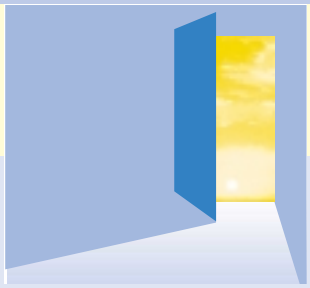

Quality in social public services

EUROPEAN FOUNDATION
for the Improvement of Living and Working Conditions

Quality in social public services

The European Foundation for the Improvement of Living and Working Conditions is an autonomous body of the European Union, created to assist the formulation of future policy on social and work-related matters. Further information can be found at the Foundation website: www.eurofound.ie.

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Quality in social public services

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Foreword

European initiatives in the policy areas of both employment and social protection increasingly demand information on good practice, in order to support processes of benchmarking and monitoring. This report contributes to this new momentum by documentating and assessing key developments in the social public services. With its focus on quality in both the provision of services and in the working conditions of the staff involved in providing those services, the report links strongly to the priorities of the European Social Agenda approved by the European Council at Nice in December 2000.

Social public services are services directly provided to citizens to meet their needs in relation to employment, health, housing, education, social security and care. These are services that contribute to the development of productive but also more inclusive and cohesive societies. They are particularly important for people who are marginalised or in some way excluded from society. These people, whether they are young and long-term unemployed, or older with chronic health problems, typically have multiple needs which demand a more coordinated or integrated response from services. The development of such services, which must also be sensitive to the needs and preferences of different user groups, has stimulated a range of measures to promote user involvement in their design, delivery and evaluation.

The social public services are generally regulated and funded by public authorities at national, regional or local levels, but they may also be provided by the public or private sector, voluntary or other third sector organisations. This diversity gives rise to questions about the quality of both services and working conditions in the different sectors.

These services have been subject to widespread reform and modernisation over the last decade, with policy attention given to costs, to more coordinated provision and to increased responsiveness to user needs. At both national and EU levels the importance of such services has been recognised: for creating employment, combating social exclusion and contributing to social protection. The changes in their management and provision evidently influence the quality of working life for workers, and the services themselves are increasingly subject to measures or procedures to ensure certain standards of delivery.

These themes are developed further in this report, which presents a synthesis of results from field research in ten countries with supplementary research in the five remaining Member States. The report looks at service improvements which aim to meet the needs of client groups who typically have multiple needs: adults with mental illness; adults with learning disabilities; dependent older people; and long-term unemployed young people. It examines the impacts of quality improvement initiatives on both service to clients and on working conditions. Strategies for the future development of social public services in the European Union are presented.

This report was evaluated in September 2000 by representatives of the Foundation's Administrative Board. The report was warmly welcomed as it deals with a set of important policy questions and illuminates the debate on social public services. This debate requires more clarity as regards concepts and further research to inform policy development.

The Commission representatives (Jos Jonckers, Catherine Fallon) underlined the importance of the post-Lisbon process and the new demands for agreement on indicators and benchmarks. The role of the social public services in facilitating participation in social and economic life was emphasised.

For the employers, Bernard Le Marchand suggested that good working conditions were an important factor in the development of quality in services, but there were also key issues of funding and organisation. Measures to promote social cohesion must involve national, local and regional governments and the social partners, as well as the EU.

Both trade union representatives (Owen Davies, Brian Synnott) welcomed the report, and emphasised the continuing need for discussion on the relationship between the quality of working life and the quality of service. Initiatives for more coordinated or integrated services present new challenges and skills demands for workers, while measures aimed at quality assurance can generate conflicts between national standards and local flexibility. With the growth in service delivery by voluntary and private as well as public sector organisations, there was a need to ensure monitoring of service quality for all providers.

The growing diversity of service providers was also emphasised by the government representative (Pedro Torres Pereira), who pointed to the need for precise information on welfare regimes and on service infrastructures in different countries.

There is clearly a growing demand for the monitoring of developments and assessment of their impact on both workers and service users. Detailed research is required to inform the policy debate at different levels and among the key parties involved.

We are pleased to make this report available as a contribution to wider discussion and to the development of quality in the social public services.

Raymond-Pierre Bodin
Director

Eric Verborgh
Deputy Director

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Chapter 1 Introduction

In 1998 the European Foundation for the Improvement of Living and Working Conditions launched a research project on changes and reforms in social public services in order to evaluate how they meet the needs of socially excluded groups. The project was undertaken in the framework of the Foundation's four-year programme (1997–2000) on social cohesion. The programme has paid particular attention to the ways in which Europe's welfare systems have been responding to the challenges posed by social and economic change, given their key role as instruments of redistribution and vehicles to promote equality of opportunity and social justice. Because of the interrelatedness of the social and economic challenges facing European society, the project is also closely connected with policy issues affecting employment, equal opportunities and worker/citizen participation. Preparatory work undertaken with the European Commission (DGV) also underlined the significance of social public services for employment, economic development/competitiveness, social justice, cohesion and democracy. In its research programme for 1990–1995 the Foundation had also investigated methods to improve user involvement in the design and delivery of public welfare services, examining implications for citizens, staff and managers/policy makers. Significant information gaps identified in this research concerned the changing working conditions of social public service staff; the impact of increasing diversity of provision (private, voluntary and public sector); and the implications of reform for performance and quality. The social, economic and political role that social public services play has been underlined in this previous research (Deakin et al, 1995:8):

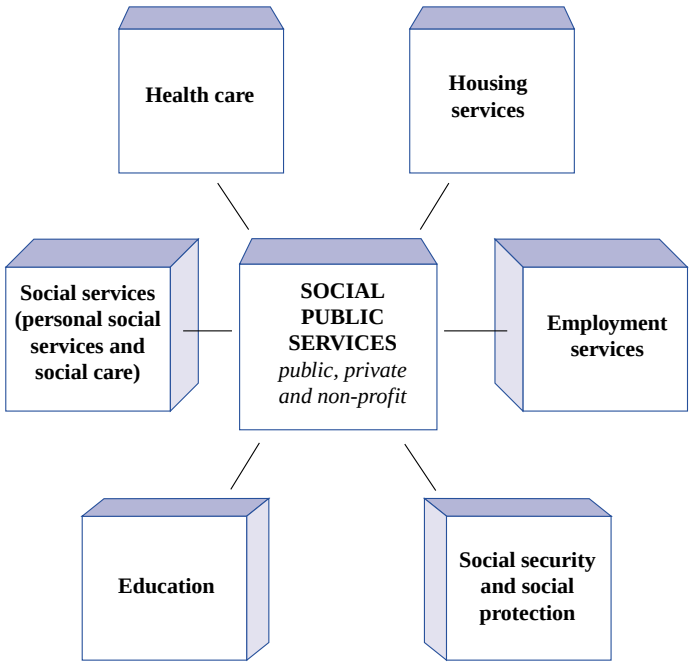
> 'All citizens are users of public services; the purpose of public services is to serve the public; the daily texture and quality of individuals' lives are shaped by public services. They are vital to economic success and social cohesion and good quality public services provide the social glue that bonds society together. They are a cornerstone of the European social model.'

This work showed that despite progress towards the development of citizen-oriented public welfare services in Europe, programmes to improve service delivery lacked continuity and funding, and the evaluation of results and possible lessons for transfer had been poorly developed. The research highlighted the need for further studies to assess the impact of reform strategies on the quality of services and working life.

It is against this background that this research assesses new initiatives to meet the multifaceted needs of socially excluded people in coordinated and integrated ways. It has focused on changes and reform in social public services (health, education, social security, employment, housing and social services) to improve the quality of service to users and the quality of working life. Four client groups were selected for more detailed research through case studies: dependent older people, especially those living alone; long-term unemployed young people; adults with learning disabilities; and adults with mental illnesses. The research analysed the outcomes of innovative developments in policy and practice, and the research focus was on identifying examples of good practice and more detailed case studies, with a particular emphasis on service improvements which seek to meet needs in a more integrated and responsive manner. The aims of the research are as follows:

- To assess the extent to which service quality initiatives have improved the quality of services in order to meet the needs and preferences of service users.
- To document and assess the effects of reform and modernisation on jobs and the working conditions of staff in social public services.
- To examine the implications of changing patterns of employment and working life for the quality and delivery of such services.

Figure 1 Social public services



Definition of social public services

Social public services are services provided to citizens by paid workers (and in some cases by unpaid volunteers and family members), to meet general social needs; they are regulated, funded or provided by local, regional or national government within the areas of health, education, social services, housing, employment and social security. Social public services capture a wide range of concepts including social welfare services, welfare systems and welfare states.

The concept has also been used to distinguish between those services that are subject to the EU's *public service obligation* under the Treaty establishing the European Community (i.e. services covered by the liberalisation and competition rules of the EU: utilities, telecommunications and transport) and the services that are provided by national, regional and local agencies to meet social needs for care, health, employment, housing, education and minimum income needs. Although the European Commission's (1996a) *Communication on Services of General Interest in Europe* recognises the role that social public services play in providing for more cohesive and inclusive societies, they do not fall within the remit of Article 8 of the EC Treaty, which refers to the importance of *public service obligations* in the delivery of commercial services.

Different legal, regulatory, organisational and institutional mechanisms exist for public services across the EU, and there are different notions of what public service means. It is possible to refer to a 'public service ethos' in the provision of services to citizens that is promoted by governments (and increasingly provided within a mixed economy of provision).

By their very nature social public services have broad economic, social and political objectives, and for this reason it can be argued that they could also include those services which have a social benefit to citizens but fall outside the scope of the employment and welfare services (for instance, waste collection, environmental services, the supply of gas, water, electricity, justice systems and so on). For the purposes of this research, however, social public services refer to welfare services within a welfare mix (health, education, social services, housing, employment and social security) as shown in Figure 1.

Welfare restructuring, massive changes in both employment and family/household structures, and technological changes have led to new thinking about the relationship of welfare to employment and family life. As social and economic problems have become more complex and multifaceted, so the risks of social exclusion have also grown. Unemployment and family and household changes mean that the post-war systems of welfare (based on notions of strong labour markets and families, and particularly of women as producers of welfare) are outmoded and unable to meet these needs and risks. Tackling these 'social problems' requires different approaches to public financing, service delivery and the production of welfare.

There has been a growth in service sector employment and a particular growth in employment in health and social services, a large proportion of which has been in the social economy and non-profit sectors. Employment growth in the service sector reveals new forms of polarisation at work between the expansion of high-skilled, high-paid jobs in the knowledge-based economy, and the lower-skilled, lower-paid, labour-intensive jobs in the social public services. In the latter there are potential inequalities in employment conditions between the non-profit sector, with less secure and poorer conditions of employment, and the better-protected public sector.

Modernisation processes have been under way in all Member States of the EU, driven firstly by a new ethos of public service management and citizen-oriented services, and secondly by the voice of users and their advocates in identifying the complexity of the needs and risks associated with social exclusion. This has resulted in a clearer articulation of needs, concerns and interests and in demands for quality services, coordination and greater targeting of resources on individual needs to promote inclusion, autonomy and independence. In most countries public financial constraints have also contributed to the introduction of new forms of service delivery, typified by a mixed-economy approach to welfare delivery, simplified relations between citizens and authorities, and decentralised decision making and financing.

Social public services in Europe: a brief overview

The structure, funding and organisation of the social public services varies significantly across the EU. In summary, four main welfare regimes exist in Europe (European Commission, 2000h; Esping-Andersen, 1990).

- *Continental Europe (Germany, France, Belgium, Austria, the Netherlands and Luxembourg).* Welfare systems have developed based on the relationship between social needs and merit/work performance, funded from employer and employee contributions to social or national insurance schemes and some direct taxation. The provision of insurance-related social benefits outweighs the provision of services.
- *Social democratic model or Scandinavian model.* This has developed from a principle of the individual as part of a social collective, whereby universal services and the entry of women into the labour market became the mechanism for fulfilling social needs, financed through direct taxation. The model is based on principles of social rights derived from citizenship, universalism, redistribution, social partnership and a strong public sector. Although this model is based on production and financing by the public sector and institutionalised welfare, the recent trend has been towards more private sector solutions in social security systems; the introduction of charges for services, and contracted-out care and welfare services.
- *The UK and Ireland.* A model of welfare rooted in the Beveridge principles of universalism, although benefits are at lower levels and have a higher degree of selectivity than in the social democratic model. It was predicated on the assumption of women's role in the home and full employment. However, in the UK in the last two decades the model has been shaped by a policy of a reduced role for the state, an increasing welfare mix focused on market competition, and a focus on selectivity and targeting rather than universalism.
- *Southern Europe.* Portugal, Spain, Italy and Greece have developed rudimentary welfare systems based largely on family and voluntary systems of support and limited state involvement. Portugal, Spain and Greece are characterised by increased levels of state intervention in recent years. Nevertheless the family remains the main instrument of solidarity between the generations, and employment in the social public services remains relatively low.

These models are being rethought in the light of women's entry into the labour market, changing household formations, ageing populations, long-term unemployment and demands for improved services from users.

Despite limitations on public budgets, Table 1 shows that expenditure on social protection grew as a proportion of GDP across the EU Member States during the 1990s from 25.4% of GDP in 1990 to 28.7% in 1996. In 1996 the country with the highest proportion of GDP spent on social protection was Sweden (at 34.8%), whilst the country with the lowest spend as a proportion of GDP was Ireland (18.9%). Much of this new expenditure is the result of the increasing costs of pensions and financial support to unemployed, dependent elderly and excluded people, rather than a reflection of increased resources given to services overall. If social protection expenditure is examined using the 'Purchasing Power Standard' per head of population, more significant variations are found, with the ratio between Luxembourg and Portugal being 3.3 to 1 in 1996.

Table 1 Expenditure on social protection in the EU[1]

	Social protection (% of GDP)		Social protection expenditure per head of population (€)
	1990	1996	1996
EU-15	25.4	28.7	5,120.00
Belgium	26.8	30.0	6,059.00
Denmark	30.3	33.6	6,884.00
Germany	25.4	30.5	6,351.00
Greece	22.7	23.3	2,695.00
Spain	20.4	22.4	3,160.00
France	27.7	30.8	5,608.00
Ireland	19.1	18.9	3,069.00
Italy	24.1	24.8	4,644.00
Luxembourg	23.5	26.2	8,297.00
Netherlands	32.5	30.9	5,925.00
Austria	26.7	29.5	6,050.00
Portugal	15.1	21.6	2,533.00
Finland	25.5	32.1	5,266.00
Sweden	32.9	34.8	6,119.00
United Kingdom	23.1	27.7	4,839.00

Source: Eurostat, Statistics in Focus, 5/1999

Expenditure on the social public services is distributed in different ways across the Member States. For instance, Italian, German and Austrian expenditure on welfare emphasises monetary transfers, with relatively low levels of expenditure on services, in contrast to Denmark, Finland and Sweden where a higher ratio of services over income can be found.

[1] Please note that in the tables in this report EU Member States are listed in alphabetical order using the spelling of their source language.

The social, economic and demographic challenges

Despite the differences in expenditure and in welfare systems, common economic challenges are faced by all Member States. These include long-term unemployment, growing levels of public expenditure on health care and social security, population ageing and growing evidence of multifaceted needs and risks associated with social exclusion. In those countries (the Netherlands, Sweden, Denmark, Finland, Germany, France, Austria, the UK and Luxembourg) which have comprehensive systems of care and social protection, plans have been introduced to sustain these systems, alongside measures to reduce levels of welfare dependency. Those countries with less extensive systems have been developing strategies to promote social inclusion, extend the coverage of benefits and introduce new services. The growing number of dependent older people has led to demands for the wider provision of community and residential services. Changing family/household relationships and the rise of female participation in the labour market potentially limits the source of informal care across Europe. This creates a tension for national and EU policy in seeking to improve the employment rate of women: the potential reduction in the pool of women carers raises the need for a corresponding increase in public funding for social care.

Developing active labour market measures and reducing welfare dependency

The emphasis given to active measures to integrate people excluded from the labour market into work reflects the importance attached to active measures under the European Employment Strategy. In a number of countries policies have been developed to integrate women, disadvantaged young people, disabled people and people from ethnic minority backgrounds into education, training and work. The emphasis on active rather than passive labour market measures can be seen in Finland where social security is now considered to be an obstacle rather than an opportunity for participation in work. In the UK the welfare state is viewed to have created unnecessary dependency, leading to active policies to get more welfare recipients (long-term unemployed, young unemployed and single parents) from benefits into work. Active measures have been an important feature of Swedish and Danish employment policy.

Deregulation, decentralisation and deinstitutionalisation of services

During the 1990s deregulation, deinstitutionalisation and decentralisation have been features of social policy debate and policy change in the EU. The social public services have been the subject of a high degree of *deregulation* across Europe, whereby the break-up of centrally administered control and financing systems have been decentralised to more localised services typified by a welfare mix. The emphasis on marketisation in a growing number of countries is a reflection of this. Although the separation of the financing and the delivery of services can allow for more flexible, market-based services, there are concerns that marketisation will work against the provision of high-quality services delivered and planned locally to meet user needs. Deregulation is viewed as a means to improve service quality in Spain and Italy, where it is argued that unresponsive, bureaucratic and centralised services have undermined the development of good quality services in the past. However, concerns about local accountability and regional and social inequalities resulting from deregulation have led, in a large number of

countries, to new service-quality initiatives which emphasise users' rights to information and complaints procedures. In Finland, the absence of nationally determined service entitlements and rights, and therefore the possibility that municipalities may apply different entitlements and rights, have led to concerns about exacerbating regional or social inequalities. Deregulation has also resulted in shifts in policies regarding the subsidisation of services; for example, in Germany there are proposals to issue vouchers to disadvantaged people so that they can purchase services from independent or private service providers.

Decentralisation of service delivery and/or regulation has been associated with deregulation and the need to target services at local levels in order to meet needs in more integrated ways. Decentralisation can also mean that a greater emphasis is placed on the role of families and local communities as producers of welfare, placing added burdens on women (and families) as care providers. Decentralisation is high in those countries where autonomy is given to the different tiers of regional and local administration, for instance, in France, Italy, Spain, Germany and Austria, although the degree of autonomy differs in these countries. In Denmark, Sweden and Finland the decentralisation of services to municipal levels has led to more autonomy in delivering services as close to the citizen as possible, although within increasingly tight budgets. In Denmark, decentralisation dating back to the mid-1970s was an explicit strategy to improve the quality of services. More recently, in Finland, decentralisation has been associated with democratic accountability and good-quality client-oriented services. The reform of state grants in 1993 allowed for the decentralisation of the planning, control and financing of municipal social and health services. In Greece and to a lesser extent in Ireland and Portugal, reforms to decentralise services are beginning to take shape, although the latter two countries are largely based on centrally managed services delivered through local agencies and partnerships. In Greece, decentralisation has led to political partnerships and community involvement, whereas in Denmark, France, Germany, Italy, the Netherlands, Spain and Sweden decentralisation has allow for local innovation, the coordination of services and user involvement. In contrast, the UK has seen greater central control of services that are delivered locally.

Across Europe *deinstitutionalisation* has been an important process of modernisation in the social public services, based on principles of care, integration and the normalisation of clients in the community. In some countries it has a long history, although rapid deinstitutionalisation during the 1990s has led to concerns that community care services have not been matched with adequate resources, particularly for people with mental health problems.

Targeting of services – shifting from universal to selective delivery approaches

These developments also result from a shift towards more individualised rights, characterised by a move away from universal services to selective services that are tackling multifaceted needs in more coordinated ways. These new services are increasingly based on principles of equity, social rights and citizenship. However, there is a danger that the shift from universalism to selectivism will lead to stigmatisation for disadvantaged groups. In France, inadequate resources meant that the comprehensive policy for support and integration of the elderly (which had been in place

since the 1960s) has been refocused to a selective policy of supporting only the dependent elderly in their own homes.

New approaches to service delivery: coordination, integration and partnerships

The coordination and integration of policy and services has resulted in different national and local strategies and mechanisms, including both top-down and bottom-up approaches. However, it is rare to find the *full* integration of all social public services in any one country. Social exclusion is characterised by multiple problems, requiring multiple and coordinated forms of intervention. People facing multiple forms of exclusion may slip through the net of general or universal services. As a result, targeting services through personalised and integrated packages has become increasingly critical to social inclusion strategies. For example, in Germany, national initiatives like the National Youth Plan and the Care Insurance Act have paved the way for the coordination of services, quality assurance measures and improved use of resources. In a larger number of countries the impact of localised initiatives, experiments and innovations have paved the way for new approaches to user-oriented and coordinated patterns of service delivery.

Definition of coordination and integration

Coordination

This takes place where services are linked together through administrative and organisational structures but remain within existing departmental or organisational boundaries. Coordination can take place between a range of providers. In some cases it may be that municipal departmental structures and planning are coordinated so that a number of services can be provided through a single point of contact; whilst in others, services provided by municipal departments, non-profit organisations, for-profit organisations and informal/family provision are coordinated. Coordination also builds on the experiences of inter-departmental, multidisciplinary and inter-agency working practices and methods. Providers may coordinate their services both externally and internally. This can also be facilitated by coordination of policy making at national, regional and local levels.

Integration

This takes place where departmental, administrative and organisational boundaries are removed, and new or different structures are established that bring together a range of providers or services into one integrated service. In some cases fully integrated services may result in the removal of disciplinary boundaries between services, whilst in others different disciplinary boundaries are integrated within one service.

The OECD defines service integration as the organisation of services delivered to people at local levels which should not result in new programmes being superimposed on existing programmes, but should rather be ‘a process aimed at developing an integrated framework within which ongoing programmes can be rationalised and enriched to do a better job of making services available within existing commitments and resources’ (OECD 1996:22). As a result programmes should be developed that coordinate service delivery for the benefit of local people. These should be comprehensive and result in the allocation of resources that are responsive to local needs.

Coordination and integration of policy at national level

National policies are recognising that the needs and risks associated with social exclusion require more strategic responses and greater targeting of resources to the most disadvantaged groups. New national strategies have evolved that recognise the interlinking of income insecurity and poverty, unemployment, lack of housing, access to health care and high debt. Multidimensional policies that promote greater governmental coordination and integration of national policies provide some indications for a broader European strategy that can be developed against social exclusion. An increasing number of Member States are coordinating national policies with an emphasis on joined-up government, cross-cutting and inter-departmental measures to promote the integration of excluded people into society, tackle social problems and encourage additional targeted action. The range of strategic policy responses to tackle social exclusion at national level includes the following measures.

- In *Belgium*, the 1990s reform process, described as 'top-down modernisation', aimed to rationalise social security spending and reduce unemployment through the development of standardised services and outsourcing. It also led to increases in budgets for older people, young unemployed people and disabled people on the basis of new demands on services.
- In *Denmark*, active labour market policy and activation policy towards benefit recipients is considered to be the main tool for combating social exclusion. Additional resources exist for supporting and activating the most excluded groups, for example, homeless people.
- In *Germany*, the expansion of social public services is the outcome of a long-standing reform process and the recognition of new social needs.
- In *Spain*, although social public services have had lower levels of coverage and provision than in most EU countries, recent reforms are marked by continuous expansion of social public services, which are meeting a wider and more diverse set of needs.
- In *France*, new framework legislation requires that social inclusion be integrated into all public policies. The framework defines exclusion in terms of access to fundamental rights in relation to employment, housing, health care, justice, education, training, culture, family and child protection.
- In *Ireland* the 'Cabinet Committee on Social Inclusion' has been formed to coordinate policy nationally. This committee is chaired by the Taoiseach (Prime Minister) and brings together ministers from eight government departments. It has given strategic importance to a number of activities and bodies that promote integration and coordination at local and national levels, including the national anti-poverty strategy ('Sharing in Progress: the National Anti-Poverty Strategy 1997–2007'), the 'National Drugs Task Force' and the formation of an inter-departmental policy committee, which brings together government departments/agencies and the 'Combat Poverty Agency' at an operational level.
- In *Italy*, there is a more global approach to tackling social exclusion, with increased recognition that this requires multiple forms of intervention that provide for social integration, autonomy and independence. However, this approach is hindered by the limited coverage and resourcing of services; centralised policy formulation; and traditional forms of public administration.
- In *Luxembourg*, a coordinated national approach has been pioneered by the Government's prioritising activities that tackle exclusion resulting from lack of access to education, training, employment, health, accommodation and income. This includes the provision of a

basic income scheme, the *Revenu Minimum Garanti*, which combines social assistance and social support to integrate people into work.

- In *the Netherlands* the anti-poverty strategy, 'The other side of the Netherlands', is a preventive approach to combating poverty and social exclusion. Wide consultation and the introduction of monitoring systems have taken place with the participation of excluded groups in the policy process, including the trade unions, the 'National Foundation of Service User Councils' and other organisations representing poor and excluded people.
- In *Austria*, more funding has been given to innovative initiatives, particularly in the not-for-profit sector, which are designed to tackle social needs and demands and promote quality services in a client-centred approach. This has led to an expansion of activity.
- In *Portugal*, the 'National Fight Against Poverty' prioritises the social integration of disadvantaged and excluded groups through employment, educational, housing, social and vocational measures. A national minimum income was introduced in 1997 in partnership with the public and private sectors, and local community groups at local levels.
- In *the UK*, new thinking about joined-up government has led to the creation of the 'Social Exclusion Unit' within the Cabinet Office to coordinate government action on social exclusion issues. Activity has focused on problems such as truancy, teenage pregnancy, run-down housing estates, education, training and employment. Local coordinated policy strategies have also grown in importance, for example through local health action policies. In the UK it is suggested that despite a favourable climate for integration, these policy responses are difficult to implement without further structural reforms to devolve power to local levels.

Coordinating and integrating local services

Local service coordination is a principal mechanism to tackle social exclusion and rejuvenate the social public services. This has taken place through administrative reorganisation and decentralisation in Sweden, Denmark and Finland, resulting in better integration between health and social services for older people. In some countries this has been client-led, using, for instance, personal 'budgets' or care insurance. The most common form of integration at local level has been through inter-agency working and coordinated case management by inter-disciplinary teams, for instance, in community psychiatric teams, care teams for elderly people and care management teams for young people at risk. Innovative approaches include those that involve local community groups and non profit-making organisations, thus going beyond cooperation across disciplinary boundaries to developing systems changes through what Cullen (1997) refers to as 'systems partnerships'. The range of integration strategies, including networking, coordination, cooperation and collaboration do require that integrated services have both national policy support and local implementing resources built in.

Partnership approaches

There is a growing recognition of the importance of partnership, participation and consultation between voluntary and non profit-making organisations, users, the public authorities and the social partners on policy initiatives and services for disadvantaged groups. This is well developed in the Netherlands, Ireland and Belgium, and to a lesser extent in Italy, France, Sweden and Denmark. These initiatives range from consultations regarding national social pacts to local participation of users in users' forums or local panels in a number of countries (European Social

Network, 2000). Partnership approaches to service delivery between national and local levels, on the one hand, and between networks of providers, funders and users, on the other, are important to coordinated and integrated service delivery strategies. In Italy, the involvement of the social partners alongside public and private partners, through *local concerted action agreements* and *pacts*, has assisted in steering the economic and social system through a period of political instability and a major reorganisation of welfare services. In other countries local partnerships have been central to the operation of European Structural Fund assistance and have, to varying degrees, brought the trade unions, employers, voluntary and community organisations and users into a participatory policy-making and delivery approach. Partnerships have been important in underlining the need for coordination and integration, and have often been the inspiration for developing new coordinated service structures.

Cost containment measures

Conversely there is also evidence of cost-cutting measures which are impacting on the success of integrated and innovative services, and in some cases are undermining their development. In Denmark cost containment has been in place since the 1980s, whereas in Sweden it is a new phenomenon. The UK has had a shrinking resource base for two decades. Charging for services is becoming more commonplace in Germany, the UK, Finland, Austria and Sweden, although in Austria the introduction of charges has partly been offset by an increase in cash benefits. In Germany, legislation on service provision (the 'Care Insurance Act' and the 'Federal Social Welfare Act') has required the introduction of service-based charges, which have led to cost-cutting measures. In Italy, charging for services for elderly and disabled people has resulted in assessments of users' financial means, with costs assessed against disposable income. The funding of services in Germany in the non-profit independent sector has increasingly been awarded on the basis of cost-effectiveness rather than quality, in a climate of cost-containment and growing competition from the private for-profit sector.

Pressures and constraints on public finances in all EU Member States have coincided with new demands and pressure for services. This has led to attempts to improve the efficiency of services (public or private) through new forms of management and organisation. In Italy, it has resulted in the creation of new business organisations in the health field and the introduction of competition between service providers, raising new issues of quality in order to prevent competitive pricing undermining service quality. This poses new questions about how users of services can make meaningful choices when limited information is available regarding the quality or nature of the service provided.

There is evidence in the Foundation's research from service providers, care organisations and trade unions to suggest that these cuts are having an adverse effect on the quality of services because of worsening working conditions; work pressures; stress; high staff turnover; loss of motivation; a reduction in the uptake of further training; the replacement of specialists with unskilled staff; and in some cases compulsory pay cuts. Likewise, there are concerns about the growth in temporary and part-time work, and in precarious employment contracts resulting from job-creation schemes and short-term funding measures.

Mixed economy of provision

The mixed economy of provision/welfare mix refers to the diversity of provision in the social public services, which is associated with privatisation, commercialisation and marketisation. It includes public, private for-profit, non-profit, voluntary and family provision. On the one hand, this has led to an increase in the contracting out of services to the for-profit and non-profit sectors. On the other hand, it has resulted in the growth of strategies to support and in some cases to pay for informal care provided by family members (usually women). Increasingly the social public services are adopting the language of markets and are operating within quasi-markets as competition between social public services providers has become common. In Finland and Denmark, municipal authorities are now able to contract with private providers. In France, hospital planning through the regional hospital agency includes provisions to introduce competition between public, non-profit and for-profit hospitals. This raises important questions about the quality of care and the regulation and evaluation of provision.

There is some evidence from the Foundation's research to suggest that contracting services to non profit-making organisations has allowed for innovation and user involvement, and for better opportunities for integrating services and partnerships between local actors. In some cases it has inspired strategies to coordinate services. Conversely, in some countries it has been a negative experience, resulting in job losses and poorer quality of services, typified by the UK's 'Compulsory Competitive Tendering' regime that operated during the 1980s and 1990s. In Spain, collaboration between the health service and the employers' mutual insurance fund has been stepped up to widen the coverage of incapacity insurance. This raises a raft of problems concerning the development of dual or two-tier services (whereby choice is possible for people with good incomes in the private high-quality fee-paying services, in contrast to the lower-quality public services offered to socially excluded and poor people). Similar problems may also be evident in the creation of differential working conditions in the different sectors (public sector, non-profit sector, private for-profit sector). The role of the public sector in service provision has been re-cast away from that of direct provider of services towards one of enabler and facilitator, resulting in more private-sector solutions. This means that the public authorities need to play a new role in regulating quality, in setting standards and in ensuring that quality is not driven down by cost competition. In Italy, public sector regulation to guarantee the quality of the services that the various public and private partners compete to run has strengthened non profit-making organisations, which increased by 30% between 1995 and 1997. Of importance is that the regional authorities are required to specify ways in which the work of the social cooperatives is coordinated with that of the social, welfare and training services. In Germany, contracting out services to social enterprises – where the bulk of social public service provision now exists – has been in place since the 1980s.

One dimension of the restructuring of social public services in the direction of a mixed economy of provision has been the role that can be played by *social economy and local employment initiatives* in promoting new forms of employment (European Commission, 1995a, 1995b). In Denmark and Austria there is limited consensus on and development of the social economy. In

Finland the EU's employment guidelines have enhanced the potential of the role of the social economy in providing services. By contrast, in Italy social cooperatives are well organised within the social economy, and in the UK the development of social economy jobs and intermediary labour markets for disadvantaged and marginalised young unemployed people have become an increasingly important aspect of community regeneration and job creation.

Empowerment, participation and the involvement of users

Of key interest to the research undertaken in this project is how user involvement is connected to improved quality. However, there remains limited evidence of systematic research to identify user needs, and much of the evaluation of services has been primarily from a provider perspective. Even in those countries (Sweden and the Netherlands) where user involvement in service delivery is well established, methods of identifying user needs and preferences are not widespread. Even less extensive is evidence of users themselves identifying their own needs. In the Netherlands, trade unions have worked closely with user organisations in recognition of the fact that the new culture of client and user empowerment and participation strategies is of relevance to workers and users alike. They have highlighted important user perspectives, identified gaps in services and stressed the importance of developing clear rights and obligations in service delivery.

The increasing focus on users' rights has led to a greater emphasis on simplification, accessibility and service quality. For example, in Italy, experimentation with public service charters and the creation of a public relations office has resulted in commitments to citizens and/or users based on qualitative and quantitative standards as regards impartiality, continuity of service, the right to choice, participation, efficiency and effectiveness. There is also evidence of the development of more individualised packages of care, a greater level of user choice and greater articulation by users of their own care needs. Personal budgets in the Netherlands; dependency insurance in Luxembourg; direct payments in the UK and Sweden; care insurance introduced under the 'Long-Term Care Act' in Austria; and care insurance also in Germany are evidence of this greater individualisation of care, user empowerment and improved perceptions of quality amongst users (European Social Network, 1998; Evers et al, 1994; Weekers & Pijl, 1998).

The emergence of local, national and international networks of users and their associations through *civil dialogue* at EU level has led to a greater level of expertise and sharing of good practice across Europe. This growth of user movements stresses the role of users as agents of their own welfare destiny who are increasingly articulating differentiated welfare needs. Of interest to social policy making is the growth of movements and organisations whose critique of post-war welfare states have, according to Williams (2000: 339) questioned '…whether it is possible to combine a commitment to *universalism* in policies whilst respecting *diversity*, or particularism, of identities, practices and beliefs'. The shifting focus amongst users and their organisations has been particularly marked in demands for the democratisation of provider/user relations and in the emphasis on user needs in the organisation and delivery of welfare services.

Methodology

This project has taken place in two stages. The first stage (1998–1999) was based on research studies covering the 15 Member States of the EU. The research teams worked within a common framework of research questions and issues on a cross-national basis. The studies are based firstly on a review of existing research, statistical and documentary sources; and secondly on interviews at both national and local levels with policy makers, workers' representatives, non-governmental organisations, management and service users. A significant aspect of the research was the selection of examples of good practice (four examples selected in each country for each of the four client groups) and case studies (two examples selected for more detailed assessment for each country). In total, 97 examples of good practice were documented in the national reports. Twenty more detailed case studies provided an in-depth assessment of the impact of change on the quality of working life and the quality of services to users.

The examples and cases are not intended to be representative of all developments at national level, rather do they point to good practice and the possible future development of social public services, and illustrate improvements in the direction of more coordinated and responsive services. They describe the key features of good practice and how quality is assessed. A detailed protocol was drawn up for the case studies. First, this focused on the examination of performance, standards and trends, with consideration given to quality assurance and quality improvement measures and the impact on the quality of service and working life. Second, the assessment of the impact on the quality of working life included an assessment of the work environment, job content and working conditions, particularly with regard to front-line staff. Particular attention was given to changes in working life, including flexibility; the balance between work and family life; involvement in decision making; skills development and training; and job satisfaction.

Table 2 shows that the examples of good practice are particularly prevalent in the non-profit sector and the public sector (40 are located in the public sector, 52 in the non-profit sector, one in the for-profit sector and four in mixed public/private providers). All of the examples are state funded, although some are supplemented with additional revenue from donations and charges. Table 3 identifies the case studies and the different client groups that they cover.

