Social Protection

Innovative Investment in Long-Term Care

DETERMINATION OF SUCCESS FACTORS FOR INVESTING IN LONG-TERM CARE

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www.sprint-project.eu

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Executive Summary

The report examines factors enabling success of long-term care (LTC) for the elderly and successful investment in LTC. The factors are explored through analysis of qualitative data from focus groups and interviews with key stakeholders in eight European countries, drawing on earlier research by Ghibelli *et al.* (2017) and Greve (2017a) for the SPRINT project.

Stakeholders of LTC from eight EU countries representing different welfare traditions and very distinct approaches to responsibilities and resourcing of care for older people were asked to evaluate their current LTC provision in order to understand how success is perceived. Examples of national, institutional and individual success stories provided by key stakeholders indicated attributes which are associated with desirable LTC outcomes and broader objectives for future development.

The report develops a typology of factors enabling LTC success in a country, as identified by the stakeholders. They distinguished three broad types of factors:

- consistent national LTC policymaking and implementation and adequate financing
- adequate supply and availability of LTC services
- a personalised approach in LTC provision.

The deliverable also provides analysis of perceptions of key stakeholders about social investment in LTC and levels of social impact and returns acceptable for social investors. Stakeholders clearly indicated that there is very little familiarity with the concept of social investment as such among them. However, the phenomenon of SI in LTC is familiar to the stakeholders and can be easily related to LTC for older people. Stakeholders argued that the return on most social investments could be evaluated, although social expenditure rates should not be used as the only assessment indicator of social impact.

Key messages

- Success of LTC at a national level is related to accessibility and equity principles.
- Success of LTC at the institutional level is related to the application of a personalised approach in care provision.
- Success of LTC for older people at the individual level is related to the possibility of staying at home as long as possible with or without care, which depends on a personalised approach in selecting the most relevant services.
- There are three broad types of factors that are crucial for success of LTC on various levels: consistency of national LTC policy and adequate financing, sufficient supply and availability of LTC services, and a personalised approach.

- Return on most social investments could be evaluated, although social expenditure rates should not be used as the only assessment indicator of social impact.

Table of Contents

Executive Summary ... 2
Key messages ... 2
Acronyms and Abbreviations ... 5
1 Introduction ... 6
2 Aims and Objectives ... 6
3 Methods ... 7
3.1 Review of the Evidence ... 7
3.2 Design of the Study and Data ... 9
3.2.1 Study administration ... 11
3.2.2 Analysis ... 12
3.3 Limitations ... 12
4 Success and Success Factors in Long-Term Care ... 13
4.1 Success and Success Factors ... 13
4.2 The LTC Context ... 14
5 Results of the Survey ... 14
5.1 Evaluation of Current Provision ... 15
5.1.1 Personal use of LTC services ... 16
5.1.2 Decision-making ... 17
5.1.3 Challenges ... 17
5.1.4 Opportunities ... 19
5.2 Success Stories ... 19
5.3 Acceptable Level of Return ... 21
5.3.1 Social investment ... 22
5.3.2 Return on social investment ... 23
6 Discussion ... 24
6.1 Typology of Success Factors ... 24
6.1.1 Consistent national LTC policy ... 25
6.1.2 Adequate supply and availability of services ... 25
6.1.3 Personalized approach ... 27
6.2 Acceptable Level of Social Impact Return ... 27
7 Conclusion ... 30
8 References ... 32
9 Annex 1: Respondent by Country ... 32
10 Annex 2: Critical Success Factor (CSF) Approach ... 38
Acknowledgements ... 39

Acronyms and Abbreviations

CSF	Critical Success Factor(s)
EC	European Commission
EU	European Union
LTC	Long-term Care
SI	Social Investment
SROI	Social Return on Investment
WP	Work Package

1 Introduction

This report explores factors characterising successful investment in long-term care (LTC) through analysis of data from focus groups and interviews involving key stakeholders in eight European countries. It also draws on earlier research by Ghibelli *et al.* (2017) and Greve (2017a) for the SPRINT project. This report accompanies SPRINT reports focusing on *Principles for Sustainable Resourcing of Long-term Care*: criteria for investment in LTC are identified and elaborated in Greve *et al*. (2018) and the application of SROI analysis in assessing impacts of LTC policies is discussed by Richards (2018).

The SPRINT project initially envisaged that workshops would be organised "to present and test the results of the analysis of 'success stories'" identified by Ghibelli *et al*. (2017). However, perceptions of successful LTC were still not immediately evident among various stakeholders in different EU countries at this stage of the project. Therefore it was decided by the project partners to organise focus groups with researchers, academics, care providers, financial sector representatives and elderly people themselves in order to derive success factors from the stakeholders themselves more clearly.

The report presents analysis of perceptions of "success" in LTC for older people on national, institutional and individual levels; key LTC stakeholders' evaluations of the national LTC systems; and well as analysis of "success stories" in the countries. The report proposes a typology of factors to support decision-makers in assessment of social and economic outcomes of investments in long-term care and provides an initial discussion on the level of social impact above which the associated benefits of long-term care schemes seem to have a return that is broadly acceptable for social investors.

Success factors in this study refer to enablers rather than indicators of success (as perceived by the stakeholders): the paper summarises insights by the stakeholders on factors that are important for success of LTC for older people.

The report also contributes to discussions about the application of the social investment approach to LTC, presenting stakeholders' perceptions of social investment and its relevance to LTC.

2 Aims and Objectives

The main research question that is addressed in this report is: *what are the main types of success factors of investing in long-term care?*

In order to propose a typology of the factors allowing decision makers to assess ex ante the targeted social and economic outcomes of an investment in long-term care, a series of workshops was organised with the key LTC stakeholders in eight European countries in order to:

- Find out how key stakeholders evaluate current LTC systems in their countries;
- Analyse perceptions of LTC stakeholders of "success" and "success stories" in long-term care;
- Identify perceived success factors in LTC;
- Analyse stakeholders' understanding of social investment and its relevance to LTC for older people; and
- Discuss acceptable levels of return on social investment in LTC for older people.

3 Methods

This report builds on research carried out by Ghibelli *et al.* (2017) and Greve (2017a), as part of the SPRINT study, on the role of the public and private actors in delivering and resourcing long-term care services; provides an overview of the use in academic literature and the SPRINT study of the concept of social investment; draws on the current literature on success factors and specifically on success factors in long-term care provision; and reports analyses of the focus groups and interviews across eight SPRINT partner countries.

Comparative content analysis[1] of qualitative data from the focus groups and interviews was performed in order to find out if there are common challenges, similarities or differences in perceptions of stakeholders about LTC for older people, and knowledge of social investment concepts among European countries. In the discussions with stakeholders, special attention was paid to the acceptable level of return on social investment in LTC.

3.1 Review of the Evidence

One of the objectives of deliverable 4.3 is to explore factors enabling successful social investment in long-term care (LTC) for older people. For this reason, challenges in defining SI, particularly in relation to LTC, need to be discussed here.

[1] Content analysis is a method used to analyse newly collected qualitative data and to classify open-ended responses to an interview or survey questions. Content refers to the interpretation of the meaning of the provided information by the survey respondents.

The latest discussions on welfare state transformations emphasize the paradigm of social investment (SI) with increasing frequency (Esping-Andersen 2002, Hemerijck 2012, 2015, Morel *et al.* 2012, Nicaise and Shepers 2013, Leoni 2016). A social investment approach to welfare state policies shifts emphasis from social expenditure as a cost factor in the economies to an opposite viewpoint – treatment of social expenditure as an investment potentially leading to more equal and inclusive societies. Social investment as a social policy paradigm focuses on the welfare state not only as a burden, but as an investment in the future enabling individuals to enhance their capabilities. However, there is no clear agreement on a single definition of social investment in academic or policy debates.

