society

Socialisation
Education
	Life-long learning
(paid work)
(unpaid work)

(Re-)Training
Care Work
(Re-)Training

Guaranteed Income
(‘life-course transition payments’)

‘Second, third ... chances’

Source: Leichsenring & Schmidt, 2016, © European Centre
Key challenges of social policies

• Social security systems are generally still built around a male breadwinner-model and a standardised age-differentiated life-course – outdated!

• Reforms during past decades have undermined social security, in particular the trust of citizens in social security systems by additional solicitations such as ‘extending working-life’ and ‘life-long learning’

• Technological change is faster than institutional and individual adaptations
Key challenges of social policies

• Life-course events as individual risks: marriage/divorce, child care, care for older parents, loss of job, unpaid work ... (gender inequalities)

• Transitions as individual risks: education/employment, work/care, back to work after care, work to pension ... (gender inequalities)

• ‘New risks’ are poorly addressed by traditional social security systems: cash benefits, ALMP (?), care leaves ... (gender inequalities)

• Inequalities are consistent between classes and between men and women (cumulative inequalities over the life course) – education as a key factor!
Longer lives as an opportunity for new types of life-courses

<table>
<thead>
<tr>
<th>Year</th>
<th>Life-expectancy</th>
<th>Legal pension age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>2060</td>
<td>87</td>
<td></td>
</tr>
</tbody>
</table>
Facilitating a new balance of education, work and care over the life-course

• New types of social security and innovative social policy to reduce inequalities and to offer opportunities for ‘Ageing 4.0’

• Second, third ... chances: education periods during adulthood, rather than ‘mini-courses’ or ‘mini-jobs’

• Appropriate acknowledgement (and remuneration) of care work

• Conditional, but guaranteed income to enhance inter-generational equity and gender equality
Social policy research with a (new) life-course perspective?

Principles in life-course theory

- Lifelong development: early experiences affect later life
- Agency: individuals take decisions (opportunities and constraints)
- Context: time and place
- Timing of various life-events
- Linked lives (family and kinship, friendships ...)
- Multidimensional transitions and trajectories

- Addressing cumulative inequalities
- Adapting public support mechanisms to transitions / timing
- Adapting social policies to regional idiosyncrasies and developmental paths
- How to design social security systems to positively impact on specific trajectories
- The end of the traditional ‘old-age dependency ratio’?
- ...

Sources: Elder et al, 2003; Fasang et al, 2018
The European Centre’s activities, projects and their findings from a life-course perspective

Session 1: Social rights over the life-course in Europe

- Access to social security
- Access to adequate housing
- Measuring rights-based approaches to long-term care of older people

Session 2: Employment over the life-course in Europe

- Potentials and caveats of risk-profiling of long-term unemployed
- Potentials and challenges of working in LTC
- Potentials and challenges of working across borders in Europe
The European Centre’s activities, projects and their findings from a life-course perspective

Session 3: Employment over the life-course in Europe

• Potentials and caveats of risk-profiling of long-term unemployed
• Potentials and challenges of working in LTC
• Potentials and challenges of working across borders in Europe

Session 4: Social and health services over the life-course

• The need for social services over the life-course: The case of Kosovo
• Preventive approaches in social service provision: The case of young drug users
• Technological solutions as a panacea? The case of assessing eHealth applications
• Policy and practice solutions by integrated services, user enablement and prevention
The European Centre’s activities and projects from a life-course perspective

Session 5: Challenges for a life-course approach in social welfare policies

With interventions by:

- **Thore Hansen**, NLO Norway: Department of Research and Analysis, NAV - Directorate of Labour and Welfare
- **Žarko Šunderić**, Director, Center for Social Policy, Belgrade (Serbia)
- **Chris Fox**, NLO UK: Professor of Evaluation and Policy Analysis, Director, Policy Evaluation & Research Unit, Manchester Metropolitan University
- **Davor Dominkus**, NLO Slovenia: Ministry of Labour, Family and Social Affairs
Social rights over the life-course in Europe

For a discussion on the rights we have and the rights we need along the life-course

Ricardo Rodrigues, Michael Fuchs and Eszter Zólyomi
„These are your rights
Oh, know your rights“ (The Clash)

Article 2. Right to life

Article 3. Right to the integrity of the person

Article 6. Right to liberty and security

Article 7. Respect for private and family life

Article 14. Right to education

Article 15. Freedom to choose an occupation and right to engage in work

Article 23. Equality between women and men

Article 24. Children shall have the right to such protection and care as is necessary for their well-being.

Article 25. ...rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life.

Article 26. ...right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community

Article 35. Everyone has the right of access to preventive health care and the right to benefit from medical treatment

Source: EU Charter of Fundamental Rights
Are rights the same along the life-course?

Right to education
Right to contact to parents
Citizenship
Residency

Right to work
Rights to reconcile family/work
Welfare
Workfare

Right to independent living
Right to minimum living standards
Citizenship
Welfare

Right to health
Equality between men and women
Non-discrimination
Dignity

Three examples of rights along the life-course

• Right to adequate basic security: ensuring access to means-tested social assistance/minimum income (and support for labour market integration)

• Right to adequate housing: ensuring access to affordable, secure and good quality homes

• Conceptualizing and measuring the rights of older people in need of care and support
Right to a living income?

The European Pillar of Social Rights

Chapter III/14: Minimum income
Everyone **lacking sufficient resources has the right to adequate minimum income benefits** ensuring a life in dignity at all stages of life, and effective access to enabling goods and services. For those who can work, minimum income benefits should be combined with incentives to (re)integrate into the labour market.

