Summary of LINK baseline

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Content

Section 1. Societal/national level

The countries welfare models (a)

Both Norway and Sweden describe their welfare models to be social-democratic. Both countries' welfare models provide universal welfare services, there Sweden for example provides welfare through social insurance for almost all citizens who live and work in the country. Serbia, Slovenia and Spain have a combined welfare system, containing a variety of welfare models. Serbia is described to have a hybrid model with main characteristics of the conservative model. Several countries have a mixed welfare model, where both Slovenia and Spain have a combination of the conservative and social-democratic models and Latvia don't embody any typical model.

The organisation and provision of social services (b)

The social welfare system is organised in different ways in all countries. In Slovenia, the social assistance system gives financial support and other support to the most vulnerable groups in society that are not able to provide for their own social well being. The social assistance system is regulated by the national level and is provided mainly by the public sector. Many different actors are involved in the social welfare system, for example the state, local governments, social insurance agencies and financiers from non-profit, non governmental, private and public organisations. In Serbia, the social services are financed at the national level, regional level, local communities and other services providers. Like the Slovenian country, social services can be provided by different actors, which can be by licensed actors in the private or public sector. Latvia has a free market liberal model, where the social services are provided through the state, municipalities and private actors.

In Spain, there are 17 different regional governments that provide service provision, but there is a great difference in the laws in each regional government district. Services are guaranteed in most regional governments, but not all services are guaranteed in all regions since they have their own portfolio of benefits. Even though the laws are different, there are some similarities in all regions, there the social service system provides economic, provision of services and instrumental or technical benefits which are divided in primary and specialised services. Both

Norway and Sweden report that the states regulate the governing of social welfare, but like Spain, both Norway and Sweden are divided into regions. There are 5 regions in Norway and 21 regions in Sweden, and the difference in Sweden is that in these 21 regions there are a total of 290 municipalities that provide social welfare.

The national organisation for social work education (c)

In summary, it is reported that the education system for social work is different in all countries. Some similarities are found, for example that education in social work is an academic subject that is taught at the universities. The differences that are described characterises in the length of the programmes, there the universities in Serbia, Slovenia and Spain all offer a four year bachelor degree in social work. At Swedish universities, the bachelor degree in social work is three and a half years, and Norway and Latvia do not report the length of the education at their universities. The universities in Norway, Latvia, Serbia, Slovenia and Sweden also offer master's programs, and Slovenia additionally provides a doctoral program.

Four main welfare challenges associated with the development of integrated care (d)

In summary, there are four themes summarising the welfare challenges within the development of integrated care in the included countries, which are described below.

Organisational structure

All countries had to answer which three challenges they see in developing integrated care in their countries. A majority of the countries, Norway, Latvia, Serbia, Spain and Sweden, all described challenges within the structure, which may be about the current structure within the care provision (Spain) and the coordination of service provision between different systems, such as educational, health, legal and social protection (Serbia). There are also reported challenges with the organisational structure within social welfare in Sweden, which is described as based on downpipes. Norway describes that there will be an uneven distribution of those who are in need of service and that society collects welfare commissions for the most vulnerable. and that separate welfare systems do not cooperate in a well-functioning way.

Legislation

Serbia and Slovenia describe legislation as a challenge in their work, which is affected by different legalisation in different areas that are needed to be linked together, such as social welfare and health care. In Spain, professionals do not share the same computer system within the same region, which also involves legal requirements for confidential matters.

Collaboration

Collaboration is reported as a challenge by Norway, Serbia, Slovenia, Spain and Sweden, where, among other things, it is described that collaboration between different social systems is needed and that collaboration is affected by the existing practice within the organisations. Furthermore, Spain describes information systems being developed separately. Even within the same regions, social providers do not share information systems, which leads to difficulties in communication between them. In conclusion, Norway also describes that separate welfare systems do not collaborate in a well-functioning way.

Staff

Staff is described as a challenge in different ways. For example, Latvia and Slovenia describe a lack of professionals in several areas, which can lead to a high workload for those working in the social welfare sector. Sweden also describes the need for professionals in the social sector, that staff needs adequate training and the organisations need to get better at retaining and further developing existing staff. In conclusion, Spain describes challenges regarding how staff should work under the integrated care paradigm.

The welfare systems impact on the different labs (e)

The countries all described multiple challenges within the welfare system that is linked to the different labs. Norway, Serbia and Slovenia describe that professionals in different ways can have a negative impact on the lab, for example, lack of staff (Slovenia, Serbia) and competence-enhancing efforts (Norway). Furthermore, Latvia, Serbia and Slovenia, describe that lack of collaboration in the social welfare system can have a negative impact as well as absence of appropriate services to the target groups.

Section 2. Project aim, target group & stakeholders

Problems addressed in the labs (a)

The problems presented in the baseline differ from the various project members. However, complex needs and conditions and how they are met or not met is however a recurring theme. Social support for vulnerable and multi-challenged families is the main target group for Slovenia, Serbia and Norway. For Latvia and Spain - youths in vulnerable positions are in focus whereas Sweden will focus on social support for the elderly. There are some common factors mentioned independently of chosen target group focus. Deficiencies in the current systems of social welfare are mentioned in terms of lack of collaboration and coordination of services from different actors. For example, collaboration between public actors and NGOs, as is the case in Sweden. There is a need for development of collaboration between social workers and the families which is described from Norway and Slovenia as well as Serbia.

