Do stakeholders in Denmark know about social investment?

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Abstract

Social investment has become a buzzword in recent years; see for example European Commission, 2013, Morel et.al. 2012. The concept is like other concepts not always precise or being used in the same way in all European countries. The central tenet of the social investment approach is to treat public expenditures not just as an economic burden but also as an investment in the future. This is also a part of the development in the discourse. In this sense the social investment perspective is an example of how new ideas might influence social policy development. However, the use of concept at the political level does not imply that it is also known by stakeholders, or that types of spending that can be argued to be social investments are perceived as such.

This article has its focus on long-term care in the context of a universal welfare state (e.g. Denmark). The article has three purposes:

a) To discuss and present analysis of initiatives that can be considered social investments in LTC
b) Present existing analysis mainly from Denmark related to rehabilitation, re-enablement and the use of welfare technology
c) To analyse based upon a focus-group interview conducted in January, 2017 stakeholder's perception of quality in LTC and the use of the concept social investment.

The article explains the dichotomy between the use of a concept on an overarching political and academic level with a practical understanding among actors without using the concept. Furthermore, that despite there is social investment in long-term care in the universal welfare state of Denmark, this is not a common phrase thereby raising the question whether the concept by now is grounded within welfare state understanding.

The article concludes that social investment can be used in the field and that actors have an understanding hereof, and knows example hereof, but it is not included in their daily vocabulary.

Key-words: Social investment, stakeholders, Nordic welfare states, long-term care

1. Introduction

Social investment has increasingly come on the agenda in recent years. This can, at least partly, be ascribed to that there has been a need for trying to set at new focus on public sector spending in the wake of the financial crisis, by pointing to the possible positive impact of public sector expenditures, instead of only that expenditures needs taxes and duties in order to finance welfare services.

At the same time, a trend in long-term care policy in Denmark has been to support independent or assisted living in one's home as long as possible. One explanation for the growing interest on the social investment approach in the field of LTC is the possible expected pressure on social spending as a consequence of the growing number of elderly. Social investment is further expected to not only have a direct economic impact but also to improve wellbeing (Kolov and Tassot, 2016).

Social investment can thereby be seen as a new approach in social policy, in contrast to Keynesian and Liberal understanding of the development of welfare states. It can also be argued to be in contrast to a neoliberal approach, for a description of neoliberalism (Piven, 2015). An abundant number of books and articles on the subject have been published in recent years. The concept is although not completely new (Midgley, 1999, Smyth and Deeming, 2016), and could be argued to be a movement back to the ideas about the productive welfare states (Hudson and Kühner, 2009). Recent years has also seen articles measuring and analyzing whether and how spending on social investment has developed (Kuitto, 2016, Ahn and Kim, 2015).

The aim of this article is three-folded. It will focus on social investment as a concept, however with a view to a specific policy area often not included as one where social investment is discussed, i.e. long-term care. This will be done in Section 2. This will be followed by some methodological reflections on how to analyse and understand the concept of social investment in LTC in section 3, including the combined approach here by use of existing analysis and focus-group interviews.

Section 4 turns towards what can be considered as social investment in long-term care in Denmark. The focus will be on issues such as rehabilitation, re-enablement, welfare technology and prevention, see also Greve (ed.) 2017. Section 5 will then based upon a focus group interview conducted in January, 2017 be an analysis of the stakeholders view on and whether they are aware of social investment both on a theoretical and practical level.

There will always be delimitations of an article. Here this includes possible ethical issue related to the use of welfare technology, see Hofmann, 2013. Another delimitation is the issue of prevention and rehabilitation across Europe, see instead Kümpers et. al. (2010) and Greve, ed. (2017).

