

Integrated Services in Rehabilitation: A perspective from social services in Europe

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Introduction

The European Social Network (ESN) is the network representing directors of social services in Europe. ESN presents its comments on this peer review of the Swedish model of promoting integrated services for rehabilitation (into work) of people on long-term sick leave or in long-term unemployment.

Many EU countries face similar problems of long-term unemployment and high rates of sick leave. As the European Commission stated in its recent *active inclusion* communication, “there is still a sizeable ‘hard core’ of people with little prospect of finding a job”. The people themselves often have multiple social, health-related, psychological and other problems and therefore require multidisciplinary (and inter-agency) services for rehabilitation (or (re)activation).

Joblessness is closely related to social exclusion: according to the Commission “employment is for many people the main safeguard against social exclusion”. Social/employment activation or rehabilitation is a useful strategy by which to promote a socially inclusive society. Many long-term unemployed people or people on sick leave become clients of social services at some time; social services therefore have an important role as catalysts for (re)activation working with other services.

The DELTA project is a structure which fosters inter-agency cooperation in order to provide a more holistic service to those in need of support towards rehabilitation. However, it also reveals that effective cooperation can be difficult to bring about in practice, especially where the responsibilities and culture of different service providers, now required to work together, are distinct and well-established.

The expert paper clearly reflects some doubts in Sweden as to the effectiveness of DELTA to achieve its major aim: “to improve (early) rehabilitation of persons on long-term sick leave or unemployment”. Particularly striking is the evaluation which showed that a DELTA-client’s rehabilitation is little different to that of a non-DELTA-client. There appears to be some room for the improvement of DELTA services so that they provide better support for the people in need.

In this paper, ESN highlights a number of specific issues (though there are others) which emerge and which could be further developed in discussions at the peer review seminar. We treat and react to these concretely in this comment paper:

1. Focus on the client
2. Inter-agency working and management/accountability
3. Involving the employer, the ‘missing stakeholder’

This paper draws on the conclusions and learning from a number of EU-funded projects led by ESN and in particular on the network’s social inclusion studies and seminars in 2006. Conclusions from the recent ESN seminar on social and employment activation have been particularly useful and have been at-

tached as an appendix. We have also sought input from experts and directors of social and employment services in Germany, the Netherlands and Finland.

1. A focus on the client

The real stakeholder in the rehabilitation process is the client. They have the most to gain or to lose from the success or failure of the rehabilitation process. DELTA services appear to lack a clear focus on the client in spite of the fact that the primary objective is rehabilitation for the people in need. The tools and framework for financial/administrative cooperation between services appear not to have been exploited at the service provision level

A renewed focus on the client and their needs may help to develop a better overall service: a client focus may help to unite the different services around a shared purpose. ESN supports a user-led definition of need rather than a service-led definition of need: service users can be empowered to help take decisions on the services provided to them. It would also be important to check that the joined-up multi-agency approach intended is delivered in the direct service to the client. This would entail for instance a solid multi-disciplinary assessment of needs and the development (in consultation with the user) of a holistic plan of multi-agency support for rehabilitation.

While this may lie beyond the scope of DELTA as an administrative model, it is worth making a few several supplementary points:

- Social services offer care and support for the most vulnerable in society. (Re)Entering the labour market is not possible for all people and activation programmes such as those under DELTA should consider how people can be active in the community outside of work in ways which fully utilising their skills and ability.
- Careful attention should also be paid to the sustainability of activation/rehabilitation policies to ensure that people remain active beyond the duration of a dedicated programme. If they fall back into unemployment afterwards, this can compound their social exclusion.

2. Inter-agency working

There is real value in effective multidisciplinary working for people with multiple and complex problems and if services are led and united by a shared objective to support the client, this should assist the effectiveness of measures. It nevertheless prove difficult in reality to provide multiple services in a fully integrated way.

Tackling the problems of sick leave and long-term unemployment are certainly familiar to social services in other countries, as are difficulties in working between services. Psychological, social and cultural factors combine in many cases to cause an employee to go on sick leave or have discouraged an unemployed person from entering work. Dutch social services for instance have reported difficulty in arranging quick access for their clients to doctors, physiotherapists, psychologists, youth workers, anti-addiction centres, debt counsellors etc. Given this shared experience of the problems of providing joined-up services, the DELTA model was generally seen as positive to ESN members.

However, the current DELTA framework appears not to be delivering optimal results for clients. It is difficult to ascertain why this may be on the basis of the material provided but there may be a number of

issues which could be considered including problems in organisational culture and the location of cross agency management accountability and performance.

Organisational Culture

Organisations tend towards path-dependency: they set out on one path in terms of management structure, funding mechanism, professional background, etc. and find it too hard to turn around. This also entails difficulties in working with other organisations because each professional from a different service will bring different ways of working, priorities and approaches to the table. As the German experience of consortia of local social services and federal employment services shows, it is crucial to make managers and professionals competent in dealing with organisational cultural diversity for the success of integrated services. DELTA has to be able to manage this diversity of cultures and make this diversity a strength in order to provide an effective service.