Social investment as a welfare policy approach has received attention not only from academics but also from the International Labour Office and European institutions. The European Commission (2013) defines social investment as being

> about investing in people. It means policies designed to strengthen people's skills and capacities and support them to participate fully in employment and social life. Key policy areas include education, quality childcare, healthcare, training, job-search assistance and rehabilitation[2].

However, it remains unclear what social investment means in relation to long-term care for older people or even broader policies related to ageing of societies, with no consensus in academic debates (Kvist 2015), ILO or EU documentation and policy papers. The EU SI package on rehabilitation mentions only that rehabilitation used properly at an early stage has proved to be cost-effective in LTC and highly beneficial for patients. For the purposes of this report the definition by Lopes (2017) of SI in the context of LTC will be used:

> … welfare expenditure and policies that generate equitable access to care to meet the needs of ageing populations, improve quality of care and quality of life, increase capacities to participate in society and the economy, and promote sustainable and efficient resource allocation.

As discussed in greater detail in Ghibelli *et al*. (2017), it could be argued that successful social investment requires (i) the identification of opportunities for change leading to cost-effective improvements in outcomes across society as a whole and (ii) the design of mechanisms which enable such opportunities to be realised, for instance by aligning the incentives of the different actors involved in the care system with the direction of the desired change, and then overcoming the barriers to change. The framework presented in this deliverable enables further study of the way in which opportunities for social investment could arise in the LTC sector, and consideration of the design of appropriate incentives reflecting the nature of the interaction between LTC actors.

[2] http://ec.europa.eu/social/main.jsp?catId=1044.

3.2 Design of the Study and Data

The design of the discussion guide was developed in consultation with expert partners in SPRINT and based on extensive review of literature on LTC for older people and consultations within the SPRINT project[3]. The questionnaire was structured to explore:

Objective	**Discussion with key stakeholders**
Evaluation of current LTC for the elderly	• How LTC is evaluated • Challenges and opportunities in implementing LTC policies • Decision-making in LTC for older people (at national, institutional and individual levels)
Identification of success factors for LTC and development of typology of factors	• How success of LTC is perceived by key stakeholders (on national, institutional and individual levels): what are desired outcomes of LTC • How success is categorised and evaluated by key stakeholders in long-term care provision • The value attached to different success factors
Perception of social investment	• How key stakeholders understand SI • Social investment in the LTC landscape
Level of social impact and returns acceptable for social investors	• Success criteria for social investment in LTC • Assessment of benefits and performance of social investment • Potential social investors and their incentives

Eight countries within the SPRINT study were identified, representing different welfare traditions in the classical social policy analysis approach, different care scheme types[4] and different approaches to LTC delivery[5] (Table 1) to carry out focus groups with key stakeholders. Despite belonging to very different welfare models and showing different approaches to resourcing LTC delivery, all eight countries face demographic and budgetary challenges in relation to the

[3] After review of the literature the first version of the discussion guide was drafted and shared for comments among the project partners. The revised discussion guide was then tested with several pilot interviews in some of the surveyed countries in order to refine and adapt it to individual country contexts, and get a sense of how the discussions will go.
[4] As identified by European Commission (2016). p. 173.
[5] As set out in Greve (2017a) on resourcing LTC from state, market and civil society in delivering care for the elderly.

sustainability and development of their respective LTC systems. Where a focus group was difficult to organise, individual interviews were carried out.

Table 1: Countries included in the study according to welfare tradition, care scheme type and LTC delivery type

<table>
<tr><th>Country</th><th>Welfare tradition in classic social policy analysis</th><th>LTC scheme type by EC (EC, 2016)</th><th>Resourcing of LTC by SPRINT (Greve, 2017a)</th></tr>
<tr><td>Denmark</td><td rowspan="2">Nordic countries</td><td>Formal care oriented, generous, accessible and affordable</td><td rowspan="2">Primarily state</td></tr>
<tr><td>Finland</td><td rowspan="2">Formal care of medium to low accessibility; medium informal care orientation</td></tr>
<tr><td>UK</td><td>Liberal tradition</td><td>Market and civil society</td></tr>
<tr><td>Belgium</td><td>Continental Europe</td><td>Medium accessibility; some informal care orientation</td><td>State and market</td></tr>
<tr><td>Portugal</td><td>Southern Europe</td><td rowspan="3">Low formal care accessibility; strong informal care orientation</td><td rowspan="4">Primarily civil society</td></tr>
<tr><td>Poland</td><td rowspan="3">Eastern Europe</td></tr>
<tr><td>Hungary</td></tr>
<tr><td>Lithuania</td><td>Low formal care; almost exclusive informal care orientation</td></tr>
</table>

Combining results from focus groups and individual interviews can be justified by several arguments. The same semi-structured discussion guide was used in both cases and the same principles were used to select the respondents in both cases: only those with experience or expertise in at least one aspect of LTC (such as policymaking, commissioning, delivering, using and/or researching long-term care services) were invited to participate in the study. Potential respondents were chosen based on purposive sampling.[6] Each country partner within the SPRINT

[6] Purposive sampling (also known as judgment, selective or subjective sampling) is a sampling technique in which a researcher relies on his or her own judgment when choosing members of population to participate in the study (http://research-methodology.net/sampling-in-primary-data-collection/purposive-sampling/#_ftn1 – assessed March 2nd, 2018).

project identified individuals for the focus groups or interviews based on their experience or expertise within LTC (either key individuals in senior positions within LTC decision-making, policy implementation, administration, service provision, or policy analysis, or service recipients). Each partner identified 10-15 people.

3.2.1 Study administration

There were 62 respondents in total involved in the study (table 2) between February and June 2017. All selected respondents were contacted in advance, provided with information on the study and asked to sign a consent form if they were happy to take part in a focus group or an interview. All the focus groups and interviews were performed in national languages and most of them were audio recorded.[7] SPRINT project partners organised the focus groups and/or interviews in their own country and produced summaries of the discussions and interviews in English.

Table 2: Stakeholders involved in focus groups and interviews

Stakeholder type	**Country**							
	Belgium	Denmark	England	Finland	Hungary	Lithuania	Poland	Portugal
Decision-maker (central government)			1	1		4		
Decision-maker (local government)			1	4		2		
Regulator	1		1			2	1	
Provider	4	1	1		2	1	1	3
Academic	2	3		1			2	1
Think tank	1		1					
Advocacy organisation	4	4			1		3	1
Carer			1			1	2	1
Service user						2		
Total	**12**	**8**	**6**	**6**	**3**	**12**	**9**	**6**

[7] With sole exception of the interviews in Hungary, where the respondents did not consent to it. Here the interviewer wrote down transcripts of the interviews which were submitted to the participants for comments and confirmation of the information recorded. One of the participants provided additional information; the other two did not alter the original version.

3.2.2 Analysis

The collected qualitative data was analysed using comparative content analysis and critical success factor (CSF) approaches.

Comparative content analysis of the qualitative data from the interviews was organised according to different topics surveyed in the discussion guide. Answers by the respondents to different questions within particular topics of the survey were analysed, noting attributes and categories used and word/phrase frequencies, then summarising and comparing them.

The CSF technique used in the analysis aids decision makers in LTC to identify, specify and sort the most relevant factors affect the success of LTC. This methodology also enables understanding of stakeholders' perceptions of success, gathering information to move from generic CSFs into the specific CSFs necessary for strategic decision-making, at the same time achieving support from the stakeholders in policy formulation and implementation (see Annex for further information).

