Europe's Social Reality and Social Vision

The perspective of local public social services

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Preface
ESN members represent social services in the broadest understanding of this term. Over 50 national and regional members from EU member and candidate states and more than 10,000 local members work on a daily basis with vulnerable people, empowering them and helping them live dignified and fulfilled life. Acting for and with their clients, public social services are well-informed about the needs of vulnerable individuals and diverse communities. We believe we can provide an important perspective on Europe's social reality as experienced by the people responsible for delivering vital local services.

Introduction
In February 2007 the Commission initiated a public consultation to take stock of present social realities and trends in European societies. First proposed in the May 2006 "Citizens' Agenda" Communication, this ambitious exercise has been backed up by a consultation paper "Europe's Social Reality" prepared by the Bureau of European Policy Advisers (BEPA) of the Commission and by a subsequent Social Vision paper in November 2007. This "social reality check" is set to prepare ground for a new EU Social Agenda beyond 2010.

ESN warmly welcomes both the Commission's initiative to examine the complex dynamics of social reality in Europe. The BEPA paper delivers a fresh, broad and historic perspective on the current social situation and much food for thought. ESN believes that an open-ended analysis of social trends and their assessment is an important step in designing a Social Agenda 2011-2015.

It is unfortunately not possible to cover every issue in full here, thus some important topics such as mental health or disability are not dealt with in this brief paper. Instead, drawing on our social inclusion programme 2005-2007 and adopting a practice-led perspective, ESN offers observation and commentary in six areas which are current priorities for our Members:
- Long-term care
- Active Inclusion
- Child poverty and well-being
- Migration/Integration
- Communities and Cohesion
- Social services workforce

This thematic approach will conclude with some thoughts on renewing EU Social Vision and the role for the Union in the next decade. The post 2010 OMC for social protection and social inclusion will be analysed in the last part of the paper. Throughout this contribution, ESN highlights the specific social situation in New Member States, recognising particularity of their challenges.

Before proceeding to the thematic section we offer some commentary on the modernisation of the welfare state.

I. Transforming the Welfare State
Liddle and Lerais' paper rightly highlights (pp11-13) the historic transformation of the welfare state in Western Europe from its inception in the post-war period.

There have been many changes during the evolution of the post-war welfare state but the present change is a paradigm shift from providing a set package of rather paternalistic services in to a more user-led definition of need and personalised care. It is far from a reality in all countries but the vision now informing local service delivery is for services which are both universal and adapted to individual need.

Liddle and Lerais observe that "*more people now see their lives in terms of a personal biography they write for themselves*" and this trend is carried into the way people interact with social services; people want a service which helps them move on to the next chapter in their life, to change something, to manage a crisis or to manage a long-term need.[1]

ESN prepared a paper "Access to Quality Services" which provides a conceptual framework for the delivery of services shaped and assessed by those who use them.[1]

II. Long-term Care for Older People

Long-term care is one of the most pressing concerns for social services. Not only are social services working to change the way they engage with users and offer care, to tackle service delivery challenges of inter-service coordination, they are doing so against a backdrop of massive demographic change leading to increased demand for services from older people in need of (varying degrees) of care. At the same time a new contemporary challenge of older people's isolation (when they live alone) or group-isolation (in older people's homes) is emerging.

> "*There needs to be better co-ordination between different service providers and organisations, so you're not always telling people the same things.*" An older person receiving long-term care. Source: Commission for Social Care Inspection (England): http://www.csci.org.uk/get_involved/why_your_views_matter.asp

At a recent meeting, ESN Members identified these key challenges in local service management and delivery:

- shifting the balance of care away from institutions, care homes and hospitals into the community and home and allowing people manage their own care through direct payments.
- establishing local partnerships in service delivery and planning with voluntary and private providers, with health services, housing and, most importantly with carers and older people themselves
- finding new ways of working with older people with dementia
- assuring the quality of services and the quality of the workforce (including professional qualifications and ongoing training)
- promoting healthy living and active ageing and a good quality of life for older people in care (including social inclusion)

Quality care and social inclusion for older people will increasingly be considered together. There is a serious issue of investment and capacity haunting all debates about long-term care and demographic change – governments cannot hope for the problem to go away. Beyond investment, there is a need for original thinking around volunteer development, community-building, care networks, real support for (informal)