This report is the outcome of the second stage (1999–2000) of the project, which involves a synthesis of the national developments, drawn from the national reports, and some additional desk research. The objective is to provide an overview and synthesis of national and EU developments, drawing out similarities and differences in approach at national level, and an assessment of the examples of good practice and case studies. An important aspect of the report is to make recommendations regarding the future development of social public services in the EU.

Table 2 Examples of good practice: funders and providers

	Provider			
	Public sector (local, regional or central)	Non-profit sector	For-profit sector	Mixed providers
Belgium	4	5		
Denmark	5	2	1	
Germany	1	8		
Greece	8	4		
Spain	2	7		
France	1	8		
Ireland	1			
Italy	2	3		4
Luxembourg		1		
Netherlands		1		
Austria	2	7		
Portugal		1		
Finland	8	1		
Sweden	2			
United Kingdom	4	4		

Conclusion

This chapter has reviewed the main developments, trends and pressures within the social public services from the perspective of changing relationships between the state and the citizen, between providers and funders. It reflects the context of the increasing attention being given both to the multifaceted needs and risks associated with social exclusion, and to user involvement, participation and partnership. In summary, the main challenges include:

- meeting the growing demands on services;
- the articulation of user needs;
- greater user involvement in services, including shifting provision away from client-oriented dependency towards active user involvement and empowerment;
- a pattern of cost containment and cost-cutting measures, particularly as Member States have prepared their economies and budgets for EMU;
- increased use of marketisation in delivering services, and the move towards a mixed economy of provision and the regulation of public finances;
- improving the quality of services and quality initiatives linked to better coordination of services; public service modernisation and new forms of public sector management;
- improving the quality of working life, providing equal opportunities and reconciling work and family life.

Table 3 Overview of the case studies

	Dependent elderly people	Young unemployed	People with learning disabilities	People with mental illnesses
Belgium				
Vitamine W				
Integrated Service for Psychiatric Support and Care (SIAJeF)		✔		✔
Denmark				
Slagelse local authority – preventive service for elderly citizens				
Askovgården service for people with mental illnesses	✔			✔
Germany				
Welfare advice and psychosocial assistance for the elderly, Mönchengladbach				
The Salzgitter RAN-JOB-BET Integrated Youth Welfare System	✔	✔		
Greece				
Services for older people: the Peristeri Help at Home Service				
The Society for Social Psychiatry and Mental Health	✔			✔
Spain				
Domestic tele-assistance, Spanish Red Cross				
ASPRONIS – project for mentally handicapped people	✔		✔	
France				
Equinoxe and Equinoxe plus				
Du côté de chez soi	✔		✔	
Italy				
Social services for elderly people facing hardship in the Commune of Bologna				
The Centro Socio Educativo (SCE), Lissone, Milano	✔		✔	
Austria				
Recuperation at home: Red Cross				
The Bungis Association	✔		✔	
Finland				
The Zappa job creation unit				
Home care services in Kitee	✔	✔		
United Kingdom				
New Deal for Young People in Bristol and South Gloucestershire				
Bristol Care and Repair	✔	✔		

Chapter 2

Social public services: the European context

Introduction

This chapter reviews EU policy, particularly where it has stimulated reforms and new approaches to improve the quality of services to users and the quality of working life. The challenges currently faced by the EU are, first, long-term sustainable growth and a knowledge-based economy; second, creating new jobs, improving employment rates and reducing unemployment; and third, reforming welfare systems so that they are financially sustainable but are also able to meet new risks and needs. These challenges both reinforce and contradict each other.

The key question at the March 2000 Lisbon Economic Council was how to create sustainable, technology-intensive growth, with social cohesion and with more and better jobs. The complexity of these challenges poses a number of political, economic and social policy-making dilemmas. Long-term unemployment, low employment rates, growing income inequality, ageing populations, changing family structures and the position of women, the role and affordability of social protection, social exclusion and poverty are set against globalisation and increased competition and open markets and the development of the 'information society'. This is particularly important in the context of the Foundation's own research strategy, and in the development of European social, employment, cohesion and economic policies. Overriding these are pressures on welfare spending that are increasingly affected by the need for further reductions in budget deficits required under the Stability and Growth Pact. The conclusions agreed at the Lisbon European Council have provided an integrated framework for tackling economic, employment and social cohesion policies, with plans for setting indicators and targets for national governments through an annual review process. This is a major development for the EU and signifies a step towards both the coordination and integration of EU policies and a more

focused policy on social inclusion. Of importance to these conclusions are the linkages made between economic growth, social inclusion and social cohesion, the quality of jobs and the open system of coordination that has been put in place.

This has been followed up by the approval of the *Social Policy Agenda* at the December 2000 Nice summit. The agenda sets out a five-year action programme for 2000-2005 which aims to strengthen the role of 'social policy as a productive factor' through a range of employment, social protection and enlargement-related actions. Significant emphasis is placed on the 'promotion of quality', including the quality of work, the quality of social policy and the quality of industrial relations (European Commission, 2000j).

Public services are closely connected to EU policy in the liberalisation programmes of the commercial public services, in the development of the information society, in employment policy and in the contribution that social public services can play in economic and social cohesion, social inclusion and job creation. In some respects the subsidiarity principle is becoming less important in the light of the debate about the future of social protection in Europe, and the questions this raises about the future funding of social public services and the balance between monetary transfers and services. The social and financial implications of population ageing has led to EU priorities to promote active ageing strategies and policies that reflect the diversity of older people's needs and social situations, including the need to ensure that resources are properly coordinated to combat the risks of social exclusion late in life (European Commission, 1999b).

However, the economic environment of competition in the EU poses a number of problems. First, the operation of open markets can conflict with social protection systems and national welfare systems. Second, the emphasis on employment, particularly in the context of the information society, as a solution to exclusion can lead to further marginalisation of those outside of employment (for example, older or disabled people), whilst low pay and poor working conditions can result in poverty and exclusion from participating in society. This raises an important question about how an economic policy based on liberalisation and competition can be reconciled with social inclusion and social cohesion, quality services and quality jobs.

Public services and European integration

Public services are increasingly the subject of EU attention, which, in the context of globalisation, has resulted in competition in public services, including health and social care. This raises questions about how service quality and working conditions can be regulated and protected in a climate of global competition and the single European market. It is particularly an issue in the commercial public services (utilities and transport), and the reference made to 'services of general interest in Europe' in Article 16 of the EC Treaty reflects the importance attached to the public service obligations of the increasing number of public services delivered through competition. In the European Commission's (1996a) report, *Services of General Interest in Europe*, it is stated that:

> ‘Solidarity and equal treatment within an open and dynamic market economy are fundamental European Community objectives; objectives which are furthered by services of general interest. Europeans have come to expect high-quality services at affordable prices. Many of them even view general interest services as social rights that make an important contribution to economic and social cohesion. This is why general interest services are at the heart of the European model of society’.

This raises new questions about the role that public services can play in the process of European integration, citizenship, and social and economic cohesion. The concern to make public services a central element of Europe’s model of development is reflected in the ETUC *Charter on Public Services*, a response to the growing importance attached to public service obligations in the EU. The charter goes further in developing a campaign to show that all public services, including social public services (state, private, commercial and non-commercial) are at the core of European citizenship and critical to ensuring economic and social cohesion across Europe. This has particular relevance to the quality of social public services (and the quality of work within those services) in the context of European integration, and to debates about social quality in the EU.

The future of social protection and welfare state reforms

There is a general consensus in the EU that the achievements made to date in establishing welfare systems that protect against disadvantage, ill-health, unemployment, old age or disability should not be adversely affected by the reform process. The question remains as to how these fundamental principles underpinning welfare systems can be preserved with reduced growth in public expenditure. In developing instruments to reduce public expenditure, Member States face pressures to expand social public services which are costly because they are labour intensive.

The EU discourse about the relationship between social protection and economic performance is tied in to improving work incentives, education, training and job creation measures that also have a potential impact on the single European market. The Council Resolution on the role of social protection in fighting unemployment (96/C 386/02) called on Member States to restructure their social protection systems so as to be better able to combat unemployment through activation strategies aimed at integrating unemployed and excluded people into the labour market. This was followed in 1999 by a Communication urging Member States to improve and modernise social protection across the EU (European Commission, 1999a), and in 2000 with the formation of the Social Protection Committee to take these issues forward. The thinking in the longer term is that the single market may eventually lead to harmonisation of social protection systems, and that in turn, the impact of competition may also lead to improved quality and efficiency of services (Franco and Pench, 2000). This latter point raises dilemmas about how quality can be assured in an open market, and about the type of regulatory framework that would be needed to ensure that competition does not lead to social dumping, poorer-quality services and working conditions.

Social inclusion

The fight against social exclusion and the commitment to more inclusive economies and societies has become an important priority for EU policy. Eurostat data confirms that an average 18% of the population (65 million people) of the 15 Member States of the EU live in poverty, defined as income below 60% of median incomes. This varies between 11% and 24% across the Member States (Eurostat, 2000). A high proportion of people living in poverty do so because of low pay, and those living in poverty experience deprivation and exclusion from participation in society. In this respect poverty and exclusion '…challenges the notion of Europe being a champion of social justice and solidarity' (European Commission, 2000g:5). Furthermore, the EU's focus on competition and technology-led growth, requires more '…sophisticated, targeted, innovative, integrated approaches as well as new forms of partnership and participation of stakeholders, especially the excluded themselves' (2000g:8).

Social inclusion is a central objective of EU policy under Article 137 of the EC Treaty. The European Commission's work programme for 2000 brings the quality of life and the social quality agenda to the forefront of policy on citizenship and social inclusion (2000a, 2000b). This has been consolidated under the Portuguese presidency by means of a new priority given to Community action aimed at mainstreaming social exclusion into employment, education and training policies (European Commission, 2000c) and the approval of the 'European Strategy against Social Exclusion and All Forms of Discrimination' at the December 2000 Nice Presidency Summit (European Council, 2000). A number of new priorities were adopted by the Lisbon European Council, including those of modernising social protection and sustainability of pension provision in the long term; restoring full employment as the key objective of economic and social policy; increasing investment in education and training for the knowledge-based economy; striving for social inclusion with specific targets and indicators for poverty reduction and the monitoring of trends and policies on social exclusion; and promoting a new social dialogue. Emphasis is placed on innovative and inclusive ways of participating in society and the knowledge-based economy. (European Commission, 2000c, 2000g). The creation of a Community Action Programme to combat social exclusion aims to further promote good practice across the Member States in the field of social inclusion through innovatory approaches, networking and exchanges of information and good practice. Furthermore, these developments are consolidated in the agreement at the December 2000 Nice Summit, to create National Action Plans on social exclusion by June 2001 within a framework of indicators and monitoring mechanisms (European Council, 2000).

Of importance to the Foundation's own research are the conclusions of the March 2000 Lisbon European Council for the development of national coordination mechanisms and new activities to tackle social exclusion, along with benchmarking, reporting and monitoring of progress through an annual reporting process. Further, the development of specific priority actions for target groups (for example, minority groups, children, elderly and disabled people) would also require reporting mechanisms on their implementation (European Council, 2000).

The Lisbon conclusions: Towards an integrated European approach for economic, employment, social inclusion and social cohesion policies

The March 2000 Lisbon European Council established a new strategic goal for the EU '...in order to strengthen employment, economic reform and social cohesion as part of a knowledge-based economy [in the context of globalisation and the knowledge-driven economy in order] to become the most competitive and dynamic knowledge-based economy in the world capable of sustainable economic growth and more and better jobs and greater social cohesion'. An important innovation was introduced by the EU in adopting, within a single framework, an integrated approach to tackle employment, economic reform and social cohesion, with the development by the end of 2000 of targets to eliminate poverty, and national action plans in order to monitor progress towards employment, economic reform and social cohesion. This also includes the mainstreaming of social inclusion into policies on employment, education/training, health and housing. The objective is to create an open form of coordination at all levels, with progress being monitored by the European Council via annual review meetings to be held by the Council each spring. This will require the establishment of:

- guidelines and timetables for reaching the established goals;
- quantitative and qualitative indicators and benchmarks that allow for differences between Member States;
- the translation of the guidelines into national and regional policies, with targets and methods of implementation that allow for differences between Member States;
- annual monitoring, evaluation and peer review as a mutual learning process.

A potential problem posed by the integration of economic, cohesion and employment policies is that economic policy takes precedence in EU activity. It will therefore be necessary to take into equal account both social and economic perspectives in assessing the triangle of economic, employment and social policy. Nevertheless, the agreement at the December 2000 Nice Summit for the development of National Action Plans on social inclusion and poverty reduction indicators will further stimulate initiatives already taking place at national level concerning quality improvement in the social public services (discussed in Chapter 4) and national policy coordination and integration mechanisms around employment and social inclusion.

Employment

The European Employment Strategy represents a fundamental shift in EU policy towards a view of employment as a tool for social inclusion, competitiveness and economic prosperity which emphasises more integrated approaches to tackling unemployment. The four pillars of the annual employment guidelines place an emphasis on employability, adaptability, entrepreneurship and equal opportunities. Although this has led to new strategies at national level and a more coordinated approach to tackling the needs of unemployed and excluded people, a task force established by the European Anti-Poverty Network (EAPN, 1999b) identified an uneven economic focus on supply-side measures, lack of emphasis on the structural nature of long-term unemployment, and ignorance of the exclusion faced by unemployed people and the physical and mental problems that this can cause. They also identified the problems of mismatch between supply and demand in some regions, the sustainability of new jobs, the lack of information regarding the implementation of the national action plans, and the involvement of organisations working with excluded unemployed people.

The European Commission's (1999d) *Joint Employment Report* showed that significant progress had been made in implementing and complying with the guidelines in Denmark, Ireland, the UK and Sweden, although problems still exist in other countries, including the persistence of structural youth unemployment (Belgium, Greece, Spain, France, Italy, Finland and the UK) and the need to improve education and training systems for young people entering the labour market (Luxembourg and Portugal). All Member States are required to introduce action to close gender gaps in employment and pay; to strive for a more balanced representation of women across sectors and occupations; and to improve care for children and other dependants.The emphasis on equal opportunities is particularly important for working conditions and the promotion of family-friendly employment policies in the social public services, such as measures to enhance employment and provide care facilities for children and dependent elderly and disabled people. The problem was highlighted, in the European Commission's analysis of the commitments made to gender mainstreaming and the reconciliation of family and work life since the adoption of the 1998 employment guidelines, by drawing attention to the 'gender imbalance in the entire approach to caring, with the persistence of the assumption that care is the responsibility of women' (1998c:2).

The 2000 employment guidelines emphasised prevention policies, particularly for school leavers, through local authority job-creation initiatives, active ageing strategies and the active reintegration of disadvantaged groups into the labour market. Measures include addressing youth unemployment as a priority and ensuring that every young person is offered some form of training, retraining, work placement or job within six months of becoming unemployed. The guidelines highlight the need to prepare young people for the labour market through information technology skills development in schools, measures to link the transition between school and work, and special provisions for young people with learning difficulties. In addition, vocational training and apprenticeship systems are to be modernised in line with changing technological and economic demands. The social partners are urged to agree measures and actions to increase opportunities for training and entry into the labour market for young people. Under actions to promote a labour market open to all, the guidelines instruct Member States to pay special attention to the needs of disabled people, with preventive and active policies to encourage their integration into work. In continuing these themes, the 2001 guidelines place a new emphasis on the open form of coordination approach towards employment, the quality of employment, entrepreneurship and lifelong learning (European Council 2000).

Underlying these priorities is the objective of EU employment policy to improve employment rates, which lag behind those of the USA. Improving employment rates is viewed as a mechanism to sustain social protection systems and contribute to European competitiveness (European Commission, 1998a). The Lisbon European Council further recommended that employment rates should be raised from 61% in 2000 to 70% by 2010, with a corresponding increase in women's employment from 51% in 2000 to 60% by 2010. Specific priority is given to creating jobs in the social public services.

Job creation in the social public services

The potential for job creation in the social public services is also highlighted in the conclusions of the Lisbon European Council. This is reflected in Commission policy to develop employment in the social economy and in local development and employment initiatives. The Commission's report and Communication on local development and employment initiatives (European Commission 1995a, 1995b, respectively) identified 17 areas of need, including home helps; childcare; assistance to young people facing difficulties; security; better housing and local transport services; culture; and waste management. Creating jobs in these areas could lead to 400,000 new jobs a year across Europe. As a result the impact of EU policy on the social public services has most importantly been related to the growth in interest in the possibilities for new forms of job creation in such services and in the social economy sector, since net job creation in the European Union will take place in the services and particularly in what it defines as the communal services (health, education, social services, recreational services and public administration), where job growth has remained relatively high against a backdrop of restricted budgets and pressures to reduce levels of taxation. The European Commission's 1998 *Report on Employment Rates* reiterates this point by arguing that increases in the employment rate depend on an expansion of service sector jobs, particularly in the communal services. The report adds that public policy has a dual role to play: '…on the one hand, a more determined transition from passive to active measures based on employment-supportive restructuring of public expenditure; on the other hand the development of various forms of public/private partnerships and the promotion of the "social economy" ' (European Commission, 1998a).

The social economy (or intermediary labour markets) is now recognised as an important source of job growth by the European Commission. This is based on an 'economy of solidarity' within a competitive economy in order to provide employment opportunities for groups who have difficulty in entering the labour market. The potential for job creation resulting from the expansion of welfare services has led the European Commission to stress the need for new partnerships between the public and private sectors, and new start-up aid for social economy organisations to provide services for elderly and disabled people and childcare. A pre-requisite is the need to make employment markets more adaptable so that labour costs do not obstruct the labour-intensive nature of work in welfare services. Although the completion of the single market has had considerable direct impact on employment in the services market, there is also a need to ensure efficient regulation of this market in order to protect the interests of the consumer and maintain quality. In this respect, the Commission emphasises the need for high-quality services in order to win over consumer confidence, as well as the importance of developing human resources, lifelong learning and continuing training (European Commission, 1996b).

The problem facing the EU is how far the creation of new jobs will mean quality jobs, particularly in the social public services, which employ large numbers of women. No specific guidelines have been developed by the EU to provide indicators for monitoring the quality of jobs, and the Lisbon European Council did not make any concrete proposals about how to improve job quality. Concerns about the quality of new jobs and working conditions are also reflected in the Foundation's own research on working conditions, which points to a deterioration

in some respects between 1991 and 1996. The recent emphasis given by the EU to measures to improve employability and reduce the skills gap, lifelong learning and measures to improve equal opportunities (including a new benchmark for improving childcare) is an important step forward. This raises a number of questions about the potential for job creation and the options open to the EU and national governments for regulating markets in the social public services in order to improve the quality of services and quality of jobs.

The role of the information society: jobs and services

The EU places a high priority on the role that the information society can play in job creation, improving the quality of jobs, living standards and citizen-oriented services (European Commission, 2000h). This poses both opportunities and threats. The health and social care sectors have the potential for more knowledge-intensive job creation and for utilising technology to improve both services and the quality of jobs. Avoiding knowledge/technology exclusion will be important both for workers in the social public services and users of services. Both tele-assistance schemes that use new technology to provide home-based emergency and care services, and public information access points to improve information about services to citizens highlight the role that the information society can play in improving the quality of services. The 1999, 2000 and 2001 employment guidelines stress the role that the information society can play in assisting the transition between school and work, supporting business development and job creation, modernising work organisation and organisational adaptability, and providing opportunities for people to work more flexibly and combine family and work life. This poses new challenges for the social public services, on the one hand by opening up possibilities to introduce changes in working conditions and work organisation, whilst on the other hand enhancing the quality of services to citizens and communities.

In taking into account the social and employment implications of the information society, the Commission's communication (2000f) on *Strategies for Jobs in the Information Society* advocates an integral and coordinated strategy based on learning (equipping schools with the equipment and know-how); working (giving workers access to information society skills and the development of new forms of work organisation); public services (providing electronic access to public administration and support to citizens); and the enterprise (enhancing competition and innovation particularly in small and medium-sized enterprises). In the social public services these strategies have implications for the development of learning organisations and lifelong learning; improved service delivery, innovation and organisational change; and citizen involvement and participation. The potential to transform public administration and the provision of accessible and user-friendly citizens' public information services can help to improve the quality of services to users. They also require that workers have information society skills and that these are passed on to the users of services. As the European Commission states:

> '…the Information Society promises to provide better public services, as more citizen-centred services offering choice and convenience are developed by governments. Those living in peripheral regions and dispersed communities will also benefit from access to economic and social opportunities provided by emerging technologies.' (2000f:3)

The development of public access points with on-line access to public information about services, entitlements, rights and job seeking; e-democracy and distance learning are examples of these developments across the EU. For example, in Bologna, Italy, a network of self-service machines provide access to municipal services and other bodies. In the UK, the *IT for All* initiative aims to provide a network of over 3,000 community-based information technology access centres and information hubs by 2000. In Portugal, accessible information technology booths provide information about public services at the touch of a button. In this light the EU communication recommends that Member States establish citizen-friendly internet pages that provide information about services and rights, and public internet access points that are supported by training in all communities. Of importance to the development of social public services in the EU are the important links that are made between the quality of working life and the quality of services in the information society.

The information society has vast potential for exchanges of information, networking and citizen participation. However, there are risks of new forms of exclusion and inequalities between the information-rich e-commerce world and those individuals, groups and communities whose access to technology is limited and those front-line workers whose work is labour intensive. Access to the internet and to jobs in the information society is higher in the north of Europe than the south; higher-income individuals are three times as likely to have access to the internet as lower-income individuals; and only one-quarter of internet users in the EU are women. Avoiding these potential forms of polarisation and inequality will be a major challenge for the EU.

Economic and social cohesion

The European Structural Funds are the main instrument for promoting economic and social cohesion across the EU. Their importance in connection with the Foundation's research on social public services is that they have stimulated new activity at national and local levels around social inclusion. The funds have been important for the social and economic integration of marginalised young people, minority ethnic groups, women and disabled people and have inspired innovation that would not have been possible within national funding regimes. Of importance is the principle of social inclusion and the increased emphasis placed on horizontal measures like gender mainstreaming. These priorities have been important for the Objective 1 and Cohesion countries through funding for vocational training and social inclusion measures. For example, Community initiatives like *Integra* have played a major role in integrating those who are socially excluded or at risk of social exclusion into social and economic life. The initiative gave a wide definition to problems of poverty, social exclusion and urban disadvantage and to the development of community infrastructure, and the involvement of the non-governmental organisations and community organisations. The European Social Fund has increasingly targeted the social inclusion of the most marginalised and disadvantaged people, and has led to the introduction of coordinated packages of measures to integrate into the labour market people with physical and mental disabilities, young people, immigrants, refugees and other marginalised groups. A model for social inclusion and the participation of marginalised groups in local

economic development has been pioneered through the *Special Support Programme for Peace and Reconciliation* in Northern Ireland and the border counties of Ireland.

The structural funds have encouraged new approaches to service delivery; levered national and European resources towards young unemployed people; and provided opportunities and resources for local innovation (particularly in Greece, Ireland, Spain and Portugal, where they have been used to extend services to groups of users who had had limited or no provision). Many of the examples of good practice cited in the Foundation's research for this report are funded by European Structural Fund programmes, principally through the European Social Fund. In the Objective 1 and Cohesion countries the European Structural Funds have been an important stimulus to the development of new services. This is particularly the case in Greece, where the structural funds have financed community-based psychiatric services and the introduction of vocational training measures for young unemployed people; and where, under the new programme for 2000–2006, they will assist in financing the development of home care services. The ESF programme for 2000–2006 links active labour market policies, social inclusion and equal opportunities, mobility and integration into the labour market with the main pillars of the European Employment Strategy. In addition, the development of the local employment initiatives and the social economy are highlighted as areas for job creation.

Gender: equal opportunities and anti-discrimination measures

Equal opportunities

The promotion of women's participation in the labour market has been directly related to improving employment rates, enhancing job creation and reducing the costs of social protection. In this context the growth of social public services employment has particularly benefited women, although a large proportion of women work part time in this sector. Protecting women against the adverse effects of flexible labour markets, providing the opportunities for a work/family balance and developing services (vocational training, leave schemes, childcare, elder care) have all become increasingly important to both national and EU policy making. Whilst these regulations and services are important in removing obstacles and discrimination, they are increasingly viewed as economically beneficial to competition and reduced welfare dependency.

The EU has developed a solid body of women's legal rights, and the commitment to equal opportunities between women and men has been strengthened under Article 2 of the Amsterdam Treaty, giving the EU new roles, tasks and legislative powers. Equal treatment between women and men now represents a fundamental right enshrined in national and EU law. This has provided an important stimulus to collective bargaining for equal opportunities and to new legislative enactments in the Member States on equal pay, equal treatment, parental leave and maternity rights, sexual harassment at work and the protection of part-time and fixed-term contract work. All EU Member States have, to varying degrees, developed legislative frameworks and state policies that are designed to remove the most blatant forms of discrimination in the workplace

and promote equal opportunities. This has been assisted by state-funded equality bodies in a number of countries, which have been important in stimulating action on equality.

The emphasis on gender equality under the Amsterdam Treaty is reflected in new legal rights to equality in employment established under the Treaty, policy strategies to introduce mainstreaming into all areas of EU activity, and the centrality of equal opportunities in the European Employment Strategy discussed above. However, women continue to earn on average a quarter less than men, and they work in less secure employment with poorer opportunities for training, development and promotion. Inequality at work was highlighted by the ministerial conference on equal opportunities and employment policy held under the Finnish Presidency in Helsinki in October 1999, where ministers concluded that national governments and the social partners had the responsibility to improve gender equality in the workplace through gender mainstreaming policies. This included the need to provide protection to women working on fixed-term contracts; to combat polarisation in the labour market and improve the representation of women in higher-paid jobs in health and public services; and to reconcile work and family life.

It is worth reflecting on the importance of gender mainstreaming to EU policy. Gender mainstreaming requires that gender equality is incorporated into all policies, at all levels and at all stages of the policy-making process through systematic incorporation of the equal opportunities dimension into all Community activities (European Commission, 1996c). Good progress can be seen from the incorporation of gender into the European Employment Strategy under the 1999 employment guidelines and the new programme of European Structural Funds (2000–2006). Despite some progress made towards gender mainstreaming, there continues to be a lack of awareness amongst policy makers. The Commission (1998c) has recommended that Member States step up their activities to enhance awareness through training in order to introduce gender impact assessments and gender proofing of all legislative and policy-making activities. A number of Member States have introduced training for policy makers and social partners in this respect, particularly based on the models of good practice in Finland, the Netherlands and Sweden. The impact of this is currently being felt under the new round of structural fund programmes (2000–2006), which require gender impact assessments to be made for all operational programmes.

The European Commission's new package of equality measures include an Action Programme on Gender Equality (2001–2005) and a proposal for a new directive to amend Directive 76/207/EEC on the principle of equal treatment for men and women in employment, vocational training/promotion and working conditions, which would include new provisions and would strengthen existing provisions so that equal treatment is given a stronger legal base.

Anti-discrimination measures

Proposals for a package of measures to tackle anti-discrimination under Article 13 of the EC Treaty were launched by the European Commission in November 1999. The package includes a communication directed to the social partners and national governments, two draft directives and the launch of the new EQUAL programme. One draft directive sets out a general framework for

equal treatment in employment in all of the areas covered by Article 13, with the exception of gender, with a second draft directive to implement equal treatment between people of different racial or ethnic origins. This latter directive has a wider scope than the draft directive for a general framework in that it includes access to social protection, social security, education, goods and services and cultural activities. The launch of the EQUAL programme aims to improve understanding about discrimination issues through exchanges of good practice, support to combat discrimination and the promotion of awareness on discrimination issues.

The quality of working life and workers' rights

The development of policies to improve working conditions, now enshrined in the Social Chapter of the Treaty, have been important in establishing minimum rights regarding, for instance, equal pay, equal treatment, maternity protection, parental leave, information and consultation of workers, health and safety at work, acquired rights, working time, part-time work and work on fixed-term contracts. These have led to new initiatives on work organisation and working time, and on regulation to improve working conditions and equal opportunities, and they have stimulated the role played by collective bargaining and social partnership in improving working conditions. The quality of working life was an important focus of the March 2000 Lisbon European Council, in respect of initiatives to promote and develop skills, lifelong learning and equal opportunities, although no specific indicators were developed to identify what represents a quality job. This was further developed in the European Commission's Social Policy Agenda and the inclusion of provisions for the respect for fundamental social rights 'as key components of an equitable society and of respect of human dignity'(European Commission, 2000j:22). This has led to the creation of a Charter of Fundamental Rights, agreed at the November 2000 Nice Summit, alongside the adoption of new directives on anti-discrimination in employment, and equal treatment irrespective of racial and ethnic origin.

Working time and work organisation

Working time and work organisation are instruments for improving the working conditions of workers in the social public services. The 1989 Community Charter on the Fundamental Social Rights of Workers stated that working time is central to improved living and working conditions, and the subsequent implementation of the 1993 Working Time Directive has been an important instrument regulating working time across Europe. As well as providing for a ceiling on weekly working hours, the directive allows the social partners to develop new flexible working-time arrangements. More flexible work organisation was promoted by the 1993 White Paper on Growth, Competitiveness and Employment, which recommended the removal of obstacles and rigidities in the labour market so that the 'preferences of employees and employers regarding patterns and hours of working…will increase the number of jobs for given levels of output'. The 1997 Green Paper on a Partnership for a New Organisation of Work recommended the modernisation and reorganisation of work, including labour market flexibility that gives employees the security they need alongside the flexibility that employers require, while the European Employment Strategy highlights working time flexibility as important to achieving a balance between flexibility and security. These initiatives have stimulated new working time and

work organisation practices in the social public services, allowing for more choice in working hours and the reconciliation of work and family life. Through the directives on working time, part-time work and fixed-term contracts, excessive forms of flexibility have also become regulated.

Social partnership, the social dialogue and the civil dialogue

Social partnership and the development of workers' rights

The role of social partnership has been promoted at a number of levels in the EU. For example, this has led to strategies to include the social partners in new developments on work organisation and working time that balance the flexibility required by employers with the security required by employees. The social partners are considered to be major players in the implementation of the European Employment Strategy and in broader social and economic policies. In the equal opportunities field the social partners are also urged to be involved in the implementation of policies through collective agreements. For example, the 1976 Directive on equal treatment in employment, vocational training, promotion and working conditions put added pressure on the social partners to introduce provisions on equality. The 1996 Communication on Sexual Harassment at work required the social partners to introduce measures to combat sexual harassment through the collective bargaining process. The Third Action Programme on Equality recommended that the social partners make equal opportunities an issue in collective bargaining.

Social dialogue

EU action to promote the social dialogue (under the Maastricht Treaty's Agreement on Social Policy), gives prominence to the implementation of European social policy through the social dialogue at the sectoral and the inter-sectoral levels. The social dialogue has opened up the potential for new agreements concerning workers' rights and equal opportunities and this has paved the way for a new era in collective bargaining in the EU. To date three agreements have been reached through the inter-sectoral social dialogue (between ETUC, UNICE and CEEP) concerning equal opportunities on parental leave, part-time work and fixed-term contracts.

Through the sectoral dialogue a range of voluntary agreements have been concluded in areas affecting the social public services between the European Federation of Public Service Unions and employers' federations at European level. Indeed, this activity is likely to become more important as European sectoral agreements in the social public services are developed as part of a broader European Commission strategy to reinforce and strengthen the sectoral social dialogue in the future. The proposal for a European Sectoral Dialogue Committee and for the further development of the social dialogue is one of a number of proposals made by the European Commission in its 1998 Communication to further promote the social dialogue. Although there are problems in finding representative employers' organisations with which to negotiate, there has been progress in the public services, as shown by the increasing number of consultations, joint actions, joint opinions and agreements between employers and unions in the public services.

Most developed is the voluntary social dialogue in local and regional government, which has led to two important joint statements between EPSU and the Council of European Municipalities and Regions – Employers Platform (CEMR–EP) on the modernisation of local public services in 1996 and on employment in 1997. The joint statement on employment, agreed during the November 1997 jobs summit, recognises that strategies in local and regional government can help to meet the employment guidelines. It stresses the need for stable employment in local government and for local government to act as a 'catalyst for economic growth'. Equal opportunities, employment adaptability and education and training measures are seen to be critical to this, and job creation measures should be considered alongside strategies for developing efficient and high-quality services. A further joint statement on equality between women and men was agreed in 1998, and the future agenda includes plans to develop an employment survey and agreements on vocational training and the modernisation of work organisation.

Civil dialogue

The networks of users, non-governmental, voluntary and community organisations at EU level who form the NGO platform of the civil dialogue are a powerful force in ensuring that voluntary and community activity, social exclusion and unemployment, and the strengthening of citizens' rights and equal opportunities remain on the EU's agenda. This platform brings together 25 European non-governmental organisations and networks, representing over 130,000 organisations in the social field, who work together on a common platform of *creating a social Europe, a Europe for all and a genuinely inclusive Europe.* The forum was created as a reaction to the Commission's response to Declaration 23 of the Maastricht Treaty, which stressed the importance of cooperation between the EU and charitable and voluntary organisations. A Commission communication on strengthening the civil dialogue is to be issued in 2000, and a renewed emphasis was given to the involvement of civil society and NGOs at the Lisbon European Council. The operation of the civil dialogue has opened up new scope for the representation of marginalised groups, social movements and non-governmental organisations to play a role in shaping EU policy. However, it takes secondary importance to the social dialogue, and although influential in shaping thinking at European level, the civil dialogue plays a consultative and advisory rather than a decision-making role.

In addition to the civil dialogue at European level, professional and provider networks have emerged that are stimulating new debate about social public services across the EU. One example is the European Social Network, which brings together Directors of Social Services across Europe to exchange best practice and develop European perspectives on service quality.

Conclusion

European policies on social inclusion, equal opportunities, employment and economic and social cohesion have promoted a greater awareness of discrimination and inequality faced by the most marginalised groups. They have important implications for the creation of new jobs in the social public services and the quality of working life. Globalisation, the single European market and

economic and monetary union have led to concerns that the European social model is under threat. The influence of trade unions and non-governmental organisations through dialogue, consultation and organisation at EU level has helped to highlight these problems.

The Foundation's research on social public services has raised a number of key questions and issues for the development of EU policy as regards the quality of social public services, both from a user perspective and in terms of the quality of working life within them.

- What types of indicators and benchmarking can be developed that recognise the multifaceted nature of social exclusion and meet the needs of users of services?
- What mechanisms need to be introduced to ensure that the status and quality of work within the social public services can be enhanced? This is particularly an issue if the sector is to attract new staff. At the same time it is important to avoid the dual labour market scenario which has the potential to arise in the context of the growth of jobs in the information society.
- How can the EU's economic policy of liberalisation and open markets be reconciled with adequate social protection, improved working conditions, equal opportunities and strong welfare systems that meet the needs of the most marginalised groups? How can the EU ensure that the main drivers of an EU economy of competition, globalisation and technology are adequately reconciled with social cohesion and inclusion?
- In what ways can the EU's role of coordination respect the diversity of Member States? How can the introduction of best practice benchmarking in areas such as social protection, income distribution, poverty, health and safety, regional cohesion, new employment patterns and workers' rights also take on board this diversity of welfare regimes?
- How can the heterogeneity of Member States' economic and social development be reconciled with the European convergence of economic systems whilst avoiding a single European welfare regime that is not applicable to all countries?

Chapter 3

Policies and strategies to meet the needs of client groups

Introduction

This chapter reviews the main developments in policy and the key changes that are affecting the four client groups selected for more detailed investigation: dependent elderly people, young long-term unemployed people, people with learning disabilities and people with mental illnesses. These client groups were selected because of their differential needs and risks and their perceived dependence or need for social public services, as well as to reflect the changes in service provision to meet their needs in more user-centred, coordinated and integrated ways.

