

# Thematic Panel 14 – Priorities for quality of care and user-centred care – implications for formal and informal care workers

## **Thematic Panel 14**

### **Priorities for quality of care and user-centred care – implications for formal and informal care workers**

#### **Convenor:**

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#### **Discussants:**

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In times of retrenchment, the distribution of care for vulnerable groups as elderly people, are facing new challenges. In policy making a renewal interest of person-centred care has been highlighted on national and local levels in several countries. Often, person-centred care or user-centred care is claimed to be a win-win situation for all, including for economics, professionals and users. Differently articulated, user-centred care equals quality of care in many settings. Further, despite the ability to improve quality of care, it will also help users to get care when needed by strengthening their voices and empower them to raise their own concerns for care and to be more active. User-centred care seem to have social and policy innovative solutions. Taken together, user-centeredness are supposed to reduce pressure on social care. This vague but strong philosophy of user-centeredness raises several critical questions that needs to be explored further.

The formal care work, specifically within elderly care has low status and is often low paid. The last decade, research shows less interest for care work amongst carers while the increasing number of ageing people will put high pressure on elderly care. Simultaneously the burden for formal and

informal care workers have increased. Further, the number of informal care workers have increased with less support from formal care.

How do different nations articulate priorities of user-centeredness and how is it itself articulated and in relation to quality of care? Dignity and respect as well as enhancing meaningfulness and social rights for the elderly could be some including concepts within this frame. What are the prioritizing dilemmas, solutions and consequences for distribution of care as user-centred and how do these impact on the distribution of care and conditions for formal and informal care workers?