EU Charter of Fundamental Rights

Art. 34.3 : Right to housing assistance
“In order to combat social exclusion and poverty, the Union recognises and respects the right to social and housing assistance so as to ensure a decent existence for all those who lack sufficient resources, in accordance with the rules laid down by Union law and national laws and practices”.
Access to Social Assistance/Minimum Income: Determinants of non-take-up

- Key performance criterion of social protection systems is that benefits reach their target groups
- Means-tested programmes, however, tend to be characterised by a certain extent of access problems
- In the sense of a cost-benefit equation, a household will apply if the anticipated benefit exceeds the anticipated costs (direct and indirect costs including both objective barriers and subjective motives)
- Pecuniary determinants; information costs; administrative costs; social and psychological costs
- “Primary” vs. “secondary” non-take-up
Non-take-up rates in selected EU countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Benefit</th>
<th>Year</th>
<th>Claimants/Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT</td>
<td>Open Social Assistance (HLU)</td>
<td>2003</td>
<td>56/48%</td>
</tr>
<tr>
<td>BE</td>
<td>Minimum guaranteed income (Leefloon) aged 18-65</td>
<td>2005</td>
<td>62/45%</td>
</tr>
<tr>
<td>CZ</td>
<td>Material need benefit</td>
<td>2010/11</td>
<td>72/-%</td>
</tr>
<tr>
<td>DE</td>
<td>Social assistance (Grundsicherung) employable, 65+</td>
<td>2008</td>
<td>34-43/-%</td>
</tr>
<tr>
<td>FI</td>
<td>Social assistance</td>
<td>2010</td>
<td>55/-%</td>
</tr>
<tr>
<td>FR</td>
<td>Active solidarity minimum income</td>
<td>2010</td>
<td>50-64/-%</td>
</tr>
<tr>
<td>HU</td>
<td>Regular social assistance</td>
<td>2003</td>
<td>43-45/-%</td>
</tr>
<tr>
<td>LT</td>
<td>Social assistance</td>
<td>2011</td>
<td>68/43%</td>
</tr>
<tr>
<td>PL</td>
<td>General social assistance scheme</td>
<td>2005</td>
<td>57/-%</td>
</tr>
<tr>
<td>PT</td>
<td>Minimum guaranteed income</td>
<td>2001</td>
<td>28/-%</td>
</tr>
<tr>
<td>SE</td>
<td>General social assistance</td>
<td>2001</td>
<td>31/-%</td>
</tr>
<tr>
<td>UK</td>
<td>Income Support (+ income-related empl./support allowance)</td>
<td>2013/14</td>
<td>19-23/-%</td>
</tr>
</tbody>
</table>
The consequences of non-take-up

- If costs are consequences of intransparent and complex schemes, poor information, or similar institutional barriers, they imply a failure in design or implementation.

- Low participation rates may distort intended welfare impact of targeted social transfers.

- Non-participation causes unjustified disparities among eligible clients.

- Non-take-up reduces the capacity to anticipate both social outcomes and financial costs of policy reforms.

- Approaches to address non-take-up may need to apply multiple strategies simultaneously: Changes in drawing-up of laws, implementation of rules, attitudes of administrations, communication about existing measures, ...
The life course perspective?

• Make ends meet
• Educational and participation opportunities of household members (incl. children)
• Outcomes on material situation in old age, etc.
• Right to work in a changing world
  • Access to labour market policy support
  • Incentives to work, labour supply of clients
  • Limits of activation? “Revolving door effect”
  • Increase of low-paid sector? Crowding-out effects by work opportunities?
Right to housing

EU Charter of Fundamental Rights

Art. 34.3 : Right to housing assistance

“In order to combat social exclusion and poverty, the Union recognises and respects the right to social and housing assistance so as to ensure a decent existence for all those who lack sufficient resources, in accordance with the rules laid down by Union law and national laws and practices”.
Access to affordable housing
A growing problem in the post crisis landscape

• The global financial crisis had a strong impact on housing markets in Europe
• With rising housing costs access to affordable housing remains out of reach for many families
• Burden of housing costs and arrears considerably heavier for low-income households
• Experience of housing exclusion and homelessness among families with children
How effective are housing assistance policies in reducing poverty and inequality? The case of housing allowance

<table>
<thead>
<tr>
<th>Country</th>
<th>Housing Policy</th>
<th>Share received by poorest 20%</th>
<th>Poverty reducing effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>Rent supplement</td>
<td>26%</td>
<td>-0.07</td>
</tr>
<tr>
<td>Greece</td>
<td>Rent subsidy</td>
<td>81%</td>
<td>-0.04</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Rent benefit</td>
<td>63%</td>
<td>-2.21</td>
</tr>
<tr>
<td>Austria</td>
<td>Housing benefit</td>
<td>68%</td>
<td>-0.43</td>
</tr>
<tr>
<td>Sweden</td>
<td>Housing allowance</td>
<td>92%</td>
<td>-1.59</td>
</tr>
<tr>
<td>UK</td>
<td>Housing benefit</td>
<td>35%</td>
<td>-5.47</td>
</tr>
</tbody>
</table>

In 2016, benefit was most narrowly targeted at lowest-income group in Sweden. Impact of this housing policy on poverty was strongest in the UK, weak in Italy, Greece & Austria. Anti-poverty effect decreased compared to 2007 in Sweden and Greece, improved in UK, no change in the Netherlands, Austria & Italy.

Re-claiming the right to housing

The European Pillar of Social Rights

Chapter III/19: Housing and assistance for the homeless

a. “Access to social housing or housing assistance of good quality shall be provided for those in need;

b. Vulnerable people have the right to appropriate assistance and protection against forced evictions;

c. Adequate shelter and services shall be provided to the homeless in order to promote their social inclusion.”
Access to social housing

Social rental housing sector as a share of the housing stock (%)

- Provided in the form of rental housing with below market rents and allocated according to need
- Large variations in terms of scale of provision, eligibility conditions, ownership
- Overall, those with lower incomes are overrepresented among social tenants
- Families with children without a home tend to have priority access

Source: OECD Affordable Housing Database, 2016
(Why) do we need a life-course approach to housing?

• To take into account ‘the temporal’ i.e. changes in aspirations & needs across generations and through the life course of individuals and households

• Reflecting the lived experience of housing (e.g. critical points of transition) and the varying housing trajectories of different groups (e.g. based on socio-economic background)

• Importance of early life influences on later life outcomes (detrimental effects of poor housing conditions, housing instability and homelessness during childhood and adolescence)
Rights of older people: The long and winding road...