Dependent elderly people living alone

Population ageing has highlighted the need for active ageing strategies, improvements in the quality of care for older dependent people, and services that are delivered in more coordinated ways (European Commission, 1999b, 1999c). According to the European Commission '…these changes are occurring so rapidly that they can have significant effects in terms of generating new social needs and impacting upon the supply of social services' (European Commission, 2000i). Between 1960 and 2000 the numbers of older people over the age of 65 has risen from 11% to 16% of the population, and a further rise of 13% is predicted by 2010. This means that there will be twice as many older people in 2010 (69 million) as in 1960 (34 million). The growth of the population over the age of 80 has been particularly marked. Between 2000 and 2010 it is predicted that that group will rise by 36%, with anticipated 50% increases in Belgium, Greece, France, Italy and Luxembourg. In contrast negligible increases are anticipated in Denmark and Sweden. Of importance to the financing of social public services are changing dependency ratios and the problem of the percentage reductions in the numbers of working people (15–64 years)

compared to the numbers of retired people. Table 4 shows that in 1998 the EU population over 65 years old was 24% of the working age population, and this will grow by 2010 (to 27%), with the largest increases anticipated in Italy (31%).

There are also implications for housing, health and social services in the light of the larger numbers of older people living alone. In the EU 32% of people over the age of 65 live alone, 51% live with their partner, 13% live with their children, and only 4% live in a home or residential institution. Forty-five per cent of older elderly people (80 years or more) live alone; 26% of this age group live with their partners, 19% with their children, and 10% in a home or residential institution. There are big differences between Member States, particularly regarding the numbers of older elderly people living with their relatives/friends – in Spain and Portugal the figure is over 40%, whereas in Denmark and Sweden it is less than five per cent. Although it is difficult to provide precise figures on the numbers of older people who are dependent on long-term care, the European Commission estimates that around 5% of people over 65 years of age are wholly dependent on continuous social care and 15% are partly dependent; whereas those aged over 75 require higher levels of care, with 10% of them being wholly dependent and 25% partly dependent (European Commission, 2000h).

Table 4 Old age dependency ratio, 1998 and 2010[1] (in %)

	1998	2010
EU-15	24	27
Belgium	25	27
Denmark	22	24
Germany	23	29
Greece	24	29
Spain	42	46
France	24	25
Ireland	17	19
Italy	26	31
Luxembourg	21	23
Netherlands	20	23
Austria	23	26
Portugal	22	24
Finland	22	25
Sweden	27	28
United Kingdom	24	25

(Source: Eurostat – Demographic Statistics)

[1] EU population over the age of 65 compared to the working age population

Across the EU an average of four out of every five dependent elderly people living alone are women, and their demand on welfare services and home care services are relatively high since dependent elderly women are also likely to have fewer financial resources to draw on and lower pension entitlements. The growth in the number of women in the labour market does, however,

have implications for the need for external support for family care. Both men and women carers, whether in paid work or not, continue to need external support to enable them to cope with the physical, psychological and financial burdens of care. Ageing populations and changing dependency ratios have implications for the funding of pensions, health and social care. The future of social protection in the EU cannot be separated from the health and social needs arising from an increasingly dependent elderly population. Ageing brings with it multifaceted needs which are exacerbated by a reduction in mobility, reduced income, the need to adapt to changes in social life, the need for health and social care, isolation and lack of autonomy. However, a large proportion of care needs can be met by basic care provision. In Austria, for example, the majority of older elderly people receiving the care allowance have relatively limited care needs, which suggests that it is possible for independence to be maintained so long as services are reliable and systematic. Although there is a larger number of older people who have access to pensions, good health and active retirements, there is a growing number of dependent older people requiring care and assistance. Whilst the development of home care services is a direct response to the expression of preferences by elderly people for more choice, autonomy and independence, it is also an objective of the public authorities to meet the needs of the growing numbers of isolated and dependent elderly people living alone as effectively as possible. It is the municipalities, as the lowest administrative unit of government, that have provided care services for people in their own homes and have been involved in funding or facilitating services provided outside of the state sector. These services have a goal of fostering individual autonomy, as seen in the following examples:

Examples of good practice

Supporting older people in their own homes

Les Amis, Paris (France)
A non profit-making association providing a home help service for the elderly in Paris. There is good internal coordination between services, and good collaboration with external services. The aim is to keep elderly people in their own homes for as long as possible and promote their autonomy and independence. There is an informal quality-driven approach.

Salzburger Hilfswerk, Pongau Welfare Centre (Austria)
This association was set up in 1988 in order to expand and improve home care in the federal state of Salzburg. It is a flagship project providing care and assistance, nursing services, advice and support, equipment services and an emergency telephone service at home, provided by a mix of paid and voluntary staff. The project has had rapid expansion in recent years to meet new demands. There is client involvement in service planning and services are coordinated.

Municipal home care services in Kotka (Finland)
Since the 1990s the municipality's policy has been to provide more client oriented services through community-based social and medical care and rehabilitation. The development of the home care services was an innovative move to develop city-wide services which could be publicly or privately provided. There is collaboration with other municipal departments, private companies and voluntary organisations in providing a range of services and a 24-hour emergency teleservice. A home care manual sets out the standards for care and each older person is assigned a caregiver. Since staff turnover is low, good client relationships are built up over time.

The policy objective to maintain the well-being of the elderly, their economic independence, personal autonomy and social integration regarding health, social care and pensions is now enshrined in legislation and/or strategic government policy papers in a number of European

countries, with the highest levels of provision found in Finland, Sweden and Denmark and the lowest in Italy, Spain, Portugal and Greece. Nevertheless, there are similar strategies across Europe to shift resources from residential to home-based care, to develop new networks of home care services where these have not existed before, and to enhance the autonomy, rights and independence of older people.

Government strategies in some northern European countries aim to promote integrated and coordinated policies. For example, in Finland, the 1996–2001 *Policy Relating to the Elderly* stresses the role of care policies for the elderly in maintaining the capacity for work and health, maintaining living standards, developing services to meet needs, integration of the care system, continuity of care and greater equality in society for elderly people. In Sweden there is a *Commission on Response to the Elderly*, and a new national action plan to improve services based on the principles of security, self-determination and dignity; increased funding for elder care; and innovative projects to improve the quality of care in more coordinated ways. In Austria, the introduction of needs' assessments and development plans to be implemented by the governments of the *Länder* by 2011 have been put in place alongside new legislation covering residential care, home care and training, the introduction of new organisational structures and quality standards, and improved coordination between the institutions providing care and assistance. For example, the Viennese care and welfare strategy places an emphasis on identifying individual needs for care through coordinated local services.

In contrast, the south of Europe is marked by sharp regional differences in care provision. In Portugal and Greece old age is relatively under-protected within a rudimentary welfare state model that is based on a traditional pattern of care provision by families, charities and churches. Concerns about the potential breakdown of family systems of care since more women have entered the labour market have led to measures to enhance the role of family care and/or volunteers in order to provide more coordinated and comprehensive home-based services. In Italy, the network structure of Italian families has led to the idea of *time swaps* between the generations, which in some way recognise the role that older people can play as a resource and an opportunity, rather than a burden.

Service provision in all Member States is typified by more active user involvement, decentralisation of services to local levels, deinstitutionalisation, a greater diversity in the delivery of services, and integrated and coordinated services. Concerns about the financing of long-term care have led to charges for home care services in an increasing number of countries, and more diversification and differentiation in care systems away from service provision to cash support. Since the bulk of care across Europe continues to take place within families, government policies have increasingly highlighted and made visible the role played by informal carers, resulting in improved support and respite care for informal carers. In most countries the personalisation and targeting of services and the establishment of home care services for dependent elderly people are increasingly designed to meet needs in more comprehensive ways.

Decentralisation is now in evidence in all Member States. In Denmark, decentralisation facilitated the development of comprehensive home care services and deinstitutionalisation in the 1970s. Danish policy is based on the principle that every individual citizen has the right to receive public services with an emphasis on prevention, activation, security and continuity, self-determination, quality and user influence. Recent financial pressures facing these services has led to the outsourcing of services to cut costs and improve quality. Other countries had more limited residential care provision. For example in France, a policy of social integration through home care services from the 1960s was principally based on cost-free family care. In the UK, decentralisation of the delivery of social services, albeit within a framework of centrally managed resources to local government, was introduced under 1990 legislation. It placed an emphasis on the purchase of local services from the for-profit private sector and the non-profit voluntary sector, along with increased support to family carers, as resources were shifted from institutional care (funded by the health service) to community-based care (funded by the social services). This shifted policy towards care by the community, which had important consequences for families and particularly for women (Lewis, 1998). The decentralisation of services has been particularly important for the delivery of integrated care services and has enabled new systems of multi-agency care management systems and inter-agency assessment and guidance units to develop in a number of countries.

Integrating health and social services provision has not been without its problems. In France, a government policy programme to coordinate services as early as 1981 resulted in the creation of 500 coordinator posts in local authorities, many of which failed to deliver coordinated policies because of lack of adequate funding and staff expertise. This is a salutatory lesson for all countries developing coordinated services, and in the case of France new coordination mechanisms are now being developed by the government to establish local agencies to centralise information for the elderly and new partnerships for delivering elder care.

The welfare mix in this sector is characterised by the contracting out of services, payments for care to family members or the users themselves, and provision by non-statutory agencies and not-for-profit organisations. Even in those countries where the public sector has played a primary role in providing care services (Denmark, Finland and Sweden) there is a shift towards service provision in the non-profit sector and the private for-profit sector. In Ireland, Portugal, Italy, Spain and Greece, the non-profit sector has been responsible for introducing *new* publicly-funded services, although the family remains a principal source of care.

The direct participation of elderly people in decision-making processes and the emergence of pensioners' organisations across Europe have influenced the development of policies for older people. For example, pensioners' councils can be found in most Swedish, Danish and Dutch municipalities; there is a strong emphasis on the community involvement of older people through pension organisations in Belgium; active pensioners' federations exist in Luxembourg; elderly people's associations have been the main providers of day and other home care services in Portugal; older people are well organised through trade unions and associated local partnership structures in Italy; and in Ireland and the UK, pensioners' organisations have been formed to

lobby governments for improved services and pensions. In contrast, in France and Greece, older people have played a limited role in influencing and participating in service delivery.

There has also been a growth of innovatory schemes to support the autonomy and independence of elderly dependent people through service coordination and integration. In some cases national reforms have made it easier to coordinate services, for example in Germany the increased importance given to ambulatory forms of assistance has been reinforced by the introduction of a statutory care insurance scheme introduced in 1995, allowing for greater opportunities to coordinate services within a framework of improving the quality of services, with user involvement and empowerment.

Examples of good practice

Coordinating and integrating services for dependent older people

Charleroi and Thudinie Family Support Service, Charleroi Section (Belgium)
The Centre was developed by the Catholic community and today provides a range of coordinated services and a network of voluntary support for families. The target groups are elderly people living alone, people requiring care after hospitalisation and seriously disabled people. This includes family support, home help, home nursing services, equipment, remote 24-hour surveillance and a network of volunteers who provide support services. There is a multidisciplinary approach that is delivered through teamwork and coordination meetings.

The ASZ Service Centre for the Elderly (Germany)
The Service Centre is run by a non profit-making association which is a member of the Joint Welfare Federation and has concluded a service agreement with the local authority. The Centre was developed in order to improve the housing and quality of life of older people, and to create an integrated local care facility facilitated by a coordination office and a single management team so as to provide a seamless service to support people in their own homes in a client-centred way. It provides good evidence of an integrated service with good outcomes in terms of working conditions for staff.

The 'Area Development Plan' of the Agro Nocerino-Sarnese (Italy)
An experiment in the northwest of the province of Salerno in southern Italy to foster inter-'commune' planning based on networking and projects involving all the partners working in personal social services. The plan has been developed by the area's 'social policy coordination unit' to improve the coordination of services for marginalised elderly people. It integrates social and welfare services, institutional services and the local community with public, private and non profit-making agencies and the involvement of the voluntary social and welfare sector.

User empowerment and choice are important features of new forms of service delivery in the Member States. This includes care insurance and direct payment schemes and financial support for carers. For example, in France the introduction of a dependency benefit has provided funding for carers or volunteers to help older people with essential activities in daily life; in Luxembourg the need to provide long-term care for the elderly has resulted in a new dependency insurance scheme. An important aspect of quality assurance and quality improvement lies in the opportunity given to clients to make complaints and give feedback. In Austria the *Salzburger Hilfswerk* project has introduced its own system of complaints management. Every client is given the opportunity to lodge written or oral complaints, and a complaints manager is responsible for

processing them and reporting back to the client. The following examples of good practice show the importance attached to user independence, involvement and empowerment.

Examples of good practice

Developing user independence, involvement and empowerment

Ten Hove Services Centre (Belgium)
The Centre was set up in 1973 by the Ghent public welfare centre. It was the first of its kind in Flanders and is considered to be a pioneering model. It provides traditional home-based care services with cultural and social activities and work in order to develop social networks and prevent the social isolation of elderly people. The aim is to prevent isolation and enable elderly people to remain as independent as possible. The Centre actively involves elderly people in both care and sociocultural activities, and for this reason volunteers are important to the Centre.

Quality through user involvement for elderly people (Denmark)
This quality initiative results from an initiative of the Ministry of Social Affairs who sought to improve user involvement in service design and delivery. The example concerns the experience of the Vejle Municipality, where quality experiments in the care of the elderly employed user questionnaires, consultations with the elderly persons' council, open meetings with users and so on in order to make quality objectives concrete.

Le Cantou de Rueil-Malmaison (France)
Le Cantou began as a residential home for older people with dementia, and now provides a range of services, including group homes located in local communities and neighbourhoods and home care services for the family helper in order to provide continuous care. An important feature of this service is the active involvement of family members in decisions about care. The aim is to foster quality of life, dignity and appropriate care, and to maintain the autonomy and independence of clients by respecting individual capacities, within a community perspective. User empowerment is also built into provision for improved living conditions and quality of life. Quality control procedures have been enhanced to take account of user independence and empowerment.

Young long-term unemployed people

Although youth unemployment in the EU has been declining in recent years, it remains unacceptably high in a number of countries, and is proportionally higher for young women than young men, particularly in the southern European countries. Table 5 shows levels of unemployment and training provision in the EU. Declining long-term youth unemployment was 11.2% in 1998, although in Greece, Spain and Italy, it is over 20%. In Greece and Italy, more than 70% of young unemployed people had been without a job for six months or more, compared to 20% in Denmark (European Commission, 2000i). Twenty-two per cent of young people leave the education system without any qualifications, making them more vulnerable to precarious work and social exclusion. Spain, Italy and Portugal have the highest number of young people with low levels of qualifications – reflecting the lower levels of young people in education and training – in contrast to Germany and Denmark, which have the lowest number of low-skilled young people and the highest level of young people in education and training (European Commission, 2000i). Although there is a higher proportion of young people now in education and training, this does mask the significant decline of young people's employment – a decline from 55% participation in 1990 to 45% in 1998 (European Commission, 2000e).

Table 5 Unemployment and training of young people, 1998 (in %)

	Unemployment rate	Youth unemployment (% of labour force 15-24)	Youth unemployment (men)	Youth unemployment (women)	Young people (15-19) in education/ training	Young people (20-24) in education/ training
EU-15	10.0	9.3	9.3	9.3	N/a	N/a
Belgium	9.5	7.4	7.2	7.6	91.2	41.4
Denmark	5.1	5.3	5.0	5.7	83.7	51.4
Germany	9.4	4.9	5.6	4.2	93.0	38.5
Greece	11.6	12.9	10.0	15.8	82.3	31.9
Spain	18.8	14.6	13.1	16.2	80.8	45.0
France	11.7	9.1	8.9	9.4	92.9	43.9
Ireland	17.8	5.7	6.2	5.0	81.2	28.5
Italy	12.2	12.9	12.7	13.1	76.7	35.8
Luxembourg	2.8	2.5	2.5	2.1	92.7	34.9
Netherlands	4.0	5.1	5.1	5.2	80.7	49.4
Austria	4.7	3.8	3.2	4.6	82.8	31.7
Portugal	5.1	5.1	4.3	5.9	73.8	40.5
Finland	11.4	11.2	11.3	11.1	90.2	50.5
Sweden	8.3	7.5	8.0	7.1	76.2	30.7
United Kingdom	6.3	9.1	10.7	7.3	76.6	24.3

Source: Labour Force Survey, 1999

Although they are as heterogeneous as other age cohorts, new generations of young people are experiencing different and more complex transitions into adulthood. The pressures and choices faced by young people are greater than for any previous generation, and this poses unique challenges and problems for the social public services. There now exist more coordinated, intensive, strategic and targeted responses to the problems associated with long-term youth unemployment, particularly for the most disadvantaged young people whose transitions have been broken or blocked. In some countries reductions in unemployment have led to the most disadvantaged young people being targeted through more integrated labour market programmes, particularly as their problems and disadvantages have become more visible.

Despite the higher levels of young people in education and training, some young people continue to face severe and multiple forms of exclusion, disaffection with school, poor educational attainment and lack of vocational training, typified by long-term unemployment, alcohol and substance abuse, homelessness, criminality, inadequate incomes and poverty. Many of these young people have been outside the reach of the public employment or welfare services. In Finland, the imposition of training measures has led to the further marginalisation of young people who were indifferent to taking up training, to the extent that it is now estimated that more than 10,000 ‘hard core’ unemployed young people remain beyond the reach of training and manpower policies. The recognition of the multiple problems faced by highly disadvantaged and

marginalised young people has spearheaded programmes to integrate a range of measures to support young people's transitions. In Finland, new forms of exclusion amongst this age group are marked by a doubling of the numbers of young people at risk of marginalisation, and a five-fold increase in the numbers claiming long-term financial support from the state. These problems raise new issues for the social public services, particularly regarding the adequacy of resources and the approaches adopted to reach the most marginalised young people.

Examples of good practice

Developing new models of provision to integrate young people into work and society for apprenticeships or entrance examinations for technical colleges.

Ixelles Local Task Force for Employment and Training (Belgium)
This project was established by the local authority as a non profit-making association which provides support for job seekers. Coordination activities built into the project are developed to identify new requirements, new target groups, job-creation opportunities, demands for jobs, the establishment of partnerships for new projects, local information facilities, exchange of experiences and methodologies, and the drawing up of agreements. This has led to schemes for combining work and training for young unemployed people, support and guidance in job seeking, and the development of training and jobs through the creation of a business. Recent legislative changes have meant that young people are having to attend the Centre under duress, and this has led to some problems in terms of trust and in providing guidance services.

Peristeri Work Preparation Centre (Greece)
This is a work preparation programme aimed at disadvantaged young people and run by a local authority in Athens. One of four such services set up in towns in Greece, it is funded by the ESF. It targets young unemployed people who have either dropped out of school and/or have low levels of qualifications and skills. The Centre provides individualised advice, guidance, vocational training and assistance in job searching; employment support; information and guidance for setting up small businesses; and participation in creative and leisure activities. There are good links with external agencies and a good rapport with local young people, in comparison to government agencies.

Emforma Project (Spain)
The project was set up by the Romany General Secretariat Association, an NGO working with the Romany population. The project is aimed at young unemployed Romany men and women who are trained to become social mediators to provide a bridge between the Romany community and society at large.

The Amandas Matz Advice Bureau (Austria)
The advice bureau was set up by employees of the municipality and financed by the City of Vienna Youth Centres Association for girls and young women who are unemployed or face unemployment. It provides counselling, group work and individual sessions, careers advice, training and jobseeking. Strategies are built in to combat discrimination. The available range of services undergoes constant change as clients' needs evolve. One of the recent growth areas has been the provision of group sessions in which girls are prepared for aptitude tests

Young people's voice has tended to be rarely articulated and seldom translated into policies or services that meet their needs. However, there are a growing number of organisations representing their interests, and a growing number of youth parliaments and other forums for young citizens. The ratification of the UN Convention on the Rights of the Child has led to new

structures for consulting young people through youth '*speak outs*' with local agencies and youth forums linked to local government. The UK *Real Deal* initiative to identify the needs of marginalised young people revealed the need for personalised packages of support for young people; trained professionals who could effectively listen to them; and improved advice and support. Concerns about the democratic participation of youth has led to a number of initiatives to promote citizenship and participation through, for example, Youth Elections in Finland, where young people are able to express their opinions about national politics.

The need to develop services that reach the most disadvantaged young people and break down their mistrust of statutory services has pioneered new models of provision, as seen from the examples on the previous page.

In all countries the shift towards more active labour market measures is a reflection of the growing costs of welfare dependency and new relationships between welfare and work. Activation policies for young people have in some cases led to restrictions in income benefits in order to encourage their entry into vocational training or work. Whilst this coercion is of some concern, these strategies have had some positive outcomes in Denmark, Finland and the UK in terms of the number of young people gaining support, training and jobs. Examples of these measures include the tightening up of eligibility criteria and sanctions for those not taking a job or training (Denmark, Finland, Germany, Sweden and the UK); and limiting the duration of benefits and reducing work disincentives (Denmark, Ireland, the Netherlands, Spain and Sweden). Activation measures have also been linked to wage and tax strategies, for example by replacing unemployment benefit with wage subsidies (France); and by reductions in high marginal tax rates (Denmark, France, Ireland, the Netherlands, Sweden and the UK).

Imaginative responses to tackling the multiple problems faced by the young long-term unemployed have been emerging in recent years, many of them targeting the most disadvantaged young people through individualised pathways for integration into work and society. These changes have produced a range of actions to promote the inclusion of young people. The following examples show how coordinated and integrated provision has tackled a variety of work, education and training, guidance, social, housing and economic needs.

The European Employment Strategy has pioneered new approaches to tackling long-term youth unemployment and in some countries has been a principal instrument in directing national employment policy towards more active and innovative approaches that tackle the multiple problems faced by the most excluded young people. There has also been a new focus on decentralisation to the regions and provinces leading to the reorientation and restructuring of public employment services (European Commission, 1999d). Local and regional structures to delivery national mechanisms exist in Austria, Finland, Denmark and the UK; whilst in Italy and Spain more autonomous local and regional structures are responsible for developing services for young unemployed people. The development of individualised action plans and pathways, and personalised guidance mapping out the range of support services that are available to young people necessitates localised delivery. In some cases this has led to the creation of new jobs

linked to meeting new service needs for vulnerable groups and to enhancing the involvement of young people in the delivery of public services.

Examples of good practice

Tackling the problems of the most disadvantaged young people through coordinated approaches

Dynamo Kakkonen workshop (Finland)
Run by a municipality, this project aims to tackle the problems associated with early school leaving, substance abuse and criminality amongst young people by providing sheltered work, guidance, rehabilitative work activities and employment for people who face difficulty in finding work. Services include education, workshop guidance and activities, rehabilitation through job preparation, on-the-job training, work experience and assisted employment, services (including transport and removals, a shop, renovation, etching, framing, nutrition) and productive work activities (laundry, wool and textiles). There is good collaboration with parents, police, schools and so on. Multidisciplinary teamworking practices and quality indicators are in place.

KrAmi Project (Sweden)
This is an innovative integrated employment and social skills education and labour market programme for excluded unemployed young people who have a history of criminality, drug abuse and asocial behaviour. The approach is based on the need to tackle re-offending by integrating young people into social and economic life, which is achieved by ensuring that they find housing and have access to training and sustainable employment, along with support from the social services and health services. The uniqueness of the project has made it a model for cooperation and the integration of services between municipal and central government (social services, the probation service and the labour market authorities). Accordingly, the KrAmi programme is 'an example of how "practitioners" have driven the idea of cooperation further than just authorities working together'. The role given to the development and training of staff and to the regular evaluation of work has been crucial to ensuring that the project has relevance to the client group's needs. Another important feature of the project is that it now has core, permanent funding and the model has been reproduced around the country.

Partnership responses to tackling unemployment have been important in setting priorities and identifying new needs. This response has been successfully integrated into local partnerships in Ireland, and in Italy in the concerted action agreements of the 1990s (such as the Pact for Employment of September 1996), which have actively involved the social partners and local communities in the planning and implementation of measures to tackle unemployment. The involvement of the social partners, unions and enterprises in labour market and training regulation bodies at both central and local levels is helping users to play a more active role.

Active measures have been introduced in all Member States, and in the majority of cases this has resulted in individualised programmes, including initiatives on early school leaving and job-creation initiatives. Some of these have been developed through integration and coordination mechanisms. For example, in Denmark, the *Job Line* initiative promotes cooperation between social and labour market policies; in France, good coordination of services has been developed through local task forces for young people; in Ireland, coordination has been developed between the national training agency *FÁS* and the Department of Social, Community and Family Affairs; and in Germany, a recent strategy paper recommends coordination between employment agencies and providers. Specific measures to target young marginalised people can be found in

the following examples, many of which have been inspired by the European Employment Strategy.

- In France, schemes have been introduced to integrate work and training for the most disadvantaged young people through the *Trace* programme. The national programme *Emploi Jeunes* builds on national initiatives to develop new services in the non-profit sector, providing services for vulnerable groups such as elderly and disabled people, and creating 350,000 new jobs over three years. Excluded young people between the ages of 18 and 30 are provided with a wage and job security, access to education, culture, sports and housing, and a large number of jobs have been created in the non-profit sector.

- In Luxembourg, young people are interviewed after three months of unemployment and support packages are put in place. An example in the north of Luxembourg is the *Service to Citizens* project, which offers young unemployed people initial work experience in providing services to citizens, along with individualised training packages. This project was launched in October 1998 by the non profit-making association, *Forum for Employment*, set up by the Luxembourg Confederation of Christian Trade Unions.

- In Finland, innovative approaches have been introduced to integrate marginalised young people into work through workshop activities which emphasise an educational path and job strategy, and give young people the opportunity to review their lives and their potential. The project-oriented flexible approach adopted gives young people opportunities to take the first step to gain training, subsidised job placements or jobs. These experiments began in 1983 and are now operating across the country.

- In the UK the *New Deal for Young Unemployed People* is an innovative major national programme to tackle the needs of the young unemployed. It includes the option of vocational training and/or job placement, facilitated by a personal advisor. Since the scheme began in 1997 half of the 250,000 young people between the ages of 18 and 24 who were unemployed and claiming benefit have found training or jobs. However, it is anticipated that a further 494,000 marginalised young people who are not registered claimants do not receive any service. One of the innovative aspects of the scheme is the development of job-creation initiatives in small community-based organisations (via the voluntary sector option and the environmental task force) through intermediary labour market schemes which develop services that would otherwise not have been created, with projects targeted at the most disadvantaged and excluded young people.

A growing number of countries are tackling educational and other forms of disadvantage amongst young people, particularly since the bulk of vocational training provision has little relevance to educationally disadvantaged young people. This has been particularly well developed in Ireland, the Netherlands, Finland and Portugal through more targeted and individualised programmes that emphasis economic, cultural, social and educational factors. Strategies have been focused on the most disadvantaged young people who face long-term unemployment, poverty, low independence and low self-esteem, criminality and drug abuse, and are reflecting the role that integrated services are beginning to play in this area (OECD, 1998). In Portugal, local municipalities have developed targeted educational projects in areas of acute disadvantage for young people who face alienation from school; these include children from immigrant and traveller families and those in disadvantaged urban and rural areas. The *Inter-Ministerial Programme for the Promotion of Educational Success*, launched in 1987, integrates

government department policies to tackle educational disadvantage and exclusion (OECD, 1998). The *Projecto Vida* provides collaborative programmes in the health, employment and social security fields for the treatment of drug and alcohol abuse, with grants available to voluntary organisations. In the Netherlands, a comprehensive *Educational Priority Policy* introduced in 1986 promotes collaborative area action plans to tackle educational disadvantage. Although the evaluation of the project indicated that few collaborative outcomes were mainstreamed into local practices and services, specific projects that targeted the most disadvantaged young people and their parents – for example the children of new immigrants – had positive outcomes (Cullen, 1997). In Ireland, local innovation in tackling educational disadvantage has focused on early school leaving within the context of anti-poverty strategies. The *Early School Leavers Initiative* which began in September 1998 has led to a number of pilot projects in disadvantaged urban and rural areas in order to develop models of good practice and more 'integrated and imaginative responses to the problem of educational disadvantage, and to influence policy at the national level' in education from pre-school to early school leaving (Combat Poverty Agency, 1998:4).

However, as unemployment has risen young, people have experienced more precarious forms of employment across Europe. This is the case in countries as diverse as Spain, Portugal, Greece and Finland. In Finland, it has resulted in large numbers of young people engaged in temporary or part-time work (with only one in six finding new jobs that were full-time and permanent); and in Portugal this has raised questions about the quality of jobs created for young people.

Adults with learning disabilities and mental illnesses

The development of disability policies (which include adults with learning disabilities and mental illnesses) to promote equal opportunities, training and access to employment, has been a response, on the one hand, to the development of civil rights for disabled people across Europe, and on the other, to the strategic importance attached to integrating disabled people into work and reducing welfare dependency. This has included the creation of national commissions regarding disabled people, including separate commissions on adults with learning disabilities and mental illnesses in a number of countries. Austria, the UK, France, Ireland, Sweden, Denmark, Finland and the Netherlands have outlawed discrimination against disabled people at work. However, the definitions given to disability vary across Europe and there is an absence of adequate comparable data regarding the numbers and service needs of adults with learning disabilities and mental illnesses.

These developments are also rooted in new notions of user empowerment, new ethics of care based on empowerment, and principles of independent living, which stress personal assistance rather than care. They have had the effect of challenging disabling professional attitudes and disabling services by problematising dependency within a context of social relations that excludes and depersonalises disabled people (Shakespeare, 2000; Morris, 1993).

Services for these groups of disabled people have been the poorest in quality across the EU, not least regarding coordination of the different organisational and administrative boundaries

between health and social care. Concerns about poor quality institutional care in Ireland, Greece, the Netherlands and Portugal; revelations about eugenics policies in Sweden; neglect of users in Greece and Italy and the limited levels of support for families, along with a growing user perspective, have all placed additional pressure on the need to reform and improve services. In a number of countries, improving the quality of services for adults with learning disabilities has led to new reforms including a new partnership framework in Ireland whereby the health boards, the Department of Health and the voluntary sector agencies work together to develop rights to quality services, coordinated services, an agreed planning framework and the introduction of service quality guidelines that emphasise equity, quality and accountability. Particularly innovative has been the introduction of a national system to identify the needs of this group, pioneered through the *Intellectual Disability Database.* The increasing importance attached to user-centred approaches and user empowerment can be seen from the following examples.

Examples of good practice

User-centred approaches/user empowerment: Adults with learning disabilities

Alpha Nova project (Austria)
The *Alpha Nova* project was launched in 1992 with a view to providing care in the community for mentally handicapped children and young people who had previously been cared for in a psychiatric hospital. Besides sheltered accommodation in three dwelling houses and work in the *Alpha Nova* workshops, services include support for those who wish to enter or return to work. A personal development plan is drawn up with each individual client and an annual meeting is held, at which the client's main concerns, objectives and wishes and the action needed to satisfy them are discussed with the client and his or her relatives and/or friends. Each client has a personal carer assigned to him or her, one of the carer's tasks being to review the implementation of the development plan on a regular basis, while another is to act as an interpreter for those clients who are less able or unable to express themselves verbally.

Local quality systems project in Halikko (Finland)
This is a quality systems project run by the Finnish Association on Mental Retardation and a number of municipalities to develop quality and self-evaluation tools. Services were examined firstly from a user viewpoint through quality groups and other tools, and secondly from the standpoint of quality work and activity, and from the perspective of organisations. In Halikko the objective is to integrate disabled users of services with users of regular services. Services are monitored by a variety of quality control mechanisms.

These examples reflect new approaches to service delivery, which are typified by a connection between quality of service and user-oriented services, a shift from rehabilitation in isolated care institutions to deinstitutionalisation and integration into work and society. This has led to a shifting emphasis from medical to social models and a greater integration of the two boundaries. In Greece, recent innovations to coordinate services through the *Psychargos* programme of reform have remained within the realm of traditional psychiatric services, in contrast to other countries that have already shifted models of care away from health care into social service, education and work-related activity.

However, there remain a number of problems in relation to the integration of health and social services since in a large number of countries the two services remain separated by different

administrative systems. For instance, the medical treatment of adults with mental health problems remains the responsibility of regional health authorities in Denmark, whilst general social services and training are the responsibility of local municipalities. This has led to conflicts and a lack of clarity regarding responsibilities and boundaries, even though in 1998 a Ministry of Health reform package in Denmark helped to overcome some of these problems by requiring regional authorities to draw up plans for psychiatric services that also took account of the need to coordinate social services and primary health-care services. Further action to overcome these problems in 1995 resulted from the Status Report on the care of the mentally ill, which led to forums for dialogue in all counties to improve both coordination between social and health services and the involvement of users and their families in the development of care services and the quality of services. Additional resources and initiatives were launched under an agreement for 1997–99, whose overall impact is considered to have improved services significantly.

In the UK, the shifting policy focus to community-based care has not been matched with an adequate shift of resources from institutional health services to community-based social services to allow for coordination, user autonomy and independence to be realised. Deinstitutionalisation of services began in the late 1950s, and further developed in the 1970s and 1990s. However, services for adults with mental health problems have been beset with problems, lack of coordination and relatively poor funding. This is particularly marked in the poor coordination between residential and community-based care services for adults with mental health problems, despite progress in the development of interdisciplinary Community Mental Health Teams for the provision of medically oriented services, which remain organisationally separated from social service care provision. In contrast, in the southern European countries, few resources are available to provide social and vocational services for adults with learning disabilities and mental health problems and there is a reliance on volunteers and family support.

In some countries the problems of the institutional boundaries between health and social care pose a major difficulty to the development of fully integrated services. Where coordination and integration has taken place it has tended to be on an ad-hoc basis, for example, through the development of multidisciplinary working practices or new services which have attempted to overcome some of these institutional boundaries. Nevertheless, the shift towards a social model of care, combining social and medical approaches, can be seen from the following examples of good practice, which have resulted from new models.

Examples of good practice

New models of practice: Adults with mental illnesses

'Le Méridien' mental health service (Belgium)
A non profit-making association set up in 1989 which has since become an accredited mental health service for psychiatric support to the multicultural area of Saint-Josse in Brussels. The model is designed to strengthen the ensemble of medico-psychosocial support available to patients. It takes a multidisciplinary approach based on the notion of a network created through partnership and good collaboration with local services and organisations: medical, social, educational and community.

IMPACT (UK)
Based on the Assertive Outreach model with a number of unique characteristics, with a radical approach to multidisciplinary teamworking and to providing care for those people who have been unable to engage with existing services. The team is made up of professionals from the fields of health care, social work, psychiatry and so on, who have their own disciplines and offer a complex range of interventions and who are employed by MIND. It allows for a more integrated approach with a range of services provided in one team.

Like policy on the care of the elderly, policies for adults with learning disabilities and mental illnesses have been typified by principles of independence, autonomy and normalisation. For example in Germany, the principle of normalisation emphasises the need for adults with mental health problems to live independently and in control of their own lives. In Belgium, community-based approaches that set mental illness within a social context have been pioneered through localised empowerment strategies. In Italy, despite the disparate nature of services, there has been a shifting emphasis in recent years towards mass integration into compulsory education; innovative experiments with vocational training and work placement for people who had up to then been considered impossible to place; a greater emphasis on non-ghettoising formulae and alternative types of training; and innovative public and private (profit-making and non profit-making) initiatives in the area of sheltered housing. Services have gradually become better coordinated and are increasingly provided by organisations active in civil life.