2. Social investment and long-term care

The European Commission social investment package from 2013 do barely mention long-term care and only that it varies in size and type among the European countries (European Commission, 2013), albeit also mentioning rehabilitation. However, a study on Social Investment in Europe for the commission points outthat LTC is a new social risk and that the objectives of LTC in social investment is "prevention from disabilities and rehabilitation on the one hand, improvement in the quality of care staff on the other hand" (Bouget et. al., 2015, p. 30), who also points to LTC as a new social risk. Further, it seems that all budgeting officials within the EU-countries find impact analysis important and that LTC to a certain extent can help in better employability and reduced inequalities (European Commission, 2016). Still another policy implication of social investment is that it has opened new ways and a possible positive role for social policy (Mahon, 2013). Overall however, rehabilitation does not seem to be effective for older people who are long-term care residents (Crocker, T. etl. Al, 2013) which may explain why the concept is only limitedly embraced among the actors in the field.

That there has been a drive towards social investment can be seen from the many articles on the subject. For some scholars, it has been on the way since the late 1970's as an emergent concept (Kersbergen and Hemerijck, 2012). Social investments in old age care are albeit only a more limited part of this development: "In general, policy developments here are reactive, responding to the growing need rather than driving forward particular agendas as in the case of childcare" (Daly, 2012 ,p. 631). Day-care is, like an investment in the human capital, more often mentioned as an example of social investment (Hudson and Kühner, 2009). Further, that change in LTC in recent years especially has had a focus on reducing spending and less on exploring the possible applications of social investment. There is also the use of several other words to show and explain the development such as new welfare state, new risk welfare, active social welfare, the 'Third' way (Taylor-Gooby, Gumy and Otto, 2015).

Social investment looks into and has had a focus on the development of human capital, improving qualification and life-long learning; however some would argue also minimum income safety nets

(Hemerick, 2015). Criticisms of the social investment approach has pointed to that it has lacked a focus on disadvantaged groups on the labour market (Nolan, 2013), too few resources on combating poverty (Vandenbroucke and Vleminckx, 2001), and that social redistribution are becoming less pro-poor (Cantillon, 2011). Further that it seems that there might be some linkages between the new focus on investment and the stagnating or increasing poverty (Vliet and Wang, 2015). Finally, that the focus to a too large degree has been on the supply side (Mahon, 2013), and also that it can be interpreted as part of the activation turn (De Deken, 2014). However, not all find evidence for that the impact has implied reduced egalitarian spending (Vaalavuo, 2013). Finally, that it looks like to be (based upon data from 2001-2007) better in promoting job than reducing poverty (Taylor-Gooby, Gumy, Otto, 2015).

Besides that LTC not has figured prominently in the analysis of social investment, it is further so, that the commission in the first annual growth survey saw pensions and health care as a burden (Sabato and Vanhercke, 2014), and given that health care often is strongly interlinked to long-term care this indicates a need for probing into an analysis of the connection.

Although the measurement of what constitutes social investment is not always clear, however parental leave, elderly care, child care, active labour market policies and primary and secondary education can be witnessed to be included (Vandenbroucke and Vleminckx, 2011, Vliet and Wang, 2015). Analysis is further often done on the overall macro-level and with less focus on what is changed within the system.

Still, the focus on investments that – like day care – might enable carers also to be in the work-force is an argument for that at least part of spending or changes in spending on LTC can be considered social investment (De Deken, 2014).

3. Methodological considerations

This article is a cased based study using a universal welfare state as Denmark with a, compared to other countries, high level of spending (Greve ed., 2017, Greve and Poskute, 2017), as the outset to look into examples of social investment in long-term care. It is albeit not a critical case. This is done by searching for information on and studies related to what can be considered social investments in long-term care, as this can also inform on the possible impacts of social investments within the

field. The case study is looking into a specific field, LTC, due to, as also argued above, that this field is under scrutinised in international analysis of social investment.

This article is based upon a mixed method approach (Leech and Onwuegbuzie, 2009). This is by using existing studies, which has been searched for using words like social investment, rehabilitation, re-enablement and welfare technology (in Danish as the focus has been on studies directly related to the Danish universal Nordic welfare state). This search was combined with use of a focus-group interview with central stakeholders in the Danish welfare state, which was conducted in January, 2017. In appendix 1 is shown who participated in the focus-group interview.