1948: UN Universal Declaration on Human Rights (UDHR)
1953: UN Convention on the Removal of all Forms of Discrimination Against Women (CEDAW)
1979: UN Principles for Older People
1982: UN Vienna International Plan of Action on Ageing (VIPAA)
1991: UN Madrid International Plan of Action on Ageing (MIPAA)
2000: WHO Active Ageing, A Policy Framework
2006: UN Convention on the Rights of People with Disabilities (CRPD)
2010: European Charter of the Rights and Responsibilities of Older People in Need of LTC
2016: UN Convention on the Rights of Older People

Key policy documents and recommendations:
- UN Draft Resolution on a Declaration of Old Age Rights
- Council of Europe European Convention on Human Rights (ECHR)
- UN Vienna International Plan of Action on Ageing (VIPAA)
- UN Madrid International Plan of Action on Ageing (MIPAA)
- WHO Active Ageing, A Policy Framework
- Council of Europe Recommendation CM/Rec(2014)2 Promotion of Human Rights of Older Persons
- UN Convention on the Rights of People with Disabilities (CRPD)
- European Charter of the Rights and Responsibilities of Older People in Need of LTC
- UN Report of the Independent Experts on the Enjoyment of All Human Rights by Older Persons

International legal instrument
EU regional legal instrument
Key policy document / recommendation
Right to social life

EU Charter of Fundamental Rights

Art. 25: The rights of the elderly

The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life.
## Accessing the public space

### Share of 65+ reporting difficulties in accessing public spaces 2012-14

<table>
<thead>
<tr>
<th>Country</th>
<th>Share (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norway</td>
<td>80.1</td>
</tr>
<tr>
<td>Cyprus</td>
<td>64.6</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>52.6</td>
</tr>
<tr>
<td>Malta</td>
<td>40.1</td>
</tr>
<tr>
<td>Portugal</td>
<td>51.4</td>
</tr>
<tr>
<td>Romania</td>
<td>64.9</td>
</tr>
<tr>
<td>Ireland</td>
<td>63.7</td>
</tr>
<tr>
<td>Netherlands</td>
<td>53.0</td>
</tr>
<tr>
<td>Sweden</td>
<td>53.0</td>
</tr>
<tr>
<td>France</td>
<td>49.7</td>
</tr>
<tr>
<td>Germany</td>
<td>48.0</td>
</tr>
<tr>
<td>Greece</td>
<td>45.5</td>
</tr>
<tr>
<td>Italy</td>
<td>49.4</td>
</tr>
<tr>
<td>Austria</td>
<td>49.4</td>
</tr>
<tr>
<td>Belgium</td>
<td>49.4</td>
</tr>
<tr>
<td>Croatia</td>
<td>42.9</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>49.8</td>
</tr>
<tr>
<td>Slovakia</td>
<td>53.0</td>
</tr>
<tr>
<td>Hungary</td>
<td>52.5</td>
</tr>
<tr>
<td>Italy</td>
<td>33.9</td>
</tr>
<tr>
<td>Hungary</td>
<td>40.5</td>
</tr>
<tr>
<td>Romania</td>
<td>40.6</td>
</tr>
<tr>
<td>Serbia</td>
<td>37.1</td>
</tr>
<tr>
<td>Slovenia</td>
<td>30.3</td>
</tr>
<tr>
<td>Portugal</td>
<td>34.7</td>
</tr>
<tr>
<td>Switzerland</td>
<td>34.7</td>
</tr>
<tr>
<td>Sweden</td>
<td>34.7</td>
</tr>
<tr>
<td>Poland</td>
<td>50.7</td>
</tr>
<tr>
<td>Iceland</td>
<td>47.2</td>
</tr>
<tr>
<td>Turkey</td>
<td>39.4</td>
</tr>
<tr>
<td>Latvia</td>
<td>29.0</td>
</tr>
</tbody>
</table>

Source: Own calculations based on ESS 2012-14.
Note: Defined as answering "easy" to all categories: a) Bank b) Transportation c) Cinema, theater d) Recreational and green spaces e) Grocery shop, supermarket

### VI. Participation & social inclusion

<table>
<thead>
<tr>
<th>Country</th>
<th>Austria</th>
<th>Sweden</th>
<th>Slovakia</th>
<th>Poland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation addressing accessibility of public spaces</td>
<td>na</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Legislation addressing (de)institutionalisation</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Procedures to ensure accessibility of public spaces</td>
<td>na</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Score: 100-75 74-50 49-25 24-0
Right to preventive health care

EU Charter of Fundamental Rights

Art. 35: Health care

Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices.
### Access to preventive health care

#### VIII. Highest standard of health

<table>
<thead>
<tr>
<th>Country</th>
<th>Austria</th>
<th>Sweden</th>
<th>Slovakia</th>
<th>Poland</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Legislation provides for equal access to preventive, mental health care, dental care, and medication</td>
<td>na</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>1.2 National legislation or strategy on the integration of health and long-term care and support</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2.1 National policies or guidelines on implementing measures for older persons to access preventive, mental health care, dental care, and medication</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Score:**

- **100-75:** 3
- **74-50:** 3
- **49-25:** 2
- **24-0:** 1

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#### Share of 65+ receiving influenza immunization - 2015