Norway also emphasises the lack of user involvement. Another theme focuses on current working conditions for social support workers such as heavy workloads, inadequate competencies, personnel shortages.

Link between problems and integrated care (b)

All parties in the LINK project mention the area of collaboration in different ways. According to ESN, a key driver for integrated care at an organisational level concerns the coordination of services between different stakeholders and actors. From the baseline of this project it is obvious that collaboration is one of the big challenges in the current provision of welfare, independent of different welfare contexts. There is a need for mutual collaboration between professionals working with multi-challenged families, youths in vulnerable positions with or without mental health issues. In the area of elderly care, cooperation between public and non-governmental actors need to be further developed and systematised. Within the area of collaboration and coordination, several partners mention the importance of mutual understanding of the "problem" or conditions of the specific target group.

From the baseline it can be concluded that the current welfare systems in Europe are often too fragmented and demand a lot from the individuals and groups in need of social support and service. Interdisciplinary collaboration is seen as a way forward towards integrated and person-centred social care.

Target group's living conditions (c)

When it comes to living conditions for the different target groups in the LINK network, of course they differ to some extent but even so, there are many similarities described in the baseline. The target groups consist of people and groups in socially vulnerable positions.

When it comes to multi-challenged families in contact with social welfare, extensive research shows unfavourable living conditions in various areas such as economy, physical and mental health, employment and so on. There is also an aspect of hereditary social vulnerabilities mentioned within these families. However, one can identify the target group in Sweden as the odd one out since they target the elderly in general. In this case, the living conditions are perhaps a bit more differentiated.

In the description of living conditions for vulnerable groups in society one need also to mention the aspects of intersectionality and discrimination. From society at large but also from an institutional perspective. Gender differences in reports concerning youth and mental health are mentioned by Spain. From Serbia, institutional discrimination towards the Roma community is described. Research reported in the baseline from Norway and Slovenia also brings up user experiences from contacts with the social work system. It is stated that the multi-challenged families with complex needs find it hard to navigate in the systems and often experience a corrective rather than supportive approach from social workers.

Relevant and possible stakeholders, key staff groups and organisations (d)

From all countries in the LINK project actors and stakeholders are mentioned from national, regional and local level within the welfare system. Departments and universities, municipal representatives from policy level as well as management and frontline positions.

Professional representatives from different sectors, such as health care, school and police are important actors in the different labs. NGOs, sports and leisure organisations and civil society as well as business representatives are also mentioned as important actors. In some labs, but not all, the target group is mentioned as an important stakeholder. Considering the one key driver for integrated care connected to person-centred care, user involvement and participation, is of great importance in the development of Learning and innovation labs.

Educational background of frontline staff (e)

In most cases, the LINK baseline reports of similar educational backgrounds in frontline staff. Bachelor degree and trained professionals from different fields, mainly social work but also from related fields such as psychology, nursing, occupational therapy, social education and pedagogy. This is the case in public welfare as well as within non-governmental organisations. In Sweden where the target area is elder care, the largest staff group in the elderly care consists of assistant nurses, where the formal qualification is set to a high school diploma degree. Some of the countries also mention paraprofessional staff groups which are staff groups without formal training or qualifications.

Current services available for target groups in LINK (f)

All countries in LINK report that there are several services available for their target groups today, at national as well as regional/local levels and also through different kinds of NGOs. Of course, this is presented differently due to differences in organising welfare. Latvia differs in this aspect since they report that the services for their specific target group only recently has been recognized, but that a lot has happened in the last few years. At national level all participants describe overall welfare organisations such as social work centres, schools, health centres, family welfare offices and psychiatric treatment organisations. Also specific support programs from national authorities are mentioned, for example in Spain where health promoting programs and special programs for skills and training in staff are described in order to better reach and work with youth and mental health issues. At local or regional level, municipal services are described in the different target areas. The local/regional level distributes a lot of the public sector social support. There are a lot of services available for the elderly in Sweden, the services described are all a

part of municipal social services. For example living arrangements, home care and daily activities. However, there is no mention of the services rendered by non-governmental organisations specifically. NGO:s offer several services in the areas of family work (Norway, Serbia, Slovenia).

Main challenges in social work and social support for LINK target groups (g)

From the answers concerning main challenges in social support in the different members of the LINK network, three overarching themes can be identified. First, conditions concerning lack of resources in terms of supply of staff with accurate competencies as well as specific services concerning the target groups in focus. Secondly, circumstances related to the contact between social workers and the target group in focus. Both in terms of lack of participation and user involvement, but also in terms of knowledge and understanding for the living conditions of and working methods for the specific target group. Another issue mentioned by several parties, is the distrust between social workers and target groups. Thirdly, the overall perspective is mentioned which is connected to the fragmentation of welfare which results in a reactive social support system rather than a holistic and more preventive and health promoting approach.