Supporting adults with mental illnesses and learning disabilities is geared to increasing independence and choice. In Austria, the 1993 Federal Government White Paper for disabled people has led to services that are based on principles of prevention, integration, mainstreaming and self-determination. In Sweden, the introduction of the 'Support and Service for Persons with Certain Functional Impairments' Act on 1 January 1994 marked a new development in provisions concerning the support of adults with severe disabilities, including adults with learning disabilities and mental illnesses. It introduced the right to a personal assistant who can provide daily support, as well as support for parents caring for children with learning disabilities. The principle is that relatives can be paid for their caring roles or have the right to a personal assistant to support them in such roles. In addition, supporting adults with learning disabilities and mental illnesses through education programmes that promote independence and self-confidence has been pioneered by a number of Swedish Folk High Schools.

The emphasis now placed on the integration of more severely disabled adults (including adults with learning disabilities and mental illnesses) into work has led to a range of initiatives. These

have included the setting of quotas and targets for the employment of disabled adults (Austria, France, Spain, UK, Portugal); penalties for those employers not reaching quotas (Austria, France); and the subsidisation of employment and financial incentives to employers to hire disabled adults (the Netherlands). For example, in France, reforms are marked by a shift from models of care assistance to models of support and the development of autonomy, self decision-making, independent living and integration into the labour market. In particular, education for young handicapped adults outside of the family has been developed in order to facilitate their integration into society, their autonomy and independence.

The principle of normalisation and independence is based on the priority given to the integration of disabled people into the mainstream labour market. Integrating adults with mental health problems into mainstream employment has resulted in a shift of policy away from sheltered workshops to more active, coordinated and supported training and employment projects in most European countries. For example, developing supported work programmes for occupationally disadvantaged people in Sweden has been tied in to the need to support independence and autonomy and thereby reduce dependency. In Austria, policies to integrate disabled people into the labour market have led to new supported employment schemes and work integration measures which are facilitated by the reorganisation of Federal Social Offices that allow for more coordination between services. In 1999, new legislation in Italy established the right of disabled people to work; and the right to supervised work placement was strengthened for adults with mental health and learning disabilities by making provinces responsible for planning and shaping employment policies. This gives the non-profit sector a role to play alongside public employment services in the provision of guidance, training and tutoring activities and recognises that social cooperatives can provide opportunities for integration following initial education and prior to genuine integration into the open market. The responsibilities of employment services, local authority social and welfare services and work placement services are structured and regulated, which should help to pave the way for the provision of personalised routes for the placement of disabled persons in work. The following examples of good practice point to some interesting experiments in integrating people with learning disabilities and people with mental illnesses into society and work.

Examples of good practice

Integration into work and society

Adults with learning disabilities:

The Capodarco Vocational Training Centre in Rome (Italy)
The Centre is a national reference point for vocational training for people with learning difficulties, because of the very innovative methods that it uses. It has a strong focus on a range of groups who are at risk of marginalisation, and strong links with the labour market, users and their families and local networks. The Centre's main objectives are to assist with the full integration of disabled people into work and training that is flexible and tailored to users' needs, including work experience and work placements.

DZB-Leiden (Netherlands)
The model DZB-Leiden project was created in 1996 as a private limited company in order to develop a

market and business-based approach to providing jobs and training for people with learning disabilities. The aim is to enable people with learning disabilities and mental illnesses to lead as normal a life as possible through a process of emancipation, empowerment, social activation and independence, by means of either supported or open employment. There are high levels of internal and external coordination and good links with local groups, agencies and employers.

Adults with mental illnesses:

The PIA Group in Aarhus (Denmark)
The 'Psychiatric Patients at Work' project began in 1989 at the initiative of the local municipality, and is now run as a private foundation. A board of management, including local public and private representatives, ensures the firm's economic viability, e.g. by securing preferential contracts from public bodies and private firms. The operations of the firm involve integrating mentally ill people with a work capacity into stable, sometimes sheltered, work. This is achieved through targeted, phased and individualised rehabilitation programmes, designed and coordinated with the municipal social and social-psychiatric services, who are responsible for the employees' situation and treatment outside work.

KEKKU project in Mäntsälä (Finland)
This municipal project aims to rehabilitate mentally ill people through open employment, and to foster independence by providing a tailored employment pathway, with training, support for integration into work, information and awareness. Several different models exist, depending on the needs of the user: assisted work, protected work placements and training contract work. The work tutor provides support.

The new emphasis in policies for disabled adults is evidenced by a shift away from sheltered or community workplaces towards their active integration into society, training and work, with an increasing focus on empowerment, self-determination, dignity, normalisation and integration. For example, in Finland since the 1970s there has been a policy shift away from institutional to open care for adults with learning disabilities and mental illnesses. This led to the introduction of a five-year plan, instigated by the National Board of Social Welfare, to develop community care services and make home care services compatible with other services. As a result the 1984 Social Welfare Act empowered municipalities to develop services for adults with learning disabilities that are generally available to other municipal residents. In practice, the bulk of care is provided at home by families, and as a result the introduction of home-care services has been highly important in enabling this target group with learning disabilities to be cared for in their own family settings. These care arrangements vary across the Finnish municipalities regarding the organisation and provision of services, and there is evidence of improvements in services, resulting from increasingly effective collaboration between localities and different administrations, and better information about services. This is particularly the case where specialist services are required, and collaboration has been introduced for the purchase of these services from specialist care circuits. For instance, in the Padasjoki municipality, the provision of services for adults with learning disabilities among general municipal services, and the integration of services for disabled people with other welfare services, are considered to be positive developments by relatives and personnel. The coordination and integration of services for people with learning disabilities and people with mental illnesses has become more necessary in the light of these principles. The following examples give an insight into how coordination has been achieved in local projects.

Examples of good practice

Coordination and integration

Adults with learning disabilities:

Kate e.V (Germany)
Kate e. V is an independent registered association founded in 1986 to provide integrated services for people with mental disabilities, including housing, leisure, education services and employment services, in order to facilitate their integration into mainstream work and allow them to lead as independent a life as possible. The support services are funded from statutory benefits under the Federal Social Welfare Act – an integration allowance and a subsistence allowance – as well as by additional resources from charitable foundations and investment grants. Kate also provides group residential care, supported shared housing. Coordination has gradually evolved as more needs have been identified beyond housing needs. There is a high level of user participation.

Adults with mental illnesses:

Bristol Inner City Mental Health Service (UK)
The establishment of the service reflects a more integrated approach to working between health and social work teams in newly formed generic teams; this has been a management-driven change with limited staff consultation. At a basic level coordination is sought by ensuring that health and social service staff work within common area boundaries, located within the same building. Beyond that an integrated service has been provided for clients through service planning mechanisms, although differences remain between social care planning and psychiatric service planning. A degree of coordination and integration is achieved through locality management, interdisciplinary working and the integration of systems and procedures.

Despite the examples of good practice cited in this report there remains a wide diversity of services between the Member States of the EU. Services are relatively well developed in the Nordic countries, where universal entitlements to services exist. In sharp contrast, services for this target group remain rudimentary in Spain, Greece and Portugal, and to a lesser extent in Italy and Ireland, where family-based systems of care have been relied upon. Nevertheless, the examples do show that there is a development of more coordinated services through multidisciplinary teamworking, evolving methods of internal and external coordination, and a greater understanding of the service needs of users. Even in those countries that suffer from inadequate funding and service provision, there exist new discourses regarding the needs of adults with severe learning disabilities, and the need to integrate health, welfare, psychology, education and other services in order in order to maximise the potential for independence. There is no doubt that families who are articulating the need for a broad mix of services favour this focus. The greater articulation of users' needs is having an impact on new investment programmes to improve community, institutional and group care for adults with learning disabilities. These developments have increasingly tended to include adults with learning disabilities and adults with mental illnesses under the umbrella of disability strategies, although separate organisations represent the different interests of these groups within this broader disability context (European Commission, 1998b).

User empowerment strategies have been growing in importance and have led to awareness-raising and information campaigns to highlight the problems faced by adults with mental

illnesses and learning disabilities. Although the voice of disabled people has been growing in the last decade, as evidenced by networks of increasingly articulate disabled users' organisations nationally and across Europe, a smaller number of organisations exist to represent the rights of adults with learning disabilities. Many of these organisations are made up of families and carers who have been important in highlighting the care or integration needs of adults with learning disabilities.

Finally, it is worth reflecting on a number of principles that have been developed in Finland as a basis for organising services for adults with learning disabilities. These include recognition for the person's potential to participate as an equal member of the community and society; normality and integration; integration and client-orientation; thinking in terms of life as a whole; quality of life and the right to self-determination. These should be guiding principles for the future development of social public services across the EU.

Chapter 4

The quality of services

Introduction

This chapter looks at the progress made to improve the quality of services to users. It begins by providing some definitions of quality and then goes on to assess the introduction of quality improvement initiatives in the social public services and the impact of these on the quality of services to users. It explores a range of informal and formal procedures to develop service quality improvement through:

- innovation and experimentation
- coordination and integration initiatives
- partnership approaches
- the participation of users
- service quality initiatives.

Evidence from examples of good practice and the more detailed case studies is used to provide examples of locally-based approaches to quality development.

The efforts being made to improve quality differ widely across the EU. However, there is a massive growth of activity in this area from simple quality statements to more sophisticated quality assurance mechanisms. Quality improvement remains a contested area of activity in some countries, whilst in others its terminology has become nothing more than a cliché. A major question concerning the development of quality services is whether this requires formalised structures of quality improvement and assurance or whether the ethos of public service,

commitment to user needs and quality can be developed informally. The major quality improvement process in the social public services across the Member States has led to quality initiatives which have identified un-met needs; some of these have resulted in new services, whilst others have improved, reoriented and developed the quality of existing services.

The different approaches to quality development are summarised in Figure 2. The interplay of the different players and activities in quality improvement (social public services' providers; local, regional, national and European policies; community and user empowerment; and social partnership) can, to differing degrees, help to frame quality improvement initiatives which are developed at local levels. Often these different elements will overlap and operate in complementary ways; in other cases they may be at odds with each other as divergent interests compete.

Figure 2 The different elements of quality improvement

What is quality?

Quality concerns both the service provided and organisational and management changes; it relates to the commitment of managers and employees to continuous improvement aimed at achieving customer satisfaction. Quality assurance includes both quality improvement and quality measurement; whilst quality management has led to the introduction of 'Total Quality Management' (TQM) as an organisational management approach covering all activities and processes within an organisation. (TQM is more common, however, in the private sector.) Quality improvement has its roots in the production of goods for consumption; therefore, applying quality to the social public services requires different tools, since services are not necessarily 'produced' before they are consumed, neither are they standardised products that can be delivered in uniform ways (Pollit and Bouchaert, 1995).

Quality systems and methods of quality assessment are less well developed in the social public services than in the private commercial sectors of the economy, although business approaches to quality are now more common in the social public services (Rajavaara, 1997; Evers et al, 1997). There is no one uniform concept of quality in the social public services and differences exist between the Member States between the different actors and stakeholders (users, workers, managers, employers, local, national and regional governments) who are involved in quality improvement. Variations in perceptions of quality are also affected by differing expectations and values of what quality means to different stakeholders (Koch-Nielsen and Treebak, 1998).

Quality initiatives: different approaches

A number of different approaches to quality exist, some of which are applicable to the social public services and attach different levels of importance to producer and user perspectives. They include quality as excellence, quality as value, user-perceived quality, quality as meeting user expectations, and quality as management. A useful typology, applicable to the social public services, has been developed by Rajavaara (1997), and is reproduced in Table 6. It identifies the different origins, approaches and strategies being applied to quality in the public services and is helpful in identifying the different roots and approaches to quality development.

Quality initiatives driven by public sector reforms and new public management

An important aspect of the shift in thinking about the delivery of social public services has been the movement spearheaded by the OECD countries to introduce reforms in public administration and management, in order to improve the quality, delivery and efficiency of services, stimulate a greater welfare mix, provide more consumer-oriented services, and reorient the service provider relationship (OECD, 1996; Boyle, 1995). However, these new public management reforms sit within a policy framework of reduced budget deficits and an emphasis on cost-effectiveness. In France, the public service renewal policy introduced in 1989 emphasised the issue of quality, a shift from the principle of equality to one of fairness and a priority for developing community-based services through principles of empowerment, devolution and simplification. This also spearheaded the need for new working relationships and management systems, an improvement

in services for users and more private sector delivery mechanisms. In Finland, this process has led to delegation of decision-making powers, control of financial results, deregulation, the replacement of legal responsibility with financial responsibility and an emphasis on results, quality and cost-effectiveness. In Sweden, service quality improvements were initially driven by internal management reforms by management and staff in individual government departments. These new approaches to public service management stress transparency, participation, satisfying user needs and accessibility, with service quality initiatives that have forced the public sector to become more outward looking and client focused (OECD, 1996; 1997). As Humphreys (1998) argues, this has resulted in 'a more modern public service which is far more responsive to the competing pressures of the outside world and which will equip the public service more effectively to meet changing national socio-economic needs' (p. 23).

Table 6 A typology of quality initiatives

Quality initiatives	*Origins, context*	*Approaches, strategies (examples)*
Political-administrative quality initiatives	Representative democracy, political control of public service production, citizen rights, equity, legal security, bureaucracy	Legislation, national quality recommendations, national/municipal service standards and quality indicators, patients' representatives
Citizen-based quality initiatives	Participative democracy, citizen society	Social movements' and action groups' concern about quality, campaigns, introduction of alternative service models
Business-oriented quality initiatives	Market mechanisms, productivity, efficiency, consumerism, consumer choice	TQM, ISO 9000, quality awards, benchmarking
Professional quality initiatives	Professional socialisation, self-regulation, autonomy	Professional training, conditions of competence, professional ethics, professional audit, peer review, self-evaluation

Source: Rajavaara, 1997:86

Strategies to improve quality are linked to the increased plurality of provision in the social public services, market competitiveness and cost effectiveness, alongside mechanisms to improve the quality of services, their social acceptability and legitimacy (Kalisch et al, 1998). As a result, the restructuring of social public services and shifting welfare mixes are inextricably linked to the introduction of market and commercial mechanisms and privatisation, alongside new business and private sector methods of management and of quality control (Wistow, Knapp, Hardy and Allen, 1994). For instance, Total Quality Management has increasingly been adapted to the social public services and can have positive results in the development of client-oriented services based on the emphasis placed on the client and the worker, via concepts of the learning organisation and worker participation in the process of quality (Oppen, 1997). These new models are both

process oriented and integrate frameworks of inclusion, participation and empowerment of users (Evers et al, 1997). A particular emphasis has been in developing 'service excellence' rooted in evaluation, Total Quality Management, client consultation and customer satisfaction surveys and in developing human resource management (Pollit, 1995). In other cases there has been the setting of professional standards for health and care providers, and consumer rights approaches typified by citizens' charters and service standards. At the same time the growth of consumer and user movements has led to pressure for improved service quality and to a range of 'counter-discourses' in the politics of quality and consumption (Rieper & Mayne, 1998:119). This, along with other new management methods, has not been introduced without contention, particularly as the perspectives of funding agencies, providers, managers, staff and users may differ significantly. According to Oppen (1997, p. 112):

> 'Quality has thus become a controversially debated and highly politicised feature both of social services and of the welfare state as a whole, between different actors – politicians, public managers, competitors, employees, service users and citizens – against a background of tight fiscal restrictions.'

A wide range of initiatives have been developed by governments to improve quality. In Austria, Belgium, Finland, France, Ireland, Luxembourg, Portugal, Sweden and the UK improvements in services and the reform of public administration have been developed at national government level. In Ireland, improving service quality has been part of the public service reform process that has been under way since the late 1980s and developed through the 1994 *Strategic Management Initiative* and the 1995 policy document *Delivering Better Government*. In the Netherlands and Denmark these responsibilities have been decentralised to the local and regional authorities. In some countries the reform process has led to a number of important national quality service initiatives (in Belgium, Denmark, Finland, France, Ireland, Italy, Sweden, Portugal and the UK) based on *Public Service Quality Charters* and *Citizens' Charters*, which are designed to modernise and reform bureaucratic public administrations and inform citizens of the standards to be expected from services and their rights to them. Many of these developments have stimulated improved consultations with the public and the introduction of complaints procedures. In order to stimulate quality developments, *Quality Awards* in the public services have been introduced in Denmark, Germany, Italy, Portugal and the UK. There is an increasing use of performance targets and performance indicators to measure quality across the Member States. In the UK, for example, this has resulted in performance targets being set for UK local authority services which include league tables for schools, colleges and hospitals. An important element of the improving service quality through customer service has been the uses made of new technology to provide electronic service delivery, information and communications between citizens and public administration and the coordination of local, regional and national government services through the creation of one-stop shops (Leitner and Nomden, 1998).

Quality in a European and international context

There now exists a greater use of benchmarking with reference to international standards and European networks are beginning to develop European standards, for instance through the

European Nursing Quality Assurance Network, the European Commission's Network on Childcare, the European Foundation for Quality Management and internationally recognised quality systems such as ISO 9000 and Total Quality Management. A recent development has been the introduction of Quality Awards in the public services. Examples of quality awards include the City of Stockholm's Award for Good Quality covering municipal services including schools, childcare, elder care, and other welfare activities (Bjelfvenstarn, 1997); the Danish Institute of Quality Management's Quality Award for the public sector (Koch-Nielsen and Treebak, 1998); and the Portuguese Public Service Quality Award (OECD, 1996).

European and international developments in quality

European policy for quality improvement has largely focused on quality in the private sector to promote fair competition, quality production and quality management to enhance customer satisfaction. The European Commission has promoted a European Quality Policy and cooperation in quality improvements through a European quality network, the European Quality Award, evaluation tools, benchmarking (including benchmarking networks for public organisations), the European Quality Week to raise quality awareness, and competence schemes. These are organised through the European Quality Platform, which includes the European Organisation for Quality and the European Foundation for Quality Management. A recent development has been the creation of a European Customer Satisfaction Index. These initiatives point to possibilities for cooperation on quality development in the social public services.

Social quality is now being promoted in the EU on the basis that it can contribute to improvements in living and working conditions. Also growing is the idea that certain aspects of EU policy can be *benchmarked* in order to promote best practice and raise standards. Benchmarking has become an increasingly important tool for EU policy on social inclusion, reflected in the conclusions of the March 2000 Lisbon European Council.

At international level the development of international standards on quality through the International Organisation for Standardisation (ISO) has increasingly been used in the public services. The ISO 9000 family of standards has led to quality management and quality assurance systems that emphasise customer satisfaction and meeting customer needs.

The OECD's PUMA activities to promote new public management has stimulated a modernisation agenda in all OECD countries. This reflects the changes in public sector management and delivery that have become necessary as government services have become increasingly client focused. Activities include 'Strengthening government/citizen connections' by enhancing public participation and improving services and information provided to citizens, as well as through consultation and participation with citizens. In addition, the OECD has developed activities on service quality initiatives and performance contracting in order to stimulate quality improvement.

Overview of quality improvement in the social public services: the case studies

Formalised quality improvement (which include quality assessment and quality assurance) remains under-developed in the social public services. However, the case studies, which have been selected as examples of best practice, provide evidence of local quality improvement initiatives. This good practice is by no means reflective of all services; rather does it point to possible areas for improvement and measures that can support positive developments in the

future. A number of countries are witnessing a contradiction in this area as cost-containment policies have worked against the development of quality assurance mechanisms and good quality services. The emphasis placed on reductions in costs as a criterion of quality rather than on the quality of the service itself remains problematic.

Whilst there is a new commitment to quality in all countries there are wide variations between the Member States. There is evidence of new quality frameworks based on service quality initiatives, Total Quality Management, international quality standards (ISO 9000), quality groups and new methods of evaluation and organisational reflection. This discourse on quality has not been without its difficulties, particularly where notions of quality may differ between providers, staff and users. A number of case studies point to this contention and raise the issue of user-centred notions of quality guiding the implementation of quality systems that reconcile professional perspectives and user perspectives. Professionalism has been an important aspect of quality development based on principles of user-centred services in emerging quality frameworks.

There is no common pattern of quality improvement measures in the social public services. Some have been implemented either at the level of an individual project or on the initiative of a funding agency, whilst others have been developed as a result of national quality frameworks, which allow for local interpretation, adaptability and implementation. The evidence from the case studies suggests that quality developments are largely led by internal developments within services themselves. Where quality frameworks have been developed by funding authorities, it is often the case that they are output driven, and more detailed and relevant quality indicators and criteria have been internally established within individual projects or services.

Table 7 shows that quality frameworks have tended to be established at local levels in the case studies. The quality framework for the *New Deal for Young People* is a national employment service initiative delivered at local level. Whilst an element of local flexibility is allowed in setting quality standards, it is not surprising that a national framework for quality has been established in this case. However, the quality standards tend to be output driven. In the local case study in the Bristol area internal forms of quality development have been established to progress these standards within the local context. An increasingly high priority is being given to quality in the case studies from Austria, Belgium, France, Germany, Italy and the UK, whilst low levels of commitment to quality are found in Greece. All of the case studies point to the growing importance of quality to service delivery and all of the case studies, with one exception, have introduced some form of quality improvement. Of significance is the importance attached to both user and worker participation in quality development.

There are a wide range of approaches to quality assurance: some systems singularly attach importance to the quality of service to users, whereas others equate quality of service to users with good working conditions. These issues of the quality of working conditions will be explored further in the next chapter. The variations in approaches to quality development can be seen from the following summary of quality developments in a selection of countries.

Table 7 The role of quality development in the case studies

	Based on national framework	Priority placed on developing quality systems	Local or project based quality systems	User involvement in quality development	Worker involvement in quality development
Belgium					
Vitamine W	No	High	✔	✔	✔
Integrated Service for Psychiatric Support and Care (SIAJeF)	No	High	✔	✔	✔
Denmark					
Slagelse local authority, preventive service for elderly citizens	No	Low	✔	✔	✔
Askovgården service for people with mental illnesses	No	Medium	✔	✔	✔
Germany					
Assistance for the elderly, Mönchengladbach	No	High	✔	✗	✔
The Salzgitter RAN-JOB-BET Integrated Youth Welfare System	No	High	✔	✗	✔
Greece					
Services for older people: the Peristeri Help at Home Service	No	Low	✗	✗	✔
The Society for Social Psychiatry and Mental Health	No	Low	✔	✗	✔
Spain					
Domestic tele-assistance, Spanish Red Cross	No	Medium	✔	✔	✗
ASPRONIS – project for mentally handicapped people	No	Medium	✔	✔	✔
France					
Equinoxe and Equinoxe Plus	No	High		✔	✔
Du côté de chez soi	No	High	✔	✔	✔
Italy					
Social services for elderly people – Commune of Bologna	No	Medium	✔	✔	✔
The Centro Socio Educativo (SCE), Lissone, Milano	No	Medium	✔	✔	✔
Austria					
Recuperation at home: Red Cross	No	High	✔	✔	✔
The Bungis Association	No	High	✔	✔	✔
Finland					
The Zappa job creation unit	No	High	✔	✔	✔
Home care services in Kitee	No	High	✔	✔	✔
United Kingdom					
New Deal for Young People in Bristol and South Gloucestershire	Yes	Medium	✔	✔	✔
Bristol Care and Repair	No	High	✔	✔	✔

Different approaches to social public service quality initiatives

Belgium

Quality control systems have been introduced in varying forms. In the *Vitamine W* case study quality has been developed informally and flexibly and a number of qualitative criteria have been put in place. However, these can have the effect of deflecting the service from its objectives. Standardised computer monitoring systems exist and the role of the personal counsellor is a key to regular monitoring of the progress of the job seeker, and greater efforts are being put in place for the longer-term follow up of users. In the case study *SIAJeF* a more radical approach to quality has been introduced that is driven by concepts of user empowerment. This frames the quality of activities, internal decision-making structures and the multidimensional focus given to evaluation. There exists a three-pronged strategy of producing services jointly with users.

Denmark

A national trend to establish explicit, uniform and measurable quality standards is under way and municipalities are now required to establish quality standards, although concerns are expressed about the setting of specific quality objectives to groups of people who face multiple needs and risks. In 2000 a report on the implementation of quality standards for the care of the elderly signified a move towards the development of quality standards. Of importance is that it is anticipated that working conditions and sickness absence will also be taken into consideration when evaluating the implementation of standards. A national pilot project is focusing on a participatory bottom-up approach and examples of good practice suggest that staff participation in the setting of internal quality standards works well. In the case study of the *Askovgården service for people with mental illnesses* the development of quality has been associated with the value base established for the organisation. These values underpin the approach to quality assurance by focusing on user rights, the relationship between staff and users, collegial values, and internal and external cooperation.

Germany

Quality assurance is closely linked to client-centred services and has become a legal requirement in recent welfare legislation. It is a requirement of service agreements under the Federal Social Welfare Act and under the statutory care insurance, impacting on the care of elderly and disabled people. This has led to the establishment of care circles and care records with progress being made towards ISO certification. More specifically, the German case studies give examples of a range of quality-assurance measures: quality assurance and measurement strategies; user surveys; Total Quality Management and quality circles; care plans; records of needs; and systems of evaluation. There remains a need for a more systematic and coordinated legal framework on quality with clear standards and rules.

Spain

The absence of an operational, standardised definition of quality means that few instruments of quality assessment exist. Where these exist they tend to be initiated by individual service providers. The absence of quality standards is considered to be a feature of the lack of competition for services. Nevertheless, the public authorities are now being pressured to introduce quality standards in the light of the growth of private service providers, particularly to prevent competition driving down service standards and/or working conditions. A high priority is given to quality development in the case studies of the *Red Cross Domestic Tele-assistance Service* and the *Aspronis Group.* In the latter there has been a philosophy and culture of quality improvement focused on user empowerment, which has been driven by the mission of the association since it was established as a grass-roots social initiative. The role of the public authorities has become more important in establishing quality standards regarding staffing ratios, user participation and working conditions.

France

Quality initiatives have been spearheaded by a 1995 government circular which emphasised the need for quality to be at the centre of all activities. This has led to new initiatives on service quality and the introduction of evaluation mechanisms established by the National Evaluation Council, which has

responsibility for coordinating an interministerial procedure for evaluating public policies. The introduction of Quality Charters has also been an important aspect of this development towards a national framework for quality. Despite these developments, the quantity rather than the quality of services delivered tends to be an overriding feature of government evaluation of results. At individual project or service level internal formalised systems of quality assurance are rare, although informal evaluation systems have developed with some successes.

Italy

The creation of a Social Quality Group within the Ministry of Social Solidarity and the 1999 reform of public health legislation are set to put quality measures in place. Quality control mechanisms remain relatively under-developed. User satisfaction surveys are widely used; however, these tend to be overly positive in the absence of other alternatives and do not assess the quality of the service overall. In order to introduce more systematic quality assurance, some municipalities have drawn up quality plans. For example, the *Commune of Bologna's Total Quality Plan* has set up working parties to identify indicators and standards covering different services within a broad-ranging partnership framework.

The Netherlands

In the Netherlands quality control and quality improvement has been on the policy agenda since the mid-1980s. Five-yearly national agreements have been developed on quality-control systems involving care providers, client-interest groups, insurance companies and government agencies. In the health sector this has spearheaded quality improvement mechanisms and the appointment of quality managers to implement TQM. Tools for quality improvement have been developed by the Dutch Association for Quality and Health Care (NVKZ), created in 1995 to promote the exchange of good practice and innovation in the field of quality. Quality standards are now an important feature of service delivery particularly because there has been a long tradition of public/private delivery and welfare mix. Two framework laws outline the most important quality requirements for home care organisations: the Act on the Quality of Care Institutions (requiring care institutions to adopt certain quality standards which are client-oriented) and the 1993 Act on Professions in Health Care (which sets certain quality standards regarding registration for professionals). In the former legislation care must meet users' needs, and annual reports must be published identifying how users were involved in developing quality policy. In the area of care for people with a severe intellectual disability, and particularly for those living in institutions, the issue of quality has been vigorously pursued. In recent years this has led to mechanisms being developed by management and staff to guarantee and improve the quality of care. The main objectives of care and services, enshrined in legislation and policy documents, are to enable people with an intellectual disability to participate in society, to make their own choices regarding living conditions and their personal future, to build relationships with others, to be treated with dignity and respect, and to receive support and training that develops their abilities. In practice, the framework remains rather abstract and difficult to implement.

Austria

High political priority is given to the quality of social public services and there has been a growth in quality-assurance instruments used by individual service providers. Funding bodies are beginning to establish quality criteria, and a growing number of clients are playing key roles in defining quality. Providers, funders and clients rarely come together to discuss quality, and often they are working with systems that conflict with each together. In one example, the *Bungis Association,* has tried to develop a common language of quality by meeting funding agencies. External quality requirements set by funding agencies represent minimum requirements, and some providers, reflecting the high priority put on internal quality assurance and evaluation, have put additional internal measures in place. The case study of the *Vienna Red Cross* shows how the implementation of a system of quality management based on the certification process of ISO 9000 has been successfully introduced within a context of home care.

Finland

New systems of quality assurance are closely associated with the efficiency and transparency of services from the perspective of decision-makers, residents, clients and employees. Developing quality public

services is a national objective. However, there is an absence of common quality criteria and assessment procedures. Service quality indicators have been developed to enhance quality using a variety of information tools that are comparable through accessible databases and the internet. Local voluntary citizens' charters have been introduced to publicise quality criteria, and clients' rights to health care and social welfare are laid down in the law. Although general aims have been established for client-oriented services, confidentiality and the right to good treatment; no specific criteria or indicators have been put in place to implement them. In 1999, a national recommendation and guidelines on the improvement of quality management referred to the need for client-centred services, quality at all organisational levels, process management, collection of information and the introduction of criteria.

Sweden

The issue of quality is growing in importance although there is no national framework. Requirements for quality standards are increasingly common in service agreements as services are contracted out to the non-profit or private sectors. There is evidence of good practice as regards staff and user participation in developing usable and measurable quality standards at local levels. Quality has become increasingly important to national strategies concerning older people. In Sweden the National Board of Health and Welfare is the main agency responsible for the supervision, planning coordination, quality and follow up on matters regarding social services to older people. At local level social welfare committees plan local services. They are relatively autonomous and are encouraged to consult with users and user representatives in developing service quality initiatives.

The UK

A major quality initiative in social services has been introduced through Joint Reviews of Local Authorities in England and Wales, carried out by the Social Services Inspectorate and the Audit Commission, with links to health service performance areas in order to promote the coordination of services. The objective of the Joint Reviews is that they assess and evaluate how a local authority provides services to citizens and how these services can be improved as a basis for performance assessment. It has had a significant impact on the quality agenda in social welfare and requires the auditing of services and user surveys. Local Authorities are required to produce an Action Plan of changes required from the Joint Reviews and monitoring is put in place. A Performance Assessment Framework has been introduced with a 50-point continuous quality audit of local authority services. The government's *Best Value* initiative similarly requires a partnership approach and user and worker involvement in ensuring the best quality for services that are contracted out. There is some concern that the plethora of quality frameworks and quality charters in the UK has led to problems of continuity and consistency; national standards have tended to be prescriptive and these have worked against local initiatives. The introduction of a TQM system in the Employment Service has been of major importance to the *New Deal for Young Unemployed People* and involves customer satisfaction surveys at local level and national evaluation of the effectiveness of the scheme. This TQM system is based on *The Business Excellence Model* which is increasingly being used by UK and European organisations as a means of reviewing performance against internationally recognised best practice regarding policy, strategy, people management and resources.

Improving quality through innovation and experimentation

The case studies show that innovation and experimentation have been important to improving the quality of services to users. Prerequisites of this are that there should be sufficient organisational flexibility to allow staff to innovate and sufficient flexibility in national, regional and local funding structures to allow for funding for pilots and experiments that can be assessed for their suitability for transferability. There is some evidence of this greater flexibility to innovate as governments and service providers become more user-oriented, and as service providers themselves seek to improve quality in order to become effective competitors in bidding for

tenders. A great deal of innovation can be seen in the non-profit sector, particularly in those cases where initiatives have been built up from the grass-roots and have sought to develop alternatives to existing patterns of service delivery or experiment with the creation of entirely new services. The case studies show that innovation and experimentation can take place within existing services just as much as it is able to develop through the creation of new services. For example, the *Zappa Job Creation Unit, Helsinki*, is an innovatory project funded by the City of Helsinki in response to concerns about the marginalisation of unemployed young people, particularly those who fell through the net of the existing employment and training services. Feedback from young people identified young people's interest in and need for artistic activities and a coffee room. This led to the setting up of five workshops, two courses, and a unit to promote entrepreneurship within the Zappa Job Creation Unit. The project recognises that some young people need support that focuses on their broader social, health or psychological needs. The focus on the specific artistic and creative interests of young people has led to the project being highly successful in building the confidence and skills of marginalised young people.

Improving quality through partnership approaches to service delivery

Increasing attention is now given to partnership in service provision as a tool for coordinating services and improving their quality. This includes partnerships developed at local levels to determine service agreements or service planning objectives, partnerships between local providers to support coordination amongst service providers, and partnerships which include civil society and the social partners in developing new service initiatives that impact on users' needs or working conditions. A large number of the case studies report on the growing importance of partnerships for cooperation and the coordination of services at local levels, and there are signs that this will develop in those case studies that to date do not engage in partnership. For many providers partnership has become a necessity. Partnership strategies for economic and social regeneration have been pioneered under local partnership structures formed through the European structural funds, and increasingly these are being adopted as strategic responses to tackling social exclusion. The following two case studies are examples of good practice in this respect.

Examples of good practice

Partnerships in service provision

The Commune of Bologna

The integrated services for older dependent people is a good example of the strategic planning of local services within a partnership framework that has been linked to improved quality. A planning agreement between the local health trust, the hospital trust, two public welfare and charitable institutions, trade union and pensioners' federations led to the upgrading and reorganisation of a network of social and health services. The aim of the *Total Quality Plan* is to reduce institutional care and promote new home care services. This has led to coordinated services in home care, day care, residential and sheltered housing, income-related support, family support, neighbourhood solidarity initiatives, inter-agency assessment systems and alarm call systems into one planning framework. The single point of access for all services is organised through a case management approach.

Communications between service providers and staff have improved dramatically and services have been extended to meet the needs for 24-hour care.

New Deal for Young Unemployed People

The *New Deal* is based on local partnerships and networks and services that reflect local needs and traditions through integrated approaches to tackling youth unemployment. The partnership approach is particularly important to the wider objectives of the *New Deal*, on the one hand in assisting young people in finding subsidised employment in private organisations, voluntary organisations and environmental organisations, and on the other hand, in providing new structures for meeting the multifaceted needs of excluded young people. This is reflected in active partnerships with external agencies and groups to develop equal opportunities policies and processes and a client-centred approach.

Improving quality through integration and coordination

Different models of coordination and integration exist. For those services that are based on a single agency/single service model, coordination mechanisms include: internal coordination and/or collaboration within state or municipal departments, collaboration and cooperation between and with agencies that are external to its function, partnership approaches to the strategic planning of service delivery and coordinated activities (possibly also co-location) but where services continue to be provided separately. In some cases this has resulted in multidisciplinary, inter-disciplinary and inter-agency service provision and team working, with an emphasis on shared systems and holistic approaches to assessing user needs (including case management). In a small number of cases there is evidence of fully integrated services where traditional service boundaries are removed and new organisational service structures and working practices are put in place. There are a growing number of coordinated information and service provisions and the coordination of services and information in one location through one-stop shops and public service access centres. See Table 8 for a breakdown of the different coordination and integration mechanisms in the case studies.