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[1] However, sometimes the engagement of social services with individuals is not on a voluntary basis, or is perhaps the result of the enforcement of statutory powers through the courts, which brings a different dimension to the relationship.

carers and for preventive methods such as health education, self-management of care[2], and active ageing both as a matter of capacity and as a means to strengthen older people's social inclusion, and increased control over their own lives

New Members States in Central/Eastern Europe are experiencing a slow transition from the institutional-medicalised model of care during Communism. Government underfunding, a long-established institutional-professional culture and the low supply of qualified professionals are obstacles. The move towards home and community care and a culture of a client-led definition of need and care have met with serious opposition. *"The large care institutions were typically located in remote areas [...] the social and professional ideology behind the need to deinstitutionalise has also proved offensive to the care personnel working in these settings".[2]*

A shift toward community care can further be slowed by the limited resources of local governments in CEE. While the medical model of care is covered by the state budget or health insurance fund, home and community care is financed by local authorities. Less well-resourced municipalities are thus tempted to delay de-institutionalisation as long as possible. Local politicians, facing limited budget resources, sometimes tend to believe that their electorate will support investment benefiting the whole community (e.g. a new road) more than a service benefiting a minority (e.g. a new day-centre for older people).

The situation of the growing number of older people in Europe is an area of concern for social services and a changing and challenging element of Europe's social reality.

There is a forthcoming ESN report which reviews and identifies gaps in national policy as presented in the National Reports on Strategies for Social Protection and Social Inclusion (part IV – long-term care).[3] We will also soon launch an ESN policy & practice group on long-term care.

III. Employment and Social Activation (Active Inclusion)

Social services have increasingly become involved in work activation measures and are structurally integrated with employment and/or benefits services. From the social services perspective, this is not only an economic but also a social issue; as the European Commission has acknowledged as part of its active inclusion initiative, "employment is for many people the main safeguard against social exclusion".

ESN members know that the traditional response of the welfare state to unemployment or long-term sick leave – benefits – has entrenched welfare dependency and social exclusion. Local social workers have first-hand experience of working with individuals whose absence from labour marker is often a consequence of other social problems constituting barriers to work.

Early drop-out from education, lack of relevant skills, lack of aspiration, persistence of life crises, chaotic family relationships, drug and alcohol abuse problems are all factors in persistent long-term unemployment, which may affect the same family generation after generation and whole neighbourhoods facing multiple deprivation. Social exclusion is significant for people in these groups, especially if they stay out of work for long time. Sadly, it also affects their children and partners and leads to household deprivation and poverty.

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[2] Tools can include direct payments and individual budgets first piloted among people with disabilties but now being tested with other service user groups.

Social services, along with other local services have the potential to activate people and by empowering them, help them get out of the welfare-dependency trap. This requires social services to work together with health, adult education, employment and other specialist services from all sectors to tackle all the difficulties an individual faces.

> "*People on social assistance or occupational disability benefits were no longer citizens with opportunities but had been reduced to people on the dole claiming disability benefits entitled to social assistance. Such a portrayal of people does not seem to assume that these people have any form of control over their own future. The result is clear: people lose confidence in themselves.*" Tof Thissen, Chair, DIVOSA, Netherlands.

At the same time, it is also vital to emphasise that there are people who actually cannot work (at least not in a traditional full-time job) as a result of a physical or learning disability or due to serious mental health problems. People can however be active in many legitimate ways such as: community and voluntary work, subsidized sheltered employment, community groups. These measures can help people's sense of self-worth and connection to others and a wider community (social inclusion) and should be seen as a valuable contribution to the community.

Recognizing the importance of the social activation, members of ESN have highlighted a number of key issues for local social and employment services:
- Improving employability of vulnerable groups such as: older persons; women; people with basic or no skills; migrants;
- Question of "socially disabled" – people lacking social networks and capacity to interact with social environment; although they are usually fit to work, they cannot find a job or cannot keep it;
- Better co-ordination between social and employment services and cooperation with local business to support employment of people in activation programmes
- Attraction of the labour market – young people from workless households, 'making work pay', private-professional live balance, and people on benefits…

ESN also draws policy-makers' attention to the unique situation in Central and Eastern Europe, where active inclusion measures should be targeted at people who have taken early retirement. During the transition and facing looming unemployment, many governments in CEE encouraged their citizens to retire from professional life well before the statutory age. The challenge for social and employment services is now to bring them back to the labour market.

