

The impact of the long-term care reform in the Netherlands

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Valorization addendum

Knowledge valorization refers to the “process of creating value from knowledge, by making knowledge suitable and/or available for social (and/or economic) use and by making knowledge suitable for translation into competitive products, services, processes and new commercial activities” (adapted definition based on the National Valorization Committee 2011:8). Although knowledge valorization is an important element of Chapter 8 in this dissertation (the general discussion), the topic will be further elaborated here.

RELEVANCE

Under recommendation 1 in the general discussion of this dissertation it was argued that the concept of ‘positive health’ is gaining importance in Dutch society and is therefore undeniable for policy makers. Notwithstanding the normative strength of the concept of positive health, however, it is important to assure that such concepts are not misused by policy-makers as a way of justifying the gradual replacement of an equitable and needs-driven healthcare system by a less-equitable and profit-driven market-based healthcare system. Moreover, it was recommended that policy makers constantly monitor the limits to leveraging free-market pressures within the long-term care sector. This valorization chapter further discusses the social relevance of the dissertation’s research results, as a way of contributing to the societal discussion on the future of the Dutch long-term care system. Indeed, although the value and necessity of decentralising responsibilities in the long-term care sector and reducing public expenditures on long-term care are generally accepted by policy makers and healthcare professionals in the Netherlands, the rigorous manner and fast pace with which the recent reform has been implemented could well be considered as flying in the face of the European Union’s overarching health-related values of solidarity, universality, equity and access to good quality care. The government’s idealistic and ideological reasoning behind the reforms – ensuring tailor-made care, delivered closer to home, with the support of a caring and involved society– impacts large groups in society but is still far from being crystalized in practice. The research presented in this dissertation is intended to stimulate public debate on this topic and results in recommendations for improvement.

TARGET GROUPS

In line with the above, the research results could be of direct interest for several groups in society. A first group involves the Dutch municipalities due to their new responsibilities resulting from the Social Support Act 2015. Now that municipalities have largely implemented the 2015 reform in organizational terms, the time seems right for them to further elaborate their actual long-term care responsibilities. Here, one might think of

dealing with a minimal ethical standard when a scarcity of resources leads to an inability to satisfy all needs that might exist in a society. For the Dutch municipalities, the current research results might provide a first source of inspiration. Moreover, the research results encourage governments (both local and national) to monitor the change process more thoroughly. The latter not only applies to the organizational change process within health care organizations and municipalities, but also (and even foremost) to the societal change process. Finally, the national Dutch government (particularly the new government following the March 2017 parliamentary elections) is encouraged to further invest, instead of retrench, in the long-term care sector in order to achieve its intended goal of a true participation society. Special attention in that regard should be paid to vulnerable groups in society, such as lonely elderly and overburdened informal caregivers.

A second target group includes healthcare and social care organizations, which are on the basis of the current research results encouraged to reinforce their cooperation. This type of cooperation mainly applies to their respective responsibilities under the scope of the Social Support Act, as it is especially this long-term care act that encompasses both social as well as healthcare elements.

A third target group is the general public (particularly informal caregivers and people in need of long-term care), as it was recommended that local governments more proactively support the initiation and development of citizen's initiatives (either by providing financial support, or by providing technical support). Moreover, it was recommended that local governments more proactively deploy targeted support measures for informal caregivers, in order to structurally contribute to the creation of a true participation society.

ACTIVITIES/PRODUCTS

Building on the previous point, the results of this dissertation have the potential to be translated and shaped into several concrete products, services or activities:

- Advice for social and/or healthcare organizations, particularly with regard to the need for better cooperation and coordination between different organizations in the field of long-term care, as a result of an increasing blur between tasks of different types of organizations that were formerly clearly defined.
- Policy recommendations for governments, of which several have already been made in Chapter 8 of this dissertation.
- Contributions to, or the stimulation of, public debates, such as an annual debate in parliament on broad welfare topics (including health and well-being of older people), as such topics are not easily or desirably expressed in economic figures.
- Contributions to the development of training programs (ranging from multi-day modules to one-day workshops) for public health professionals, social care pro-

professionals or employees of municipal organizations. Concrete examples of topics for such training programs might include: how to support informal caregivers, amongst others, in dealing with ethical dilemmas they might face; how to deal with emotions and aggression of informal caregivers; how to support specific groups of informal caregivers, such as young informal caregivers, or informal caregivers with a job and/or children; how to stimulate the interplay between different types of healthcare and social care organizations; social-legal aspects with regard to informal care.