The stakeholders/participants of the study were asked not only to identify success stories but also to clarify what they considered as necessary factors (enablers) to achieve success (as they perceive it) in LTC on various levels.

3.3 Limitations

The size and scope of the SPRINT study made it difficult to carry out a large number of focus group and individual interviews with key stakeholders within each partner country. However, it can be argued that representatives of most of the stakeholders were present in the study. Representatives of informal carers were only included in the focus group in Denmark. As LTC for older people in several countries participating in the study (Hungary, Lithuania, Poland and Portugal) is mostly provided by informal carers, this could be seen as a potential limitation in the research. However, several participants who took part in the focus groups or individual interviews declared that they were informal carers for older members in their families themselves (although they were invited as different LTC stakeholders) in the relevant countries. It can be argued, therefore, that all the stakeholder groups were represented in the survey.

As with all research methods, focus groups and individual interviews have limitations (Smithson, 2000). Several issues such as trustworthiness and credibility of findings as well as transparency of the research process and openness to critical thinking pose challenges in qualitative research.[8] As in other qualitative methods, focus groups and individual interviews require an awareness of the

[8] One of the disadvantages of focus group and individual interviews is moderator bias. The moderator's personal biases (intentional or inadvertent) might impact the outcomes of a discussion (group or individual) and result in inaccurate results. There is also possibility that participants might not disclose their true and honest opinions publicly and that one or two focus group participants might dominate the discussion and influence the outcomes of the discussion. There is possibility that non-normative or conflicting views might not be "heard" by a moderator. Thus, the role of the moderator is critical in handling the discussions.

contexts and an acknowledgement of the things that are left unsaid (Smithson, 2000). The moderators of the discussions (project partners or hired professional moderators) were asked to stay as objective and impartial as possible in the discussions and ensure that every voice was heard in order to mitigate these risks. The analysis and interpretation of the data was performed and re-confirmed several times and consensus reached by the project partner peer reviews during the research process.

All the data was systematically grouped into specific topics. Alternative explanations of the results were ruled out by peer reviews and additional consultations with the project colleagues – experts responsible for the study in their respective countries.

Translations of the summaries of the discussions and interviews into English were organised by the project partners coordinating the study in their countries. There is therefore the possibility of some information being lost or misinterpreted. In order to mitigate such risks, the final analysis of the study results was re-submitted to the project partners for them to check the interpretations, insights and conclusions.

4 Success and Success Factors in Long-Term Care

To contextualise the findings it is important to understand the current evidence on perception of success of LTC and on success factors, specifically success factors in LTC.

4.1 Success and Success Factors

Success means different things to different people. Without a common vision of success, proposing common denominators for its measurement could be meaningless. The success of an organisation might be measured by its achievements in terms that could be financial (return on investment, return on sales or net present value), technical (quality) or marketing (market share) (Freeman and Beale 1992). For its proponents a policy is successful if it achieves the goals that its proponents set out to achieve (McConnell 2010).

Success factors and success criteria are distinguished as being different in, for example, management literature: one is the enabler (success factor) and the other is the result and outcome (success criteria) (Basu 2013). For the purposes of this paper, success factors are causes or enablers of success of LTC for the elderly (as pre-conditions that are important to have successful LTC), while success criteria are identified and discussed in Greve *et al*. 2018.

4.2 The LTC Context

In Europe LTC for older people can be provided formally, informally and as a mixed form of LTC services supported by cash-benefits (Ghibelli *et al.* 2017, Greve 2017). There is variation in types of LTC provision: formal care provided at home or in an institution (residential care); informal care provided by relatives, friends, volunteers or acquaintances; cash benefits for care providers or for care users; innovative care services as telecare and telehealth, internet, smart homes, co-housing, active ageing, etc. (Ghibelli *et al.* 2017).

Such variance in the models, types, and mix of private-public providers makes it difficult to determine common recommendations for LTC policy developments in Europe. Even within one country, success of a policy implementation or an organisation can be perceived very differently by relevant stakeholders. Furthermore, recent changes in provision of LTC might also affect stakeholders' perceptions of success. Broader discussion on the value that different groups of stakeholders' attribute to similar outcomes is provided in Richards (2018).

Although some countries have strong national arguments in favour of their models of LTC provision, and expectations, economic and social capacities, and cultural settings differ, there was general consistency in the identified desired LTC outcomes by the stakeholders within Greve *et al*. (2018). However, expectations towards their realisation differ as to their speed and extent.

This complexity makes it difficult to identify and evaluate success factors in LTC provision. We are not aware of research on success factors that would inform choice of appropriate policy measures and tools leading to successful LTC in a country. However, perceptions about success of LTC for older people by different stakeholders in countries representing different welfare models and approaches to resourcing of LTC might provide useful reference points for further analysis of success factors for policymakers. Furthermore, identifying attributes that are attached by different stakeholders to successful LTC, allows us to further analyse which goals of the policy should be given priority.

This report does not intend to suggest a single meaning of success in LTC for older people. Rather it aims at finding out what is perceived as success on different levels by the key stakeholders in various countries. The need for more than a single measure of performance is discussed by Richards (2018).

5 Results of the Survey

The findings are summarised by views expressed, focusing on LTC and relevant success factors and the acceptable level of return from investment in LTC.

5.1 Evaluation of Current Provision

In order to understand what success looks like to key stakeholders it is useful to understand how they perceive their current LTC provision. We asked participants to evaluate long-term care for older people in their country.

Stakeholders from the countries representing state and state/market care oriented provision (Denmark, Finland and Belgium) were more positive about the current situation and appreciated the accessibility, generosity and universality of their systems. This is not surprising when GDP expenditure on LTC in Denmark, Finland and Belgium is compared with expenditure on LTC in the other countries included in this survey (see Greve 2017; 12). Respondents in Denmark and Finland emphasized underlying principles of professional and preventative home care that is available in both countries and the individualised approach to care for the elderly as being positive. The shift from institutional care towards home care services is also seen as positive, although there are still many areas for development (such as a need for extension of home care services) in both countries.

Existing and upcoming challenges for LTC systems in various countries involve the introduction or strengthening of market elements while seeking to meet the needs for care and ensure quality of LTC for older people. In spite of the level of marketisation within LTC, the majority of stakeholders in all countries expressed views that a business-oriented approach in LTC service delivery is inappropriate. Furthermore, it was suggested that profit-seeking goals by private service providers often lead either to a decrease in service quality or to these providers exiting the market due to low profit margins. Thus applying market economics to LTC is perceived as not being the right approach in LTC by the participants.

Stakeholders from England (market and civil society reliance in LTC delivery) evaluated their LTC system as mediocre and patchy with variable quality. They indicated that huge variability in LTC service quality across England undermines public confidence in those services, which calls for a change in the public service model.

Stakeholders representing countries with LTC delivery reliance on civil society (Hungary, Poland and Lithuania) indicated that, in addition to common demographic and financial challenges, LTC systems were facing transformational challenges. They emphasised significant progress made over the last twenty years. When asked to evaluate the system, participants, especially those who had worked for longer in the system, suggested that this would depend on what their system is being compared to. Comparing with the systems in some Western European countries, there are still significant differences and the systems in their own countries might look very underdeveloped. On the other hand, many respondents indicated that (in the expression of one participant) the situation is “normal”, reflecting the economic and social development of the country. The institutions of LTC for older people during the socialist era were considered as traumatising in these countries, a last resort for those with no other alternatives. The progress that has been made was mentioned several times as a big achievement within these countries. Transformations

of LTC systems in these countries are further challenged by inappropriate and very unevenly distributed infrastructure for LTC services, shortage of staff and limited resources. Stakeholders from these countries evaluated their LTC systems as (quoting participants) “incoherent” (the residents in LTC institutions are financed from various sources), “inefficient”, “under-funded financially” and “far from being sufficient”. The infrastructure is a mixture of old, out-dated and modern institutions. Talking about responsibilities for care at older age, most of the respondents in Hungary, Lithuania, Poland and Portugal noted the prevailing belief that primary responsibility rests with the family of an older person: “LTC institutions for older persons are still very slowly received by the society as something positive, there is still perception that four generations shall live together under one roof and that children shall take care of their older parents”.