Finally, ESN emphasizes that people should be given every chance to be active in the community in ways which fully draw on their skills and ability. This is the key to personal fulfilment and successful interaction with social environment.

ESN has worked on social and employment activation as part of the social inclusion programme: www.esn-eu.org/inclusion/activation.htm. We will also soon launch an ESN policy & practice group on employment and inclusion.

IV. Child Poverty and Well-being

The Social Reality paper explores the meaning of poverty and also, helpfully, looks beyond some oft-quoted statistics on poverty and child poverty. Liddle and Lerais note in their concluding remarks that "*generational disadvantage may be becoming embedded and social mobility more problematic.*" Social workers and their managers

see this inheritance of poverty in neighbourhoods and through certain families; we too ask ourselves in the sector what support to offer families and children to break this cycle.

While no-one has a complete answer we do know that thinking of poverty in terms of pure household income is not constructive, neither in terms of advancing our understanding of the problem, nor of how to tackle it. There is also a matter of poverty of aspiration (lacking ambition for oneself), psychological and social poverty[4] and factors in parents' lives such as alcohol or substance abuse, behaviour which children may replicate and thus become themselves trapped in poverty.

Here we have to tackle those factors that lie behind poverty which can trap families – sometimes whole neighbourhoods. Early social work intervention with parents – even during pregnancy – can play a positive role, but social services professionals are conscious of intervening at the most difficult times in someone's life.

One of the issues which most concerns social services and has done over many years is the public care of vulnerable children. Children in care (or 'looked-after children') are those whose parents do not want to look after them or whose parents are deemed (sometimes temporarily) unfit to care because they may harm their children through neglect or abuse.

Care can be transformational for some children, giving them a new chance in life, but others will continue to exhibit behaviour which was a consequence of their chaotic upbringing (e.g. truancy, petty crime, drug abuse), and may themselves have children as teenagers and be unable to look after them. Forms of care include care in a children's home, fostering and adoption; one of the problems children themselves mention is the lack of stability – some can move between different forms of care (e.g. from an institution to a foster family then back to a natural parent) often with several placements over many years, a self-perpetuating cycle.

Young people who have grown up in the care system consistently show lower achievement and are not in education, employment or training, or voluntary activity, when they leave the school system. Some of the factors behind this can be associated with their life circumstances before they came into care, but social services area also aware of need to raise the level of their confidence and aspiration within the system, in order to produce better future outcomes.

> "Some of what I needed was nearness and that I was seen. I lacked caress when I needed it… I needed to be allowed to cry and to sit on the lap and just be held. There were no places I could go to cry or to be held." (Testimony of a former foster child, TABUKA association, Denmark)

Asked to identify four key issues in social services for children, ESN Members cited the following:
- Child and family poverty (economic, social, aspirational)
- Support for parents to respond to changing social and family structures (putting child in family context, parental education, early intervention in families with complex lives)
- Structural changes: better joint working health, education and social care, police
- high-risk groups: children with mental health problems, children of migrants, trafficked children, minor asylum-seekers, children in public care

Some issues are specific to a small number of countries: the sad existence of children in large-scale, often medicalised institutions in parts of Romania and Bulgaria during the 1990s was widely portrayed in the media. While these countries, and others in Central Europe, seemingly made urgent progress in the run-up to joining the European Union, tens of thousands of children are still living in institutions (precise figures are difficult to find).

Sadly, in many cases, the de-institutionalisation process meant only "forcing discharges" and "prohibiting admissions". Closing residential beds must go in tandem with the development of community-based services for children who are discharged from closed institutions and who would have been referred to an institution had it not been closed. Social services working with children, families, communities, education, housing and health are key elements of successful de-institutionalisation.

This remains a part of Europe's social reality and is an issue for urgent attention.

ESN further explores child poverty and wellbeing in a forthcoming report which reviews national policy in a number of areas on the basis of the NAPs/Inclusion 2006-08. We will also soon launch an ESN policy & practice group on employment and inclusion, which will explore and aim to provide good practice for the deinstitutionalisation process

V. Integration of Migrants, Minorities and Asylum-Seekers

Social services have multiple roles as concerns migrants, minorities and asylum-seekers. The first role is as (i) providers of care to a diverse community, the second as) major employers and the third as partners in community development. Social services (and indeed, other local community services) often have regular contact with minority communities, some of whom will also be service users. They have a good awareness of the nature and scale of the issues these communities can face.