Improving the quality of services through integration and coordination has been a major aspect of new service delivery reforms as service quality improvements and new structures for delivering services have been developed. Chapter 1 reviewed some of the initiatives in the Member States to coordinate and integrate services and develop national coordination strategies in order to meet the multifaceted needs of socially excluded people. This has enabled national, regional and local government departments to coordinate their activities. In some cases coordinated funding strategies allow for local innovation and coordination, whilst in others poorly-coordinated funding regimes pose a barrier. In Denmark, the introduction of a unified social service system in the municipalities in 1975 gave municipal authorities responsibilities for integrating community-based nursing and home care services for older people. In France, coordination has had a positive effect on the quality of services, and internal coordination and communications systems have impacted on the delivery of statutory services. In Ireland, the creation of an *Integrated Services Project* provides an interesting model for the development of local services, achieved through the local integration of nationally provided statutory services. An important feature of the project is the identification of local problems in partnership with

local people. The creation of local working groups and new staff in each of the pilot areas has ensured that there has been adequate preparation to identify needs and respond to these with new integrated service initiatives. In Sweden, the need to tackle multiple forms of disadvantage amongst young people led to the establishment of the *KrAmi project* which successfully integrates a number of agencies and providers into a single model. The role given to the development and training of staff and to the regular evaluation of work has been crucial to ensuring that the project has relevance to the client group's needs.

A number of barriers exist to the full coordination and integration of services because of established professional cultures, gate keeping within departmental boundaries, different funding bases and financial regimes, organisational complexities and a more diverse mixed economy of provision, as services have become increasingly fragmented. In Luxembourg disparate 'conventions' existed between central government and private organisations to regulate the standards of service and the quality and levels of social services provided by private organisations, with varying levels of government control and supervision. Legislation in 1998 formalised and regulated the relationship between the state and these private organisations in order to achieve coordination. Conversely, in Sweden, a highly sectored welfare model has made cooperation difficult between health, social security, labour market organisations and employers who are developing new active labour market approaches for long-term sick and unemployed people.

In some cases it is the reorganisation of the benefit or care systems that has led to coordination. In France, the introduction of a special dependent benefit paid to the elderly has facilitated the coordination of different care agencies. In a large number of countries decentralisation of services to local levels has enabled resources to be refocused, allowing for local innovation, coordination and integration. In Spain, powers and resources have been gradually transferred and delegated by central government to autonomous communities and local corporations, allowing for new projects, joint arrangements and agreements with private and voluntary providers. In Greece, decentralisation of services to local levels and services contracted out by the state to non profit-making organisations has had a discernible impact on quality, by replacing the old bureaucratic services that were seen to stifle innovation and reform. In Sweden, the recent devolution of care services to local municipalities has led to new strategies to integrate and coordinate services. In Italy, the draft law on an integrated system of social measures and services has been drawn up through a concerted action plan between the social partners, local authorities and non profit-making organisations. It does for the first time establish an integrated framework for health and social care through a transfer of powers to local authorities, with resources earmarked for dependent elderly and disabled people.

There remain problems and barriers to effectively coordinating services. This problem is highlighted in the growing incidence of a contract culture to service delivery in Spain, the UK, Austria and Italy, whereby short-term funding regimes work against continuity and coordination. Within government agencies themselves these problems manifest themselves in the problems of coordinating the various tiers of government: national, regional and local, whilst problems of

providing coordinated responses in an environment of mixed-economy provision can work against coordination in practice. However, there is growing evidence of more imaginative and creative solutions to these problems being promoted, for instance, where municipalities work strategically to coordinate services that are contracted out, or where independent service providers themselves work in partnership to improve cooperation and coordination. In Austria, this cooperation between service providers has been inspired by a need to improve the negotiating position of non-profit associations with the purchasing authorities, for instance through the Federal Association of Employers' Organisations in the Field of Health and Social Welfare.

In all Member States, there exist continued problems in coordinating health and social services to meet the needs of disadvantaged groups. However, competing interests, different departmental, administrative and organisational boundaries and different working cultures can work against coordination. Nevertheless, a number of case studies have shown how cooperation agreements and joint funding can lead to more coordinated outcomes. Examples of integrated and coordinated services for the different client groups can be seen from the following descriptions of the role that coordination and integration has played in service developments.

Services for dependent older people

An increasing number of services for dependent older people are being provided through home-based service provision based on agreements, cooperation and coordination mechanisms between the different agencies providing services for older people. The case studies show that the development of home care services have on the one hand been the subject of increased attention to user needs and quality improvement, and on the other hand, to integration and coordination, particularly through integrated care packages and service coordination. The *Peristeri* project marks a significant departure in Greek home care services for older people and integrates social work, social care and health services through a network of multidisciplinary units. The introduction of a new service for older people in the *Commune of Bologna* was motivated by a need to coordinate what had become an increasingly diverse pattern of services. The development of a *Total Quality Plan* in 1995 is a good example of quality development arising from a coordinated partnership approach to achieving integration of services for dependent elderly people. This was introduced through the creation of *Improvement Groups* and *Working Groups* that set quality indicators and standards in all areas of provision. The plan has included service restructuring and new organisational models of flexible delivery to meet users' needs, user empowerment strategies, mechanisms for communication between residents and public bodies, monitoring of the quality of services and ongoing improvement measures, including initiatives to motivate employees. The impact of the plan is that users are more satisfied with the services provided, particularly since service providers are required to pay more attention to their needs. The plan for 2000 will see the further development of services, including a major injection of new resources for new jobs.

The preventive service for older dependent people in the *Slagelse local authority area* developed a system of preventive home visits for citizens over the age of 80 who had not been in receipt of

home care services. The scheme was a response to the need to provide additional support to older dependent people, whilst recognising that a preventive service would help to improve the independence of older people, and therefore their dependence on municipal services. Of importance to the issue of quality was the development of a new service, as an extension of existing services, which is bound by the municipality's *Service Declaration* which states that preventive home visits are a legal right of citizens over 75 years who are not in residential care. A professional visiting service to check on the needs of older people acts as a contact point for the deployment of a range of services. The *Equinoxe* and *Equinoxe plus* tele-assistance service for elderly and disabled people are integrated in a range of home services combined with a social network, fieldworker visiting service and friendly phone communication to break down social isolation. Internal coordination assists in providing a wide range of services, and there is external coordination with social services. Finally, the *Bristol Care and Repair* project, developed as an integrated approach to providing services to older and disabled home owners on low incomes with housing and care needs, has led to the coordination of information and advocacy, care, repairs and home adaptations, through a case worker approach.

Many of these new initiatives have been guided by new quality improvement initiatives that in some cases have set out indicators, targets, and standards for services. The following cases show the range of quality initiatives that have been introduced for coordinated and integrated services for dependent elderly people. They include the introduction of quality management systems, user-oriented services and quality assurance guidelines and the introduction of a new services.

Examples of quality initiatives

Coordinated and integrated services for dependent elderly people

The cooperative provision model of assistance in the City of Mönchengladbach (Germany)
The creation of an integrated service centre to provide local care for older dependent people was inspired by the need to provide alternatives to residential care through improvements to and the expansion of domiciliary care. The centre is piloting a new client-centred organisational structure, which encourages local networking, a meeting point and information. The integration of services was set within a quality framework under the provisions of the 1996 Federal Care Act in North Rhine/Westphalia, and in the context of the introduction of care insurance. This made it necessary to create transparency in the developing care market and provide services to support the independence of elderly people in their own homes. Providing a quality service made cooperation obligatory. The new service has been widely publicised and the integration of housing advice and advice on care services has enabled a wider range of services to be provided, including psychosocial counselling, care and support to clients and their families. Good structures have been put in place for linking and coordinating the services through the introduction of participatory and user-friendly working parties. One working party is responsible for coordinating all services, and another is responsible for strategy and implementation. A care-conference working party is made up of representatives of service providers in the municipality; representatives of advisory residents' councils and self-help groups; representatives of the care funds and health service; a representative from the association of panel doctors; and the management of the advice bureau. Quality assurance guidelines have been laid down by the municipality. In 1994 a Quality Assurance Department was set up in the Senior Citizens' Welfare Department in order to introduce quality control procedures for services provided by external providers. The implementation of care insurance and the Care Act led to the unit becoming a multidisciplinary quality assurance working party.

Red Cross tele-assistance service in Barcelona (Spain)

The introduction of a major new initiative to support older people in their own homes through a universal tele-assistance service was predicated on the need to network widely and work in partnership with other providers, whilst also coordinating the provision of a wide range of services. The development of a universal tele-assistance service in order to meet the needs of dependent elderly people at home is a noteworthy experiment in providing comprehensive and coordinated services by utilising new technology, particularly where universal services have not hitherto been available. The service has developed through agreements with a number of hospitals and cooperation with non-profit organisations and other providers to widen the coverage of the service to support de-hospitalisation and geriatric rehabilitation, and since 1997 through a new preventive service aimed at the less dependent elderly. It combines technology with human resources and represents the first European experiment in the use of technology for tele-medicine and mobile tele-assistance sets and voice-contact alarm pendants. The round-the-clock service is coordinated in an exchange staffed by specially trained personnel that links users into a package of social and health services. The Red Cross provides the backup and human support, through its network of volunteers, by means of a visiting and check-up service to users.

Red Cross home support services for older people in Vienna (Austria)

The recuperating at home experimental service resulted in an agreement for cooperation and coordination between service providers to support the development of home-based care services. It enabled the Red Cross to introduce multidisciplinary and integrated care packages to be delivered through decentralised local services. The Vienna Red Cross began providing home care services in the mid–1990s with other non-profit welfare associations who have been developing integrated service packages in order to meet the growing demand for specialised home and nursing care for older people, through the umbrella organisation, the *Viennese Care and Assistance Strategy*. This led the Red Cross to develop innovatory new approaches, as well as two pilot projects to deliver locally based services through interdisciplinary teams who are supported through administration, training, quality management (through ISO 9000) and other additional services by the regional community services management section of the Red Cross. Integration of services is achieved via a case manager who provides a single contact point for a range of services. One pilot project, *Integral Home Nursing,* has pioneered the coordination of hospital-type care for patients at home, and a second, *Recuperating at Home,* has provided coordinated services for people leaving hospital, thereby assisting clients' transition from hospital to home.

Home care services in Kitee (Finland)

The development of domiciliary services for older people in this sparsely populated region of East Finland was motivated by a need to provide new approaches to service delivery by utilising local networks and providing coordinated integrated services plans with users through a case management approach. The reorganisation of institutional and community care activities was achieved through collaboration and integration between community care and institutional services with a joint plan, one budget and shared offices. The plan led to a reduction in the number of institutional beds, an increase in community care personnel and new sheltered housing to fill the gap between the two. The introduction of new services included a night patrol service for elderly people in poor health; home and family support services; and experiments in providing home care particularly for dependent elderly people living in sparsely populated areas by providing care subsidies for neighbours and relatives and arrangements with local shops for the delivery of shopping. This case study is important because of the innovative ways in which quality has been developed within a framework of cooperation between health and social services, joint planning and delivery. High priority is given to users, who are given an individual care and service plan which they keep. It contains information about the services they receive, their medication and other needs, as well as information about relatives, neighbours and other contact people.

Table 8 Coordination, integration and partnership in the case studies

	Partnership approaches to service delivery	Single agency – internal coordination	Single agency – external coordination	Coordinated services	Multidisciplinary teamworking	Fully integrated service
Belgium						
Vitamine W		✔	✔	✔		✔
Integrated Service for Psychiatric Support and Care (SIAJeF)		✔			✔	
Denmark						
Slagelse local authority, preventive service for elderly citizens		✔		✔	✔	
Askovgården service for people with mental illnesses		✔	✔		✔	
Germany						
Assistance for the elderly, Mönchengladbach	✔					✔
The Salzgitter RAN-JOB-BET Integrated Youth Welfare System						✔
Greece						
Services for older people: the Peristeri Help at Home Service	✔		✔		✔	
The Society for Social Psychiatry and Mental Health					✔	
Spain						
Domestic tele-assistance, Spanish Red Cross	✔	✔		✔		
ASPRONIS – project for mentally handicapped people		✔		✔		
France						
Equinoxe and Equinoxe Plus	✔	✔	✔	✔		
Du côté de chez soi		✔		✔		
Italy						
Social services for elderly people – Commune of Bologna	✔					✔
The Centro Socio Educativo (SCE), Lissone, Milano	✔					✔
Austria						
Recuperation at home: Red Cross	✔	✔			✔	
The Bungis Association	✔	✔			✔	
Finland						
The Zappa job creation unit				✔	✔	✔
Home care services in Kitee						✔
United Kingdom						
New Deal for Young People in Bristol and South Gloucestershire	✔					
Bristol Care and Repair				✔	✔	

People with learning disabilities and mental health problems

Coordinating and integrating services for people with learning disabilities or mental health problems has been a feature of improving service quality for these groups around principles of independence and normalisation. The services differ in some respects from the initiatives developed for older people, in that they are often experimental or new services which have assisted in deconstructing disability within a framework of social relations towards a social rather than a medical model of care. Coordination and integration of services has been one of the developments for people with severe learning disabilities and mental health problems that have facilitated the introduction of more innovative and user-centred social models of care and integration into society and work. It is worth noting that although new models of care and empowerment have been pioneered for people with learning disabilities and mental health problems, formalised quality systems are less in evidence in this sector. Many of the new approaches to service delivery that have inspired coordination and integration are part of a broader movement of user empowerment.

This approach can be seen in the mental health field. For instance, the innovative *Psychiatric Support and Care (SIAJeF)* project emerged from the recognition that a social and user empowerment approach to care required holistic approaches and an integrated framework of services. Likewise, the *Society for Social Psychiatry and Mental Health* project has refocused care away from a medical model to a model based on social integration and user empowerment. Preventive, rehabilitative and therapeutic services are internally coordinated. The reorientation of care for people with learning disabilities who require support and care services has led the *Bungis Association* to pioneer integration experiments and new projects to provide a range of work-related support and empowerment strategies to support integration into the labour market through the development of business operations. This change of direction in the project has required new coordinated working methods and a greater degree of internal coordination. The creation of the *Askovgården* non-residential service in Copenhagen was motivated by a need to provide client-centred and personalised care based on values of user empowerment. It works in cooperation with other external agencies for this purpose. The *Du côté de chez soi* project provides a high-quality service to users through accommodation and supported work for disabled people, including people with learning disabilities. It has developed systems for internal coordination and has a strong emphasis on user empowerment, the dignity of the user and assistance for users' independence of their families. A key feature of the *Socio-Educational Centre* (Lissone, Milano) has been the development and expansion of this non-residential community day service for adults with learning disabilities and the priority given to the coordination of public, private and voluntary service providers. In another case, the *Aspronis* project has faced significant growth in recent years and its most important development has been an expansion of service coordination and partnerships. It now stands out as a model project in the Catalonia region with regard to the significant extent of integration in services.

Whilst formalised quality initiatives are not so prevalent in the case studies concerning people with learning disabilities and mental health problems, compared to those concerning services for older people, the developments in these services have been highly innovative and

groundbreaking. The following two examples give a more detailed picture of how services have been developed around user-centred notions of care.

Examples of improved quality

Coordinated and integrated services for people with learning disabilities and mental health problems

Integrated Service for Psychiatric Support and Care in the Community (SIAJeF)
This highly innovative mental health project provides a coordinated and integrated service to people with mental health problems. It was created as an alternative to the narrow framework of psychiatry and its related institutional approach by establishing internal and external inter-disciplinary approaches. Of importance to the project is the emphasis placed on quality and on user and worker involvement through a broadly based multidimensional view of user needs. By locating the individual in his/her social context within a principle of user empowerment, the organisation mobilises a range of professional educational, psychological, psychiatric and social work functions. Consequently, many of the working practices are concerned with these coordination tasks, which raises some important issues for the additional work involved in coordinated and integrated working methods. This also has implications for funding since the approach requires that the organisation receives funding from a wide range of different agencies, national and European. Of importance to this case study is that the organisation has attempted to provide opportunities for integration into work in the locality. However, problems in finding structured, stable and accessible work opportunities for users has led to a more diversified service offering multiple entry points into the local labour market and setting up socio-occupational workshops and sociocultural exchanges, for instance, through *Le Cheval Blue* café.

The Bungis Association
This case study provides a good example of internal and external coordination within an expanding service for integrating people with learning disabilities into work and society. Its objective – that clients' needs should determine the services provided – has been an overriding feature of the association, which was established by parents and therapists working with disabled children and which pioneered the integration of disabled children into schools. It has since pioneered integration strategies for disabled adults. Three inter-linked projects have been developed which have effective systems of internal coordination built in. These provide, first, training and an employment project run as a business providing a range of services and preparing users with the skills required for integration into work; second, integration support services; and third, out-of-school integration aid.

Long-term unemployed young people

Improving the coordination and integration of services for long-term unemployed young people has been central to new service quality initiatives that aim to integrate the most disadvantaged young people into work and society. The recognition of the multifaceted needs of disadvantaged young people has led to new strategies to coordinate and integrate a range of services that can tackle multidimensional problems. As a result, improving the quality of services has been closely linked to the need to coordinate and integrate provision, target resources to the most disadvantaged young people and provide integrated care and employment integration packages through a pathways approach. In some cases this has led to the introduction of formalised quality improvement systems, in others this has been the response to internal pressures to improve quality through coordination and integration.

In one case (*Salzgitter)*, the integrated youth welfare system was set up in response to a need to integrate three statutory services providing different but complementary services for

disadvantaged young unemployed people: vocational training, youth training workshops and services to homeless young people. In addition, these newly integrated services cooperate with other youth, school, labour, business, family and advice services. The innovative *Zappa* project was set up to meet the needs of marginalised young people, and central to its objectives is the internal coordination of courses, training and entrepreneurship activities in order to meet young people's social, economic, training and labour market needs in more user-focused ways. Quality initiatives are relatively well developed in services concerning young long-term unemployed people. The following three cases show in more detail how coordinated and integrated services have been developed for young long-term unemployed people, which have formal and informal quality systems built in. These cases show how the coordination of services is central to the quality of services in order to meet the multifaceted needs of this group.

Quality initiatives

Coordinated and integrated services for young long-term unemployed people

Vitamine W – Antwerp (Belgium)

The project was inspired by the need to coordinate the wide range of services for disadvantaged unemployed people in Antwerp through a bottom-up approach to coordination and collaboration and the introduction of local employment centres. Coordination was the principal motivating factor for the creation of this project. It has pioneered a new model for the coordination of regional and federal policies through a number of local pilot projects. *Vitamine W* combines a unique role as a coordinating body acting as a federation for all services operating in the field, with that of provider of services for nearly 3,000 people a year. Its success is judged from the considerable expansion of its services, its innovative and integrated pilot projects, the integration of new services and sub-regional coordination. The introduction of management and development practices and models has pioneered new linked pathways to integration into the labour market that address multifaceted needs. An innovative feature of the project is the direct employment of users within the organisation itself and within social economy projects established by *Vitamine W* for unemployed people who are hard to place. It has the potential for transfer, particularly as the overlapping functions of national, regional and local employment services can create duplications of service. However, the success of *Vitamine W* rests on its ability to coordinate all activities relating to employment integration. The association remains unsure whether the greater competition from private sector providers of employment services will undermine this.

The Salzgitter RAN-JOB-BET Integrated Youth Welfare System (Germany)

This case study provides an example of good practice in meeting the needs of young people by bringing together the regional employment agency for the vocational integration of young people in Lower Saxony (RAN), youth workshops for young people without qualifications (JOB) and a support and advice centre for the assimilation of young homeless people (BET). This has allowed services relating to jobs, training, skills development and housing to be integrated within one framework, thereby making it possible to develop individualised programmes that combine a number of different approaches to tackling disadvantage. The Integrated Youth Welfare System has been designed for young people who are socially disadvantaged or personally impaired and seeks to promote social and work integration. An individual support plan is drawn up which may cover a range of areas including welfare, work-related and life skills training, job placements and group activities to enable young people to effectively organise their leisure time. Emphasis is also placed on tackling the wide-ranging problems faced by users, for example in dealing with debt or housing problems, or in tackling social or behavioural problems, and in developing users' self-confidence and ability to use initiative. Additional specific support is given to homeless young people through the BET project.

The New Deal for Young Unemployed People (UK)

The project is a radical departure from previous employment creation and integration measures in the UK, and is inspired by a client-centred approach that is led by a local partnership and integrates a range of social, training, job subsidy and work placement services. The coordination of a range of services and partners is a model for service development. It has pioneered new approaches to service delivery at local levels, and a new framework for the government's national employment service. The holistic integrated approach lends itself to a more personalised approach through *gateways* to providing guidance, training and work placements for young people, by focusing on young people's needs and barriers to employment. It has led to major cultural and organisational changes by making the service more customer-friendly and staff more aware of the diverse needs of young people, and by paying more attention to skills' requirements and flexible working practices. As a result, integration and partnership have been critical to the success of the *New Deal.* A national framework for quality has been developed by means of a TQM model, and in the Bristol case study the project created additional quality instruments that were able to further develop those set out in the national framework with local applicability and relevance.

Improving quality through coordination and integration: issues raised

These examples show that there are a variety of different approaches to coordination and integration. It is important to note that whilst the case studies reflect good practice they are not necessarily typical of provision across the board. For example in Austria integration between social public services remains underdeveloped because of boundaries between different departmental functions, and in practice it is cooperation rather than coordination that has been the feature of new initiatives. In this respect cooperation between service providers in the not-for-profit sector is motivated by a need to improve not only the quality of services, but also the negotiating position of the single provider when dealing with public purchasers and networks of staff in particular fields of the social public services that are also developing.

The case studies do reveal both barriers to and opportunities for coordination and integration. In some cases integrating several types of support for young people and disabled people strengthened social integration, choices, quality of life and opportunities for independence and autonomy. In others, the coordination of services through case management has enhanced the availability and accessibility of services, and ultimately the quality and efficiency of the welfare system overall. Despite the positive outcomes of the German cases studies, a highly fragmented social security system and limited opportunities for autonomous networking between organisations has hindered coordination in practice. In Greece, the development of coordinated services is weak, as indicated by the multitude of agencies providing similar or overlapping services to the same users or target groups. Since the level of provision is not unified and falls far short of meeting needs, this presents even greater problems for service delivery in Greece. The lack of coordination and disparate provision of services is a result of outdated professional practices, centralised services and a culture of administration rather than service, although decentralisation to local authorities in 1985 and to prefecture government authorities in 1991 has begun to change this. In Italy, the coordination and integration of services has developed from a recognition of the need to network with a wide range of organisations and providers in order to meet needs in more comprehensive ways, and has resulted in a number of good practice initiatives. However, there is limited experience of working in integrated ways and where this exists it tends to operate vertically. In Spain, the case studies show the emphasis being placed on

the need to improve coordination and integration in order to meet diverse demands and needs, and to encourage the participation of users. This has led to collaboration between different organisations and sectors delivering social public services, a shift in attitudes to service delivery and trends to more coordination and collaboration at local levels. In practice the experience of coordination has been the exception rather than the rule, with inadequate coordination of activities between departments within a single authority who have similar objectives, but for whom inefficiencies and duplication of activity affects the quality of the services.

In many respects, many of the coordination initiatives are experimental, and not all of the results have yet been properly evaluated. Nevertheless, the examples of good practice and the case studies do demonstrate that initial results from some experimental projects in service coordination are positive. What is clear from the case studies is that integration of services at local levels has been a key dimension of improvements in quality that are aimed at making services more accessible to users.

User empowerment and participation in quality developments

The empowerment and participation of users in quality improvement has become an increasingly important focus of service quality. Different levels of user empowerment, participation and involvement exist and these can be identified on a continuum of: information, consultation, partnership, delegation and control (Lunde, 1996, Humphreys, 1998). It is possible to identify two particular types of user involvement: first, management-led user involvement which incorporates user perspectives and user feedback into service quality initiatives (through surveys, for example); and second, user participation or dialogue-oriented forms of user involvement, which directly involve users to influence policy – through empowerment evaluation, for instance. The best examples of quality initiatives are those that involve both users and providers in meaningful, relevant and practical quality improvement, particularly where they integrate the two approaches to user involvement. These localised initiatives, which increasingly sit within national quality improvement frameworks, are found in a growing number of countries. In the case studies the shared values of user orientation and empowerment in the development of services have been central to the participation of users in service design and planning. Whilst the former is now a universally accepted value underpinning an increasing number of government policies and local service strategies, the latter has been more difficult to implement in practice.

In a number of countries, user organisations and staff are involved, respectively, in the external and the internal development and monitoring of quality. This has become particularly important in reconciling the interests of users with those of professionals, since they may conflict. Strategies documented in the case studies include the introduction of structures to help professionals to solve problems, assess their work and improve quality in order to integrate client interests with professional standards for service delivery, alongside user and worker perspectives on quality improvement. This has become particularly important as services have become more professional and training and development initiatives within organisations have been developed

to enable staff to be better able to adopt client-centred approaches in their everyday work. The impact of these changes on working life will be further reviewed in Chapter 5.

Different dimensions of user involvement, empowerment and rights

User involvement

- direct user influence (to varying degrees in all countries, but particularly the case in Denmark, UK, the Netherlands)
- user panels/forums on municipal and regional bodies (in Germany, the Netherlands, Sweden, Denmark and the UK)
- user involvement in service provision through family associations, care associations and advisory councils (in the UK, France, Greece, Portugal, Spain, Italy), and legal powers to conclude service agreements (Germany)
- user involvement in assessment of needs (increasingly the case in all countries, particularly in Germany, the Netherlands and the UK)
- user surveys and other feedback mechanisms to evaluate services (in the Netherlands, Sweden, Denmark, Italy, France and the UK)
- involvement of users as volunteers (all countries, particularly evident in the south of Europe)
- user involvement through local partnership strategies, in evidence through local concertation pacts in Italy.

User empowerment

- budgetary autonomy to employ a carer (Austria, Germany, the Netherlands, Sweden, Luxembourg and the UK, and in some circumstances in Finland and Denmark); and user choice in service options (Germany, Luxembourg, Austria, the UK and the Netherlands, and increasingly the case in Sweden and Denmark).

User rights

- user rights (to an extent these are evolving in all countries, but particularly in the UK, Denmark, Sweden, the Netherlands, Germany and the UK)
- user advocacy schemes to defend users' rights (to varying degrees in all countries, particularly strong in Denmark, the Netherlands and the UK)
- user information, advice centres and ombudsman services (all countries).

The case studies show the importance attached to user involvement in improving the quality of services, although this has not always been fully achieved in practice. User involvement and empowerment has been central to quality assurance and to making services accessible through the decentralisation of services in Austria, Denmark and Sweden. A further example of user involvement in quality has been the introduction of quality groups, which build on users' experience of quality improvements, gauged through surveys and feedback, in order to encourage a client-oriented attitude and to foster self-evaluation amongst staff. In the Netherlands quality groups were introduced in the home-help service provided to elderly people living independently, in order to monitor and improve the care provided by semi-skilled and unskilled women working part-time. The groups were established within the framework of a problem-solving triangle of the user, the organisation and the worker. Integral to the project was the professional development and learning amongst staff. The focus on problem-solving techniques enabled the home-helpers

to develop ideas for improvements to the service, solutions to problems and decision making. Evaluation found that the staff felt more satisfied in their work, that they were less isolated and more able to develop better relationships with their clients. In Denmark involving users has been developed through a pilot project on 'quality through user involvement'.

In some cases user involvement is poorly developed. For example, in Finland, the involvement of users in service planning and administration remains rare and indeed is not considered to be a high priority. This is partly explained by the lack of choice offered to users, since competition in welfare services is relatively limited in practice. In Germany, user involvement has developed significantly in recent years, although not as well as it could. New legislation planned in 2001 could help to resolve the problem by guaranteeing the legal status of users receiving ambulatory care. In Greece, newly created social public services for the four client groups were innovative in involving users from the outset; user involvement was not an add-on but a professional tool for the creation of these new services. In Italy, while a number of different strategies have been put in place to involve users in the social public services, in practice these remain limited to a small number of user satisfaction surveys.

User and carer empowerment and choice

Good practice in the involvement and empowerment of users in the case studies includes those services that have been established by parents' associations to provide services for disabled people and services to empower mental health users. In Spain, although user involvement remains weak, there are some examples of genuine user involvement particularly for disabled people, since there is a legislative requirement for this to take place. Conversely, there is some evidence to suggest that there is a correlation between the coverage of needs and services and the decline of user representation in Spain. User representation has been most developed in those associations that are founded and run by parents and families, particularly for disabled users.

One good example of this change has been the new understanding of the relationship between care and service provision to users, and the growing recognition of gender divisions in informal care and the significant role played by informal carers. The greater articulation of informal carers and the growing body of evidence as regards their role has led to some important outcomes in policy, whereby increasing statutory support (including carers' payments, relief and respite care, and home care support) is now provided. This has led to increased funding for the care of the elderly and disabled and has been important in avoiding the costs associated with institutional and other community-based forms of care. In Portugal, Greece and Ireland this has been a response to the need to support and develop the important informal, family and/or voluntary care infrastructure.

Strategies to support and in some circumstances to pay informal carers have been introduced to enable dependent elderly people and disabled people to be cared for in their own homes. This is closely related to the development of legislation on clients' rights and the introduction of choice in services. The examples of direct payments and personal budgets below have been geared to enhancing user choice in this respect.

Examples of user empowerment

Direct payments and personal budgets

Direct payments or personal budgets are one element of user empowerment. On the one hand, they represent a mechanism to enhance user choice and empowerment, as pioneered through the *Independent Living Movement*, with its emphasis on personal assistance rather than care (Shakespeare, 2000). On the other hand, they have been introduced to support family or informal care. Direct payment schemes now operate in Austria, Denmark, Germany, Finland, France, Luxembourg, the Netherlands, Sweden and the UK, and pilot projects have been introduced in Belgium and Italy (European Social Network, 2000). Two examples are given below.

Personal budgets in the Netherlands

A direct payment system in the Netherlands allows people who have been assessed as needing home care (covering older people and people with learning disabilities) to receive their own personal budget (*Persoonsgebonden budget*) to enable them to tailor their care to their own needs. In 1997 it became possible for care provided by spouses and partners to be covered under the personal budget. Some contradictions exist in the extent to which different definitions of quality of care exist between the user and the professional, and this in turn means that the care debate needs to be increasingly concerned about the values and personal aspects of care (Pijl, 1997). District nurses, home care associations and private organisations are required by law to meet certain quality standards, whereas this does not apply to individuals employed to provide care. Evaluation of two experiments by the Dutch Health Care Insurance Council and a home care organisation in Rotterdam (Pijl, 1999) found that a large proportion of the care givers were relatives or neighbours. Many of the participants did not feel that their helpers required professional qualifications; rather was it the ability to choose their helper and the trust, flexibility and shared understanding that were important. In both experiments it was the users' control and choice over their care that led to a perception of improved quality, more continuity and equality with their carer. In addition, many of the budget holders felt less of a burden, and their relationships with their carers improved.

Dependency insurance in Luxembourg

In Luxembourg the dual policy of supporting elderly and disabled people in their own homes for as long as possible and developing user-oriented care strategies led to the creation of a new dependency insurance. The growing numbers of older elderly people in Luxembourg led to a shift in policy to reduce dependency on state services, within a more coordinated system of care. This sits within a framework of guaranteeing rights to quality social care as a result of dependency, and a choice about how the care will be provided, either directly by the state or by families/relatives. The legislation regulates the relationships between the state and the wide range of semi-state and private organisations providing social, family and therapeutic support, which have hitherto been largely unregulated. Finally, it puts into place systems of evaluation within an integrated framework. The dependency insurance scheme promotes an integrated system of care based on a multi/interdisciplinary working methodology. By aiming to prevent dependency as a result of old age or disability, it has the potential to reduce dependence on the state, devolving funding and responsibility to family and social networks or social care organisations. This is seen as an important step forward in empowering users and promoting their independence and self-worth, within the framework of a quality service. Finally, the emphasis placed on the development of the resources and skills of care providers highlights the importance attached to the quality of the carer.

User involvement, participation and empowerment: the case studies

Table 9 shows the different aspects of user involvement, participation and empowerment in the case studies. About half of them illustrate direct forms of user involvement; this includes the representation of users in decision-making structures and their involvement as direct providers

Table 9 User involvement, empowerment and participation in the case studies

	Direct user involvement	User perspectives in needs' assessment	User surveys and feedback	Involvement of users as volunteers	User involvement in quality and evaluation	Involvement of users' families/carers/ advocates	Overall level of user involvement
Belgium							
Vitamine W	✔	✔	✔		✔		High
Integrated Service for Psychiatric Support and Care (SIAJeF)	✔	✔	✔	[paid work]	✔		High
Denmark							
Slagelse local authority, preventive service for elderly citizens	✔	✔		✔			Medium
Askovgården service for people with mental illnesses	✔	✔		✔	✔		Medium
Germany							
Assistance for the elderly, Mönchengladbach		✔					Low
The Salzgitter RAN-JOB-BET Integrated Youth Welfare System		✔					Low
Greece							
Services for older people: the Peristeri Help at Home Service		(✔)	Informal				Low
The Society for Social Psychiatry and Mental Health	(✔)	✔	✔	✔	[Informal]	✔	Low
Spain							
Domestic tele-assistance, Spanish Red Cross	(✔)	✔	✔	✔	✔	✔	Medium
ASPRONIS – project for mentally handicapped people	(✔)	✔					Medium
France							
Equinoxe and Equinoxe Plus		✔	✔		✔		High
Du côté de chez soi	✔	✔	✔		✔	✔	Low
Italy							
Social services for elderly people – Commune of Bologna	(✔)	✔			✔	✔	Medium
The Centro Socio Educativo (SCE), Lissone, Milano		✔			✔	✔	Medium
Austria							
Recuperation at home: Red Cross	✔	✔	✔	✔	✔	✔	High
The Bungis Association	✔	✔	✔			✔	High
Finland							
The Zappa job creation unit	✔	✔	✔		✔		High
Home care services in Kitee	(✔)	✔	✔	[paid work]		✔	High
United Kingdom							
New Deal for Young People in Bristol and South Gloucestershire	✔	✔	✔		✔		Medium
Bristol Care and Repair	✔	✔	✔	✔	✔		High

and/or staff, and as users or co-producers of services. A larger number of case studies have mechanisms in place for assessing users' perspectives in needs' assessment, and this is reflected in a significant increase in multidisciplinary case management techniques and personalised packages of care. User surveys and feedback mechanisms are also being widely introduced, and the case studies reflect the importance of this activity in servicing developments and the increasing necessity of working in partnership and cooperation with a wide range of agencies and service providers.

Some cases cite the introduction of effective feedback mechanisms whereby user surveys have had a direct impact on changes in services and in organisational flexibility to respond to changing user needs. A number of case studies show how flexible systems of organisation and management have been developed to enable service changes to be introduced to reflect user needs, whilst other identify the problems in fully meeting user needs where resources remain constrained. This leads on to the role that users and their families and advocates can play in developing and refining quality systems, monitoring and evaluation. The involvement of users as volunteers has been an important aspect of the extension of services to meet client needs in a number of the case studies; for example, this is a feature of the two case studies on the services delivered by the Red Cross in Austria and Spain. In contrast, a number of case studies refer to the problems posed by using volunteers in terms of the impact on staff resources and continuity of services, and in one case study in Denmark a deliberate policy of only employing paid staff is linked to the need to develop a professional service. Nevertheless, some of the most radical initiatives in this respect are those that involve users as paid staff, thereby ensuring that services remain user-centred.