New models take time to stabilise: it is therefore inevitable that DELTA professionals, team leaders and managers will learn as they go along. Dutch experiences of inter-agency working suggest you have to avoid a culture in which it is easy to apportion blame or responsibility with your partners. The Finnish experience of networking services suggests that openness, dialogue and mutual respect are vital to the success of integrated services. Helsinki's DUURI network sits between different organisations, pieces of legislation, professions, services and this ground is shaking all the time – the same will be true for DELTA so a certain flexibility and readiness for change has to be built in.

All partner organisations from management to frontline professionals need to gain an understanding of the specific added value of integrated services in order to engage with their colleagues in partner organisations. They also need to understand the role of each partner service and individual team member in promoting rehabilitation. The different services do share a common objective which is to help people in need. Mutual respect and understanding amongst organisations will help to develop a culture of co-operation.

Training

As the DELTA assessment suggests, it is not sufficient to provide the raw legal/financial structure for coordinated services: it is also a question of the skills of the people involved. Joint training sessions between different professionals, not only on practical interpersonal skills and team-work but also on managing diversity (in terms of inter-organisational discontinuities) a joint culture and shared goals should be added.

The frontline professionals need to gain an understanding of the specific added value of integrated services in order to engage with their colleagues in partner organisations. Helsinki's DUURI network has developed an education programme for personnel (courses, supervision etc). This involves working in pairs, teams, networks and has a concrete practical client-centred work focus.

Management

In a multidisciplinary team drawn from different organisations consensus working is important, but a number of questions were raised by ESN members in this respect. It appeared unclear where day to

day operational responsibility and accountability was located. For example, how were conflicts between clients and professionals or a divergence of view/priorities between professional from different agencies resolved? Finally how was organisational performance managed and evaluated?

Co-location

The collocation of the 'labour market plaza' services under DELTA is seen in the material as a success. DELTA should consider how to build on this success and reproduce it in other sectors. Helsinki's DUURI also network works daily under the same roof sharing common goals, management, measures, clients and many other things. Each organization in the DUURI network, however, supplies a share of the budget.

3. Missing Stakeholder

As suggested in the discussion paper, the employer is an important stakeholder and should be involved. Given that the main client groups of DELTA are the long-term unemployed or those on long-term sick leave from work for whom early intervention and support from a range of services is vital.

In the Netherlands, for example, over half of sick leave is due to work-related stress or illness, which is often compounded by personal circumstances. In these circumstances, long-term sick-leave is generally not a solution for the person in question: adjustments in working hours and responsibilities would be a more positive approach – one which will ensure that the employee remains in a work environment with the support of their employer. This scenario alone reveals that employers are important stakeholders.

Flexibility in working times and tasks and transitional measures to help people into employment are also important for the long-term unemployed. Within the European Commission's active inclusion agenda, attention has been drawn by other stakeholders to the relevance of social enterprises: they can put people on the right path to work, providing adapted work conditions and on-the-job training. Social services, for instance in Belgium, also offer subsidised work programmes, where clients receive an allowance and work (e.g. ironing shops, gardening in public spaces). This can be a first step to rehabilitation into work with the right support from professionals. The French initiative being rolled out nationwide 'services à la personne' offers a similar protected introduction to work so some who are furthest from the workplace.

Employers as well as trade unions clearly need to know about the DELTA services available and how to access them. The strategic and operational involvement, for example, of local chambers of commerce and municipal and regional economic development agencies/departments with social and employment services have proved to be a worthwhile investment in other European countries.

Concluding remarks / some issues for discussion

DELTA has piloted an approach to encourage inter-agency cooperation with a view to providing a holistic service to the client to promote their social inclusion through moving towards employment. In practice, DELTA is wisely reviewing progress to ensure that the most is made of this promising model of coordinating services to favour rehabilitation into work. From our reading of this approach ESN members have posed a number of questions which might be considered in the peer review seminar:

- Would there be benefit from a renewed focus on the client's needs as a way of uniting services around a shared objective?
- How could inter-agency working at the operational level become more effective; is there a management/accountability issue?
- Could employers/economic investment agencies become involved both strategically and operationally in this process?
- Where are the performance mechanism/indicators?
- Finally, is the Delta interagency model perhaps too being cautious and might there be more long term benefit in a clear transfer of responsibilities (or integration within) to a single agency (from employment to social services?) as per the Dutch/ German experience?

Further reading

Peer review participants may also find it useful to consult the ESN Inclusion Briefing Paper on Social and Employment Activation, available in English and French at www.socialeurope.com/inclusion/activation.htm under "References" and the presentations made to the ESN Inclusion Seminar in Metz on the same theme. Draft recommendations from Metz are attached as an appendix.

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