Participants in all countries emphasised that LTC for older people had been improving during the last decade or so. On the other hand, demand for care was rapidly and continuously increasing. A number of challenges and opportunities were identified, and are discussed below.

5.1.1 Personal use of LTC services

We also asked participants whether they would be happy with their current LTC system if they needed care, in order to understand further whether they felt current LTC provision was acceptable.

Participants in all the countries noted that the quality of services varied greatly across service providers in the market (including public and private providers) and the degree of their satisfaction with services would depend on the individual service provider. They would be happy with high-quality services provided preferably in a home-like setting (Eastern European representatives mentioned this also). A wider range of care options to choose from is desirable for participants in their old age.

Many of the participants from countries with mostly informal care provision (Hungary, Lithuania, Poland and Portugal) expressed the desirability of ageing at home and getting help needed at home in a friendly environment both materially and emotionally. Participants from these countries stated that they would not feel entirely happy about the prospects of getting LTC if they were needing it now. While there was recognition that there were good services available, it was felt that there was room for improvement and they would prefer more adaptation to individual’s preferences. A prospect of a compulsory stay in a nursing home is not desirable for most currently able and active people. On the other hand, participants representing different generations provided different perceptions about responsibilities for older people (according to some discussion summaries): younger respondents indicated that they did not expect to be cared for by their own children, feeling that children should live their own lives instead of taking care of elderly parents. The ideal old age for younger respondents would be: “to live in a specialised residence where most of the residents would be of the same age, even friends”. When institutional care had to be considered, most participants would choose a small, friendly and homely institution with comfortable environment and medical supervision.

Participants from all the countries believed that preventive measures, appropriate behaviours, activities, decisions taken earlier[9] will significantly delay the need to use long-term care services.

5.1.2 Decision-making

There are a variety of approaches to decision-making in LTC among the participant countries. General policy decisions about LTC are made by central governments but often (in the opinion of stakeholders) without consulting sufficiently with different stakeholders (with the exception of Belgium, Denmark and Finland). Most of the Hungarian, Lithuanian, Polish and Portuguese stakeholders indicated that LTC-related decisions on the national level are "inefficient and not well coordinated". Fragmented provision of care often leads to a situation when it is difficult to ensure policy implementation on various levels. On the other hand, professional decisions are constrained by financial problems in these countries.

Municipalities are the main decision makers and providers of LTC services in all the countries. The Danish and Finnish welfare states ensure that older people have a voice in the delivery of long-term care through councils in the municipalities. However, Hungarian, Lithuanian, Polish and Portuguese older people are not involved as stakeholders in decision-making at the municipal level.

In making a decision about a particular LTC service for an individual, a collegial decision by a health or social care professional, family, and the older person is made in those countries with reliance on informal provision. However, most participants indicated that although older people do have some say over their services, their freedom of choice is relatively limited. Sometimes this is due to a situation when a municipality does not provide certain services, sometimes because of a lack of information on all the available options of care and finance.

The stakeholders agree that older people themselves should be given more voice in the choice of their own services. Participants thought that enlarged freedom of choice would increase the degree to which the service system responded to the needs of the service users. It was also mentioned that freedom of choice might also increase the quality of LTC services through more intense quality competition. It was however mentioned that crucial for the success of freedom of choice was the development of support and information systems for service users (in particular for people with dementia).

5.1.3 Challenges

The participants were in agreement that the *demographic situation* in all the surveyed countries indicates that numbers of older people are increasing rapidly and present LTC systems are already facing difficulties in meeting demand for the services.

[9] It was not clarified by whom earlier decisions should be taken in all the cases. However, there is a feeling that participants had in mind state support.

People live longer and health care services are better at dealing with certain age-related diseases. However, finding the resources to increasing numbers of people with dementia, cancer and other long-term diseases was seen by some respondents as a threat to the share of resources available to LTC.

It was mentioned by majority of the stakeholders as undesirable situation that there are differences in the availability and quality of the services between municipalities in all the countries. The respondents identified that a “one manager” approach is crucial, that LTC services often are sector-specific[10] and that more focus is needed on the service quality and not just on finances and the structure of market.

All the participants identified major problems concerning the care workforce, which is regarded as undervalued and poorly paid. There is a shortage of care staff and other professionals. Recruitment and retention of good quality staff is a significant problem in all the countries. This is particularly so in countries such as Hungary, Lithuania, Poland and Portugal, from where qualified care staff emigrate to countries offering higher salaries.

All the participants agreed that funding of the system in general is inadequate. Concern was expressed by the stakeholders that the divide between those entitled to a public care and self-funders is deepening; this was emphasised everywhere with exception of Denmark and Finland.

In countries with an informal care approach there is a serious risk of many older people being “left behind” by their children or relatives because of *migration and emigration*. Insufficient *availability of carers* (informal as well as formal) is a serious challenge for the LTC sector. Formal care providers are underpaid in most of the participant countries (with exception of Denmark and Finland). A job as a social care provider or a nurse is becoming less and less attractive in many countries.

Inadequate *old age pensions* present risks for proper development of LTC in some of the countries. Without additional co-payments from family members or municipalities, older people can very rarely afford any support in older age – be it services at home or public institutional care.

Loneliness and social isolation is an issue in all the participant countries. This is partially due to the fact that people are enabled to stay in their own home for much longer than before, yet do not receive help to maintain or establish a social network. Indeed, a critique of the Danish system was that it (as put by one participant) “rehabilitates to loneliness”, and, as noted by another participant, considering the health risks of loneliness, it is regrettable that the current system is failing to support the social network of lonely elders to a sufficient degree – support is all too often left to volunteers.

Current *problems with the public sector* in general were also mentioned as challenges for LTC in some countries, such as Poland, Hungary and Lithuania. Issues such as lack of efficiency and

[10] Very similar services provided by health and social care sectors might be of very different quality, level and financing. For example, in Lithuania care services in health care institutions are often financed more generously than very similar services provided in a social care institution.

transparency, together with the need of better governance and higher remuneration were reported.

5.1.4 Opportunities

A number of opportunities were mentioned for development of LTC.

Inclusion of technologies in the care services is seen as being under exploited and there are opportunities to use more/better digital services, automation, telecare, telemedicine or remote care and robots. Some of these were perceived as potential partial solutions to current shortages of LTC carers.

Giving *more emphasis on provision of home care* was seen as an opportunity for LTC. Relating to this, different solutions related to housing of older people could be provided. This could include both financing solutions such as reverse mortgage for example, as well as solutions for combining accommodation and services such as communal buildings for older people. It was suggested that people could try to find solutions to their possible future needs as they age before being in the situation where they need the LTC support. Some type of communally organised care could be provided in communal buildings or other communal groups.

Knowledge development and education of caregivers was highlighted by the participants: it is not only "classical" training that is needed but also in using welfare technologies (which even when available can be useless if caregivers are not familiar with them).

Formal recognition for informal carers and their training needs is also seen as potential partial solution to the shortage of formal LTC services in some countries. (This is further explored in SPRINT project task 4.4.) If family members taking care of their older relatives could be recognised formally as carers and rewarded financially, this could address part of the demand for formal care.

