

In-home social services contribute to integrated care

Considering the conceptual framework currently proposed by [OMS](#), [OCDE](#) and [UE](#) for welfare systems, we understand that the processes of integration of care make sense in the context of putting together intervention plans which are more and more focused on people, especially in complex cases. We are referring to both the vertical integration within each sector (for example, between primary and secondary levels of social services or between hospital and primary health care) and the horizontal cross-sectoral integration (for example, primary teams between health care and social services for case management). All under an approach with strong consideration on prevention, population and community.

We are aware that in terms of the relationship between health and social services, we are still far from integration. In many cases, as indicated in the guidelines and (future) strategic priorities proposed by the Basque Country, we are working towards achieving coordination and even, in some places, something previous to that which is mutual understanding. Lessons learned over many years indicate that we have to try to make progress simultaneously in macro, meso and micro levels, combining regulation, structuring, funding, segmentation of the population, people autonomy and empowerment, service designing, interoperability of the information, evaluation and technological and social innovation.

We feel that it is essential to identify, recognize and respect the role of each sector (health care in health services and interaction in social

services) and that of each professional (no matter where located), as well as its added value. At the same time, we must be pragmatic and take advantage of the opportunities. For example, just as in the hospitals, the health system has doctors, nurses and auxiliaries; when providing in-home services they do so with medical and nursing staff, but not with auxiliaries. The social service system provides, here and now, service with home care workers, so it seems it would be interesting to consider the positive effects these professionals would have on an integrated care framework, before the healthcare system contemplates sending auxiliaries to cover in-home services.

Obviously, this requires the design and adequacy of profiles and qualifications and pilot experiences which will help to identify, delimit and put together responsibilities and roles (and calibrating its viability, scalability and transferability), knowing, on the other hand, that progress depends largely on normative and strategic decisions in the field of public policies. We feel, however, that the profound and accelerated changes in terms of demographics, family and, in general, social changes, require us to be bold and committed, always keeping in mind the common good and the quality of life of all people.

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