- Contributions to the development of training programs (ranging from multi-day modules to one-day workshops) for informal caregivers (being practical in nature), either directed at somatic problems, or directed at psychosocial problems. Examples of topics for training programs directed at somatic problems might include: lifting and transfer techniques; providing support in home care and independent living. Examples of topics for training programs directed at psychosocial problems might include: how to deal with a demented family member; how to deal with loneliness and depression of an older relative; how to stimulate the self-reliance of an older relative; how to signal underlying problems in the living situation of an older relative.
- Contributions to the development of the Mosae Vita initiative in Limburg. Mosae Vita is a new innovative concept, directed at creating a healthy life by a conscious lifestyle. Mosae Vita will be part of the environment of the Maastricht Health Campus, and will involve health practitioners, patients, scientists and small and medium-sized enterprises (SME's) in the development of innovative products and services that help people consciously live a healthy life.
- Contributions to the development of a system for monitoring the societal consequences of (long-term) care reforms.
- The organization of local public health conferences (covering a broad array of health topics), and encompassing a large variety of stakeholders.

INNOVATION

The above suggested products and services can be called innovative in respect to the existing range of products, services and activities in various ways. First, the existing selection of available training options (such as workshops) around the above-mentioned topics by public educators in the Limburg region is limited. The same is true with regard to evidence-based (or evidence-informed) policy-making: directed and specific advice on the creation of a participation society is still limited in scope. Nevertheless, good examples exist, such as the pioneering development of several modules on informal care provision of Leeuwenborgh Opleidingen (a vocational school in South Limburg). Next, particularly innovative would be the situation wherein products such as training

programs for informal caregivers would be developed in a cooperative way by the complete educational and knowledge chain in the region. In the field of healthcare technology a good example of such cooperation exists in the cooperation between the Centre for Care Technology Research (CCTR) of Maastricht University & University of Twente, the Centre of Expertise for Innovative Care and Technology (EIZT) of Zuyd University of Applied Sciences and Fontys University of Applied Sciences, and the *Zorgtechniek Limburg* (Care Technology Limburg) program of several vocational schools in Limburg (Leeuwenborgh Opleidingen, Arcus College and Gilde Opleidingen). The same type of cooperation across organizations should be explored in public health fields such as informal care provision and/or healthcare reform impacts. Even more innovative, then, would be to include educators across the border in such a cooperation structure, at least when the added value thereof in terms of knowledge sharing has been demonstrated. A good context for exploring such initiatives might be provided by the Academic Collaborative Centre on Care for Older People in South-Limburg (*Academische Werkplaats Ouderenzorg Zuid-Limburg*) and the Academic Collaborative Centre for Public Health in Limburg (*Academische Werkplaats Publieke Gezondheid Limburg*). The academic collaborative centers serve as living labs for structural multidisciplinary collaboration between research, policy, education and practice. Finally, the current organization of local health conferences in Limburg is still limited in scope. The regular organization of such conferences, for example on the initiative of the academic collaborative centers, is therefore recommended here.

SCHEDULE & IMPLEMENTATION

The valorization plans as outlined above could be given a first shape with the organization of a mini-symposium around the topic of this dissertation. Such a symposium would provide an accessible, low-risk and low-cost platform to give broad social publicity to the research results of this dissertation. By inviting several interesting speakers from various fields and organizations (such as academic public health staff of Maastricht University, lecturers in fields such as innovation in healthcare for vulnerable elderly, autonomy & participation of the chronically ill or informal care of universities of applied sciences) an inspiring program could be guaranteed. Subsequently, by inviting a broad audience, such as representatives of municipalities, representatives of healthcare organizations, representatives of social care organizations, and of course representatives of client organizations and informal care representatives, an initial regional debate could be held on the future of the Dutch participation society. As such, the mini-symposium might constitute a prelude to more encompassing regional public health conferences.