Demand for formal and informal care could be dealt with more efficiently if *day care centres* are organised on a wider scale in some countries, according to many study participants. This would enable older people to stay in their homes as long as possible and at the same time allow their relatives to have paid work. This care option might also be a *preventive measure against loneliness* as the residents find new communities and enjoy therapeutic activities – "sing, exercise, learn new things, cook, eat meals together, discuss, spend time together".

It was also suggested that the *development of more private or non-governmental LTC institutions* and better cooperation with them might help meet increasing demand for services.

5.2 Success Stories

We asked the participants to identify "success stories" within their countries as a way to start the identification of the success factors. The questions were not limited in scope: some participants mentioned success stories in terms of national system features, some provided examples of

successful policy implementation on an institutional level, while other respondents saw success from an individual person's point of view.

When discussing national level success stories, participants in Denmark and Finland generally emphasised *professional, preventative*, *interdisciplinary* and *holistic* national policy approaches to long-term care. Providing examples of success stories at national or regional level, Danish stakeholders mentioned the strength of the extensive LTC stakeholder network in Denmark.

Box 1: Danish success story

There are several organisations governmental, non-governmental, local and national levels that are highly interconnected and embedded in the provision and development of the long-term care system. The digitalisation of public bureaucracy was mentioned as a success story on the national level. In the transition to digitalisation, the government established cooperation with large interest groups of older people, which resulted in the government allowing some elders to opt-out of using digitalisation. In return, the interest groups took on the task of education and involvement of many older people digitalisation. This resulted in successful integration of LTC recipients in the digitalisation of the public bureaucracy that otherwise could have entailed many organisational problems.

Polish participants talked of success on the national level through the market launch of the product called "nursing home care".[11] The efforts to draft the Act on assistance to dependent people in Poland was viewed as a success. A workgroup created a huge coalition comprising 500 various communities interested in solutions for dependent people. There is good evidence [as per opinion of Polish stakeholders] that "there is huge social capital" that can be used – if the other party, the decision maker, "is open to co-operation, deliberation, wants to take advice and wants to be supported by such communities". Thus again, *interconnectedness* of different stakeholders is seen as a precondition for a success.

"*Integrated care services"* constitute a national success story according to most LTC stakeholders. Coordination and cooperation among different institutions, especially when responsibility for LTC provision is divided between health and social care, is crucial for success.

A number of stakeholders indicated that a strategic approach ("political responsibility and integrity") was needed in order to secure the success of LTC systems. Some of the decisions that have to be made in order to have a well-functioning LTC system "might not be attractive to the electorate in the short term" (involving investment in LTC for older people rather than, for example, infrastructure for sports, leisure, etc.) but contribute to the long-term success of the system.

The participants agreed that LTC for older people should involve more than just practical care focusing not only on practical and measurable tasks; provision "including a broader array of

[11] Financed by the Ministry of Health (the National Health Fund to be more specific).

emotional, social and practical help can also be regarded as a success". As an example provided in Denmark, this type of care would not only be concerned with "rehabilitating the right arm of an older person in order for them to vacuum again", but would also have greater ambitions of giving older people a worthwhile and meaningful everyday life that also includes activities and social relationships.

Various examples of institutional success stories were provided. A civil housing project established to organise mutual care among older people in a collective fashion was identified in Denmark. This followed the general consensus of the focus group that stressed the importance of older people having sufficient social activities in their everyday life. Portuguese respondents mentioned the work of an NGO helping older people and their families to adapt the dependant person's house to suit their limitations and specific needs, thus delaying institutionalisation. Portuguese respondents also saw as a success the work of another institution (*S*anta Casa da Misericórdia do Porto), which defines a personal/individual care plan for each user of services with the aim of tailoring services to the needs and preferences of individuals.

Lithuanian respondents provided examples of *specialised housing* for older people as institutional success stories (a house for older priests and one for ex-deportees and those who had been political prisoners during Soviet occupation). There are many institutions in Lithuania, public and private, which have good and modern infrastructure but they were not considered to be success stories by the respondents. Those mentioned were named as success stories because of the similar values and life experiences shared by the residents of an institution and a very special "spirit of unity and understanding" among the residents and the employees.

Analysing examples of perceived success stories on the individual level, one common topic that arose across the stakeholders was strengthening of physical, psychological, social and cognitive abilities to enhance the capabilities of older people. This includes reablement to live at home. Activity during daily life was also seen as an aspect of healthy ageing and thereby indirectly also as a feature of a good long-term care system, if it could delay further reduction in functional abilities. Stakeholders tended to agree that a success story on the individual level is a situation when a person wanting to stay at home is able to receive help and services at home instead of being moved to an institution.

5.3 Acceptable Level of Return

We asked participants in the focus groups and interviews about social investment (SI) and social return on investment (SROI) to determine the level of social impact above which the associated benefits of LTC schemes seem to have a return that is acceptable for social investors.

5.3.1 Social investment

We asked our participants what they knew of the concept of social investment to gauge how far the concept was known.

Only participants from academia felt comfortable and familiar with the concept of social investment. Other LTC stakeholders only commented on the concept after some clarifications from moderators or interviewers. Discussions showed that there is no strong perception or knowledge of the concept as such. However, later discussions confirmed that even without knowledge of the concept, the phenomenon of social investment is familiar to most of the stakeholders and was quite easily related to LTC for older people. In general, the essential feature of social investment according to the participants is “the creation of value”, while some concluded that “anything that ensures peaceful social development” is a social investment.

Different associations and examples of social investment were provided in the discussions. SI was described in terms of how spending in different parts of the LTC sector could improve quality of life and promote healthy ageing and also its impact for relatives, friends and voluntary groups. Some individuals were focused on the importance of public investment in helping older people to establish and maintain a social network, social engagement and social relationships. Investments in people and communities (for example, good quality training programs for LTC employees and informal carers or care provision at home and in institutions for the elderly), education and voluntary work, digitalisation (aiming to get different generations together) were provided as general examples of SI. An investment in a “set of social outcomes”, “asset based approaches”, social enterprise initiatives, adding social value, community based approaches involving wide network of stakeholders, “promotion of wellbeing across the life course”, prevention and enhancing people’s lives, “a social good”, “building something mutually supportive in a community” – all these examples were provided in relation to SI. Others connected the term to a “larger degree of involvement of individual older people in their rehabilitation and care”.

Very often the concept of SI was connected with improvement of LTC quality. However, several discussions on quality indicated that there is difficulty in coming up with a detailed and objective definition of what quality is in LTC. Participants associated an increase in LTC quality with “dignity”, “respect for people’s preferences”, “happiness”, and “participation in decisions”. Some of the participants suggested the focus should be “quality of services” instead of “quality of LTC in general”.

Although there was a general positive attitude towards SI, some participants voiced concerns about the fact that ideas of SI may rely too heavily on rehabilitation and “repair solutions” rather than preventative measures.

After discussing examples of SI, most participants agreed that SI is appropriate to ageing of society and LTC for older people in particular. State and local governments, not-for-profit organisations, churches, insurance companies, older people and private investors were mentioned as potential social investors.

5.3.2 Return on social investment

The participants of the study identified as desired or acceptable outcomes of LTC schemes situations when older people are enabled to live in good health and with fulfilment including social contact. Their relatives should be able to maintain their own social life, and be able to share caring responsibilities for the older members of their families with care providers. When asked further about measurement of SI, the participants agreed that the return of SI can be measured. However, financial return should be not the only criterion for measuring the success of an investment. It was suggested that success of the investments can be measured by their effectiveness. This could be assessed in terms of improved functional capacity or as improved quality of independent living at home with or without care. The Danish focus group mentioned that cost-effectiveness could also be assessed in terms of freeing informal carers to participate in the labour market and pay taxes instead of taking care of older relatives at home. Such insights by the surveyed stakeholders are in line with the attempts of the project to suggest an aggregated SROI approach in assessing impacts of social investment (see Richards 2018).