User involvement in service quality

The different approaches to user involvement in service quality from the case studies are reviewed below. They show that user involvement and empowerment have been overriding features of service improvements. Although they are not necessarily typical of all social public service provision they do show how user involvement can be developed within existing services.

Case studies

User involvement in service quality

Dependent elderly people

The Red Cross, Vienna places an emphasis on identifying clients' needs before they leave hospital in order to make preparations for home care services. In this respect the service is client-driven and users and family members are directly involved in the planning of a care programme. Client satisfaction surveys have revealed the importance of personalised care.

In the *Kitee* municipality, developing a new integrated service for older dependent people in an area that is sparsely populated began with a survey of user needs as services were shifted from an institutional base to a network of community-based care.

In the *Bristol Care and Repair* case study, the involvement of users has been developed through feedback mechanisms that check on user satisfaction with the service through questionnaires and informal visits to clients. A new development is the involvement of users in the organisation's management committee.

User empowerment has been central to the project's objectives and high levels of user satisfaction are reported.

Young long-term unemployed people
Client-centred approaches to integrating unemployed people into work in the innovative *Vitamine W* case study have been central to user involvement through the user/counsellor relationship and regular evaluations and feedback, although collective consultations with users have not been put in place.

In the innovatory *Zappa Job Creation Unit* feedback from young people helped identify the type of service that very marginalised young people needed in order to build their skills, esteem and confidence to enter work and training.

Customer satisfaction surveys and a client-centred approach have been a major innovation for improved quality and feedback in the case study on the *New Deal for Young People.* Young people have received the scheme positively. However, there is problem with those leaving whose destination is unknown to the scheme, and no system exists for tracking these young people to see if they have found a job or are facing problems such as drug addiction or homelessness.

People with learning disabilities/mental illnesses
Bungis Association: The needs of individual clients have been translated into new facilities through flexible organisational responses and client involvement, which has been central to empowerment and the broader objectives of integration into society.

The *SIAJeF* service for mental health users' quality is driven by a three-fold framework of user empowerment. This drives the overall structure of the service. First, the user is the initiator of the relationship, second, the user is the producer of health, and third, the user is a service provider. Although the service is user-driven, and regular feedback and flexibility in responding to user needs is in evidence, there are no formal systems of quality assurance in place.

In the *Du côté de chez soi* case study, the experiment in giving users more autonomy was positive in terms of the improved quality of service given to users, job satisfaction and both organisational and self evaluation and reflection. The ethos of user empowerment and autonomy is an overriding objective of the association.

User participation through quality working groups has been important to this process. Similarly, the case study on the Socio-Educational Centre in Lissone shows the importance of involving the families of people with learning disabilities in service and quality planning, through mechanisms to enhance family participation, introduce quality controls and verify user satisfaction.

User involvement in the *Aspronis Group* case study has diminished as the organisation has expanded into a more professional and specialist organisation. Indeed, improving the quality of the service has been an overriding objective of the association during its rapid expansion. The families of children and adults with severe learning disabilities originally created the association, and although they remain involved on its board, their day-to-day involvement has declined. This case study shows how professionalisation can work against family/user involvement in practice, although high levels of satisfaction with the service remain in evidence.

Service quality initiatives: some examples in the social public services

Finally, this chapter examines service quality initiatives in the social public services, drawing on examples of good practice and case studies in the Foundation's research. In a large number of cases, service quality initiatives have been locally driven. They range from informal and rudimentary systems to those that are sophisticated and formal. This variation in terms of the

types of quality standards being introduced, and the limited coordination of these measures by governments, has meant that quality development remains fragmented notwithstanding many examples of good practice in evidence at local levels. The models of quality developed in the private sector, for instance, ISO 9000 or TQM, are being used by an increasing number of organisations, whilst others reject these regimes because of their cost or inappropriate application in the social public services. Two particular trends are discernible in the social public services. First, there is the growing emphasis on the contracting out of services, which has led to an emphasis being given to quality standards by purchasing authorities. Second, there is the role that users of services are playing in defining quality. The following three examples are useful in determining different types of quality systems in different client groups.

Examples of quality systems

Ribelund residential institution (Denmark) for people with severe learning disabilities and mental health problems

This is a good example of quality development in a large residential institution providing care and treatment programmes for adults with severe learning disabilities and mental health problems. The majority of users have severe psychiatric problems. Since the mid-1980s a major quality initiative has been in operation, with quality standards affecting all aspects of the functioning of the institution and its work processes. In developing appropriate quality standards, Ribelund made the decision not to use a TQM framework, because of the inappropriateness of this model for the practical and educational work undertaken with severely disadvantaged clients. The framework chosen adopted relevant quality definitions and quality-defining action plans in order to connect the aims of public services with the services offered to users at four levels: institutional, functional, departmental and residents. Management and staff were involved in drawing up the quality definitions and action plans and there are plans to involve residents in this process in the future. A particular emphasis is given to management/employee self-evaluation and follow up, and evaluation processes have been put in place. This initiative offers a framework of considerable potential for the development of quality criteria and action plans in social institutions where users have severe disabilities.

Red Cross domestic tele-assistance service, Barcelona

The introduction of an internal system of quality was closely related to the need to improve quality and further develop the service in the light of the potential challenge from the commercial sector, as services in Spain were opened up to competition. Some of the quality indictors led to a more efficient and therefore less costly service. This development was assisted in particular by the appointment of a quality officer with responsibility for monitoring and verifying service quality at all levels of the service, with performance and productivity standards for staff. Alongside the introduction of staff development and training, the quality system is considered to have contributed to improved quality in the service, particularly during a phase of rapid development, restructuring and growth. Quality indicators include the monitoring and verification of action; user satisfaction surveys; efficient operation, speed, accessibility and coverage; and user participation. The quality standards go beyond the reporting systems required by the public authorities that subsidise the scheme. Establishing an internal system of quality has contributed to organisational flexibility and ongoing organisational development.

Dutch Care Association for the Handicapped and the Netherlands Institute of Care and Welfare

In the mid-1990s a user-centred quality initiative was developed between the Dutch Care Association for the Handicapped and the Netherlands Institute of Care and Welfare. It is an instrument to enable staff working with people with an intellectual disability to check the quality of care and services provided, whilst also ensuring that quality criteria are meaningful and practical for staff to use. The project worked closely with staff in group discussions, and with management, clients and their parents/relatives. In particular, the objective was to find out what role the professionals should take and how they would

implement some of the quality standards that had been set. After initial group discussions a questionnaire set out the statements on characteristics that good care and service provision should meet. These characteristics were then ranked according to their importance to the quality of care in the different organisations. This formed the basis of preliminary quality standards that were tested in practice and developed into definitive quality standards that were further related to the development and implementation of policy and strategy in care and service organisations. This model demonstrates that the practical implementation of quality can take place through exchange of ideas within teams, discussion of points of departure, belief systems and attitudes. In practice the instrument has proved to be useful in determining which aspects of care and service provisions need improving, and as such, it is a useful aid to the process of making quality standards meaningful to staff and clients alike.

Of importance to the different service quality initiatives is the extent of organisational evaluation that takes place in determining the most appropriate quality system. In the case of the model developed by the Dutch Welfare Association the emphasis has been placed on ensuring that quality criteria are meaningful to staff and users, with simple methods of implementation, and with emphasis on consensus building amongst staff in teams. In the Ribelund residential institution it is interesting to note that the TQM framework was deemed to be inappropriate to users whose vulnerabilities and disadvantages were too acute to take account of TQM user/customer satisfaction methods. The institution provides a useful alternative model for the development of quality for people with severe disabilities. In the final case of the Domestic Tele-assistance Service, the development of internal quality at all levels of the organisation based on a model using indicators of progress provides a useful framework for similar projects in the social public services. The use of indicators has become more commonplace in the social public services, providing a method for evaluating service outcomes from a range of perspectives and covering workers, users, organisational development, goals and outcomes.

Conclusion

This chapter has reviewed a number of different approaches to quality improvement in the social public services and has pointed to good practice. The various examples suggest that there is no one model that is unique or applicable to the social public services. This is particularly the case since different client groups may have different needs or abilities in terms of participating in service developments, and quality initiatives need to take these into account. This chapter has shown that good quality social public services require the training and participation of workers along with user participation and empowerment. Quality frameworks also need to allow for organisational flexibility in order to respond to different needs and contexts. Moreover, quality may be subordinated to cost criteria or performance targets that do not always provide for qualitative as well as quantitative feedback and evaluation. A further problem is the impact that resource constraints can have in implementing user-oriented systems of quality, since inadequate staffing and limited time can be an impediment even where there is a commitment to improving the quality of services to users.

The research carried out on the development of quality social public services across each of the EU Member States suggests that there are a number of indicators that contribute to quality outcomes. In summary, these are:

- user-oriented services that promote user involvement and empowerment;
- the participation of users and staff in quality systems and organisational development;
- quality systems that are flexible, adaptable and relevant to local needs;
- coordinated and integrated service delivery mechanisms that meet needs in multifaceted ways;
- continuity of services and funding;
- partnerships of service providers, funding agencies, interest groups and social partners;
- a culture of innovation within service organisations that responds flexibly to needs and requirements;
- effective systems of evaluation with feedback mechanisms;
- highly qualified staff who are able to respond to user needs and develop organisational changes to reflect these;
- equal opportunities between women and men to ensure that women's roles as carers and/or women's care or employment needs are not neglected.

An important issue for users is the extent to which their voice is seriously taken into account, or whether pressures to develop user-oriented services mean that professional ethics and interests take a priority over user needs and do not fully integrate users into quality discourses. In this respect, there is a danger that user empowerment could become a panacea that does not fully take into account the different meanings of empowerment for different groups of users. Associated with this is the problem that users could become incorporated into quality systems and organisational regimes that accommodate rather than empower them. An important related question is also the issue of user choice in services and whether the welfare mix really does promote choice in a liberal framework that may work against the development of users' rights to services. Choice is clearly an important feature of the demand for independent living, whereby users are enabled to choose their own personal assistant or carer. However, providing for choice in an open marketplace could lead to confusion or lack of continuity in services for those users who are the most vulnerable or disadvantaged. The welfare mix poses a number of important challenges for social policy making in the future, not least in ensuring that there is coordination between services, that the plurality of services is regulated and controlled through quality standards and service entitlements, and that these properly reflect the social contexts within which people live.

Some of the best-quality programmes are those that have directly involved users and workers in the design and the setting of indicators, performance targets and the development of good practice at local level. However, social public service quality initiatives are relational and contextual and are defined in different ways by different actors and at different organisational levels, and this can lead to conflicts of expectation and meaning between funders, providers, users and workers. This is particularly problematic given that user involvement in quality

remains relatively underdeveloped. A major challenge to the social public services in the future will be the introduction of mechanisms for involving users in the internal and external development and monitoring of quality. Some of the examples and case studies referred to in this chapter cite experiments that have attempted to reconcile a client-oriented approach with professionalism. The problem has been addressed through problem-solving activities that integrate client interests and professional standards for service delivery with user and worker perspectives on quality improvement. These can be further built on to make user involvement more meaningful.

Whilst the case studies point to evidence of client-centred approaches to service delivery and marked improvements in the quality of services, there are variations in levels of user involvement in service quality. The different levels of power, knowledge and influence held by users and providers may make it difficult for users to participate on an equal footing, and complex quality systems may also exclude users from full participation. Important further questions concern how user involvement can be integrated into feedback systems; mechanisms for restructuring services in the light of needs identified by users; and continuous quality development. The development of user organisations and empowerment strategies that build the competence and capacity of users will be important in order to fully develop user participation in practice. A further issue is the extent to which the most vulnerable users – for instance people with severe learning disabilities or mental health problems, or the frail elderly – can be given a voice in quality development, and how processes of user-advocacy can be further developed.

Whilst there is much evidence to show that significant progress has been made in quality improvement, there remains a need to encourage the development of more qualitative systems of quality assurance and of user and worker participation in quality development, as well as more systematic methods of quality evaluation. As the social public services are increasingly opened up to competition, the need for framework quality policies that guide the contracting out or privatisation process are more urgently needed to ensure that cost rather than quality does not guide the award of contracts. The Foundation's research has shown that significant improvements in services have resulted from coordination and integration. An important future challenge to the social public services will be the need to build on good practice and develop more systematic understandings of the point at which services need to be coordinated and integrated to allow for tailored or personalised packages, and in turn to understand the way that quality can be achieved through universal provision. Therefore, finding the right balance between selective and universal services, based on a genuine commitment to improving services to users rather than as a mechanism to cut costs, will be important to the future development of social public services.

The case studies and examples of good practice reveal differential levels of worker involvement in internal quality and organisational development. Nevertheless, greater attention to user needs has promoted more self-reflection and self-evaluation amongst staff. There are indications, however, that the progress made to date in involving staff will only continue as long as funding allows for time to develop quality. The next chapter will reflect on the impact of the changes in the social public services on working conditions. In so doing it will also discuss worker involvement in quality and organisational development.

Chapter 5 The quality of working life

Introduction

The restructuring of the social public services has had important implications for the quality of working life, including such aspects as work organisation, working time, equal opportunities and changing employment relationships. In all European countries and in all sectors of the public services, the growth of non-standard forms of employment has been significant, with increased levels of part-time work, temporary work and new shiftwork patterns found in a number of countries. Although many of the responses to flexibility originate from employer needs, it is increasingly the case that flexibility is becoming the preference of many employees, who seek to reconcile family and working life, take leave from the labour market, and increase leisure time.

Equal opportunities between women and men is central to discussions about working conditions in the social public services, since women are the main providers and users of services. Women represent the large proportion of carers, particularly in the home care services where work tends to be based on short-term and part-time contracts (Bettio et al, 1998). Policies that aim to reconcile family and working life and to mainstream equality into public life are central to discourses on restructuring work, in the recognition that work needs to be organised within different time-frames for women (Rubery et al, 1995). This has led to experiments in making working time more flexible in Swedish municipalities and in the health and social care sectors in the Netherlands. In these countries the collective reduction and reorganisation of working time has become strategically important to achieving equality and the sharing of work and family life.

There has been a marked growth in recent years in the numbers of staff employed in the social public services with the creation of new occupational categories – for instance, in the social care

sector to meet the need for home-based care. In Sweden and Austria, the creation of a new occupational category of *social care assistant* is a reflection of this. There has been an associated decline in public sector employment and a corresponding increase in employment in the independent non-profit and for-profit sectors.

The expansion of employment in the social public services, in a climate of diverse and mixed-economy delivery mechanisms, has led to new organisational structures for coordinating services, with associated quality mechanisms built in. The impact of these changes on working conditions has had varied effects across the EU. Nevertheless, the introduction of a growing number of contractual relationships between the public sector (funders) and the private sector (providers) has led to new service relationships which, to varying degrees, also set out financial planning and control mechanisms, quality standards, staffing ratios, training requirements for staff, reporting and evaluation mechanisms and in some cases, contractual requirements regarding pay and conditions of employment. This has led to initiatives to harmonise the position of workers in the public and private sectors in Italy, Portugal, and the Netherlands. In Italy, the status of public sector employees is in the process of being harmonised with that of the private sector in order to make human resource management more flexible and to separate policy-making roles from organisational responsibilities.

The social public services employ between three and six per cent of all employees, the highest proportion to be found in the Nordic countries and the lowest in Greece. The public sector is a highly unionised sector of the economy, and working conditions have been protected in all countries through national and local agreements. However, the shift towards a welfare mix means that the working patterns and working conditions enjoyed by public sector workers may be eroded or altered, and there is growing evidence of differential terms and conditions of employment and differential levels of union membership and protection through collective agreements between workers in the different sectors now delivering social public services. Working practices in the social public services increasingly stress the importance of an individual relationship between the worker and the user, and for staff in the front-line of service delivery, work can be stressful, unpredictable and demanding.

Employment and job creation in the social public services

Across the Member States there has been an overall growth in employment in the health and social services sector of two per cent per year between 1998 and 1999. There has been a corresponding decline in employment in public administration, reflected in the widespread reductions in public expenditure and a greater contracting out of services to the private and non-profit sectors (European Commission, 2000e). The growth of the non-profit sector has been significant in the EU, as more services are contracted out or as local communities, user associations or voluntary organisations develop services as alternatives or to fill gaps in public provision. Table 10 shows that levels of employment in the non-profit sector in nine countries averaged 7% of total employment in 1995, with the highest levels found in the Netherlands

Table 10 Employment in the non-profit sector in nine EU Member States (excluding volunteers) in %

	Field of activity												
	Culture	Education	Health	Social services	Environ-ment	Develop-ment	Advocacy	Philan-thropic inter-mediaries	Inter national	Profess-ional	Other	Total non-profit employ-ment	Non-profit share of total employment
Belgium	4.9	38.8	30.4	13.8	0.5	9.9	0.4	0.2	0.2	0.9	0.0	357,802	10.5
Germany	5.4	11.7	30.6	38.8	0.8	6.1	1.6	0.4	0.7	3.9	0.0	1,440,850	4.9
Spain	11.8	25.1	12.2	31.8	0.3	11.2	3.4	0.1	2.0	1.8	0.3	475,179	4.5
France	12.1	20.7	15.5	39.7	1.0	5.5	1.9	0.0	1.8	1.8	0.0	959,821	4.9
Ireland	6.0	53.7	27.6	4.5	0.9	4.3	0.4	0.1	0.3	2.2	0.0	118,664	11.5
Netherlands	4.1	27.8	41.8	19.2	1.0	2.6	0.6	0.4	0.6	0.2	0.0	652,829	12.6
Austria	8.4	8.9	11.6	64.0	0.4	0.0	4.5	0.0	0.8	1.4	0.0	143,637	4.5
Finland	14.2	25.0	23.0	17.8	1.0	2.4	8.7	0.0	0.3	7.2	0.3	62,848	3.0
United Kingdom	24.5	41.5	4.3	13.1	1.3	7.6	0.7	0.7	3.8	2.6	0.0	1,415,743	6.2
Average/total	10.1	28.1	21.9	27.0	0.8	5.5	2.5	0.2	1.2	2.6	0.1	5,627,372	7.0

Source: adapted from Lester M. Salamon et al, 1999

Table 11 Employment in the non-profit sector in nine EU Member States (including volunteers) in %

	Field of activity												
	Culture	Education	Health	Social services	Environ-ment	Develop-ment	Advocacy	Philan-thropic inter-mediaries	Inter national	Profess-ional	Other	Total non-profit employ-ment	Non-profit share of total employment
Belgium	11.1	30.5	23.9	22.9	0.5	8.3	0.5	0.3	0.4	1.5	0.0	456,901	13.0
Germany	19.7	7.6	21.8	27.2	2.8	4.4	3.3	1.0	1.6	4.2	6.4	2,418,924	8.0
Spain	15.2	20.6	10.5	30.8	3.0	9.2	5.9	0.1	2.6	1.8	0.2	728,778	6.8
France	30.0	14.6	9.2	27.4	5.0	4.7	1.9	0.6	2.4	4.3	0.0	1,981,476	9.6
Ireland	10.5	43.0	23.3	13.0	0.9	5.7	0.5	0.7	0.4	1.7	0.3	150,314	14.2
Netherlands	17.3	23.3	28.9	20.5	2.0	1.7	3.0	0.2	1.2	1.8	0.0	1,042,929	18.7
Austria	6.5	6.9	9.1	49.9	0.3	0.0	3.5	0.0	0.6	1.1	22.1	184,323	5.7
Finland	32.6	12.4	13.1	15.5	0.7	1.6	16.8	0.2	0.4	6.2	0.4	137,599	6.3
United Kingdom	27.5	25.4	8.0	16.0	2.4	12.5	1.8	1.3	2.4	1.5	1.2	2,536,026	10.6
Average/total	19.0	20.5	16.4	24.8	2.0	5.4	4.1	0.5	1.3	2.7	3.4	9,637,270	10.3

Source: adapted from Lester M. Salamon et al, 1999

(12.6%), Ireland (11.5%), and Belgium (10.5%). Table 11 shows that when volunteers are added, the employment figure in the non-profit sector rises to 10.3% of total employment.

The social public services represent an area where there is large potential for job creation (European Commission, 1995a; 1995b) and for increasing employment rates across Europe (European Commission 1998a). Extensions of services, pressures of work and the need for staff to hold more diverse responsibilities, alongside increasing demands for services, has led to pressures to increase staffing levels in many countries. The expansion of the social public services to meet needs has been significant in this respect. This increase has largely taken place in improving resources through a policy of the better targeting of services for the most disadvantaged groups, increasingly through coordinated and integrated systems of service delivery, rather than through a generalised increase in overall funding spent on social protection.

The strategy to increase the numbers of jobs in the social public services is closely associated with the image and status of these jobs. In Germany and Denmark, for example, concerns about the image and low pay of jobs in the social public services has raised concerns about how new staff and particularly younger staff will be recruited in the future. The strategy in a number of countries has been to develop job-creation/job-rotation programmes to provide opportunities for work for young unemployed people in the social public services, for instance via leave schemes (in Denmark, Finland and Belgium) and subsidised job-creation programmes (in France, Belgium, Austria, the Netherlands and Sweden). This has led to concerns in trade unions about the creation of a dual labour market, with lower terms and conditions of employment given to the subsidised or temporary workers who take up these new positions. Nevertheless, these schemes have provided an important impetus to job creation in the social public services, particularly in attracting younger people into these jobs.

One example can be found in Sweden, where new legislation was introduced in 1997 to provide an investment of SEK eight billion to create new jobs in the municipalities and county councils in health care, geriatric care, childcare and education. This is based on the 'Kalmar model' developed by the Kalmar municipality in the south of Sweden. It creates temporary jobs for young unemployed people, known as 'quality raisers' as they increase the overall volume of employment. They receive payment in addition to their unemployment benefit, and cover is provided for people on education, parental, vacation or sick leave. The scheme is part of Sweden's policy on activating the unemployed, and although the lower status accorded to these temporary jobs has been controversial, the overall aim is to help integrate the unemployed into the labour market, which has been achieved with some success.

A further dilemma is raised in the expansion of care services and particularly in the development of an unregulated care market and as users have more choice about services. In Luxembourg, an important outcome of dependency insurance was that new systems of care had to be put in place and a larger number of care providers employed. New training for social and family support functions has been developed providing professional training during employment in order to

provide carers with basic social, family and psychosocial support skills. The training amounts to 450 hours of study carried out over two years and a number of specialised modules are followed. A certificate issued jointly by the Ministry of Education and the Ministry of the Family accredits this.

In the Netherlands, concerns arose, out of the introduction of Personal Budgets, about an unregulated care market, with limited employment protection and professional development and minimum standards in working conditions. These have been overcome to an extent by introducing proper employment relationships between user and assistant in order to avoid abuses of power, misuse of funding and conflicts. Difficulties exposed by the experiments in Personal Budgets had been raised by the trade unions, home care organisations and Equal Opportunities Council. The main trade union organising home care workers, AbvaKabo, was critical of the scheme at a time when the trade unions were working towards the improvement of the professional status, pay, working conditions and training of home care workers. This has given the trade unions a new role in supporting and providing training for the isolated care assistant, whilst the issue of a proper employment relationship was resolved through the creation of separate agencies to deal with pay and working conditions, in order to avoid any exploitation.

Changes in working conditions resulting from restructuring, integration and coordination

Service restructuring, integration and coordination have profoundly affected working conditions and the greater emphasis placed on user-oriented services. Whilst staff often report that their jobs have become more satisfying and rewarding, the experiences of inter-agency and integrated working methods is that integration has often been an add-on to people's work loads and has added to staff pressure. In some cases inadequate resourcing of integration has meant that high levels of stress and additional workloads have resulted for staff in the social public services. In addition, there is a need to ensure that staff have adequate expertise in dealing with an increased range of services at one contact point. In the worst cases conflict between departmental boundaries means that cooperative working methods are often implemented in a haphazard way. In the best cases, staff training and development; support and supervision structures; and team working have helped to ease the transition towards new working methods. This process requires time and reflection as well as the development of new working methods and expertise, with adequate resources. Organisational and legal factors affect the type of employment relationships provided for staff in the social public services. Poorer conditions of work and lower levels of pay exist in the non profit-making sector than in the public sector, particularly in those countries where public sector/civil service status accords certain rights and benefits as regards employment security and employment benefits. Women make up a large proportion of front-line staff, with some of the worst conditions of employment and lowest pay.

Many case studies and examples of good practice point to the impact that coordination and integration is making as regards changes in job content and work responsibilities. A number of case studies point to greater flexibility in job profiles and more opportunity to have rewarding,

enriching and interesting work as a result. In a number of cases this process was also enhanced by staff participation in the planning and development of coordinated and integrated services, which helped to create a sense of ownership of the process of change, and improved decision-making skills, job satisfaction and motivation.

The move towards more coordinated and integrated services means that employment and skills requirements are changing, and new employment structures and regimes are developing. This poses a major challenge for social public service employment in the future. The case studies point to the importance of the management of change, training and staff development in providing continuity of services and good working conditions. Examples from the case studies of these changes in working conditions resulting from service restructuring and/or the creation of new integrated services can be seen below.

Changes in working conditions resulting from service restructuring, integration and coordination

Belgium

The rapid development and expansion of the *Vitamine W* project for coordinating employment services in the Antwerp district, led to the association developing a relatively flat decision-making structure based on six units in order to safeguard the effectiveness and creativity that has been a hallmark of the project's early success. This structure allows managers to have independence in managing and developing their units, and is intended to encourage creativity and innovation, and avoid the creation of an overly bureaucratic and hierarchical organisation. This structure facilitates worker participation and decision making within the units, and internal coordination is achieved through collective monitoring and reporting systems, internal channels for exchanging information, forums for consultations between workers and management (including the setting up of a Works Council) and continuous staff training. As the organisation has developed, staff have taken on a variety of new tasks which have been supported by in-service training. Job satisfaction and the level of staff commitment to the organisation are high and staff turnover is low.

Germany

Newly created coordinated services enabled staff to work in semi-autonomous teams, with control over working hours and work schedules, and more opportunity to share responsibilities and work burdens. There was also evidence of the greater importance attached to training for the purpose of enabling people to hold a variety of skills in order that they can respond to complex demands from integrated and coordinated activities. There are good examples of the transfer of staff skills resulting from integrated working methods.

Staff working in the advice services in the integrated welfare and care service for older people in the *City of Mönchengladbach* case study attribute their high levels of job satisfaction to a combination of job security, permanent contracts and collectively agreed rates of pay, with work that is varied and stimulating, which offers them a high degree of autonomy regarding their working hours and work tasks, and opportunities to take up further training and upgrade qualifications. Structures of decision making encourage worker participation in the day-to-day work through weekly team meetings which help to monitor workloads, morale and the health of staff. In addition, staff are involved in annual strategy and planning events. However, specialist staff who provide psychosocial support work on fixed-term contracts since the municipality and the federal state provide grants which are time-limited. This requires grant applications to be submitted regularly and has the potential to make staff feel insecure, while the time spent chasing up grant applications can drain valuable staffing resources. Although staff turnover is low and these staff report high levels of job satisfaction and autonomy, they do also experience high levels of work pressure and job insecurity.

Similar levels of job satisfaction are reported by staff working in the *Integrated Youth Welfare System,* where job security is given because even if the projects cease to operate, the personnel can be redeployed within the public sector. Variable and flexible working hours are possible and staff can take advantage of opportunities to reduce hours or work part time in order to reconcile work and family life. However, staff considered their pay to be too low for the level of work they were engaged in, and their jobs had become increasingly frustrating because of the large amount of administration and paperwork now required of them.

Greece

There are significant problems in recruiting experienced and professional staff in the social public services owing to a lack of training, inadequate funding, poor employment conditions and pay, and insecure employment. Although staff remain highly motivated, particularly because many of them are at the forefront of an important reform process, this will adversely affect morale and the quality of social public services in the longer term. The creation of flexible quasi-privatised employment, which does not offer the same rights and conditions as civil service employment, has been emerging in the newly created social public services. Moreover, in Greece, volunteers are being persuaded to deliver services, and this is problematic because managers rarely provide support and training for their development. In the case study in the *Society for Social Psychiatry and Mental Health*, recruitment from local communities of new unqualified staff to provide practical support to professional staff is considered to be an innovation in this respect. These practical therapists help to fill a gap in providing staff resources in local areas. The non-qualified and local nature of this support staff is seen as valuable to the organisation in providing links with local communities in a non-medical and non-threatening way.

Spain

The restructuring and expansion of social public services has generally led to improved conditions of work, with new jobs and specialisations resulting in more professionally led services, more trained staff and more continuous training. The latter has also contributed to improved staff motivation and to the quality of services. The two case studies reveal that specialisation and professionalisation have had a positive impact on the quality of working conditions, job satisfaction and motivation, and on the quality of service. Nevertheless, the workforce remains highly feminised. In the case study in the *Red Cross Tele-assistance Service* it is interesting to note that staff have adapted very well to change as the organisation has expanded rapidly; indeed, this has been viewed as necessary to the development of a service designed to meet users' needs. A flexible, informal attitude to staff needs, good working relationships, participation in decision-making and resources for training are all in evidence. The job satisfaction is linked to high levels of motivation, team-working, relatively secure contracts of employment and low staff turnover. However, wages are low and the service survives because of the high level of commitment given by staff. The management is aware of the shortcomings in terms of staff pressure and limited opportunities to combine family and work life or to work flexible working hours. However, the expansion of the project and the development of more sophisticated technology has improved working conditions generally.

Italy

In the *Commune of Bologna* external pressure on social services has increased workloads, even though there have been increases in staffing to cope with new demands. The trade union representing employees states that working conditions have worsened as a result of the expansion of services, and although the union wholeheartedly supported the quality initiatives introduced, it is concerned that poorer working conditions have had an adverse impact on quality, particularly in the home care services. The fluctuating demand for services; less secure employment and perceptions of insecurity at work; increased workloads; and greater competition between social cooperatives, have all had adverse effects on working conditions. The problems have been particularly marked with the introduction of a tendering system that awards contracts based on the lowest cost, which increases staff turnover and limits opportunities to develop professional skills and good relationships between staff and users. Nevertheless, pensioners' organisations have played an important role in ensuring that future contracts

are awarded on the basis of new criteria including quality and continuity of service. Indeed, the partnership approach to developing a service quality plan for the Commune has been important in highlighting important aspects of quality and the link between working conditions and quality of service.

Austria

In the care sector, which is largely made up of not-for-profit associations, there is a growing professionalisation of staff, typified by new training guidelines, professional management systems, in-service training, uniformity of pay scales, and trade union activity to achieve equalised conditions of work with other salaried employees. However, pay levels remain low and jobs are insecure since funding is normally provided on an annual basis. This poses problems in recruiting qualified staff. There is now greater pressure to extend provision into unsocial hours, which means that staff are under pressure to work more flexible hours, although with more choice in the hours worked, and allowing for extended leave through time-banking schemes. In the *Vienna Red Cross* case study, providing services between 06.30 and 20.00 hours has led to flexible hours with a minimum of 21 contractual hours and a maximum of 39.5 hours worked. Particular attention is given to the working hours' preferences of staff, and giving staff a choice in duty rosters has not led to any major problems. The new services piloted by the Red Cross reveal the importance attached to the training and personal development of staff under the goal, '*the individual is the focal point*', with a newly established priority for training since 1999. One of the advantages of a large organisation like the Red Cross is that it has been able to develop its own training centre, although staff working in mobile community-based teams felt in need of more training than was offered. Staff report high levels of job satisfaction, and the problems encountered are largely external, for instance, some of the requirements under the legislation and coordinating with local GP services.

Finland

The bulk of the services that are supplied by the municipalities are home care services, which are provided by a network of carers who, by international standards, are well trained, and are union organised. The increasing professionalisation of the home care service has resulted from more diversified tasks and the need for greater collaboration between services.

The UK

The case study on the *New Deal for Young Unemployed People* provides an example of the creation of a new service based on the existing organisational structure of the national employment service. The localised partnership/client-centred/personalised approach to delivering the *New Deal* has led to significant organisational changes and job content for the front-line workers delivering the scheme. The creation of Personal Advisors has required new skills in counselling, careers advice and caseworking, as well as inter-agency working methods and new knowledge and awareness of the multifaceted needs of clients. This has been broadly welcomed by staff, who, despite showing some resistance to the changes in job content and working methods, report greater job satisfaction, particularly from working on their own caseloads and having the flexibility to meet client needs in a more holistic way. Nevertheless, these challenges and demands have presented them with new problems and frustrations, particularly in finding placements for the most disadvantaged young people, for example those who have addiction problems, leave care or have a criminal record. The opportunities for staff to work more innovatively and experimentally has been important in changing working practices, and a special project for drug users in the Bristol area has been established through coordinated work with the probation service. Additional demands on staff have been the introduction of targets (which some staff feel may work against the client-centred approach); and the need to follow additional training (through a National Vocational Qualification) which has required them to complete tasks and activities in their own time. While broadly welcomed by staff, the introduction of performance-related pay, which occurred before the scheme was created, has led to concerns amongst staff about how performance is measured, and a resistance to this being target/output driven over and above the more qualitative and difficult-to-measure personal support offered to clients.

The *Bristol Care and Repair* case study shows how the breaking down of professional boundaries in the development of a new and expanding integrated non profit-making organisation is associated with the delivery of a wide range of services to clients. Caseworkers employed on the project have a variety of different professional backgrounds within the social public services (occupational therapy, community development, youth work), and training and development has enabled them to work in multiskilled and inter-disciplinary ways in delivering a holistic service. The management of the organisation encourages staff involvement in decision making and an equal opportunities working group has identified an equal opportunities strategy and training needs for the organisation. Autonomous working practices and opportunities for staff to be innovative and flexible in their work has led to high levels of job satisfaction and job enlargement. As a result decision making has been devolved to staff, who operate in the context of a user-centred approach to service delivery. The demands on staff from users is considerable, and personalised relationships can often lead to high levels of user dependence on the organisation or the individual member of staff. Staff dedication and involvement are high, however, and as in other areas of the non-profit sector delivering personalised services, staff often work long hours.

These examples give evidence of the wide variation in working conditions and working practices that have resulted from integrated and coordinated working and service innovations across the EU. They suggest a number of common themes and raise common issues regarding the quality of working life, which will now be explored in more detail. They include differential terms and conditions of employment in the welfare mix; job satisfaction; stress and work pressure; working time and work organisation; equal opportunities; training and development; decision making; and worker participation.

Table 12 summarises the working conditions found in the case studies. It can be seen that a large proportion of employees are able to take advantage of flexible working times, and this has added to job satisfaction in a number of cases, particularly in enabling staff to reconcile family and work life and to work variable hours. A large number of staff in the case studies report high levels of job satisfaction; this is particularly important in that staff working in newly created structures or services can become highly motivated and satisfied. However, this is undermined by a significant number of staff reporting that they have additional work pressures and stress in their work. This is linked in a number of cases to job insecurity and the increased complexity of tasks and responsibilities that are reported by staff in a majority of cases. The table also shows that training and development has provided for staff in nearly all of the case studies, reflecting the growing importance attached to professional development and core skills in modern social public services.