The focus group interview support the other aim of the article to probe into whether the concept was known and used by stakeholders in the field, while at the same time trying to analyse whether that despite the concept is not well known among actors, then it is strongly integrated in the development of the Danish welfare state, and also within LTC. The focus group was conducted based upon a common framework for several countries in order to be able to also to conduct a comparative analysis, see the comparative article in this themed section. The aim of the focus group was to get central stakeholders to participate. This aim was nearly achieved as not only interest groups, but also people working in the sector and people who have researched on long-term care were involved. It would have been good also to have some from the state and local administration, this was unfortunately not possible. Albeit with one working in a municipality and with the organisation and researchers well informed on the local issues this seems to be less of a problem.

Thus, quantitative as well as qualitative data is combined with secondary data analysis, thus aiming at presenting the question on the concepts and its possible influence on the welfare state development. However, the article will not present data on spending, development herein and comparison to other countries, see instead, the comparative article in this themed section.

4. Social investment in LTC in Denmark

Social policy has for a long-time in Denmark, at least officially, been argued to have a social investment profile. In a publication from the Ministry of Social Affairs on Social Investment from 2000 it is even argued that participation of both men and women in the labour market is high "one supporting factor is, that there exists a developed care for the elderly and people with disabilities" (Socialministeriet, 2000 p. 94, own translation).

Despite this official early view, and as will be shown later in Section 5 social investment is not really integrated in the stakeholder's view. However, at the same time there is by now several legal requirements to do things that can be considered social investments in the Danish welfare state. There has been, in recent years, increased emphasis on using instruments and approaches that can be considered social investments, such as use of welfare technology, preventative initiatives and rehabilitation. Social investment as a potential perspective is thus not new, and seems even to be growing in Denmark (Mandag Morgen, 2017), albeit not within long-term care, but more related to children and the use of the so-called Skandia-model. Local municipalities also seem to be prepared to do social investment as a way of trying to get vulnerable people back to the labour market. Part of the social investment related to children is inspired by the famous article by Heckman, 2006.

Part of the social investment approach is in fact enshrined in the legal rules. This is the Law on Social Service §83a, which was implemented from the 1st of January, 2015. It has the intention and obligation for the local municipalities to try to rehabilitate in such a way that the elderly is able to take care of him/herself if the rehabilitation as expected is able to reduce or even eliminate the need for support.

In the same law §79 obliges municipalities for those elderly above the age of 80 to make preventative home-visits. It is not obligatory for the elderly to accept it, and, the municipalities do not need to do it for those in homes for the elderly. There can be variation in age group where one starts, and how often it is done – however, it is at least once a year. In those homes where the elderly already gets home-help it is optional for municipalities to offer this. They have also been obliged from 2016 on to do it for those aged 65-79 in the risk of reduced functional abilities. Finally, § 112 gives the municipalities possibilities for supporting with help-remedies, including changes in private homes, in order to make it possible for an individual to stay longer in the persons own home.

Thus, overall this point to that decision-makers have included activities that can be considered social investments in the field of rehabilitation and prevention. This is expected to increase the quality of life for the elderly and, also reduce the possible economic pressure on the cost of long-term care due to increase in the number of elderly people.

Part of these reforms has come by evaluating some activities as potential examples of social investments. One municipality tested the rehabilitation approach. A report evaluated the rehabilitative efforts in a municipality in Denmark, which since has given name to the model for

rehabilitation in Denmark (e.g. Fredericia-model). The report about this experiment estimated that rehabilitation reduced cost per service user by 13.9 %. Of those participating (408 patients) in the first years: 45 % needed no help after the intervention, 40 % needed less help and 15 % the same as in the ordinary home help care (Kjellberg, P. et. Al., 2011).

That there might be savings, albeit not always in the first year, can also be seen in studies on welfare technology. For example, a business case shows that the payback period for an investment is low for door-automation (3 years), curtain-automation (3 years), lifts in the ceiling (2 years), different toilets (1 to 3 years dependent on how many functions), whereas it takes 11 years to reach a break-even point for a robot cleaner (Andersen et. Al., 2016). Given that technology develops fast, this might be even shorter in the years to come. The positive economic outcome of investment in rehabilitation is also shown in other studies (Kjellberg and Ibsen, 2016).

