#### Plenary 4: The Economic Case for Community Care





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# **Economical aspects of institutional versus community care in Poland**

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#### Context

- 1. Growning needs of care
- 2. No Separate Long-term Care System
- 3. <u>Lack</u> of Community, Home and Family-based Care
- 4. <u>Limited</u> budgets and Care accessibility, structural weaknesses
- Staff <u>shortages</u> unattractiveness of social services jobs, low salaries, the ageing workforce, long working hours
- The social services system <u>without</u> significant modernization and reform for 30 years



Deinstitutionalisation and prevention of institutionalization – new providers and transforming existing residential social welfare institutions





## **Objectives of the study**



- 1. Needs of social service **recipients** in the field of institutional and community services in the context of social changes.
- 2. Mapping **residential and community services** currently provided and possibilities of their modification and transitions.
- 3. State of **knowledge and preparation** for the implementation of DI of social welfare institutions and decision-makers in local governments.
- 4. Institution's **potential to transform** existing residential social services by providing various forms of non-institutional services creating cooperation and collaboration networks, standardisation, and also with the use of technology.



## **Data collection methods**

Desk resarch Quantitive study service recipients

Quantivive study service providers

256 case studies in 16 regions Experts panels and workshops Thematic reports final report





#### **Sectors examined**



# **Financial and staffing uncertainty – key findings**



- 1. Financing aspects of transformation are **not discussed** officially
- 2. Lack of knowledge **who will finance** the changes
  - Almost half of the social service providers implement the copayment model
  - ¼ of all services are fully paid
- 3. Lack of **financial analysis** in this context,
- 4. Risk of lack of the availability and quality due to high costs.
- 5. <u>Major concerns about the availability of staff</u>



# **Financial and staffing uncertainty**



Most of the institution's employees suspect that the point is to reduce social spendings, not to improve the quality and increase of availability. This belief is expressed by over 1/3 of the respondents.



## **Financial and staffing uncertainty**



- 50% provides only the **statutory minimum** services
- 5% delivered **more services** than obligatory level
- **30%** provides **only part** of the services to recipients
- 48% believes that the **resources** at their disposal **do not allow** them to provide services in individualized and personalized way
- have **sufficient budget** to **personalise** and individualise services





# Are the financial sources sufficient to provide individualized and personalized services?







#### **Financial uncertainty: co-payment**



- 44% social services providers have a **mixed model** in which community services are **co-financed** by recipients
- **24%** In so many entities, services are **always partially paid**
- **22%** In 1% of cases, community services are completely free, in 1% only paid
- 47% services have no knowledge if DI cause higher costs for service recipients
- **30%** expects service users to **pay more** in the future



### **Financing Tele- services**

From what sources are teleservices financed?			
Money from European funds	143	17%	
Government funding, e.g. "Korpus Wsparcia Seniorów"	445	54%	
Own funds of the district/commune	397	48%	
Financing from non-governmental organizations (NGO/3rd sector)	36	4%	
Other institutional sources	36	4%	
Co-payment for the service by the user	29	4%	
Full payment by the user for the service	17	2%	
I don't know, it's hard to say	144	17%	

What funds should be used to finance teleservices in the future?

A nationwide government program	1171	67%
Regional measures and programs	111	6%
Financing at the district/municipal level	56	3%
Payment by users	33	2%
I don't know, it's hard to say	383	22%



# Switching to community services fromresidential Social Welfare Home



(An example of the transition to community services - people with disabilities and housing in independent living)

average share of average cost public funding 24/7 facilities DPS 2263 702 1561 69% providing full support Sheltered and 998 54% 459 539 supportive housing Cost Cost public inhabitant authorities

# **Conclusions and recommendations**

#### National government

- general information <u>about the cost</u> of all policy options and the benefits of DI solutions
- include <u>financial analyses</u> of DI reforms
- Local government
- <u>evidence-based support</u> to financing aspects of policies and programme design
- obligation to verify the financial consequences of decisions
- <u>evaluation</u> of the impact of deinstitutionalization on transformed institutions and staff

#### Service providers

- <u>increase knowledge</u> of financial management, e.g. participation in training
- improve knowledge and ability to obtain funds from various sources



#### Thank You

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