Terms and conditions of employment and the welfare mix

The quality of working life is affected by a range of internal and external factors, including legal and organisational regimes, national legislation, the status of collective agreements and collective bargaining, and resources for service improvements. In Finland, Denmark and Sweden, in contrast to other EU Member States, there is a pattern of public sector employment (principally in the local and regional authorities), typified by high levels of union density and regulation by collective agreements and legislation. Nevertheless, there is a growing welfare mix in these countries where the contracting out of services is becoming more widespread. In other countries,

Table 12 Working conditions in the social public services: case studies (1)

	Flexible working	Work pressures/ Stress	Job satisfaction	Job insecurity	Training and develop-ment	Increased complexity of tasks and responsibilities
Belgium						
Vitamine W	✔		High		✔	✔
Integrated Service for Psychiatric Support and Care (SIAJeF)			High			
Denmark						
Slagelse local authority, preventive service for elderly citizens		✔	High		✔	
Askovgården service for people with mental illnesses			High		✔	✔
Germany						
Assistance for the elderly, Mönchengladbach	✔	✔	High	(✔)	(✔)	✔
The Salzgitter RAN-JOB-BET Integrated Youth Welfare System	✔	✔	High	(✔)		✔
Greece						
Services for older people: the Peristeri Help at Home Service	(✔)	✔	Medium	✔		
The Society for Social Psychiatry and Mental Health		✔	High	✔	✔	✔
Spain						
Domestic tele-assistance, Spanish Red Cross	✔		High		✔	✔
ASPRONIS – project for mentally handicapped people			High		✔	✔
France						
Equinoxe and Equinoxe Plus	✔	✔	High		✔	✔
Du côté de chez soi		✔	High		✔	✔
Italy						
Social services for elderly people – Commune of Bologna	✔		Medium	✔	✔	✔
The Centro Socio Educativo (SCE), Lissone, Milano	✔		High	✔	✔	✔
Austria						
Recuperating at home: Red Cross	✔		Medium		✔	
The Bungis Association			High		✔	
Finland						
The Zappa job creation unit	✔		Medium	✔	✔	✔
Home care services in Kitee	✔	✔	Medium		✔	✔
United Kingdom						
New Deal for Young People in Bristol and South Gloucestershire		✔	Medium		(✔)	✔
Bristol Care and Repair		✔	High		✔	✔

where social public services are increasingly being delivered by non profit-making organisations and associations (the Netherlands, Sweden, the UK), or where there is a tradition of non profit-making community activity in delivering these services (Portugal, Spain, Italy, Ireland, Austria and to a lesser extent, Greece), working conditions can vary significantly between the public sector and the non-profit and for-profit independent sectors. Increasingly the role of the state as a facilitator, funder and enabler of services, rather than as a direct provider, has complicated this. Contracted-out services do not always stipulate requirements about working conditions, and in many cases, employment conditions and pay are driven down in contracted-out services in a climate of price competition. Nevertheless, there are an increasing number of cases where contracted out services in the social public services specify staff/client ratios in order to fulfil legislative requirements on quality care.

The restructuring of social public services towards more mixed forms of provision has meant that employment status and working conditions are changing. Some workers hold a civil service status (in some countries this includes employees in education and the municipalities) with employment conditions that are normally better protected than those found in the non-profit or private sectors. Governments in Italy, Portugal, Germany, Austria, the Netherlands and Sweden have attempted to equalise conditions of employment and employee participation between the civil service and the private sector in order to abolish the specific status given to civil servants. This has led to a disputes since this reform process has also sought to undermine some of the terms and conditions of employment and pension benefits of civil servants.

The mixed economy of welfare provision has led to services becoming more diverse and complex, often with multifunding bases, new services contracted out to the private for-profit and non-profit sectors and a shift away from public sector contracts of employment which benefit from collective agreed pay and conditions of employment. This has led to problems of differential terms and conditions of employment between the different sectors providing services. Trade unions have had to develop new organisational and recruitment strategies in order to protect the large number of workers who are not in the public sector. In the Netherlands, the problems of differential pay and conditions of employment between the public sector and the non-profit and profit-making sectors has led to a new national agreement standardising terms and conditions of employment across these sectors. In Austria the introduction of works councils and collective agreements covering an increasingly large number of services operated through non-profit associations has led to contracts of employment and agreements which standardise conditions of employment with those of salaried employees. This is part of a broader process of modernisation to shift service provision away from voluntary and casual work towards a more professionally led, quality-oriented service. There are difficulties in standardising these employment relationships, raising the status and image of work in non-profit associations and thereby attracting new qualified staff in a climate of short-term funding and fixed-term contracts.

Table 13 highlights the different conditions of employment resulting from differential contracts within projects and between services. Over one-third of staff work on fixed-term contracts and a further one-third work in projects or organisations where there are differential conditions and pay

Table 13 Working conditions in the social public services: case studies (2)

	% of female staff	Staff on permanent contracts	Staff on fixed-term contracts	Differential conditions and pay between workers	Differential pay between independent sector and public sector
Belgium					
Vitamine W	50%	✔			
Integrated Service for Psychiatric Support and Care (SIAJeF)	50%	✔			
Denmark					
Slagelse local authority, preventive service for elderly citizens	Majority	✔			
Askovgården service for people with mental illnesses	Majority	✔	✔		
Germany					
Assistance for the elderly, Mönchengladbach	Majority	✔	✔		
The Salzgitter RAN-JOB-BET Integrated Youth Welfare System	Majority	✔	✔		
Greece					
Services for older people: the Peristeri Help at Home Service	100%		✔	✔	✔
The Society for Social Psychiatry and Mental Health			✔	✔	✔
Spain					
Domestic tele-assistance, Spanish Red Cross	Majority			✔	✔
ASPRONIS – project for mentally handicapped people	Majority			✔	✔
France					
Equinoxe and Equinoxe Plus	60%	✔			✔
Du côté de chez soi	60%	✔			✔
Italy					
Social services for elderly people – Commune of Bologna	90%	✔	✔	✔	✔
The Centro Socio Educativo (SCE), Lissone, Milano	45%	✔	✔	✔	✔
Austria					
Recuperating at home: Red Cross	99%	✔			✔
The Bungis Association		✔			✔
United Kingdom					
New Deal for Young People in Bristol and South Gloucestershire	80%	✔			
Bristol Care and Repair	50%	✔	✔		✔

between workers. In addition, over half of the case studies reveal differential conditions of employment and pay between the non-profit sector and the public sector. The table also shows that the majority of staff working in the case studies are women.

The increasing incidence of a welfare mix and the differential status of employment can lead to resentment amongst workers who are funded by different agencies and different contracts. For example, in the case study of the development of an integrated network of services for the dependent elderly in the *Commune of Bologna,* the status of workers differed significantly between public sector and non-profit sectors, with different collective agreements covering staff in the different sectors. Public employees had better conditions of employment, with pay rates approximately 20% higher than those in the non-profit cooperatives. This remains a major hurdle to the creation of truly integrated services and ultimately to the quality of services. This constraint was also evident in the *Socio-Educational Centre* in Lissone where the progress in working towards an integrated working method had revealed the differential terms and conditions of employment and pay between public sector workers from the health sector and those working on social cooperative contracts. Health trust staff were on permanent contracts of employment whereas social cooperative staff were more insecure, since contracts with funding agencies were short term. The particular problem for the centre is that staff from the health trust and from the social cooperative work alongside each other on different contracts. There is a pay differential of 20% between the two groups of workers, and working hours are 36 hours for the permanent health trust staff and 36 hours for the staff working for the social cooperative on fixed-term contracts. Health trust staff also have six more days annual leave than social cooperative staff.

This problem, which is particularly acute in Italy, is exacerbated by a growing trend towards more flexible contracts, as well as more part-time and temporary work in the social public services, although rates of part-time work remain much lower in the southern European countries than in the northern European countries. Many staff are now working on temporary contracts since a large proportion of front-line services operate within the non profit-making sector, for instance in social cooperatives, which are reliant on annual budgets and grants. Funding uncertainties have been a major factor leading to employment insecurity and there are lower rates of pay than in the public sector. In revealing the differences in the terms and conditions of staff, the two Italian case studies do highlight the deep commitment of staff to their jobs and their sense of identity with users.

Job satisfaction

In a number of case studies staff are highly motivated and satisfied with their work. In particular, innovation in services in the case studies from Belgium, France, Finland and Denmark has led to new forms of motivation and commitment amongst staff. In this respect good working conditions are associated with participation in job design and independence, access to professional and personal development, good internal and external cooperation and coordination, and work within a dynamic and changing organisational structure.

Stress and work pressures

There is evidence to suggest that staff working in small innovative projects have a high sense of job satisfaction and ownership of their work processes, where opportunities to work flexibly, to innovate and experiment are possible. However, the restructuring of social public services has brought with it stress, heavy workloads and growing incidences of staff 'burn-out'. As mentioned earlier, the increasing number of non-profit organisations delivering services has resulted in a two-tier service, with lower wages and terms and conditions of employment in these than in the public sector. This is further exacerbated by the increasing incidence of short-term project-based funding, which can lead to problems of continuity and consistency in service provision and staffing.

Increased levels of stress and growing work pressures amongst staff in the social public services will undoubtedly impact on the quality of services and staff morale. In the public sector, service quality requirements and integrated services strategies have not always been adequately resourced, and staff-burn out has become a regular feature of restructuring, whilst demands for more user-oriented and personalised services has increased work pressures. Whilst many staff welcome the opportunity to work more independently and autonomously, this can place adverse pressures on staff who are not properly supervised or supported.

Coordinated services and service restructuring has led to an increase in work pressures in social and health care and this is reflected in the case studies. In Finland, an increase in workloads has been shown to be detrimental to health. According to the Finnish Institute of Occupational Health (1997) the demands posed by work have increased at a faster rate than the ability to manage them. The Finnish national report documents evidence of a rise in stress levels during the 1990s, and the adverse effect on the working conditions of personnel involved in health care, home care and institutional services. Despite the evidence of home care work becoming more physically demanding, the development of localised home care services in Finland has been viewed positively amongst staff, who report on the more personalised nature of client relationships and the greater satisfaction gained from working more independently and with supportive management.

In the *Kitee municipality* in Finland, staff are satisfied with their working conditions and show high levels of motivation and commitment, particularly where innovations have taken place. However, the case study reflects a growing concern with work pressure in Finland, brought about by increasing evidence of stress, fatigue and burn-out resulting from organisational changes, with more complex work tasks (designed to meet client needs in more comprehensive ways) and more decision making devolved to staff, on top of reductions in staffing levels. In the *Kitee* home care service the diversification of work and the increasing levels of care given to clients had led to greater pressures and demands on staff. This has led to problems in matching expectations arising from elderly people's own care needs with available staff time. Since front-line carers work on the basis of one-to-one personal care relationships, these sorts of pressures can present problems for staff who would wish to spend more time with their clients but are unable to do so because of time constraints. Staff in Kitee feel that they have a need for more guidance in their

work to help overcome these pressures. One of the ways of addressing the problem has been to introduce rotation within teams so that employees can alternate tasks, clients and teams for a period of several years. This allows teams to be flexible and creative. Teamworking has been introduced as a way of sharing responsibilities and tasks as well as discussing problems as they emerge. However, this requires a degree of self-regulation within teams, for instance, regarding the distribution of work; sharing this equally amongst employees remains a challenge.

A number of other case studies point to this incidence of greater stress at work, a faster pace of work, heavy workloads, more demanding work, increased administration and long hours. Indeed, in some cases long hours are seen to be part of the commitment to working with disadvantaged people, and in many cases work pressure and stress have grown as users' entitlements have become more complex, diverse and demanding. Some of the case studies have introduced strategies to support staff, to monitor their workloads and thereby ease stress. In the *Socio-Educational Centre* in Lissone, staff burn-out was a problem resulting from the demands of caring for severely disabled people. The organisation introduced systems of work rotation, activities away from the Centre and training activities to stimulate new ideas in order to reduce burn-out. However, a major problem is that the organisation has been unable to make working hours more flexible and more family friendly. A new opportunity will become available for more flexible hours once the opening hours of the Centre are extended.

In the two Greek case studies, poor conditions of employment, low pay and job insecurity have led to problems of low morale and stress amongst staff. In the *Society for Social Psychiatry and Mental Health* case study, professional staff were on self-employed contracts, and the insecurity of funding meant that the project was not in a position to offer full-time permanent contracts. In this particular project conditions of employment, pay and employment security were below those of psychiatrists working for the health service, and had resulted in high staff turnover. However, levels of job satisfaction were relatively high because the project afforded a shared ideology of reform and innovation, a participatory and teamwork-based approach to decision making, personal support and commitment to development and training. Despite wide national regard for the innovatory nature of the project, the problems of lack of continuity of funding and job security had the potential to undermine the success of the project in the longer term.

The case study of the *Peristeri Home Help Service* reveals similar problems of poor conditions of employment, particularly in comparison to conditions of work and pay in the public sector. These differential conditions of employment undoubtedly undermine staff morale and the quality of service. The majority of staff are women who work on a fixed-term self-employed contract basis, and delays in payment are regular (in one case in 1998 payment was delayed by five months). The pay is very low, at the level of the national minimum wage. There are now 300 staff employed in the service across Greece and they are seeking to improve their conditions of employment through their union. The poor conditions of employment, lack of training, isolation, insecurity and inadequate funding have all contributed to low morale in the service. However, the lack of alternative job opportunities and the commitment of staff to their clients mean that staff have remained in the jobs.

The role of volunteers

The role of volunteers has grown in significance in a number of countries, particularly as volunteer resources are often the only ones available to meet needs. About one in four citizens carry out volunteer work for charities and voluntary groups in the EU, and there has been a significant increase in voluntary organisations, particularly in the north of Europe (European Commission, 2000i). The use of volunteers in the Red Cross case studies in Austria and Spain was important to the further extension of services. In other projects, local social networks have been used, for example to extend services in the sparsely populated *Kitee* municipality in Finland (although neighbours and people from the local community have been paid a subsidy for their role); and in facilitating the operation of the *Equinox* tele-assistance service in France. The use of volunteers as a primary resource can be found in the case study of the *Red Cross Domestic Tele-assistance Service* in Barcelona. Volunteers are supported by a core staff who experience high levels of job satisfaction.

In some cases recruiting volunteers has enabled paid staff to concentrate on more strategic issues, although managing volunteers has also led in some instances to additional work pressures (in one case in Denmark a decision was made not to recruit volunteers for this reason). The Danish Ministry of Social Affairs established a working group to promote volunteerism and the civil dialogue, which led to mechanisms being put in place to support the training of volunteers as well as cooperation between municipalities and voluntary organisations in order to promote voluntary work. The Centre for the Promotion of Voluntary Social Work has also had the task of disseminating information on voluntary work.

There is also a growing recognition that volunteers can bridge the gap between users and the officialdom of service providers, humanise the services and foster user involvement and participation. In Spain, the growth in volunteers has been associated with the increased role given to non profit-making organisations in service delivery. Likewise in Greece and Portugal, volunteers are considered a valuable resource in meeting demands for the care and independence of older people, whereas levels remain low in Greece. In Portugal this has led to a number of important new strategies for supporting and training volunteers and for using the resource of active older people in the care sector. The promotion of volunteering across the EU raises important questions about the need for volunteers to be properly trained in order to guarantee service quality, with structures required to avoid conflicts between salaried and volunteer staff; there is also a need for insurance and health and safety protection for volunteer staff.

Working time and work organisation

Changes in work organisation and working time and new forms of flexibility at work in the social public services have been developing in response to the need to contain costs, alongside growing demands to improve the quality of services and to extend provision. Where these developments have linked local service improvements to user needs and worker involvement, the result has been some highly innovatory experiments in local areas. Flexible working time has been one of

the most important levers for introducing organisational change and extended service provision, whilst also improving opportunities for staff to work more autonomously and independently. It has been one of the most significant aspects of equal opportunities and policy to reconcile work and family life in recent years, and has become an increasingly important issue in collective bargaining in a number of countries.

Flexible hours have also become important in improving the working conditions of a large number of workers in the social public services. Such forms of positive flexibility have assisted in giving workers more choice and autonomy in working hours, particularly as services have attempted to extend their service provision and in some cases develop 24-hour services. In a number of the case studies the greater autonomy and the decision-making role required of staff in the social public services have also enabled them to have freedom in deciding working hours. However, this flexibility to cope with extended service provision has placed pressure on staff to work unsocial and variable hours, and meeting users' needs in more flexible ways can conflict with the quality of working life. Nevertheless, a number of case studies point to the introduction of teamworking, while more innovative schemes to enable workers to combine family and working life, together with reduced working hours and measures to cope with the pressures of work, have all helped to overcome some of these difficulties.

In the *City of Mönchengladbach* case study, staff have the opportunity to work flexible, part-time or reduced hours. Reduced working hours are absorbed by a redistribution of work rather than by taking on new staff. In the *Vienna Red Cross* case study, staff welcomed the introduction of flexible and capacity-based variable hours. Other examples of flexibility include opportunities for staff to take paid leave, and reduced working hours which are subsidised through labour market measures to create additional jobs for unemployed people.

Strategies to reduce and reorganise working time have been on the agenda of public service unions and some national governments for a decade or more. In some countries this has been related to opportunities to improve services to users, create new jobs in the social public services and provide greater possibilities for staff to work within a framework of negotiated flexibility that allows for more choice and autonomy in working time. In France, the impact of the introduction of a 35-hour week, which gives financial incentives to employers to reduce hours and create new jobs, has began to be felt in the social public services. The case studies point to the importance of this in improving conditions for staff, where reduced working time results in additional staff. Initiatives to introduce more flexible working time arrangements (through working time 'banks', allowing for longer leave; sabbaticals; flexitime; term-time working for parents; subsidies for part-time work and so on) have also had a positive effect in this regard, in allowing for external organisational flexibility, on the one hand, and more internal flexibility regarding working hours, on the other (Pillinger, 2000).

In a number of countries agreements on working time have enabled reductions in working time to be traded-off against extended service delivery and service restructuring. National agreements in Germany, Sweden, the Netherlands and Luxembourg have prioritised working time reductions

and flexible working time as part of this restructuring process and employees are increasingly favouring flexible systems of working time in these countries. In a number of countries – most particularly in Finland – working time reductions are seen in the context of improving conditions of employment, for instance, to reduce work pressure, increase early retirement, permit the taking of leave from the labour market and allow for holiday time. Finally, working time reductions have been part of a major initiative to reduce unemployment and rotate jobs within the social public services. The 35-hour week in France, referred to above, is a national employment strategy to create new jobs for young unemployed people. A number of case studies point to the importance of these strategies for staff working in the social public services. Furthermore, the trend towards more decentralised collective bargaining in the public services is closely tied up with greater flexibility in the labour market. Local and sectoral agreements have become increasingly important in allowing working time to be adapted to meet local service needs.

Balancing work and family life has become an increasingly important preoccupation of the social partners and of governments at a time when women's participation in the labour market is growing in all EU Member States. In the Netherlands a framework for a *care and work* law has been developed to find a balance between employment and care. The proposed *General Act on Employment and Social Care (AWAZ)* aims to equalise the rights of civil servants and other employees, to introduce time saving/banking measures (so that additional time worked can be 'banked' and taken as paid leave), and to permit flexibility in working time, including reductions in working time for care purposes. Workers will have the right to reduce their working hours and work part-time. Funding will also be available for experiments in the better use of time and for research into a new system of paid care leave. In Sweden and the Netherlands there are ways in which choice for employees (particularly women) as regards working time has become increasingly possible in this climate of restructuring and flexibility. However, working time preferences are often constrained by inadequate state support services, for instance, for child or elder care, which in turn affect women's participation in either full or part-time work.

Equal opportunities

Many front-line staff in the social public services are women, particularly in the home care field. The need for 'better employment and paid conditions for female care workers' was recognised as important in the European Commission's (1998d) report *Care in Europe*, which argues that the shift towards home care services encourages individualisation of care as well as having important employment potential. However, it warns against the expansion of underpaid female carers, particularly at times when female unemployment remains high. The report is clear (p. 45) that 'publicly organised and supervised home care schemes can avoid these shortcomings by offering workers training as well as a professional career track'.

The growing participation of women in the labour market has also put increased pressure on informal carers and has affected the extent of participation in paid work and the numbers of hours worked. This has been felt particularly acutely in Italy, Spain, Greece and Portugal where family care has been made more problematic with the growing participation of women in urban

employment. Finally, many women working in the home care sector have a relatively low status; contracts of employment are often temporary and work is often carried out on a part-time basis. The growing participation of women in the labour market means that social public services will need to grow in the future, particularly those services that provide support to families.

The social public services have been the initiators of equal opportunities policies, and, in developing strategies to integrate the most disadvantaged groups into society, have themselves been innovators in the equal opportunities field. For example, the issue of recruitment and positive discrimination in the hiring of personnel, particularly among those groups who had the most difficulty in finding jobs – the unemployed, women, migrants and older people – is built into the policy of the *Red Cross* domestic tele-assistance service in Spain. In other cases, staff working in innovatory community-based projects in the non-profit sector were former users of the services themselves.

Equal opportunities has been a major feature of the Nordic welfare model. In these countries, and particularly in Sweden, the growth of social public services was directly related to providing employment opportunities for women. For example, Swedish equality policy is rooted in the belief that women and men should 'enjoy equal rights, obligations and opportunities in all areas of society' (Regeringskansliet, 1999a). Sophisticated political machinery exists in Sweden to support equality through the Equal Opportunities Ombudsman, the Equal Opportunities Commission and the Council on Equality Issues. An important aspect of Swedish equality policy in recent years has been the application of gender mainstreaming to all areas of policy and all national and local government departments. It has been developed particularly successfully in local government where a pilot project (the JämKom project) run by the Swedish Association of Local Authorities developed greater awareness and knowledge of gender mainstreaming. Of particular importance to Swedish equality policy has been the requirement for public and private sector employers to submit annual equality plans outlining their main strategies for achieving equality. These plans are monitored by the Equality Ombudsman (JÄMO), although no penalties are levied for non-compliance with the action plan. This requirement for annual equality planning has had the effect of making and shaping equality awareness and practice within organisations.

In other Member States local authorities have given a high priority to equal opportunities issues. For example, in the *Commune of Bologna*, a Women's Committee for City Governance has played an important role in developing training for social and health employees on gender problems. The Equal Opportunities Committee for staff has introduced a number of projects on working time and working hours. In Valencia in Spain, an equal opportunities training and development programme has trained managers and the social partners in equal opportunities in order to improve the position of women in employment in the public services. Other examples include experiments in a number of UK local authorities in introducing Strategic Equality Plans in Service Delivery (STEPS), and gender mainstreaming programmes in the public sector in the Netherlands, Sweden, Denmark and Finland, which have been particularly important in identifying the gender impact of national, regional and local government policies on women. In

France, all government ministries are now required to identify the gender impact of all new and existing legislation. This has led to particular attention being given to women's career opportunities and pay.

These initiatives have helped to inspire new approaches to the promotion of equality and to mainstream these into service delivery. The priority attached to gender mainstreaming by the EU, as discussed in Chapter 2, is having an important impact on a wide range of policy issues, including national employment and structural fund programmes.

The impact of both EU and national legislation on equality between women and men has been important to women workers at least in removing some of the worst excesses of discrimination and providing an important backdrop to collective bargaining. However, women's rates of pay and conditions of employment remain below men's, and women have poorer entitlements to training, career development and promotion because of family responsibilities and the discriminatory attitudes of employers.

Training and development

A growing emphasis is now placed on training and staff development in those countries that are either expanding their services to client groups and/or developing services in more coordinated and integrated ways. This has prompted new initiatives to develop staff skills, enhance professionalism and develop new organisational and management systems. These have been particularly important for the development of the non-profit sector. Nevertheless, training and development is costly and time-consuming. Whilst an increased emphasis has been placed on in-service training in Austria, there are concerns that cost-containment strategies mean that it is often in-service training that is the first item on the budget to be cut. In case studies in the *Vienna Red Cross* and the *Bungis Association* a high priority is placed on staff training by the organisations, although front-line care staff still consider that their training needs have not been fully met. In the *Aspronis Group* case study, specialisation and professionalisation in the service has resulted in significantly improved working conditions, enabling each member of the professional staff to focus on the task for which he/she is trained. This greater professionalisation can be seen in the emphasis placed on training in order for staff to keep in touch with new concepts, experiments and health and safety issues.

Decision making and worker participation

There is also evidence of the growing importance of workers' involvement and decision making in service restructuring in a number of case studies. This has had an important effect in shifting organisational cultures and in promoting new training strategies. In particular, the case studies show that partnerships and service restructuring in which workers are directly involved have been highly successful in the health and social care services in Italy; in Denmark and Sweden this approach has led to the development of new concepts of the learning organisation; and in an increasing number of countries, new strategies are developing on lifelong learning. In Ireland, in

an attempt to improve both services to the public and working conditions for employees and managers, management/trade union partnership committees were set up in government departments between 1998 and 1999 in order to respond to organisational change. A similar framework was subsequently created for local government and the health sector.

Table 14 provides a summary of staff and management roles in the case studies. Nearly all case studies show that staff are involved in decision making in their organisations; the majority have introduced team-working practices; and staff are able to work autonomously and make decisions. These organisational structures are also associated with the effective management practices that have been introduced in all of the case studies, with the exception of one, in Greece. Finally, staff are also highly involved in the monitoring of internal quality, formally and informally.

The importance of effective decision-making structures in organisational development is reflected in the case studies. It allows for the efficient management of change, and for flexible organisational structures that enable services to respond to user needs for quality services whilst reconciling this with the working conditions of staff. A significant finding from the case studies is that staff are highly committed to improving the quality of services, and the unique relationship between staff and clients in the social public services, along with staff concern for clients' interests, autonomy and welfare, is an overriding feature.

Effective management and decision-making structures have been essential to the growth and refocusing of services. In Austria the rapid growth of non-profit associations has meant that decision-making structures have had to be adapted. New systems of management training and the introduction of less hierarchical systems of modern management have undoubtedly improved the ability of these organisations to respond to change. However, problems have been encountered by rapidly growing organisations in finding mechanisms to maintain staff involvement in decision making. In the *Bungis Association* team meetings, annual planning days and structural conferences provide opportunities for staff involvement and consultation in setting strategic objectives and future goals before final decisions are made by management. Indeed, staff involvement in establishing a performance-related pay structure was considered a feature of its successful implementation. In other case studies front-line workers are less likely to be involved in decision making and strategic planning. For instance, in the *Aspronis Group* a hierarchical structure of decision making is in place and workers are not involved in taking decisions, which is clearly defined as a management role.

Worker involvement and trade union participation in local planning agreements for new services has been important in stressing the links between good working conditions and quality of services. Like the involvement of users in the *Commune of Bologna* case study (discussed in Chapter 4) the role of social partnership has been critical to concluding planning agreements and improving quality. In the Lissone *Socio-Educational Centre* case study, worker participation in service planning and management has been improved. It has helped to introduce innovations that have reorganised work so that it is less demanding and more satisfying, although this has had a limited effect on making working conditions more secure and flexible.

Table 14 Staff and management roles in the case studies

	Staff involvement in decision making	Team-working	Effective management practices	Staff can work autonomously and make decisions	Staff involved in monitoring internal quality (formal or informal)
Belgium					
Vitamine W	✔	✔	✔	✔	✔
Integrated Service for Psychiatric Support and Care (SIAJeF)	✔			✔	✔
Denmark					
Slagelse local authority, preventive service for elderly citizens	(✔)	✔	✔	✔	✔
Askovgården service for people with mental illnesses	✔	✔	✔	✔	✔
Germany					
Assistance for the elderly, Mönchengladbach	✔	✔	✔	✔	✔
The Salzgitter RAN-JOB-BET Integrated Youth Welfare System	✔	✔	✔	✔	✔
Greece					
Services for older people: the Peristeri Help at Home Service	—	—	—	—	—
The Society for Social Psychiatry and Mental Health	✔	✔	(✔)	✔	✔
Spain					
Domestic tele-assistance, Spanish Red Cross	✔	✔	✔		✔
ASPRONIS – project for mentally handicapped people	✔	(✔)	—	—	✔
France					
Equinoxe and Equinoxe Plus	✔	✔	✔	✔	✔
Du côté de chez soi	✔	✔	✔	✔	✔
Italy					
Social services for elderly people – Commune of Bologna	(✔)	✔	✔	✔	✔
The Centro Socio Educativo (SCE), Lissone, Milano	✔	(✔)	✔	✔	✔
Austria					
Recuperating at home: Red Cross	✔	✔	✔	✔	✔
The Bungis Association	(✔)	✔	✔	✔	✔
Finland					
The Zappa job creation unit	✔	✔	✔	✔	✔
Home care services in Kitee	✔	✔	✔	✔	✔
United Kingdom					
New Deal for Young People in Bristol and South Gloucestershire	✔	✔	✔	✔	✔
Bristol Care and Repair	✔	✔	✔	✔	✔

The social dialogue in the social public services

A significant number of staff identified in the case studies in the non-profit and for-profit sectors do not belong to trade unions, although a number of staff in the non-profit sector participate in works councils or informal structures of decision making and consultation with management. In France, this is in evidence with the impact of agreements on the 35-hour week.

The Foundation's EPOC survey has similarly revealed the important role given to the direct participation of employees in the social public services, particularly in the public sector which tends to be highly unionised across Europe, and is backed up by collective agreements that tend to offer employment protection (the Foundation, 1998). Indeed, it is clear that the best working conditions have evolved where there are good employee-employer relationships, cemented in collective agreements at national and local levels. The trend towards more localised bargaining structures in all countries has been a reflection of the need to orient working conditions to local circumstances and needs. This works particularly well in Denmark, Sweden and the Netherlands, where local bargaining takes place within a national collective agreement framework. In Ireland, Germany and the Netherlands national agreement has been important in setting national priorities for collective bargaining around pay and conditions of employment in the public sector.

There is no doubt that new employment relationships resulting from an increasingly mixed economy of provision, new forms of flexible work and new patterns of women's employment are radically altering established patterns of public service employment. Nevertheless, public service trade unionism is relatively high across Europe and there is evidence of a modernisation process taking place within the unions themselves in their responses to public service restructuring. Since union membership remains low in the non profit-making sector in all Member States, new recruitment and organisational strategies are developing in a number of countries to represent workers in this sector and develop collective agreements setting out terms and conditions of employment that are comparable to those of the public sector. In some countries, declining staffing levels, wages and conditions of employment have typified the social public services (the UK is perhaps the most striking example here).

This has led to a number of challenges for public service trade unionism and public service management. New developments include:

- flexibility in working time, developing choice and equal opportunities as a direct result of service improvements and extended services;
- negotiation of new forms of work organisation, including partnerships between unions and employers in organisational change at all levels of the occupational hierarchy;
- new concepts of training, lifelong learning and the 'learning organisation' that are flexible to change, including the negotiation of leave for training, family or sabbatical purposes;
- the reform of public management;
- the recruitment and protection of workers in the growing not-for-profit sector, and ensuring that managers and staff alike are supported;
- alliances and joint strategies between trade unions and user groups.

Quality of services and quality of working life: making the links

An important focus of the Foundation's research has been to assess service changes in terms of both quality of service and working life. The research on social public services suggests that there is a strong link between the quality of services and the quality of working life, a link which is becoming increasingly important. The evidence discussed in this chapter shows that innovation and experimentation has had a positive impact on staff motivation and participation. However, commitment and motivation can be undermined in the long term by low pay, low status, poor security, long hours, stress and burn-out, all of which can undermine the quality of work. It has also been shown that the emphasis on skills, training and professional approaches to service delivery (including staff ability to innovate and respond to user needs) are closely associated with the quality of services offered to users. The status and rewards associated with the social public services, particularly for front-line staff, is of great importance in attracting new, qualified and younger staff into employment in this expanding sector, which in turn will impact on the ability of services to meet the multifaceted needs of users in the future. If services are to be of a high quality, the need for jobs of matching quality will therefore grow in importance.

The correlation between the quality of services and the quality of work can be seen in a number of case studies where improved working conditions, the greater specialisation and professionalisation of tasks, and on-going staff training and development are considered to be central to achieving user-focused quality services. However, a number of case studies do show that staff regard the quality of the service to be of primary importance, whilst working conditions are of secondary importance. These findings are further supported by the extraordinarily high level of commitment of staff to improving quality. This includes evidence of personal sacrifice, since personal relationships with clients and the on-going commitment to their well-being, autonomy and integration into work or society are an important indicator of job satisfaction. This raises some important issues about the levels of personal dedication required of staff in the social public services, and the problems this creates in terms of equal opportunities, working hours (where a culture of long hours exists), the quality of working life and the longer-term effects on the quality of services.

The *Du côté de chez soi* case study shows how good working conditions are intrinsic to a good quality service. The organisation regards this as vital in a service where work is difficult and demanding on staff. Although staff work hours beyond the contracted 39 hours a week they are able to take blocks of time off in lieu of additional hours worked. This is considered to be important in allowing staff to recover from the intensity of their work. However, staff are required to be on call on a regular basis and time spent on call where assistance is not needed does not count as working time. The introduction of a 35-hour working week will lead to a renegotiation of working hours and call work and improved conditions of work. The association is adopting the 35-hour working week on the basis that this will also lead to the employment of a fourth social worker to compensate for the reduced hours of staff. There is a general view in the organisation that the work at *Du côté de chez soi* requires a high level of social commitment, as expressed by one member of staff who states that the ethos of the work '...implies self-sacrifice,

and therefore our working conditions are not typical'. This is not unusual for many front-line workers in the social public services, who put their commitment to their clients over and above their own personal or work needs. In other respects, the participatory styles of decision making, good teamworking relationships, independence at work and the friendly working environment have helped to engender a high level of commitment and a high quality service in the project.

Conclusion

This research has shown that there is a clear interdependence between the quality of services and the quality of work. The most important impact of this link (and that most readily accepted by employers and funding agencies) is seen in the area of staff development and training, where increasing professionalisation, specialisation and a need for autonomous decision making in a more complex service delivery environment require staff to be adaptable and well trained. This is reflected in the increased importance given to lifelong learning and to the concept of the learning organisation in the social public services. A number of case studies point to the importance of staff training and development and the increasing need for professional skills in order to improve service quality.

In the social public services the quality of services is closely linked to the role played by the front-line workers delivering them. Continuity of service, insecurity at work and high staff turnover have been shown to have an adverse effect on quality in a number of case studies. For instance, in services provided for young long-term unemployed people, many front-line staff work on one-year contracts based on national and European funding structures. This lack of employment security can have an adverse effect on the quality and continuity of services.

The research carried out for this project highlights a number of indicators of good-quality working conditions in the social public services that can be applied across the EU Member States. In summary, these include:

- levels of pay and conditions of employment that recognise the complexity or pressure of work and are not driven down for competitive reasons;
- sustainability and continuity of funding, and employment security for staff;
- management systems that allow for participation and feedback from staff which address issues such as stress and burn-out; supervision and organisational development; and staff-client ratios;
- participatory approaches to quality assurance and feedback;
- staff training and development;
- positive forms of flexibility tied in to the needs of service provision, including opportunities to balance family and work life;
- equal opportunities practices and policies; and
- social dialogue at workplace level.

There are a number of ways in which a closer link can be made between the quality of working life and the quality of services. Indeed, a number of case studies point to the scope for this in the context of a general improvement in the quality of services overall. A range of particular challenges for the social public services in the future are highlighted in the case studies.

- Measures for improving the balance between flexibility and job security in an increasingly competitive marketplace for services. Providing for continuity of jobs and funding for services would help to improve training and human resource development and enhance services to users. Finding instruments to improve the security of staff, particularly where funding regimes are short term, is important.
- Scope for staff in the social public services to benefit from horizontal career progressions to avoid front-line staff losing contact with their clients.
- Mechanisms to ensure that staff are able to find a balance between their work with clients and the growing amount of administrative, evaluation and monitoring work required in modern social public services.
- The harmonisation of employees' working conditions would help to assist the coordination and integration of services, whilst also avoiding high staff turnover for those staff with contracts of employment that offer lower levels of security and pay.
- More flexible working conditions that allow workers more choice in the type of work and pace of work over the lifecycle.
- Proper supervision and psychological support for workers in order that they can meet the demands of their work.
- Cost-cutting measures are leading to problems in working conditions. In some countries the precarious nature of the labour market has meant limited opportunities for well-paid and secure jobs, particularly for young people and women entering the labour market for the first time.