Recent years has also seen a strong increase in different kind and use of welfare technology. A recent overview presented by the municipalities organization (KL), thus as headline had the following: Welfare technology has become commonplace in the municipalities (http://www.kl.dk/Momentum/momentum2017-5-1-id220510/, accessed the 15th of March, 2017). The municipalities thus overall are implementing technology in most places where it is expected to yield a positive outcome for the elderly, the long-term care workers – and also for the economy in the municipalities. The focus on welfare technology has been promoted also by the state as the municipalities as part of the central economic agreement are expected to be able to reduce overall spending on LTC by investing in welfare technology.

The active ageing approach (e.g. aiming at that we live longer in a better health) has also been seen as reducing the pressure on the local municipalities' budgets, and, thus prevention in other areas than LTC might reduce the future cost on LTC, albeit budgets for these activities are not counted within the LTC system. Whether it in total reduces overall public sector spending or postpone it to a later age is further a complication if one wants to measure the impact of social investment.

5. Stakeholders and social investment

This section presents the analysis of the conducted focus-group interview – especially with a focus on social investment albeit that during the interview several different issues where raised. In order to depict and understand the focus on social investment it is important to know what works and

what does not work and, also probe into whether the participants were aware of the concept of social investment. The structure follows the questionnaire used for the interviews in all countries organizing focus-group interviews. The participants has been sent a summary of interview in order to ensure and been given an option to raise their voice whether they are in agreement, disagreement or whether they found that something were missing. They have also given their consent to participate in the focus group interview, and, also whether they would accept that their name and affiliation is attached to and used in analysis.

There was fundamentally a positive view of the Danish system of long-term care provision. Although, many of the participants were very critical towards different aspects of the contemporary system, then there was a general agreement that elderly people were better off under the Danish system of long-term care provision than in many other European countries. This was particularly due to the universal character of the public long-term care system, but also due to the underlying principles of professional and preventative home care. The effects that this system have had on the opportunities for women to enter the Danish workforce was also highlighted as an important aspect. Given that increased participation on the labour market also can be considered as investment (as with day care for children) thus this implicitly shows that part of the LTC also by stakeholders is considered as social investment and a positive issue.

When looking into possible success stories, the focus group interview emphasised professional, highly educated, preventative, interdisciplinary and holistic long-term care. If this is seen as a quality this also points to that investment in education and high level of professional care can be argued to be a social investment, where the benefits lies in the higher quality of care.

Furthermore, the focus group was in agreement of the need for long-term care that not only focuses on practical and measurable tasks, but rather also includes a broader array of emotional, social and practical help. As an example, this type of care would not only be attentive to as one person argued "maintaining and rehabilitating the right arm of an elderly in order for them to vacuum again", but rather would also have greater ambitions of giving the elders a worthy and meaningful everyday life that also includes social relationships, meaningful activities, etc.

Furthermore, one of the participants pointed out the importance of being aware that quality of long-term care is not always something measurable (or at least is something very difficult to measure), as it lies not only in the care provided, but also in the social relationships and interactions, as well as

the feeling of worthiness and respect that the elders feel. This might, as the quality of the professional care, also constitute a problem in the measurement of the outcome of LTC.

Quality of care is in line with the idea of a holistic long-term care. In this regard, the importance of organisational interconnectedness and interdisciplinary care was stressed by the focus group. An example of this comes from the municipal of Silkeborg, where the hospital and the municipal long-term care provider were connected in a fashion that ensured a smooth and proper transition and rehabilitation from the hospital bed to the nursing home/home care. Another example of this comes from the municipal 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.

Many participants also mentioned the strength of the extensive long-term care network in Denmark. There are several of organisations both on a governmental, non-governmental, local and national level that all are highly interconnected and implemented into the provision and development of the long-term care system. A success story of the interconnectedness of this network was mentioned in regards to the digitalisation of the public bureaucracy. In the transition of digitalisation, the government established cooperation with the large interest groups of elders, which resulted in that the government allowing some elders to abstain from the digitalisation. On the other hand, in return, the interest groups then took to task to educate and involve as many elders in the digitalisation. This resulted in a rather successful integration of long-term care recipients in the digitalisation as possible of the public bureaucracy that otherwise could have entailed many organisational problems.