Section 3. Innovation & development

The countries readiness for digitalisation (a)

In summary, the habits and readiness for digitalisation are reported differently and can be divided into two categories. In the first category, the Covid-19 pandemic, had an impact on the usage of digital technologies in Latvia, Slovenia and Serbia. During the pandemic, it turned out that services in the local community in Slovenia weren't adequately equipped with ICTs and that it was during the pandemic that professionals in the social welfare sector got their own computers with the possibility of conducting digital meetings. Serbia describes a similar situation, where the majority of organisations in the social welfare sector started to function through online work. Both countries also describe that their target groups, families with multiple challenges and the Roma families, did not always have access to the internet or digital tools. Sweden also describes that despite having a high degree of digitization, there are individuals and groups in society who do not feel comfortable or motivated to use digital tools.

In the second category, it is reported that most organisations within the social welfare sector in Latvia, Norway, Spain and Sweden, have the right infrastructure for digital systems and that the professionals within these organisations have digital competence. Norway further describes that some digital platforms may have some software problems and that the digital tools somehow have replaced a large part of the user contact. Sweden also describes that the readiness for digitalisation in the community is high, where healthcare staff in elderly care use digital tools and digital documentation in their daily work. Even though the country is ready for digitalizations, they describe some obstacles that can challenge the usage of digital tools, where some professionals in the elderly care do not have all around the clock access to computers.

Domestic examples of social innovation work connected to the target groups (b)

There are a variety of examples of social innovations connected to the country's target groups. Both Serbia and Slovenia describe social innovation projects where the aim is to improve and strengthen parenting skills, for example "Initiative for

support to development and learning of Roma children of early age in Serbia" and "Educational program for mother and child". Even Sweden gives an example where the project "Ung Omsorg" aims to improve the well being of elderly people. Other examples of social innovations are linked to using informal or new settings instead of formal settings for meetings with clients in the daily work at social work centres (Latvia, Slovenia) and establishing relationships with adolescents and their families in their home environment (Spain). Norway gives another example with their "Life-Frogner" project, which focused on a multiple professional team across services, where the families in the project constituted the focus group that gave feedback to the teams on how they could develop their work. The similarities between all these innovations are the aim to improve for the target groups.

The importance of working with social innovations related to the target groups (c)

The countries were asked to clarify why it is important to work with social innovation related to their target groups. All countries describe a willingness to provide accurate services related to each of the countries target groups, which all receive help and support in different ways from the countries social welfare systems. The countries have a goal to provide better individual services which better meets the needs of their different target groups. Slovenia, Spain and Norway intend to create social innovations in order to better meet target groups with multiple difficulties. Slovenia wants to develop innovations on a systemic level where families with multiple problems do not receive support. Given that current research shows that families facing multiple challenges are not receiving adequate support from existing services and programmes (see also Family Pilot Project - the more needs families have, the less adequate the support), there is a need to develop appropriate innovative responses at the systemic level. At the same time, micro-social innovations in the field of target group work are very important because the target group is heterogeneous and the context in which users find themselves is constantly changing, as is the context in which we achieve good social work outcomes together with them. Micro-innovations must be developed together with the family and be oriented to the needs of the family members.

Spain wants to develop earlier detection and interventions for adolescents in order to promote mental health. Norway describes that social work with clients suffer from lack of focus, lack of continued contact and lack of time to assess and evaluate.

Serbia wants to work with social innovation since they experience that Roma families don't effectively respond to the existing organisation and provide services, which may depend on cultural, language and legal barriers. Even Sweden has an ambition to provide better social initiatives among the target group of the elderly.

Conclusions

According to the ESN baseline, key drivers for integrated care and support can operate at different levels - micro level focusing on the individuals, meso level focusing on organisational aspects and finally, macro level targeting overall systems of welfare. In the LINK baseline, all three levels are highlighted in different ways. Lack of resources and staff shortages are mentioned as a basis of the need for change. Current organisation of social service and support build on the idea of professional and organisational specialisation. From the baseline it can be concluded that this results in fragmented systems where individuals often find it difficult to navigate in order to get the help and service they need. All parties in the LINK network highlight the need for improved collaboration and coordination, between organisations and between different professional/staff groups.

From the baseline, a further conclusion is that the interdisciplinary aspect is a key factor in the Learning and innovation lab development. From a learning aspect, the LINK labs could be an arena for interdisciplinary learning and development of integrated competencies and skills that challenge and possibly exceed old patterns of organisational and professional boundaries, both in terms of work methods as well as assumptions and knowledge about the target groups in question.

There is also a need to improve collaboration between frontline staff and the individuals and groups, i.e. user involvement and participation. Representatives from the target groups in the LINK labs are key stakeholders in the development of integrated social care and support systems and this should be taken into account when forming the lab groups.

Finally, according to ESN commitment from stakeholders and effective leadership is singled out as key supporting factors for integrated care. The Learning and Innovation Lab model builds on the idea of a democratic arena for learning and innovation, where all participants have equal say. In arranging the labs, the ambition should be a broad representation from micro, meso and macro level, i.e. participants from the target groups as well as frontline staff, management and policy makers.