“Quality of life” and “quality effects” in general were mentioned as very important returns on successful social investments. However, assessment of improvement in life quality is still a challenging exercise, as the stakeholders indicated.

Investments in prevention and health promotion were noted as likely to reduce the level of LTC support required. The impact of such investments could be measured through analysis of costs and benefits: the number people enjoying assistance, in what phase; expenditures on LTC; and also investments in health promotion, prophylaxis and prevention.

Different potential social investors could be aiming for very different returns on the investment, as discussed by Richards (2018), where various ratios of SI are discussed. Public institutions (state or local governments) might aim for monetary and social benefits from social investments if investments improve employment, increase length of life, reduce cognitive problems among older people, and postpone expensive use of services.

Society could benefit from SI in the form of “peaceful social development”, “improved quality of living environments and better wellbeing for the older persons”.

The participants emphasised that the private sector should receive (at least some) monetary return for their investment. Furthermore, to try to stimulate SI by the private sector, a state could provide incentives, for example, tax breaks. The stability of legal background would also add to certainty for private investors considering making a social investment.

An insight was provided about the return on the investment in the form of “relations between generations”. An investment of time and resources into children does not mean that children are “obliged to pay back the investment”. SI in LTC would allow family members of the older people in care to better balance family responsibilities and paid work, as was mentioned in two of the focus groups.

Interviewees thought that quantitative outcomes of LTC, such as the “use and reduced use of the services”, “savings” and “employment effects”, could be measured using information from the

existing administrative registers. Qualitative outcomes, such as "quality of life", "capacity to function", "service need", or "quality of the living environments", are also measurable but only by means of surveys and interviews.

To encourage SI, some participants suggested raising awareness about the concept of SI, as it is not well known even among LTC stakeholders. It was thought that additional information and knowledge of the concept would lead to more social investments.

6 Discussion

As the analysis of the perceived success stories on national, institutional and individual levels revealed, the participants define success of LTC very similarly in spite of very distinct LTC traditions and resourcing. When discussing enablers of perceived success stories, there are common factors emphasised as critical for LTC success by most of the stakeholders in the study.

6.1 Typology of Success Factors

The findings summarised above indicate that "success" of LTC for older people is related to the following "attributes" on different levels:

- *National level* – "holistic", "professional", "integrated", "preventative", "interdisciplinary" approach to LTC for older people enabling accessible and equitable care; interconnectedness of institutions/stakeholders within LTC is seen a prerequisite of success on this level;
- *Institutional level* – "personalised approach" is perceived as a success (it was suggested services should be orientated towards a "person" rather a "client");
- *Individual level* – "prevention", "enhancing and rehabilitation of physical, psychological, social and cognitive abilities" of older people, enabling them to live at home as long as possible, are perceived as enablers of success.

Common factors were emphasised as critical for LTC success, which can grouped into three broad types (discussed in the following sections):

- consistent national LTC policy and adequate funding
- adequate supply and availability of services
- personalised approach.

6.1.1 Consistent national LTC policy

"Political integrity", "responsibility" and a "holistic approach" in a national policy for LTC for older people are crucial for the success of the system. Several aspects at a national policy level should be taken into account while making decisions on LTC principles and their implementation:

Clarity and consistency of legislation regulating LTC, especially when LTC is provided by several sectors in a country, are necessary for transparency of a long-term care system. Stability and predictability of a legal environment is especially relevant for countries implementing reforms and constantly transforming their LTC systems, such as Hungary[12], Lithuania and Poland. Frequent changes in the legal background are hard to follow and they "create uncertainty for current, potential and future clients". Instability of the legal environment also discourages potential investors.

Coordination between the health and social care sectors. Fragmented services organised by "different LTC institutions in different sectors", based on "many different laws" and "the data gathered in many different places" were indicated as an important obstacle to policy success in several countries.

Adequacy and clarity of LTC financing mechanism. Adequate public financing was mentioned most often as the factor ensuring *accessibility* of LTC services and *equity* for the care recipients. Clear legal responsibilities for care are important for the *transparency* of the system: "which duties rest with a public sector, which duties belong to a private sector, and which services are subject to specific financing". LTC funding is failing to keep up with the increasing costs of care and increasing demand in most of the surveyed countries.

Inadequate income in older age are also considered as a limiting factor for the successful development of a LTC system. This is especially relevant in countries with low old age pensions, such as Hungary, Lithuania, Poland and Portugal. Low salaries for employees within the LTC system are also a limiting factor. This is relevant in all countries, with the exception of Denmark and Finland.

Knowledge and research on societal trends, main challenges related to ageing and potential solutions of them. There was said to be a "lack of knowledge and research" in determining both what methods of long-term care are the most efficient, and how much long-term care will be needed in a country, a region or a municipality in the future, which leaves local administrations in difficulties when planning, for example "how many nursing homes are needed in the coming years".

6.1.2 Adequate supply and availability of services

The increasing demand for the LTC services raises further questions about how to increase their supply. The public sector faces challenges in providing the services by itself even in countries where the state has been the main provider of LTC to date.

[12] Legislation related to LTC was modified almost 200 times in Hungary during the last two decades.

Accessibility and equitable access to LTC services Participants from all the surveyed countries indicated that there are signs of marketisation within LTC for older people. In some countries there is private provision of additional or more expensive services alongside public care (as in Belgium, Denmark[13], Finland and the UK). However, in countries such as Hungary, Lithuania, Poland and Portugal private providers and non-governmental initiatives fill gaps in the public care system.

There was an agreement between the respondents that marketisation might cause *equity* problems. It is not possible to count on the private service providers to address the issues of long-term care, because they will solve certain problems but "only of people who are in quite a good financial position and health condition". Thus service market development should take into account *equity and accessibility* issues, according to the stakeholders. The equity principle in LTC delivery was indicated as very important for the success of the system. However, the "gap between the service recipients who are entitled to care and those who have to finance themselves is widening" (with the exception of Denmark and Finland where most of the care provided by the state).

Institutional coordination ("one centre" approach). The importance of "organisational interconnectedness" and "interdisciplinary care" was stressed by most of the respondents. An example from Danish focus group was a case of the municipality of Silkeborg, where a hospital and a municipal long-term care provider "were connected in a fashion that ensured a smooth and proper transition and rehabilitation from a hospital bed to the nursing home/home care". Another example of successful "organisational interconnectedness" in Denmark was provided about the municipality of Aarhus, where the municipal long-term care providers "concerned with preventative initiatives work side-by-side with the municipal volunteer coordinator to ensure proper and sufficient coordination between volunteering citizens and the needs of preventative care and activities". Avoidance of fragmentation, when different sectors and separate institutions are unable to see the wider picture, is crucial for success. Integration and interconnectedness of health and social care institutions14, public and private partnership initiatives, cooperation among large and small stakeholders, networking with local communities, inclusion of civic initiatives – all these examples were mentioned by the respondents as helping successful LTC.

Levelling up quality in services among and within municipalities. Avoidance of regional and institutional differences among municipalities is a principle to be applied if equitable access to LTC is one of the objectives of care for older people. There can be "different practices and service quality levels" depending on the organiser of the service even within the same country or even municipality. Different municipalities provide very different opportunities for older people to access certain types or a certain quality of service.