<table>
<thead>
<tr>
<th>Country</th>
<th>Immunization Rate (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>58.0</td>
</tr>
<tr>
<td>Belgium</td>
<td>22.4</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>55.5</td>
</tr>
<tr>
<td>Cyprus</td>
<td>39.9</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>45.7</td>
</tr>
<tr>
<td>Denmark</td>
<td>41.3</td>
</tr>
<tr>
<td>Estonia</td>
<td>49.8</td>
</tr>
<tr>
<td>Finland</td>
<td>45.0</td>
</tr>
<tr>
<td>France</td>
<td>48.9</td>
</tr>
<tr>
<td>Germany</td>
<td>55.0</td>
</tr>
<tr>
<td>Greece</td>
<td>45.9</td>
</tr>
<tr>
<td>Hungary</td>
<td>53.5</td>
</tr>
<tr>
<td>Iceland</td>
<td>62.3</td>
</tr>
<tr>
<td>Ireland</td>
<td>55.5</td>
</tr>
<tr>
<td>Israel</td>
<td>54.4</td>
</tr>
<tr>
<td>Italy</td>
<td>38.0</td>
</tr>
<tr>
<td>Latvia</td>
<td>38.0</td>
</tr>
<tr>
<td>Lithuania</td>
<td>50.1</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>38.0</td>
</tr>
<tr>
<td>Malta</td>
<td>38.0</td>
</tr>
<tr>
<td>Netherlands</td>
<td>66.8</td>
</tr>
<tr>
<td>Norway</td>
<td>38.0</td>
</tr>
<tr>
<td>Poland</td>
<td>38.0</td>
</tr>
<tr>
<td>Portugal</td>
<td>10.6</td>
</tr>
<tr>
<td>Romania</td>
<td>13.3</td>
</tr>
<tr>
<td>Serbia</td>
<td>9.8</td>
</tr>
<tr>
<td>Slovakia</td>
<td>7.0</td>
</tr>
<tr>
<td>Spain</td>
<td>51.4</td>
</tr>
<tr>
<td>Sweden</td>
<td>49.1</td>
</tr>
<tr>
<td>Switzerland</td>
<td>70.5</td>
</tr>
</tbody>
</table>

Source: OECD healthcare utilization statistics and EU-SILC
Why we need a life-course approach to the rights of older people

• Situation of older people determined by previous life-course choices and circumstances → “ontological precarity” (Lain et al, 2018):
  • Health: social determinants of health (WHO, 2018)
  • Material situation: pension, assets, demand for labour/job supply
  • Social capital: social networks, living arrangements
• Limits to workfare: when gainful employment is no longer an option
• Pensions & life-course: widowhood & gender, retirement age & social class
• A rights-based approach vs active ageing approach
Conclusions, discussions, provocations...

• Changing world: right to basic income but no longer right to work?
• All life course events/transitions need housing policy intervention?
• Housing as an essential need (assistance to vulnerable, low-income groups) vs housing as a choice (mortgage interest tax reliefs, subsidized loans for home-buyers)
• Rights along the life-course
• An intergenerational life-course perspective: informal care, monetary transfers, living arrangements
„Know your rights
Oh, know your rights“ (The Clash)

Share of older people who are aware of their rights and existing redress mechanisms (2015)

Source: Eurobarometer 416 on Awareness of the EU Charter of Human Rights
Thank you!

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The views expressed are those of the authors only.

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Magdolna Birtha       Stefania Ilinca
Katrin Gasior        Veronica Sandu
Katarina Hollan       Katharine Schulmann
Employment over the life-course in Europe

Results of current research activities

Anette Scopetta, Gudrun Bauer and Sonila Danaj
Employment trajectories ...

... are **central** for the design and implementation of policy measures

European Centre’s response to the need for taking individual’s employment trajectories into account when designing and implementing measures in this presentation derive from **three distinct cases**:

- Risk profiling of LTU (Long-Term Unemployed)
- Long-term Care
- Working across borders
Employment research including the life-course perspective

**Principles in life-course theory**

- Lifelong development: early experiences affect later life
- Agency: individuals take decisions (opportunities and constraints)
- Context: time and place
- Timing of various life-events
- Linked lives (family and kinship, friendships ...)
- Multidimensional: transitions and trajectories

- Addressing cumulative inequalities
- Adapting public support mechanisms to transitions / timing
- Adapting social policies to regional idiosyncrasies and developmental paths
- **How to design policies to positively impact on specific trajectories**
- The end of the traditional ‘old-age dependency ratio’?
- ...

Sources: Elder et al, 2003; Fasang et al, 2018
Potentials and caveats of risk profiling of LTU (Long-term unemployed)

✓ (LTU) Jobseekers are profiled in most EU countries by PES (Public Employment Services)
✓ EU countries use statistical profiling to facilitate qualitative assessment
✓ There is no clear trend observed in the EU-MS but rather diverging developments in relation to the intensity of using profiling and early intervention strategies

❖ Pros: Early intervention options, adapting approaches targeted to the needs of the unemployed, overall decrease of periods of unemployment, cost savings, reduction of the caseload of counsellors
❖ Cons: missing evidence, concerns about the accuracy of profiling tools, ethical and data security issues.
What is Risk Profiling?

Definition: “Identifying those at most risk of becoming LTU: It compares the characteristics of individuals newly unemployed to those of the LTU to estimate their chances of getting a job, so that appropriate preventative measures through ALMP can be initiated to reduce the ‘flow’ of individuals into LTU” (Employment Thematic Network, 2017).

→ Profiling thus can be regarded as a systematic (qualitative and/or quantitative) assessment of the individual employment potential to identify and implement the most appropriate services that help the client through the whole integration chain.

Source: Loxha and Morgandi, 2014, p. 13

Study and Discussion paper in the framework of the Thematic Network Employment (ESF Transnational cooperation; 2017/11 – 2019/07); AEIDL by order of the DG Employment, Social Affairs and Inclusion, European Commission.

Analytical framework: Classification of Jobseeker Profiling Systems

Caseworker-based profiling
Rules-based profiling
Data-assisted profiling
Statistical Profiling

Level of caseworker discretion
LOW
HIGH

Complexity of information flow
LOW
HIGH
The four types ...

❖ **Caseworker-based profiling**: Caseworkers are *solely responsible*; qualitative methods (interviews); jobseekers’ specific needs are addressed; may not be so efficient and susceptible to discrimination (Konle-Seidl, 2011). Example: **Denmark**.

