
CONFERENCE ABSTRACT

People-centred integrated care: Advancing an expansive, contested paradigm and setting an agenda for the public university

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People-centred integrated care (PCIC) offers an important paradigm in the contemporary re-modelling of service design and delivery (Ferrer & Goodwin, 2014; WHO, 2015). Placing the needs, desires and humanity of the person at the centre of a seamless, accessible and layered suite of responses does challenge accustomed ways of thinking and acting. Furthermore, and by its very nature, the paradigm is an expansive one. To be people-centred requires a continuous re-evaluation of the core concepts of integration and care. The first and major part of the paper examines these features of the paradigm. The latter part of the paper considers what an expansive paradigm means for the role of the public university, focussing on the initiatives being adopted by one specific higher education provider in Australia.

Understandings from public health, wellness perspectives, social models of health and health promotion, for example, can all be deployed to good effect to bring meaning to the PCIC paradigm. Yet they may be insufficient in themselves to realise the potential of the paradigm (Gawanda, 2014; Nies, 2014). Moreover, the paradigm has to engage with the material realities of health and social care –the political economies and public policies that allocate resources and differentiate responsibilities, and the social and cultural orders that privilege or marginalise (Ashton, 2015). Translating a PCIC paradigm from idea to reality becomes imbued with ethical and political significance.

The paper proposes that the paradigm achieves added value when accepted as a proposition to be continuously contested and expanded. Specifically, the paper argues that the PCIC paradigm needs to transcend a predominantly health and welfare orientation if it is to realise its potential. The paper suggests that for PCIC to be better attuned to emergent and changing contexts there are three contemporary theoretical strands of particular value: eco-systemic perspectives (Kalache, 2013; Nies, 2014); critical social innovation (Bovaird, 2007; Dodgson et al, 2011); and the political ethic of care (Held, 2004; Lynch, Baker & Lyons, 2009; Sennett, 2003).

Through these theoretical strands, attention is drawn to the multiple environments within which care is shaped and experienced; to issues of power and diversity in processes of coproduction and innovation through collaboration; and to the social determinants of dignity, respect and compassion in relationships of care. It is explained how contributions from these

areas can usefully augment the meanings of the paradigm in ways more suited to global trends, societal requirements and ethical imperatives.

In the latter part of the paper, attention turns to the role of the public university within an expansive, contested paradigm. Advancing integrated care is considered here in relation to the new knowledge economies of developed countries and the very different ways in which a public university may engage with the transitions and challenges associated with people-centred care (Anderson et al, 2013; Carayannis & Campbell, 2012; Universities Australia, 2014). It does this by examining how the expanded paradigm has resulted in a fresh agenda for one specific university in metropolitan Australia.

The paper describes and analyses the emergence of a series of new initiatives being undertaken within that university. Informed by the theoretical strands outlined above, the initiatives seek to create new cross-disciplinary integration that reflects the intersections of multiple care environments, including the built and natural environments, socio-technical environments, aesthetic and cultural environments, the environments of paid and unpaid care work, place-based environments of local communities, and the intimate environments of personal care.

The programs of knowledge creation (research) and learning (education and training) for these cross-disciplinary assemblies are formed within deep and productive strategic integration between the university and key parties from the aligned sector organisations and end-user groups. The initiatives are strongly driven by collaborative models through which members from formal and informal systems of care identify the knowledge and learning requirements required to generate dignified, respectful and compassionate relationships of care that make for 'a good life'.

Knowledge requirements to date have been both 'conceptual' and 'solutions' focussed. This requires research capabilities in both theory building and design thinking, and openness to the creative collisions of cross-disciplinary innovation. Learning requirements are spread across the tertiary spectrum, from certificates through to doctorates. Major policy reforms in Australia, in aged care and disability especially, are leading to fundamental workforce (paid and unpaid) re-structuring within uncertain territory. This necessitates sitting alongside the impacted systems to assist identify emerging workforce development needs and generating education and training programs accordingly.

In conclusion, the paper addresses the timely opportunity opened up by a PCIC paradigm to re-imagine the scope of integration and the complexities of care. It shows how a public university, conceived as part of an expanded paradigm, can assist build capacity within multiple environments of care to promote 'a good life' for people whose lives might otherwise be defined by frailty and vulnerability.

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