[13] The private market provides home care services funded by the public sector, under the free choice scheme. Additional private services are rarely used, mostly for cleaning.

[14] For example, in Lithuania and Hungary there is low accessibility of health care services in social care institutions: typically a GP will be present only for a few hours per week.

Proper remuneration for the sector employees. Low salaries for employees in the LTC sector are seen as an important obstacle to success.

6.1.3 Personalized approach

This is about establishing a person-centred culture and at the same time about institutional culture and leadership. Quality within long-term care is not always measurable (or very difficult to measure), as it lies not only in the care provided, but also in social relationships and interactions, as well as the feeling of worth and respect that the older people feel.

As the findings of the survey confirmed successful-LTC is "not just practical care"; LTC is considered as successful from an individual's perspective if an older person is approached as an individual instead of a "service recipient". Successful LTC requires a personalised and needs based approach where "diversity is taken into account when providing services". All respondents in the surveyed countries confirmed that the human factor is crucial for success.

Accessibility of information, guidance, communication and advice. An obstacle to implementation of LTC is a lack or inconsistency of information on available services for older people. Not all municipalities in surveyed countries provide complete lists of services available for older people. It is difficult for people to understand "which institutions are responsible for what", "where to apply for different support and services". Transparency and user-friendly information about services, how and whom to approach is needed. Success factors on an individual level include "proper and competent communication" by service providers to older people and their families about their rights and available services.

Professional and high quality care. Well educated and trained LTC employees were mentioned as a crucial success factor. Individual characteristics such as empathy were mentioned along with professional qualifications needed for delivering a high quality long-term care.

Availability of personalised care is also perceived as success on an individual level.

Focus on specific client groups. It was suggested by some participants that "a focus on specific client groups adds to the success of an LTC institution". "When residents share similar values, life experiences or interests", it is more likely that the institution is perceived as a successful.

6.2 Acceptable Level of Social Impact Return

Specifying the level of social impact above which the benefits of LTC schemes show a return that is acceptable for (broadly defined) social investors proved to be too challenging for the participants of the study. As mentioned, stakeholders did not come with a clear understanding of the concept of SI. Second, even if during further discussion most of the study participants agreed that the SI concept is relevant to LTC for older people, it was difficult for them to quantify and put a value on

potential SI. To move forward in this area additional study would be needed, involving representatives of potential social investors themselves in discussions.

However, analysis and interpretations of the data from the study, the literature, Greve *et al*. (2018) and Richards (2018), allows us to summarise the study results with initial attempts to discern an acceptable return of an investment in relation to the success factors identified by the stakeholders (Table 3). The return on social investment was often not implicit or easily quantified by the stakeholders. However, according to the participants, the difficulty in attaching explicit values does not mean its importance should be overlooked.

Table 3: Typology of success factors, social and economic outcomes and acceptable return on SI

Typology of factors	**Success factors** (per typology)	**Social outcome**	**Economic outcome**	**Acceptable return on SI**
Consistent national LTC policy	Clarity and consistency of legislative acts regulating LTC	Feeling of security in terms of rights and entitlements to LTC in society	Macroeconomic and administrative efficiency	Decreased social and financial risks
	Coordination between two sectors – health and social care	Improvement of quality and standards of care	Macroeconomic and administrative efficiency	Decreased social and financial risks
	Adequacy and clarity of LTC financing mechanism	Feeling of security in terms of rights and entitlements to LTC in society	Avoidance of double financing or underfinancing	Decreased social and financial risks
	Knowledge and research on societal trends, main challenges related to ageing and potential solutions to them		Budgetary planning in relation to LTC made on grounded assumptions	Meeting the demand for LTC services; decreased social and financial risks
Adequate supply and availability of services	Accessibility of LTC services	Number/percentage of frail persons receiving LTC services	Employment effects, particularly integration of informal carers in labour market	Meeting demand for LTC services, improvement in quality of life of older people and their informal carers
	Institutional	Clarity and	Macroeconomic and	Meeting demand for

	coordination ("one centre" approach)	transparency of the system	administrative efficiency	LTC services; decreased financial and administrative risks
	Levelling up quality in services among and within municipalities	Equity and transparency of the system		Quality of care, satisfaction with LTC services
	Proper remuneration for sector employees	Prestige of caring profession	Availability of carers	Quality of care, reduction of risks in relation to shortage of carers
Personalised approach	Accessibility of information, guidance, communication and advice	Increased quality of services	Administrative efficiency	Satisfaction with LTC services, quality of life
	Professional and high quality care	Improvement of physical, psychological and cognitive health and subjective wellbeing of elderly people and informal carers	Administrative efficiency	Satisfaction with LTC services, quality of life and wellbeing
	Availability of personalised care	Improvement of physical, psychological and cognitive health and subjective wellbeing of elderly people and informal carers		Satisfaction with LTC services, quality of life and wellbeing
	Focus on specific client groups	Improvement of physical, psychological and cognitive health and subjective wellbeing of elderly people		Satisfaction with LTC services, quality of life and wellbeing

7 Conclusion

Findings from the focus groups and interviews showed that success of LTC for older people is related to the following "attributes" on different levels:

- **National level** – holistic, professional, integrated, preventative, interdisciplinary approach to LTC for older people enabling them to have accessible and equitable care; interconnectedness of institutions/stakeholders within LTC;
- **Institutional level** – personalised care;
- **Individual level** – preventative care; enhancing and rehabilitating physical, psychological, social and cognitive abilities of older people enabling them to live at home as long as possible.

Three broad types of factors can be distinguished as crucial for the success of LTC:

- Consistent national LTC policy and adequate finding;
- Adequate supply and availability of services; and
- Personalised approach.

Each broad type of factor contains several interrelated elements that can assist in improvement of LTC in a country.

Personalised approach in LTC for older people implies accessibility to information, communication and advice, assessment of needs, guidance, and professional and high quality care. A *personalised orientation* approach also implies the enablement of older people to live a purposeful life with dignity. Specialisation of LTC institutions, taking into account life experiences and interests of the older people, can add to the success of this approach.

Adequate supply and availability of LTC services in a country also requires joint efforts from the stakeholders on various levels: development of the service market, coordination and integration of institutions responsible for different areas of LTC, levelling up quality of services among and within municipalities, adequate remuneration for sector employees.

Finally, success depends on *consistent LTC policy at a national level*: clarity and compatibility of legislative acts regulating LTC, coordination of health care and social security sectors, and an adequate and clear LTC financing mechanism. Implementation of these measures on a national level requires knowledge and research of the challenges related to ageing of societies and LTC.

In the study, only LTC stakeholders with an academic background felt familiar with the concept of social investment. Other stakeholders linked SI to LTC for older people only after additional clarification of the concept was provided. Nevertheless, key stakeholders were easily able to link SI as a concept to LTC for older people. Different links in relation to SI in LTC were provided by the respondents. As for the return on social investment in LTC, most of the study participants believed that return could be evaluated but it would be not easily quantified. There was general agreement

that limiting evaluation to financial indicators would mean that various impacts might not be adequately assessed.

In general, stakeholders in LTC in all eight surveyed countries believe that “the system is not equipped to think ahead”[15] and does not yet have means and measures to deal with present and upcoming challenges in LTC for older people.

To conclude, it should be recognised that this study provides only a limited basis for drawing definite and generalisable conclusions. Findings from the focus groups and interviews point to the messages summarised above but further research is needed in order to give them a firmer grounding in evidence.