❖ **Rules-based profiling**: either applied with a *time-based* (with e.g. length of unemployment) or with a *demographic segmentation* (e.g. age, gender); not cost-intensive. Example: **UK, NL** (time-based segmentation).

❖ **Statistical profiling**: analysis of *demographic and socioeconomic data* on jobseekers; segmentation based on risks of remaining unemployed; objective standardized assessments; early identification of high-risk jobseekers; highly dependent on (good quality of) available data; high setup costs. Examples: **USA, AUS**.

❖ **Data-assisted profiling**: *caseworkers plus quantitative data analysis*; the most differentiated approach; can enhance objectivity. Examples: **SE, IE (with its PEX model), DE**.
Data-assisted profiling – some cases …

<table>
<thead>
<tr>
<th>Title</th>
<th>PEX (Probability of Exit tool)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Ireland</td>
</tr>
<tr>
<td>Type</td>
<td>Data-assisted profiling system</td>
</tr>
<tr>
<td>Rationale</td>
<td>Ireland introduced the PEX system in 2012 as a reaction to the post 2008 increase in unemployment to reduce the number of individuals incorrectly identified for intervention by the rules-based approach used before and to save government resources. The profiling with the PEX model provides the possibility to identify jobseekers with a high likelihood of remaining LTU who can thus immediately be allocated to re-employment services (O’Connell et al., 2012).</td>
</tr>
<tr>
<td>Time</td>
<td>The PEX-model is in place since 2012.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Profiling as step within the 4 Phases Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Germany</td>
</tr>
<tr>
<td>Type</td>
<td>Data-assisted profiling system</td>
</tr>
<tr>
<td>Rationale</td>
<td>As part of the so called Hartz Reforms (2003-2005), which were a reaction to high rates of unemployment, a profiling system was introduced in Germany. The results are used to diagnose a jobseeker’s distance from the labour market and to identify individual support needs by segmenting customers into different support profiles that determine the allocation of resources and serve as an input for the computer assisted matching of job-seekers to job vacancies (Arnkil et al., 2007; Barnes et al., 2015; Eichhorst et al. 2006).</td>
</tr>
<tr>
<td>Time</td>
<td>Profiling in Germany is in place since 2005.</td>
</tr>
</tbody>
</table>
Risk profiling takes place at a specific moment in time and life of an individual

- **Socio-economic history of the individuals** are included in the all types of risk profiling
- Problems are observed regarding the **low usage** of the tools by counsellors (Training for PES staff thus is urgently needed)
- Research suggests that the **role of the caseworker** is a key success factor (Barnes et al. 2015)
- **Evidence-based policy?**
  - ✓ **Missing proof on efficiency gains**: only few studies are available that have tried to quantify the possible efficiency gains of profiling and early intervention
  - ✓ An evidence gap exists also with respect to the **impact of different service delivery systems** on on/off-flow rates from unemployment or benefit receipt (Konle-Seidl, 2011)

Statistical profiling of those at risk can only be recommended as a complementary practice to support caseworker assessment.

Profiling activities are only the starting points. What needs to follow are comprehensive activation measures to best serve the most vulnerable with all available resources of both the labour market and social assistance/social services/social security.
Potentials and challenges of working in the LTC sector

NORDCARE Austria: Working conditions of the LTC workforce in Austria

Project team: Ricardo Rodrigues, Gudrun Bauer, Kai Leichsenring
Potentials and challenges of working in the LTC sector

Key Challenge – to meet the demand and to secure a sustainable LTC workforce

Early working experiences affect employment in LTC

- High levels of strain among young LTC workers
- Younger care workers <25 years see no future perspectives in LTC work

Regularly experienced exhaustion levels in LTC

Source: Bauer et al., 2018
Potentials and challenges of working in the LTC sector

Juggling employment and informal obligations

- Middle-aged, female workforce, children under 20 years (42%), informal care obligations (30%), multiple informal obligations (12%)
- Part-time work and/or changing within the LTC sector as individual strategies

Reconciliation of work and family obligations

Source: Bauer et al., 2018
Health status determines retention in LTC work

- Long-term employment in LTC is shaped by high levels of burdens and experiences in deteriorating working conditions.

- Organizational characteristics and the subjective health status influence future employment considerations.

### Continuity of career prospects in LTC

- I have recently thought about quitting my job in long-term care:
  - Residential care: 12.8%
  - Home care: 12.3%

- I'll be able to continue my current job until regular pension age:
  - Residential care: 37.93%
  - Home care: 47.1%

Source: Bauer et al., 2018
Potentials and challenges for securing a sustainable LTC workforce, such as...

- High levels of demands and strain, health impairments and the prevalent readiness to quit are major challenges:
  - Early interventions concerning prevention and health-promotion are necessary in order to secure human resources for the long-term
- Part-time employment serves as a strategy to reconcile work and family but also to cope with high demands in LTC work
  - Adverse effects of part-time employment for a female-dominated sector: Reconsidering the definition of “full-time” employment specific to working sectors?
Potentials and challenges of working across borders in Europe

Researchers involved: Sonila Danaj, Katarina Hollan, Eszter Zolyomi, Anette Scoppeta

- POOSH: Occupational safety and health of posted workers
- EEPOW: Posting of Workers in Eastern Europe
Posting of workers: sending workers from one EU MS to another for a period of time to complete a task (Posting of Workers Directive (96/71/EC))

Service provision
Temporary
Cross-border

Total PD A1 for posted workers issued in EU+, 2010-2015

Source: Own representation with data from Pacolet & De Wispelaere, 2016
## Working Across Borders in Europe: Reported Vulnerabilities

<table>
<thead>
<tr>
<th>Employment and contractual conditions</th>
<th>BE</th>
<th>DE</th>
<th>ES</th>
<th>HR</th>
<th>IT</th>
<th>AT</th>
<th>RO</th>
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<tbody>
<tr>
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<td>Limited or no access to training (incl. on OSH)</td>
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<td>Irregular documentation</td>
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<td>Wages and social security</td>
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<td>Wage dumping (i.e. below national minimum or provided by collective agreements)</td>
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<td>No or irregular payment of overtime</td>
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<td>Working time issues (i.e. extended work hours, frequent overtime, weekend work)</td>
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<td>Lack of or inadequate protective equipment/material</td>
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### Working Across Borders in Europe: Reported Vulnerabilities 2