Chapter 6

Conclusions and recommendations

The rapid changes in relation to population ageing, new forms of work and family life, and growing levels of social exclusion raise fundamental questions for social policy making by the EU and by national governments. This raises new questions about what future goals of equality, inclusion, social justice, efficiency and redistribution are needed across Europe to respond to the new challenges, risks and opportunities that have been the subject of this report. What principles should underpin future developments? What types of indicators, benchmarks or standards can be drawn up to shape future service developments? How can the knowledge-based economy and the growing welfare mix also provide for high-quality social public services and high-quality working conditions in the social public services? How can equality between women and men in access to decent services and decent working conditions also be maintained? How can services be further improved for the four client groups in a climate of budgetary consolidation?

It has been shown that although common problems and challenges are facing all the fifteen countries, there remain wide differences between Member States regarding the funding, organisation and delivery of social public services and working conditions within them. Whilst there are possibilities for developing common approaches to these problems at European level, different types of institutional and reform processes will continue to be necessary at national level.

In some cases reform strategies result from a shift towards more individualised rights and away from mass universal, state-provided and bureaucratically run services, whereas in others, they are a result of emerging state, community, voluntary and private market relationships. New forms of identity and human agency have deepened understanding and responses to the increasingly complex and differential needs, opportunities and risks associated with social exclusion and welfare dependency.

It has been an important objective of this report to refer to good practice. Some of these models can be built upon, and important lessons can be drawn for the provision of social public services across Europe. As a result, a number of recommendations are made at the end of this chapter.

Of importance, too, is the recognition across the EU that social policies leading to welfare restructuring should be more active and less passive. This has resulted in social investment strategies that link labour market activation with investments in vocational training and life-long learning; the integration of women, unemployed, disabled and older people into the labour market; and active ageing strategies, thereby reducing dependency on the state. Whilst these are shared objectives, they do not provide a solution to the need for quality services for dependent older or disabled people in order that they may maintain their independence, financial well-being, autonomy and health outside of the labour market. The danger is that labour market integration becomes exclusively associated with social inclusion, thereby neglecting the multidimensional nature of the social exclusion of those who remain outside the labour market.

At national and local levels the need to coordinate and integrate services is a policy objective associated with improving the quality, flexibility and responsiveness of the social public services to users. Much of the change in thinking arises from an awareness of the rights of users, away from an approach of *care and assistance* towards an approach of *support and empowerment*, which brings the autonomy, independence, agency and participation of users to the forefront of policy discourses. Innovative reforms have been introduced in the social public services through the creation of entirely new services or by restructuring existing services. Devolution, decentralisation, deregulation and deinstitutionalisation have been features of these changes.

The impact of these shifting discourses on both the quality of services and working conditions has been an important focus of the Foundation's research on social public services. What is important is that the restructuring of social public services and the greater targeting of services to tackle the multifaceted needs and risks associated with social exclusion has the potential to lead to more reflexive and responsive services. These require greater self/organisational analysis and evaluation as service quality initiatives have become more user-focused. The experience of the case studies does show that those services that are the most forward looking with regard to quality and user empowerment are also those provided by organisations which have introduced more flexible and modern management systems; more employee involvement and participation in decision-making; more formal or informal quality assurance mechanisms; and more internal and external coordination.

Although there have been a large number of national and local initiatives to coordinate and integrate services no one country has universally developed coordination and integration strategies; rather has the innovation tended to take place on a project-by-project basis, for example, in the not-for-profit sector in Italy, Spain, Austria, Germany, Greece, and Portugal, and through innovations in delivering coordinated municipal services in Sweden, Finland and Denmark. There is no doubt that coordination and integration have led to improved services that

meet user needs and demands and promote their independence and integration into social life and/or work.

Summary of the main challenges facing the social public services

This report has identified a number of key challenges related to the restructuring of social public services and the impact of this on the quality of services and the quality of working life. These are operating within a policy environment of:

- improved efficiency and quality of public services, a mixed economy of provision and growing user demands, even though some countries face budgetary constraints;
- services decentralised to local level to improve the ability of care systems to be flexible and integrative, particularly in response to deinstitutionalisation;
- the promotion of social inclusion, ensuring that everyone has access to basic minimum income and service entitlements; and new policy directions that are beginning to respond to social risks such as increasing family poverty, isolation or educational disadvantage;
- reducing welfare dependency and promoting greater self-reliance through active measures (increasingly linked to benefit payments) – for example, through active labour market measures that lead to training, rehabilitation and work experience;
- A greater role for the not-for-profit voluntary and community sectors in the delivery of services, through partnerships or direct funding from government;
- new forms of public sector management and improved public finances.

The quality of services

This report has shown the importance now attached to the quality of services, although different perspectives and practices exist on how this quality is to be assured, whether it needs to be formally or informally developed, and how well user involvement is integrated into quality improvements.

The recent introduction of independent quality taskforces and think-tanks in a number of countries has been important in establishing consensual partnerships around quality, with a wide representation of expertise and experience for sharing practices, exchanging knowledge and developing quality assurance activities. The evidence from the case studies shows that good communication between all players at all levels (funding bodies/service providers/staff/users) can help to make quality objectives inclusive, meaningful and relevant. This is particularly important in ensuring that user perspectives are incorporated into quality mechanisms, whilst the introduction of statutory users' rights in legislation can assist in further developing quality assurance. Increasingly the welfare mix requires effective cooperation, exchanges of views and mutual trust in a constructive partnership between the providers of services and funding bodies. This is an important objective for the development of common strategies as regards quality assurance, evaluation criteria and quality instruments.

This research has also pointed to the general absence of national quality frameworks and systematic models of quality assurance in the social public services, although progress in this direction has been made in a number of countries and in various innovative projects. Developing more coordinated and systematic national frameworks on quality in consultation with providers and users, with common criteria and assessment procedures, can be one way forward. This could assist in the development of more stable contractual arrangements that allow for longer-term planning and the meeting of quality criteria. For example, the tendering process could build in as routine requirements of contracts robust quality standards, training and development for staff, equal opportunities, user participation and feedback and evaluation mechanisms.

The implementation of quality improvement is highly dependent on national or regional frameworks that allow for local adaptability. However, national frameworks can work *against* local quality, where an emphasis is placed on targets that stress cost-effectiveness or the numbers of clients assisted rather than qualitative evaluation. Nevertheless, national or regional frameworks can help to guide local quality development, through systems of benchmarking and the setting of standards expected in the welfare mix. This means that both the providers of the services, from managers to front-line staff, and the users, must be fully involved in determining local quality measures, including service improvement, performance indicators and practical methods of evaluation and monitoring. This also means that a proper balance should be achieved between contractual instruments and agreements between funding bodies and service providers, and legal instruments set at national or regional levels. For instance, legislation can play an important role in regulating the quality of services for the four client groups. This includes the introduction of mechanisms that require service providers to coordinate their support structures, develop quality in coordinated ways and provide better advice/information to users about their entitlements and/or establish users' rights to these services.

The best practice on quality development includes:

- participative approaches, where quality is linked to choice and autonomy for users;
- empowerment and user involvement in care planning (through comprehensive packages, care packages, work/training plans and so on), and enabling users to develop their own care packages;
- quality improvements that include meaningful and practical methods of assessment implemented with the participation of both users and front-line staff;
- quality objectives that are relevant and adaptable to local settings, with user involvement via a feedback mechanism, and clearly established practices managed at local levels;
- quality standards developed in partnership with staff, management, users, parents and relatives, for example through a quality teamwork approach via 'quality groups', 'quality raisers', 'quality awards' and/or internal forms of quality assurance through working communities.

Improving the quality of services has led to systems for monitoring and evaluating service improvements in the social public services. At best this has resulted in more reflexive, flexible structures of feedback that directly impact on organisational development and service delivery.

However, the case studies show that there is a need for more effective research to identify user needs and feedback from users on service quality. The experience is that evaluation of service quality initiatives is in practice provider-led, with limited evidence from users themselves about new forms of service delivery. As a result user surveys and feedback mechanisms need to take place before, during and after the implementation of service integration initiatives. This is particularly important in ensuring that good-quality care is measured against the extent to which it contributes to the independence and autonomy of users. More systematic monitoring and evaluation of the successes and failures of the models emerging in the social public services will help to assess the impact of integrated service developments on working conditions and the quality of services. In this respect innovation can become a source of learning whereby successful projects can be widely disseminated and mainstreamed, at local, national and European levels.

Finally, service quality improvements have increasingly utilised the potential of new technology to improve the quality of services to users, for example, through investment in intermediate care services and the use of technology for the development of citizens' information services. The future development of social public services will need to take greater advantage of the contribution that information technology can play in the future. The impact of these changes will need to be systematically monitored and evaluated, particularly regarding the access of the most disadvantaged groups to new technology, one-stop shops and the like. Building in policies to avoid technology poverty will be necessary if new forms of exclusion are not to result from the developments.

Equal opportunities

Equal opportunities is central to new forms of service provision, not least in ensuring that the delivery of services recognises new forms of identity and the articulation of needs around race, class, gender, disability, sexuality and age. Women feature as a significant group of users. For instance, young women represent a large percentage of young unemployed people and they are a significant number of the older dependent elderly. The social public services are highly gendered since women make up a large proportion of both users and producers of services. Some case studies show that equal opportunities is not a major consideration in service restructuring or reform processes. Equal opportunities issues must therefore be at the forefront of any reform processes.

Many front-line services are delivered by women, and the growth of a casual care market can work against equal opportunities, worsen women's working conditions and pay and undermine the general professional development of services. Because it is anticipated that there will be a growth in employment in this sector as care needs grow, it will be an important challenge for social public service employment strategies to make work attractive, flexible and secure, if it is not to be relegated to a low-status, secondary labour market activity. Since choice for users may result in the purchasing of care from informal care providers, relatives and neighbours, there is equally a need to ensure that these providers of services are adequately protected, resourced and

supported. This has been important to trade union policy in the Netherlands and the UK in providing training and support to casual women carers. The evidence from the case studies shows that the restructuring of services *can* build in possibilities and new scope for women's participation in the labour market, along with flexible working conditions that are responsive to the needs of parents and particularly of women, in order to reconcile work and family life and introduce family-friendly working practices. Work pressures and inflexible working practices, on the other hand, can and do work against the balancing of family and working life.

User involvement and empowerment strategies

The greater involvement of users is a crucial and necessary component of improved quality in services in order to foster internal democratisation and make services relevant and adapted to user needs. User empowerment strategies are central to the development of innovative and user-centred services. Despite the introduction of policies and programmes to encourage user involvement in service design, this remains under-developed. The cases studies show that user involvement could be better resourced and developed at both national and local levels, and could include the greater involvement of the wider civil society. A number of case studies point to the increased responsibilities being taken on by civil society in response to needs that are unmet by the state. This can be seen from the development of social enterprises in Spain, the voluntary and community sector in the UK and Ireland, and non-profit and social economy organisations in a number of other countries. These developments have been important in stimulating community action and in engaging citizens at local levels. In this respect, the priority given by the EU to developing local employment initiatives and the social economy will be important to the development of this sector. A major challenge to social policy making will be to monitor and evaluate these developments, particularly regarding working conditions, in order to ensure that employment growth in this area does not result in a dual labour market, with secondary status accorded to social economy jobs.

The introduction of user surveys and feedback mechanisms has been important to this process. However, the case studies do reveal that there is a need for more systematic collection and use of client feedback, particularly so that outcomes can be taken into account in formulating quality strategies on an on-going basis. It would also help service providers to integrate the experiences of individual care planning with clients into care strategies, through a systematic evaluation process that could be built into planning tools. There is evidence from a number of case studies that users, their advocates and families are increasingly being recognised as co-producers of services and more fully involved in the planning and provision of services. In addition, the experience of partnerships between user organisations and trade unions is welcomed in this respect so that closer partnerships and alliances can help to reconcile user and worker perspectives on service needs.

Coordinated and integrated service delivery

Coordinated and integrated service delivery is a major challenge for the future and this report has shown that significant progress has been made in this direction. The welfare mix places a greater emphasis on the need for coordination mechanisms, and as demands, risks and needs grow, a major question facing the social public services is how coordinated and integrated provision can be further developed and evaluated, and how best practice can be built upon.

In summary, these new approaches have led to new ways of delivering services to the four client groups that have been the subject of this research, through:

- active labour market strategies that link welfare and work and target resources in more coordinated ways to tackle marginalisation and exclusion associated with long-term youth unemployment;
- active ageing strategies and policies that enhance the independence and autonomy of dependent elderly people through a coordinated range of services;
- strategies of normalisation, integration, and independence for people with learning disabilities and mental health problems, which promote their integration into society and operate through integrated care, welfare and employment policies.

The case studies reflect the importance of coordination and integration to modern service delivery mechanisms. Increasingly, these integrated strategies need to be based on strategic national, regional or local policy-supporting mechanisms that build in resources for local implementation, whilst also allowing for local flexibility, innovation and development. Moreover, where collaborative and coordinated activities have been developed at national level, these need to be fully mainstreamed into local practices, services and projects. Indeed, the case studies show that coordinated and integrated service delivery operates best where services are decentralised to local levels and where the allocation of resources is responsive to local needs. However, the case studies have equally revealed how coordination and integration can be undermined by short-term budgetary regimes or inadequate funding, with coordination work becoming an add-on to existing workloads. Introducing structures of poverty/equality-proofing can have the added value of making these crosscutting policies and programmes sensitive to equality and social inclusion objectives.

The case studies show that integration and coordination is time-consuming and costly, and that resources are needed to prepare for it, including initial research to identify existing provision and needs, and the types and levels of coordination and integration required. Coordination and integration inevitably lead to new organisational structures and methods of delivery, and it is crucially important that these do not reproduce and replicate existing structures and therefore create new forms of bureaucracy, cycles of meetings and duplication of issues. Integrated and coordinated services require significant investment in staff training in order to break down established organisational and departmental cultures and develop staff expertise. The emphasis now placed on lifelong learning, and new forms of ‘learning organisation’ can help to respond to new technological and organisational changes in flexible and innovative ways.

Partnership and participation

This report has also shown the importance of community and social partner involvement in service planning and service developments. Importantly, the case studies show that partnership working has become a necessity for coordination, and that it works best within a framework of users, managers and staff; and voluntary, community, private and government agencies. The case studies show that these networks and frameworks need to have the necessary human and organisational resources built in. As a result close cooperation between agencies can help providers respond with more flexible, integrated, preventive and individualised programmes that recognise the interplay of multiple forms of disadvantage. It is clear that mechanisms for coordination are necessary in order to promote dialogue and communication between the different agencies and organisations responsible for policy making and purchasing, and for providing and delivering services.

There is a great deal of evidence that formal systems of partnership and more informal systems of networking are playing an important role in driving cooperation and coordination. The role of partnership and networking between agencies has become important to the quality of social public services, although it is clear that networking requires new skills, specialisations and time to work effectively. Creating autonomous networking structures is necessary to facilitate cooperation and coordination, particularly where services are fragmented. These networks can be facilitated by local or regional authorities, based on models of good practice established in Finland, Austria, Spain and Italy.

Quality of working life

The case studies and national research have show the importance of good working conditions to both the quality of service and the need of workers to have decent and satisfying work, with conditions of employment and pay that reflect the challenges and responsibilities that staff face. Moreover, decent working conditions, participatory forms of involvement in job design, work organisation and quality initiatives are directly linked to job satisfaction, motivation and health. However, in some areas of the social public services staff retention and recruitment has become a problem associated with the low status accorded to jobs in the sector, and a significant issue has been the need to improve the image, status and professionalism of work within the social public services. In a rapidly changing sector, innovation, coordination and integration require investment in human resources, including both staffing levels and continuous training. However, working conditions in the social public services are often compromised by the high levels of workers' commitment and dedication to their clients. The work is also highly gendered, and this research has shown that this is closely associated with the low status and general devaluation of care as a profession.

The unequal conditions of employment and pay between the different sectors (public/private/non-profit) that make up the welfare mix can have an adverse effect on working conditions. There is evidence to suggest that the growth of the welfare mix requires coordinated policy strategies that

set standards and/or the harmonisation of working conditions in procedures and contracts for contracted-out services, to ensure that there is fair competition between the sectors. This also means that as user empowerment strategies lead to more user choice in the care field, it is important that the development of a casual care market of unprotected workers does not develop. This also has implications for trade unions and for employer strategies in providing support and training to providers of care who are directly employed by elderly and disabled people. Improved continuity of employment, more secure funding and improved financial relationships between funding bodies and providers would help to improve the quality of services and reduce the anxiety and stress associated with employment insecurity. In particular, the growth of services in the voluntary/community sector/social economy is guided by short-term funding regimes that work against continuity and security of employment. This has implications for national and European funding structures; in the case of the European Social Fund, innovative projects are forced to work on the basis of short-term contracts.

The research has also shown that innovative, integrated and coordinated services require high levels of staff commitment, motivation, involvement and cooperation, along with new staff competence and awareness. A balance between flexibility and security is needed so that the commitment, cooperation, flexibility and the adaptability of staff are balanced with security of employment. Some of the uncertainties and insecurities amongst workers could be overcome with longer-term funding regimes and management systems that encourage participation in service restructuring and planning. In some countries the precarious nature of employment has worked against the sustainability of good practice and innovative projects. Promoting creativity, innovation and the general quality of services may, for instance, mean that pay and other employment incentives are linked to quality. To some extent European standards in employment and equal opportunities have helped to set minimum standards and minimum levels of protection. However, the economic imperatives of the single market and globalisation does mean that that these standards will need to be further developed in the future if the European social model is not to be significantly undermined.

Despite the growth of employment in the social public services in recent years, there are concerns that staffing levels continue to be stretched, particularly as employees take on new responsibilities, are required to problem-solve and work more autonomously. There is evidence of growing stress and ill health associated with these new work pressures, and in some cases this has meant that staff have had inadequate time for professional and continuous training. A number of case studies do point to strategies for reorganising work to avoid staff burn-out, for instance, through sabbaticals, team building, supervision, training and reduced working hours.

Issues of working time and work organisation have also become increasingly important to the development of social public services. There is some evidence of a growing use of flexible working times and new forms of work organisation that empower workers and allow for greater choice, equal opportunities and possibilities for reconciling work and family life. In this context, reconciling the needs of users with the needs of staff around issues like working hours is a dual

process that needs to be put in place if service restructuring is not to lead to poorer conditions of employment.

Of growing importance to these reform processes have been the participation of staff and the role of the social dialogue. There is some good evidence of staff involvement in the design of new services and jobs, and of social partner involvement in the strategic development and planning services. However, a concern for employees in the growing non-profit and for-profit sectors is the relative lack of union organisation compared to the public sector.

As services have developed and as professionalism and specialisation has become inextricably linked to quality services, the need for professional development and the continuous training of staff has grown. In a large number of case studies the importance attached to training and development has contributed to the quality of working conditions, to staff satisfaction and to the general improvement of services and their responsiveness to users. Moreover, training is central to the development of new skills and new working practices brought about by coordinated working methods. The increasingly fragmented nature of the social public services market does, however, have implications for training and development, and there is a need for more coordinated approaches to training and development between providers and funding agencies. Likewise, staff development programmes can help to improve quality and particularly the implementation of quality assurance procedures so that staff are on board and involved in quality development in ways that are meaningful and relevant to the service. A number of case studies have shown that as care needs have grown, volunteering can be further developed through additional resources and training. This can encourage active ageing strategies, civic and social responsibility, and community and user participation and empowerment. However, it is important that proper training and support strategies are put in place for volunteers, without placing undue pressure on paid staff.

Recommendations

The following recommendations focus on a number of key priorities and issues for consideration for the future development of social public services in the EU. They centre on the following themes: the quality of services to users; partnership and participation; the coordination and integration of services; the quality of working life; equal opportunities; social inclusion and anti-discrimination; evaluation; transferability; and the future research agenda. They are directed towards national, regional and/or local governments, social partners, users, providers, voluntary and community organisations and the EU.

A. The quality of services to users

Improving the quality of services to users has become an increasingly important priority in the social public services, although significant differences exist between the Member States of the EU. The Foundation's research has shown that improving the quality of services requires both qualitative and quantitative methods of evaluation; the participation of all stakeholders in the process of developing meaningful quality standards and methods of measurement; and local flexibility in order to ensure that the implementation of quality is meaningful, relevant and practical. This raises important questions about the types of quality initiatives that can be developed for different client groups, the methods of quality improvement adopted, and the involvement of users. At the center of all quality initiatives is the involvement of users through structures that facilitate their differential participation; and methods for reconciling professional and staff goals, needs and interests with those of users. Since ensuring quality is a key theme to have come out of the research, consideration can be given to the following crucial issues for developing further action on quality:

National, regional and/or local governments

National, regional and/or local government has a major role to play in improving quality through:

- National, regional and/or local quality frameworks that provide overall guidelines for establishing user rights and entitlements, service standards, equal opportunities, staff-client ratios, and working conditions. These frameworks should allow for local flexibility in implementation and guide the contracting out of services, a process which should be driven by quality and standards, rather than by cost.
- Participatory frameworks and a consensual approach to quality improvement involving user organisations, voluntary/community organisations, social partners, providers and other stakeholders.
- Best practice and benchmarking could be developed for this purpose in order to enhance the quality of services.
- Funding for pilot projects to promote participatory approaches to quality development and user involvement in service delivery, with evaluation so that successful initiatives can be mainstreamed.

Providers

Providers of services are able to influence the quality of services. In the future this can include:

- More systematic involvement of users, with effective systems of feedback regarding organisational or service changes.
- Quality assurance systems developed in consultation with users and staff that build in proper systems of evaluation and feedback.
- Staff participation in organisational development and the management of change through teamworking and management structures that allow for organisational flexibility and reflexive, autonomous working environments.
- Staff support and supervision and mechanisms to tackle stress, ill-health and burn-out resulting from difficult working situations.

- Improving the security of staff working on fixed-term contracts and the long-term sustainability of funding for projects.
- Conditions and pay that properly reflect the responsibilities and commitment of staff.

Trade unions

Trade unions can be key players in quality initiatives in both strategic planning and policy implementation. For this reason their roles can be developed through:

- National and local partnerships, with training strategies for trade union involvement.
- Agreements in the social public services that take on quality issues in the future, particularly where these concern the development of quality work as an aspect of quality of services.
- Involvement with users and their organisations in determining quality and in developing alliances and shared goals and values around quality, for instance, through the promotion of quality groups and other quality forums etc.
- Linking indicators of quality of services to collectively negotiated employee remuneration.

Users

- The success of quality improvements will be dependent on the extent to which users and their organisations are able to actively participate, inform and determine service developments.
- Users and workers can work to develop alliances around quality at local, regional, national and EU levels. This can be formulated through a European public services platform that promotes high quality social public services involving users, civil society and trade unions.

Voluntary and community organisations

- Community and voluntary organisations, both as providers of services and as a voice representing users and local communities, are of key importance to future quality improvement initiatives. Their role can be further developed.

European Union

Quality improvement in the social public services is an increasingly important aspect of EU discourse and of the single market in the commercial sector. In the future EU policy can consider:

- The concept of social quality as regards the development of EU action.
- Indicators and benchmarking that define and operationalise quality in the social public services, which can be developed from the extensive networking and good practice that exists across the EU.
- The role of European quality awards/quality initiatives, so that they are appropriate to the social public services. It will be important to ensure that the European model of quality developing for the commercial services recognises the differences between quality initiatives relating to products and those concerning labour intensive and user-centred services.
- The development of a European public service charter and/or the strengthening of the role of public services in the Treaty establishing the European Community to include social public services as public service obligations.
- Funding for a European public services platform in order to enhance the debate at EU level on quality issues in the social public services between trade unions, civil society organisations and user organisations.

- Monitoring the role of transnational companies in providing social public services in order to promote quality; and monitoring worker and citizen perspectives through regulations and codes of conduct with transnational companies.

B. Partnership and participation

Partnership and participation are central to improving the quality of services to users and the quality of working life. The Foundation's research has shown that a variety of different approaches to partnership and participation have been developed in order to promote social inclusion and improve the quality of the social public services. Best practice reveals the importance of partnership and participation at all levels (local, regional, national and EU), across different sectors providing social public services, and with users and local communities. Partnership can be a pre-requisite to developing coordinated and integrated services by promoting new ways of working, new strategies, new relationships and new thinking. It can also assist in developing agreed quality standards. However, partnerships do not always accord equal status to all stakeholders, and a major challenge for the social public services in the future will be to be open to including users and local communities as equal players in the partnership process. The following recommendations can be seen as a way forward in promoting improved partnership and participation:

National, regional and/or local governments

- Funding regimes that require providers to give evidence of user participation in the development, implementation and evaluation of services.
- The promotion of national, regional and/or local partnerships to plan services and determine service quality and service entitlements; and the evaluation of outcomes in partnerships involving all stakeholders.

Providers

- Improved resources and know-how to develop and ensure that systems of user involvement and participation are built into service agreements.

Trade unions

- Trade unions can be players through social partnerships at strategic levels to plan service agreements, user entitlements, working conditions, staffing levels and pay. This can build on the development of social pacts or national agreements that exist in a number of countries in order to set out strategic goals and consensus.
- Direct participation in local or regional partnerships to plan local services.

Users

- Stronger and well-resourced user organisations that can become active co-producers of services and contribute to the planning of services.
- User participation in all aspects of service improvements and legislative change at local, regional, national and EU levels.

Voluntary and community organisations

- Participation at national, regional and local levels to develop local services for local communities.

European Union

- The promotion of the civil dialogue and the social dialogue in the social public services, and the role that civil society and social partnership can play in strengthening social public services at EU level.

  A requirement for user involvement in actions developed under Article 137 of the EC Treaty where the Council develops '…initiatives with a view to promoting innovative approaches and evaluating experiments in order to combat social exclusion'.

  The provision of funding, support and guidance for partnership development in the social public services, to be built into EU-funded programmes.

C. Coordination and integration of services

A major challenge for the future will be the capacity of services to be delivered in coordinated and integrated ways at local, regional, national and EU levels. The coordination and integration of social public services has become increasingly important to the promotion of social inclusion and reduction of inequalities, in the recognition of the multifaceted needs and risks associated with social exclusion. The objectives of coordination and integration are frequently promoted as a means to assist with the integration of excluded young or disabled people into the labour market. Further consideration will need to be given to the role that services play in supporting those people who will not be able to enter the labour market for reasons of age, disability or other disadvantage. A further question that needs to be considered is the point at which it becomes necessary to develop coordination and integration and the resources and policies that need to be put in place to achieve this. The Foundation's research has pointed to some good practice in this respect, and suggests that further action to develop coordination and integration can include:

National, regional and/or local governments

- National or regional strategic policy initiatives on social inclusion that cut across government departments should be further promoted, with specific targets and indicators built in, and providing for local adaptability.
- Funding for innovations to promote coordination and integration at local levels, with mechanisms for monitoring and evaluating results and transferring good practice.

Providers

- Requirements placed on providers to explore strategies for developing collaboration, coordination and integration, and where these have been developed, to monitor and evaluate progress, obstacles, and opportunities.

Users

- The involvement and participation of users in determining where coordination and integration can work and at which point these services are needed. This includes effective systems for establishing user feedback on the outcomes of coordination and integration.

Voluntary and community organisations

- Community and voluntary organisations have a great deal of experience and knowledge on how, where and why local services can be coordinated. This needs to be utilised and built

upon so that local communities can determine their own needs, particularly where these may differ from provider or professional perspectives.

European Union

- The process of coordinating future EU action on economic, employment and social cohesion will need to ensure that economic and competitive pressures do not override social inclusion priorities.
- Further consideration can be given to new organisational strategies within the European Commission to coordinate and integrate EU policies in order to develop horizontal actions to promote the mainstreaming of social inclusion.
- European social cohesion and social inclusion funding programmes can incorporate and promote coordination and integration in national, regional and local projects.
- Encouraging the exchange of best practice and developing indicators and benchmarking may be helpful to this process, particularly in stimulating innovation at national, regional and local levels.

D. The quality of working life

Important to the future development of social public services will be the emphasis placed on working conditions and quality jobs. The Foundation's research has shown that working conditions in the social public services are affected by service restructuring as more services are contracted out. Poor working conditions and differential terms and conditions of employment between the different sectors delivering social public services can impact on the quality of services to users. The need to improve the competence of staff in order that services can be flexible, adaptable and reflexive to meet changing user needs and risks requires the on-going professional development and training of staff. For front-line workers in the social public services, work pressures and stress are increasingly common in the context of service restructuring and cost containment. The bulk of front-line staff are women and for this reason equal opportunities and the reconciling of work and family life are important to improving the quality of working life. Consideration can therefore be given to the following:

National, regional and/or local governments

- Funding to promote life-long learning and develop learning organisations.
- Standards to be established on working conditions, working hours, equal opportunities and pay, with reference to collective bargaining and in-service contracts where services are contracted out.
- On-going training and professional development for staff that reconciles these with user needs and allows staff to develop new skills and responsibilities and adapt to new working practices.

Providers

- Developing life-long learning and concepts of a learning organisation are important so that staff are able to be adaptable, innovative and responsive to user needs.
- Promoting worker participation in organisational development and the management of change, using teamworking and open management structures, to allow for organisational flexibility and autonomous working environments.

- Competitive pay and conditions of employment in order to enhance the status of work in the social public services; reflect the responsibilities and skills of existing workers; and attract well-qualified and competent staff in the future.

Trade unions

- Recognition that trade unions are key players in improving working conditions, and that their roles are vital to promoting the value of work and quality of jobs in this sector.
- National, regional and/or local agreements that improve the working conditions of staff in the social public services, particularly in those sectors of the social public service that do not have works councils or trade union representation.
- Agreements that harmonise working conditions for staff in the non-profit, for-profit and public sectors. This requires new trade union recruitment and organisational strategies.
- The pioneering of new forms of work organisation, flexible working time, equal opportunities and policies for reconciling work and family life.
- The strengthening of the inter-sectoral social dialogue in the public services at EU level.

European Union

- The development of quantifiable standards and indicators of what constitutes 'quality jobs'.
- Identifying the contribution that social public services can play to the future development of the European Employment Strategy.
- Strengthening and supporting the development of the inter-sectoral dialogue in the public services.

E. Social inclusion, social cohesion and equal opportunities

Growing levels of inequality and social exclusion across the EU have led to local, regional, national and EU strategies to promote social inclusion. The Foundation's research has identified good practice with regard to social inclusion strategies, leading to services becoming more coordinated and integrated and more user-centred in order to respond to the multiple needs and risks. However, this best practice has not always been mainstreamed, and significant problems remain in funding and resourcing social inclusion and social cohesion. A significant problem is that social inclusion strategies are closely tied up with integration into work, and there is therefore a danger that those groups who are outside of the labour market could be further stigmatised and marginalised. For this reason it is necessary to ensure a balance between active and passive policies. The Foundation's research has also shown that action on equal opportunities and reconciling work and family life are increasingly important as women are entering the labour market in larger numbers. However, the policy objective of improving women's employment rates can conflict with service developments designed to support informal carers in their own homes, and future policies need to take into account the problems faced by carers who may also be working in the paid labour market. The EU is increasingly important as a forum for improving social standards in the context of globalisation and the single market, through its objectives of social inclusion and social cohesion. The following recommendations will help to inform these discussions.

European Union

- Quantifiable targets in relation to social cohesion and social inclusion.
- Social rights included in the EU Charter on Fundamental Rights and/or the establishment of Europe-wide citizen entitlements to services based on principles of inclusion, equity and equal opportunities, with guarantees to work and decent services over the life course. Strengthening the role of social public services as public service obligations in the Treaty.
- Developing the social economy as a source of new jobs.
- Convergence and harmonisation of social standards in order to prevent social 'dumping'. Common social standards will be increasingly necessary in the light of growing inequality, along with the reform of social protection systems across the EU.
- A meaningful definition of the European social model that takes into account the differences between the different social welfare regimes across Europe in terms of unemployment, inequality and levels of provision and funding, whilst ensuring that social objectives remain a high priority in the context of economic globalisation.
- Measures to improve the sustainability and continuity of EU-funded projects, particularly as regards actions on social inclusion and equal opportunities delivered by non-profit organisations.
- Consideration can be given to developing performance indicators for these funding programmes, with standards for equal opportunities, pay and working conditions, based on models of funding that focus on results, partnerships, user involvement etc.

Regarding equal opportunities and the reconciliation of work and family life the following may be considered for further action:

- Establishing good practice at EU and national level on gender mainstreaming, and disseminating the results so that this may be more effectively implemented at national levels.
- Setting indicators and benchmarking for equal opportunities policies, the representation of women in decision making, the reconciliation of work and family, and childcare.
- Promoting good practice on equality action plans and equality monitoring in workplaces, for instance, based on the Swedish model of annual equality action planning.

F. Evaluation and transferability, and the future research agenda

An important aspect of the Foundation's research has been to promote good practice, and whilst the research has pointed to possibilities for the future development of social public services, there is an important role to be played in evaluating and disseminating this best practice. As a result the future development of social public services across the EU will also be dependent on how effectively the evaluation of results and outcomes, and the transfer of good practice, are put in place. Further, identifying future research questions is an important outcome of the research, particularly since investigation in this area is relatively under-developed. The following can be considered in taking the outcomes of this research further:

National, regional and/or local governments

- Systematic methods of qualitative and quantitative evaluation of service outcomes, regarding quality, working conditions, user involvement/empowerment and value for money. This requires that guidance be given for performance evaluation from user, worker, provider and funder perspectives.
- Mechanisms for disseminating best practice and setting out objectives through systems of benchmarking.
- Resources for transferring good practice results into mainstream provision where these have been evaluated as being successful.

Users and voluntary and community organisations

- Strengthening the role that user organisations and community and voluntary organisations can play at local, regional, national and EU levels in evaluating services and in spreading best practice.

European Union

- Providing funding to carry out further research, evaluation and the dissemination of information on the development of user-centred quality initiatives in order to shape future developments.
- Undertaking further research on the development of indicators and benchmarking in the social public services, which should include information about their usability and applicability to different stakeholders

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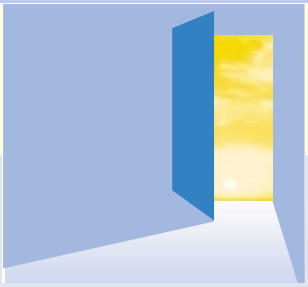

Quality in social public services

Over the past decade, social public services have been subject to widespread reform and modernisation. Policy development has been in the area of costs, more coordinated provision and responsiveness to user needs. At both national and EU levels, the importance of these services has been recognised, on account of their role in creating employment, combating social exclusion and contributing to social protection.

This report examines the impact of quality improvement initiatives on both services to clients and working conditions. It represents a synthesis of studies from field research in ten EU Member States with supplementary research from the remaining five. It documents and assesses service improvements which aim to meet the needs of client groups who typically have multiple needs. The report focuses in particular on measures for coordinated and integrated service delivery for user empowerment and for quality assurance. It examines how these changes can lead to better quality services, and also looks at the implications for workers. Finally, the report presents recommendations and strategies for the future development of social public services in the EU.

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