Several LTC policy guidelines can be suggested based on the performed study:

- Integration/coordination of the health and social care sectors in the provision of LTC for older people;
- Clarity and consistency of legislation regulating LTC;
- Adequacy and clarity of LTC financing mechanisms;
- Knowledge generation and research on the challenges related to ageing and LTC;
- Ensuring an adequate supply and availability of LTC services in a country with help of joint efforts of the stakeholders on various levels;
- Ensuring accessibility of information, communication and advice to the elderly and their families on availability of LTC services;
- Ensuring professional and high quality care;
- Specialisation of LTC institutions, taking into account life experiences and interests of the older people can add to their success.

[15] The respondents of the survey indicated that there are too few or insufficient strategic preparations on national/municipal levels for future challenges for LTC provision in relation to ageing populations.

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9 Annex 1: Respondent by Country

Denmark

- Professor at KORA, the Danish Institute for Local and Regional Government Research
- CEO of Ældresagen (interest organisation related to elders)
- Vice Chairman of Danish Seniorer and Chairman of Ældremobiliseringen (interest organisations related to elders)
- Health political consultant at Danske Ældreråd (interest organisation related to elders)
- Chairman of DKDK (Organisation working with dementia) and Clinical Nurse at the dementia clinic of Odense University Hospital
- Managing Director and Professor at Centre for Healthy Aging
- Preventative Consultant working in Aarhus municipality
- Associate Professor at University College Sjælland

Finland

Data on success factors and social investments in LTC in Finland were collected in two focus group interviews (February and March 2017) and in one interview (March 2017). In addition, one person responded to the questions via online survey (February 2017). Four of the respondents were from Finnish municipalities (Helsinki and Espoo), one respondent was from the Ministry of Social Affairs and Health and one respondent from a research organisation. Respondents were directors of or experts on LTC services for the elderly.

- Division Director, social services and health care sector, City of Helsinki;
- Senior Planning Officer, social services and health care sector, City of Helsinki;
- Senior Planning Officer, social services and health care sector, City of Helsinki.

The other three individuals interviewed (or answering online) did not give consent to reveal their title and organisation.

Lithuania

Participants in focus group, February 2017

- Deputy Head of the Department of Social Services at Home, Vilnius City Social Support Centre, Municipality of Vilnius
- Deputy Head of the Department of Social Work, Vilnius City Social Support Centre, Municipality of Vilnius
- Head of the Department for Institutional Supervision, Department of Supervision of Social Services under the Ministry of Social Security and Labour
- Senior Specialist at the Social Services Department at the Ministry of Social Security and Labour
- Head of the Department of Care Coordination, Ministry of Health Care
- Head of Business Development Projects, Gemma Rehabilitation and Care Centre (Private LTC Institution)

Individual Interviews, March 2017

- Head of the Department of Supervision of Social Services under the Ministry of Social Security and Labour
- Director of Fabijoniškių social services home (Municipality of Vilnius)
- Resident in Fabijoniškių independent living home (Municipality of Vilnius)
- Head of Social Care Department at Fabijoniškių social services home (Municipality of Vilnius)
- Resident in the Special Social Care Home “Tremtiniu namai” (House for Elderly Deportees
- Senior Social Worker, Special Social Care Home “Tremtiniu namai” (House for Elderly Deportees

Poland

Warsaw, March 2017

- Member of the National Countrywide Trade Union of Nurses and Midwives
- Chief Council of Nurses and Midwives
- Vice-President of Chief Council of Nurses and Midwives
- Lawyer, solicitor, member of the Team for the Long-Term Care Act
- Neuropsychologist, Medicar Home Care (a private company offering care and rehabilitation services in home environment)

- Expert at Krajowy Instytut Gospodarki Senioralnej *(The National Institute of Senior Management)*
- Professor at the University, gerontologist, demographer, a member of the National Development Council (a consulting and advisory body to the President of the Republic of Poland)
- Representative from “Alzheimer Centre” nursing home
- Family doctor

Belgium

Focus group, June 2017

- Project manager at L’Agence pour une Vie de Qualité (AViQ)
- Expert at Réseau Solidaris
- Director General of Centrale de Services à Domicile – Bruxelles (CSD Bruxelles)
- Vice-President of Coordination des Associations de Seniors – CAS
- President of Coordination des Associations de Seniors – CAS
- Psychologist at Respect Seniors
- Member of Belgian Seniors Consultants
- President of Pour la Solidarité

Additional individual interviews

- Senior Advisor at Santhea, June 2017
- Advisor at Fermarbel, June 2017
- Professor at Université Libre de Bruxelles, July 2017
- Researcher at Université Libre de Bruxelles, ULB, July 2017

Portugal

- Representative from the Department of Projects and Research of EAPN Portugal European Against Poverty Network (in charge of projects and research related to ageing). This is an organisation (NGO) that is involved mostly in lobbying and advocacy for the rights of socially excluded populations. They advocate for the rights of older people.
- National Coordinator of Cuidadores Portugal (Portugal Carers). This is an NGO that integrates an European Platform advocating for the rights of informal carers and providing counselling, information services and training to informal carers.

- Psychologist at Alzheimer Portugal. This is a NGO that provides services to Alzheimer patients and their families. They provide residential care units, home help services, psychology services. They also lobby and advocate for this group of people.
- Nurse/Director of the Old People's Home Services of Santa Casa da Misericórdia do Porto. This is the main provider of services to old people in the North of Portugal. It is a private non-profit associated to the Catholic Church.
- Social worker, responsible for Home Help Services of Santa Casa da Misericórdia do Porto. This is the main provider of services to old people in the North of Portugal. It is a private non-profit associated to the Catholic Church.
- Sociologist, responsible for the Department on Innovation and Impact Assessment of Santa Casa da Misericórdia do Porto. This is the main provider of services to old people in the North of Portugal. It is a private non-profit associated to the Catholic Church.

Hungary

- A leader of the Social Nursing Centre of the City of Mágocs
- A consultant on operating social institutions
- Owner and leader of a privately owned residential nursing home

UK

- Carer of person with dementia
- CEO of third sector organisation delivering innovative ways of caring for older people in the community
- Senior lead in national regulatory body
- Senior lead for adult social care in an English metropolitan authority
- Head of research for national social care body
- Senior social work lead in central government.

10 Annex 2: Critical Success Factor (CSF) Approach

Management literature, particularly strategic and project management disciplines, provides extensive evidence on analysis of project success measurement, success criteria and success factors. The idea of CSFs as a tool to find out why some organisations are more successful than others was introduced by Daniel (1961) and popularised by Rockart (1979). Critical success factors according to the original definition are "...the limited number of areas in which results, if they are satisfactory, will ensure successful competitive performance for the organization" (Rockart 1979; 85). Thus CSFs are strongly related to an organisation's mission and strategic goals and are "areas of activity that should receive constant and careful attention from management" (Rockart, 1979). The concept of CSF has been extensively used in management to discuss strategy and project implementation (Pinto and Slevin 1987, 1988a, 1988b, Amberg *et al*. 2005).

While there are examples of the CSF approach applied in other areas, such as education (Loughridge 1996), the question remains whether the application of such a business-oriented approach is appropriate to a policy or an organisation when their primary goal is value creation for stakeholders rather than simply profit generation for shareholders. However, the CSF approach might be helpful in clarifying the primary goals of LTC stakeholders. The CSF method requires that "...actors enter decision situations with known objectives. These objectives determine the value of the possible consequences of an action. The actors gather appropriate information, and develop a set of alternative actions. They then select the optimal alternative" (Eisenhardt and Zbaraki 1992; 18). Therefore, the CSF tool allowed analysis of the summaries of the focus groups and interviews along different dimensions, based on Esteves (2004): strategic and tactical, various hierarchical levels, perceived and actual.

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