<table>
<thead>
<tr>
<th>Health care</th>
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<th>ES</th>
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<th>AT</th>
<th>RO</th>
<th>SI</th>
<th>SK</th>
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</thead>
<tbody>
<tr>
<td>Access to healthcare</td>
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<tr>
<td>Lack of information on health care system in receiving country</td>
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<td>No or insufficient health insurance coverage</td>
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</tbody>
</table>

### Housing/Accommodation

| Access to accommodation                                                  |    |    |    |    |    |    |    |    |    |
| Poor quality of accommodation (i.e. overcrowding, lack of amenities)     |    |    |    |    |    |    |    |    |    |
| Problems related to costs of accommodation                               |    |    |    |    |    |    |    |    |    |

### Language barriers

| Social isolation/Disconnectedness                                         |    |    |    |    |    |    |    |    |    |
Factors Influencing Posted Workers’ OSH Vulnerabilities

The interplay of
➢ temporariness and cross-border mobility
➢ dependence on the employer (including irregular employment/posting)
➢ Extended work time and intensity
➢ complex national systems (regulations, institutions, mechanisms of protection, and grievance procedures)
➢ growing but still insufficient exchange and communication between public authorities within and across borders
➢ language barriers

- Turning a blind eye to OSH-related risks, and
- Not reporting irregularities and violations

Ultimately resulting in
- High Risk of Accidents and Illness
- Insufficient or no health protection and care in case of accidents and occupational illness
The transition from one national labour market to another within the EU, albeit temporary and because it is temporary, creates a disruption in the OSH protection of (posted) workers, thus exposing them to multiple vulnerabilities with negative consequences to their OSH.

Life-course perspective could fit very well in studying working life trajectories, in particular transitions from one national labour market to another (and simultaneously from one national OSH, health, or social protection system to another).

When designing policy interventions, policy-makers should take into account both the cross-border and temporary mobility of posted workers as well as the legal implications of posting as movement of services rather than people.
Employment research including the life-course perspective

The Theory: Principles in life-course theory
- Lifelong development: early experiences affect later life
- Agency: individuals take decisions (opportunities and constraints)
- Context: time and place
- Timing of various life-events
- Linked lives (family and kinship, friendships ...)
- Multidimensional: transitions and trajectories

The Practice
- Interventions yet often are taking place in a specific moment in time and life of an individual and do not fully address the life course of the individual
- The LTC work is not yet made sustainable throughout the life-course
- Cross-border and temporary mobility of posted workers are to be regarded as movement of services rather than of people
Thank you very much for your attention!

If you want to further discuss the projects we described, please do not hesitate to contact us:

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bauer@euro.centre.org
danaj@euro.centre.org
Social and health services over the life-course

Needs, preventive approaches and technological solutions

Rahel Kahlert, Sonila Danaj, Günter Stummvoll, Cees Goos, Christian Boehler
The need for social services over the life-course

The case of Kosovo

Rahel Kahlert – Sonila Danaj
1. Children in difficult situations
2. Elderly without family care
3. Disabled
4. Other Vulnerable

Target groups in need (1-4)

1. Children in difficult situations
2. 20-65 years
3. 3. Disabled
4. (Un-)Employment

Life course approach applied to social services

Examples of Social Services:
- Education
- Training
- (Un-)Employment
- Care Work
- (Re-)Training
- (Un-)Employment
- foster care
- home care
- community care
- psycho-social rehabilitation
- counselling

Adapted from Leichsenring & Schmidt, 2016, © European Centre
Institutional setting requires close-knit collaboration

- **Central level**
  - Social Ministry
  - Ministry of Local Government Administration
  - Ministry of Finance

- **Municipal level**
  - 38 municipalities
  - 40 Centres for Social Work

- **NGO sector**
  - Social service delivery
  - Advocacy

- **Institutional level**
  - Municipal level
  - NGO sector
  - Central level
Transfer of competencies regarding social services: From the central to the municipal level

Situation: Municipalities pay for social services from a general fund

Challenge: Social services are not a priority and thus remain underfunded

Solution: Specific formula for social services for 2019/2020

Allocation criteria: population size, geographic size plus vulnerabilities (e.g., children, elderly)

Municipal Action Plans: to be developed and monitored (local-level competence)
Preventive approaches in social service provision

The case of young drug users

Günter Stummvoll – Rahel Kahlert
Cees Goos
The life-course approach: Juveniles and young adults

- Socialisation
- Education
- Vocational training

Second, third ... chances

- Life-long learning
- Paid work
- Unpaid work

Medical treatment – psychiatry – psychotherapy – social integration – administrative counseling
Social and health services over the life-course:

• Age segment in the life cycle: Children, juveniles and young adults

• Health and criminal justice: Drug abuse is unhealthy and a crime

• Risk factors of developing drug careers: Onset – persistence – desistance

Life course trajectories and transitions

• Institutional framework:
  • Exit points in restorative justice
  • Service provision for young drug offenders: Medical – psychiatric – psychological – social – administrative support

• Narratives and consideration of clients
  • Problem awareness: “I have it under control”
  • “Edgeworkers”: Voluntary risk taking; excitement; curiosity
  • Coercion to take treatment
Drug abuse is unhealthy and a crime

- HARMFUL
  - ADDICTIVE
- ILLEGAL
- HEALTH
- HELPFUL
  - HEALING
- DRUGS (SUBSTANCES)
- CRIMINAL
  - JUSTICE
- LEGAL

PREVENTION of ADDICTION
+ PREVENTION of CRIMINAL CAREERS
Classification of „Prevention“:

EMCDDA - European Monitoring Centre for Drugs and Drug-Addiction

1. **Indicated prevention** addresses *vulnerable individuals* and helps them in dealing and coping with their individual *personality traits* that make them more vulnerable for escalating drug use.