Additionally, there were also mentioned alternative success stories during the focus group. One of the members for example talked about a civil housing project that was established to organise mutual care amongst the elders in a collective fashion. This followed the general consensus of the focus group that stressed the importance of the elders having sufficient social activities in their everyday life. Activity during daily life was seen as an aspect of healthy ageing and thereby indirectly also as a good long-term care system if it could prevent further reduction in functional abilities. This also is an example of the possible blurring line between care and prevention.

An issue that the group raised was the departmentalisation and outsourcing of care tasks that have been occurring throughout the Danish long-term care system. More concretely, this refers to the

breaking down of the total care act to smaller care tasks that is orchestrated by different agents. This has, to the eyes of the focus group, had detrimental effects both for the quality of care that elderly have received, but also decreased the job satisfaction of the care professionals. The main problem is that it incentivises the caregivers to simply perform the given practical tasks each caregiver have been given, and makes it very difficult for them to provide holistic care.

In line with the issue of departmentalisation of the long-term care provision in Denmark, another topic the focus group mentioned several of times was the role of loneliness and social isolation amongst elders in long-term care. Particularly in the Danish system of long-term care, it was argued by various members of the focus group that the way in which we distribute care may in fact lead to increased loneliness and social isolation. This is partially due to the fact people are enabled to stay in their own home for so much longer than without the home care of the Danish system, yet do not receive help to maintain or establish a social network, as the care remains to be insufficient in a social aspect. As such, a critique of the Danish system was that it, as phrased by one of the participants: "rehabilitates to loneliness", and, as also noted by one of the participants, considering the health risks of loneliness, then it seems very detrimental that the current system refrains from supporting the social network of lonely elders to a sufficient degree, which all too often is left to volunteers.

A concrete example trying to change the situation of loneliness was mentioned. This being the introduction of vouchers enabling the elderly in need of care the option to "save" hours so that they could sometime perhaps visit others, go shopping or participate in activities with support of the home help. Thus if this helps in reducing loneliness, and, thus also reduces the need for care, then this can also be considered a social investment.

Another key critique of the Danish long-term care system was that although the directives of the government within long-term care often are ambitious, then the local implementations in the individual municipalities often differentiate severely. To some of the participants, then this was arguably because of the abstract and broad directives that allow the municipalities a lot of autonomy in determining how these directives should be interpreted in the given municipal. Although positive aspects of decentralisation of decision making was also mentioned such as close to the citizens in need of support. A general problem in this regard is that there is no clear central outline about what quality is and how it can be measured within the Danish provision of long-term care. The variation

in the economic options for local municipalities and the risk of variation in service available was also seen as an issue.

The focus group also highlighted the need for additional education of caregivers. This was additionally mentioned in regards to the usage of welfare technologies that, to the record of the focus group, often becomes useless, as caregivers remain inexperienced on how to use them. This implies that social investment needs not only to be in use of new technology, but also in training and education.

5.1. Social Investment as concept

Probing more directly into the concept and understanding of what social investment is, the stakeholders overall expressed a very positive stance on the topic of social investment, but, notably, then it was primarily the academic participants that commented on the concept. Seemingly, no strong perception of the knowledge of the concept available as a specific idea, however, strong knowledge on how spending in different part of the long-term care sector could improve the quality of life, healthy ageing and also be important for relatives, friends and voluntary groups. This could also include options for better labour market participation for carers, especially women who even in Denmark still is the main informal provider of care, also sometimes for elderly parents in need of support.

Social investment was linked to various elements. Almost all of the participants were focused on the importance of public investment in helping elders to establishing and maintain a social network, social engagement and social relationships, see also the voucher example above. This was throughout a very important element of a successful long-term care provision.

Others also connected the term of social investment to a larger degree of involvement of the individual elder in their rehabilitation and care. Transportation and access to transport seen as important in order to ensure contact, thus pointing to that social investment can be broader than what is considered being a central issue directly in relation to long-term care. However, pointing to that whether one has a broader or narrower perspective on what influences long-term care this will influence policies and policy areas that might come into play.