2. **Selective prevention** addresses *vulnerable groups* where substance use is often concentrated and focuses on improving their opportunities in *difficult living and social conditions*;

3. **Environmental prevention** addresses *societies or social environments* and targets social norms including *market regulations*

4. **Universal prevention** addresses a *population at large* and targets the development of skills and values, norm perception and interaction with peers and social life.
Risk factors for addiction and criminal careers

• Biological
• Psychological
• Family risk factors
• Peers factors
• School factors
• Neighbourhood and community factors
• Gender and risk factors
Institutional Framework: Exit points in restorative justice

‘Second, third ... chances’

HEALTH SYSTEM

CRIMINAL JUSTICE SYSTEM

HOSPITALS

IN-PATIENT CARE FACILITIES

OUT-PATIENT MEDICAL TREATMENT AND PSYCHO-THERAPY

POLICE

Juvenile Court Assistance Vienna

FORENSIC PLACEMENT OF DRUG-ADDICTED OFFENDERS

PROSECUTOR

COURT

PROBATION SERVICES

PRISON

PATIENT CARE FACILITIES

PATIENT MEDICAL TREATMENT AND PSYCHO-THERAPY
Austria: Interventions in health promotion
(Gesundheitsbezogene Maßnahmen, §11/2 SMG - drug law)

1. Medical surveillance of health status
2. Medical treatment including substitutional therapy
3. Clinical-psychiatric counselling and care
4. Psychotherapy
5. Psycho-social counselling and care
Forms of Intervention

• Cognitive therapy
• Motivational interviewing
• Group therapy
• Systemic psycho-therapy
• Changing circumstances: job, education, structure of everyday life
• Holistic interventions: “global care for the person” or “multi-disciplinary integrated intervention”; “partnership approach”
Narratives and consideration of clients

• Problem awareness: “I have it under control”
• “Edgeworkers”: Voluntary risk taking; excitement; curiosity
• Coercion to accept treatment
Technological solutions as a panacea?

The case of assessing eHealth applications

Christian Ernst Heinrich Boehler
eHealth over the life course

Target groups of eHealth

Costs
Non-health outcomes
Health outcomes

Study Perspective / stakeholders
timing / development stage
contextual factors

clinical effectiveness
study type
Quality of life
Transferability

(economic) evaluation of eHealth

costing methods
modelling
decision rules
decision maker(s)

Adapted from Leichsenring & Schmidt, 2016, © European Centre
Choice of Perspective

Technological solutions as a panacea?
The case of assessing eHealth applications
Early and iterative technology assessment

“Off the rack” decision support tools (e.g. MAFEIP) → Evidence → Bespoke decision analytic models

Basic Research → Proof of Concept → Prototype Development → Clinical Studies → Market Access

Very early HTA → Early HTA → Conventional HTA

Decision Uncertainty

Technological solutions as a panacea? The case of assessing eHealth applications

Source: Own drawing based on Ijzerman & Steuten (2011)
Experimental studies vs. modelling

“pulls together the many needed pieces of information from multiple sources and then stitches them together into a (hopefully) cohesive whole” (O’Brien, 1996)

Source: O’Brien (1996) Economic evaluation of Pharmaceuticals – Frankensteins Monster or Vampire of Trials, Medical Care, 34.12
Decision rules & transferability

Technological solutions as a panacea? The case of assessing eHealth applications

- Dominated (more expensive & less effective)
- Dominant (Cheaper & “better”)
- Alternative

Decision rules & transferability:

- Less effective
- More effective
- Less expensive
- More expensive

λ₁ = 10,000
λ₂ = 20,000
λ₃ = 80,000
Social and health services over the life-course

Policy and practice solutions of integrated services, user enablement and prevention

Anette Scoppetta and Ricardo Rodrigues
Target groups & period of interventions

❖ Needs of vulnerable groups are multi-faceted. Thus, services must reflect/be flexible & tailored to the various needs & life stages of individuals

❖ Policy and practice solutions of health and social services that take the life-course perspective into account should:
  ✓ Target at inclusion into society (not primarily economic/labour market inclusion)
  ✓ Include long-term perspectives (over various phases of life, intergenerational)
  ✓ Follow a preventive approach (from indicated to universal – see above)
  ✓ Be embedded in cooperative settings ...
Institutional frame & freedom of choice

❖ No single institution can address the various needs of vulnerable groups alone: there is a strong need for collaborative approaches taken between locally embedded services

❖ Policy interventions should reflect the macro-, meso- and micro level:
  ✓ Macro: systemic links between policies (e.g. active labour market policy and social assistance)
  ✓ Meso: the organisational level, at which stakeholders experience (institutionalised) ways of collaborative work
  ✓ Micro: the beneficiary level at which users receive support via services and measures

❖ While participation is voluntarily, services must be offered on a broad scale to serve the varying needs
<table>
<thead>
<tr>
<th>Multi-stakeholder arrangements</th>
<th>Strategic Orientation</th>
<th>Operative Orientation</th>
<th>Arrangements between &gt;2 partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims</td>
<td>To share information</td>
<td>To exchange information about particular services</td>
<td>Meetings between parties, Contracting out, Outsourcing of government employment services, etc.</td>
</tr>
<tr>
<td>Forms of agreement</td>
<td>Informal: Mutual agreements</td>
<td>Informal/Formal: Mutual agreements, Contracts in case of contracting out of services</td>
<td>Informal/Formal: Agreements between parties</td>
</tr>
<tr>
<td>Examples</td>
<td>Policy Forums, Strategic Platforms, Networks, Consultations, etc.</td>
<td>Involvement in Social Dialogue, Councils, Committees, Boards, etc.</td>
<td>Strategic partnerships such as Structural Fund Partnerships in Sweden and the Territorial Employment Pacts in Austria</td>
</tr>
</tbody>
</table>

### Cooperation
- **Loose Relationship**
  - Characteristics: information is shared, informal or formal
  - Aims: To share information, To discuss topics, To network
  - Forms of agreement: Informal: Mutual agreements
  - Examples: Policy Forums, Strategic Platforms, Networks, Consultations, etc.