The voluntary sector was pointed to as an element that could help in relation to loneliness, albeit with a clear view to that this should help in especially social activities, whereas the professional staff should do the care work.

Although a general positive attitude towards social investment, then some of the participants also voiced concerns about the fact that ideas of social investment may rely too heavily on rehabilitation and "repair-solutions" rather than preventative measures. A focus on prevention could include awareness of food and physical exercise, and support in achieving a healthy ageing.

One of the things that were, in general, agreed upon amongst the focus group was the need for equal access and choice for all elderly to all long-term care facilities. As the negative consequences of division linked to inequality was seen as detrimental. This again raised the issue of whether the decentralised Danish welfare state always achieved this goal as there can be local difference, at least on the margin, due to different local priorities and local economic options.

Elderly councils in the municipalities were also argued to be a resource for influence for the elderly on the local initiatives, and, thus a way to ensure citizens voice in the delivery of long-term care.

Overall, the focus group interview points to that social investment can be important for long-term care, and this even without using or knowing the details of the concept. The interview further emphasizes that the traditional understanding of a narrow understanding of what is long-term care, e.g. highly focusing on the care in itself, can be a too limited approach as also other policies influence the need for and the functioning of long-term care and quality of life of citizens.

Whether and how this can be measured is an open question. Prevention has (Berghman, Debels and Hoyweghen, 2013) always been an issue within social policy, but has often been difficult to persuade policy makers to do as this might take time before the investment is paid back. Further, that active ageing perhaps is needed long-before people in fact are ageing, and, also that non-care issues, such as loneliness can influence the need for care.

Finally, no one seems to be worried about that a social investment perspective would take focus and initiatives away from the elderly despite that the outcome of an investment in this field might be lower than when investing in young people.

6. Concluding remarks

Denmark has a long tradition for universality, comprehensive and egalitarian approach to welfare benefits in cash and in service, including being labelled a social service state. Thus having a relative large social service state is not new, and, therefore also in relation to LTC there has been a long tradition for state involvement. The demographic pressure has also been an issue in relation to a move towards the use of rehabilitation, prevention and implementing of welfare technology. New ways of financing and delivering welfare state services has also come more into focus in recent years.

Despite that this indicates use of a social investment perspective in LTC in the Danish welfare state the central stakeholders did not seem to be aware of the concept, however when discussed they were seemingly in agreement with the concept. Thus the article one the one hand shows that social investment is part of the welfare strategy in LTC, and could be endorsed by the actors, it is still mainly a concept on the overall level, but has not moved down to embraced by the stakeholders.

At the same time the interview and existing studies points to a role for social investment in the sense that use of new approaches, new technologies might reduce the pressure on the long-term care system, and also that it can be important for care givers. Further, that the boundaries of what to interpret as social investment related to a specific policy area can be difficult, thus, for example, healthy ageing might need to start very early and transport system is also for other than the elderly.

Finally, that if investment that influence LTC is made within different parts of the welfare state there might be a need for transferring resources from area to another.

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Annex 1. Participants in the focus group interview

Name:	Organisation:	Short Description:
Tine Rostgaard	KORA	Professor at KORA, the Danish Institute for Local and Regional Government Research
Bjarne Hastrup	Ældresagen	CEO of Ældresagen (interest organisation related to elders)
Arne Rolighed	Danske Seniorer and Ældremobilliseringen	Vice Chairman of Danish Seniorer and Chairman of Ældremobiliseringen (interest organisations related to elders)
Lisbeth Marie Grøndahl	DANSKE ÆLDRERÅD	Health Political Consultant at DANSKE ÆLDRERÅD (interest organisation related to elders)
Lone Vasegaard	DKDK and Demensklinikken OUH	Chairman of DKDK (Organisation working with Dementia) and Clinical Nurse at the Dementia Clinic of Odense's University Hospital
Lene Juel Rasmussen	Centre for Healthy Aging	Managing director and professor at Centre for Healthy Aging
Anne Dorthe Prisak	Sundhedsfremmende og Forebyggende besøg til ældre (SUFO)	Preventative Consultant working in Aarhus Municipal
Ulla Skjødt	University College Sjælland	Associate professor at University College Sjælland