### Collaboration
- **Close Relationship**
  - Characteristics: joint objectives and decision making, shared commitment, developed partnership
  - Aims: To improve strategic planning and policy delivery, To contribute to systemic change by sharing responsibility
  - Forms of agreement: Formal (legally binding): Partnership agreements, pacts, multi-lateral contracts
  - Examples: Strategic partnerships such as Structural Fund Partnerships in Sweden and the Territorial Employment Pacts in Austria

### Coordination
- **Some joint planning, intensified communication and closer working relationship**
  - Aims: To jointly develop policy areas, To solve (cross-policy) problems, To elaborate future partnerships
  - Forms of agreement: Informal/Formal: Memorandum of Understanding, Codes of Conduct, Guidelines
  - Examples: Involvement in Social Dialogue, Councils, Committees, Boards, etc.
Integration of vulnerable groups & local know-how in policy design & implementation

❖ The **needs of vulnerable groups** are to be placed at the heart of any policy intervention

❖ **Outreaching** to the beneficiaries:
  ✓ A proactive approach is required at all times
  ✓ Visiting the beneficiaries at places they are (local meeting points, football games, supermarkets)
  ✓ Counselling services include various areas (depts, health, crime, education, ...)

✓ **Case management** for individual assistance proved to be successful (UNDP, ESF-Transnationality, etc.)
Outreach methods & typology

- **Satellite model**: establishing stand alone, separate outreach centres for delivering services in community locations;

- **Peripatetic model**: delivering services in other organisational settings such as hostels, community centres, GP surgeries, housing offices, etc.;

- **Detached outreach model**: contacting people outside of agency or organisational settings, for example, in streets, shopping centres, pubs, at school gates, etc.; and

- **Domiciliary outreach model**: visiting people in their own homes (In: Dewson et al. 2006, p. 22).

Note *) Intensity of intervention refers to the depth and breadth of immediate services available for the young people identified through this method.

Source: European Commission, 2015b, p. 3
In search of the Holy Grail: integration of health and social care for older people


- **Use:** limited evidence on emergency care/acute care/residential care use; good results on length of stay (Brattstrom 2018)


- **Conditions:** congestive heart failure, palliative care stroke and COPD (e.g. Martinez-Gonzalez et al 2014)

✓ **Woodwork effect:** tapping unmet needs
✓ **Societal costs:** informal care, potential for cost-shunting to social care sector
Integration remains high on policy agenda

- **Legislative reform** (Joint individual care plan)
- **Legislative reform** (Law on integration of health and social care)
- **Local initiatives** (coordination of plans at municipal level)
- **Legislative reform** (Needs assessment)
- **Local/regional initiatives** (Health Platforms)
- **Local/regional initiatives**

**Strategy planning** (Action Plan for Implementation of Deinstitutionalisation)

**Local/regional initiatives** (Joint Commissioning)

**Strategy planning** (National health strategy 2018-2022 and Strategy for transforming the health care system 2018)

**Legislative reform** (Law on adapting society to an ageing population)

**Local/regional initiatives**

**Local/regional initiatives** (Health Platforms)
Key areas of integration

- Enhanced multidisciplinary needs assessment
- Information sharing
- Enhanced multidisciplinary needs assessment
- Condition-related “pathways”
- Condition-related “pathways” (cancer treatment)
- Condition-related “pathways” (Disease management programs and case management)
- Workforce training
- Information sharing
- Condition-related “pathways” (case management)

Pooling of resources

Condition-related “pathways” (Alzheimer’s disease: MAIA, case management)
Integrating a life-course approach into integrated health and social care

❖ **Transitions:** at the interfaces of services, transforming life events

❖ **Timing of various life-events:** when the need arises? Ageing into need (e.g. people with disabilities)

❖ **Linked lives (family and kinship, friendships ...):** informal carers and family members → intergenerational “life courses”?

❖ **The life course of institutions:** path dependency and idiosyncrasies
To sum up

❖ Consider **individual target groups needs & the period of time of intervention of the individual** while taking a life-course approach

❖ Support the **establishment of cooperation** between institutions and leave freedom of choice

❖ Integrate vulnerable groups & local know-how from start and ensure **engagement of beneficiaries during the entire policy cycle**
Thank you!
Ageing 4.0
Towards an Integrated Life-Course Approach to Population Ageing

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This policy brief is an attempt to respond to current challenges of social welfare systems in the context of population ageing and technological innovation. It defines age
 ageing 4.0 as a concept and provides a rationale for such a new policy framework.

Keywords: Population ageing, life-course, equal opportunities

Adapting welfare states and social security systems to the challenges of population ageing has been high on the policy agenda at least since the second round of the ageing policy in 2002. Related research, in the first place, focused on pension policies by excluding the ‘long-term healthy’ in pension formulation and by raising the pension age. The concept of ‘healthy ageing’ served as a key policy instrument to move labour market participation of older workers and to extend working lives, although featuring an important aspect of the ‘healthy ageing’ concept (2002, 2005), investments in health and social care provisions to help prolong the period of productivity-life expectancy, to meet growing demand for services, and to ensure a good quality of life in older age were addressed much less productively and much less successfully. Related strategies followed in other policy areas such as lifelong learning also remained restricted to specific sectors and individual initiatives. In their report, these strategies have been on individual capabilities and responsibilities, with economic incentives as the main drivers for behavioural change, thus raising in increasing inequalities and unequal choices across the life-course.

While average life-expectancy continues to rise, new challenges are emerging providing policies of ageing. For instance, new technologies and the debate about ‘work life’ are challenging the traditional concept of regular work over the life-course as well as the social contractions of the life-course into differentiated phases of education, work and family responsibilities, and

Further reading

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