A number of migrants struggle with the language barrier, with formal and informal codes of conduct, with customs and sometimes overt discrimination in the community. This can affect the ability to understand and take up services to which they are entitled. Those services actually more and more see themselves as facilitating integration into the local community besides adapting universal services to minority needs.

There is an issue about combating discrimination as service providers and employers but also taking on a community partnership role bringing different parts of a community. For there is a need to recognise "serious problems of integration with the host community", which are as much to do with the attitudes of 'native' Europeans (or established immigrant communities) as about the willingness of newcomers to integrate.

Discrimination against the Roma community (especially in New Member States and Italy) have not decreased over the years, as is apparent from recent media coverage and from the National Action Plans on Social Inclusion 2006-2008.

"If I open a Roma class I will lose all the white children. They are not clean enough (…) and I don't think you would let your child go to a Roma class if you lived here as your child would have everything stolen". Headteacher in Slovakia quoted by Amnesty International; an example of the stigmatisation which pervades some parts of society. See also at: http://www.guardian.co.uk/eu/story/0,,2211951,00.html

ESN members, as services providers identified some key challenges for quality social services with regard to minorities:

- Strengthening involvement of minorities as service users
- Anti-discrimination and diversity trainings within local authorities and other service providers
- Fostering progression of representatives of minorities to labour market
- Improving understanding of cultural differences and origins of prejudices.

As Liddle and Lerais state, we cannot see ethnic minorities as a homogenous group; each migrant group faces its own specific set of problems. There is an important distinction to be drawn between resident and migratory ethnic minorities. Resident ethnic minorities usually speak fluently the language of majority, are legally recognized citizens and their stay on the territory is seen as permanent (as opposed to the refugees, asylum seekers, displaced persons and traveller communities). Resident ethnic minorities usually enjoy the support of their origin state (often neighbouring their actual host state) and thanks to cultural proximity of the two, can more easily function and adapt to new reality.

Although resident minorities are in a comparably better situation than migrant minorities, their situation is also be far from ideal. In some countries, like the Baltics, diaspora populations from neighbouring countries do not fulfil conditions for citizenship and therefore live in ghettos of "paperless residents" and are resented by country nationals for historical reasons.

ESN gave special attention to the issues of anti-discrimination and diversity within the framework of the "Managing diversity" project (http://www.esn-eu.org/mandiv/en/) and during its "Social Inclusion Programme" 2005-2007. We also run a specific project on children and young people (under-18s) seeking asylum but are unaccompanied by an adult (www.esn-eu.org/asylum/).

VI. Communities and Cohesion

Communities, large and small, across Europe are in the process of economic and social change. These changes manifest themselves in different ways, from decline in traditional industries to rapid immigration, from the ageing of communities and the increasing unaffordability of housing to issues of street crime and anti-social behaviour.

Social services and their partners in education, health, employment and housing understand that they need to work together to make a difference to the lives of vulnerable individuals and to strengthen community cohesion, seeing their users in the context of where they live and work, where they bring up their children and care for their family and neighbours.

The question of how local authorities can engage with citizens and local partners to shape a community will rise up the policy agenda in the 21st century. After all, the challenges set out above may all be present in a single community.

ESN will hold the European Social Services Conference 2008 in Paris on 'Shaping the future of local services in Europe' addressing a wide range of community issues. www.esn-eu.org/paris

VII. Social Services Sector: Workforce issues

The state of the social services sector and its workforce is also part of Europe's social reality. Social workers, despite being driven by values of humanity and dignity, are often held to account for the way they intervene, and not themselves valued. Press and media coverage of social services is often sparked by tragedies of child or elder abuse. Perhaps this contributes to recruitment problems in the sector.

Nonetheless, the sector will struggle to deliver the type of care and support to which it aspires, if it is not able to recruit well-trained skilled professionals both to the front-line of social work and social care and into management and strategic roles. There needs to be some new thinking on how to attract competent and dedicated people to work in the sector.

In Central and Eastern Europe the average salary remains considerably below that in the EU-15[5] thus encouraging young skilled people to pursue their professional opportunities in Western Europe. Coupled with low fertility rates and population ageing, this brain drain in social services sector can have serious consequences for future social reality.

Perhaps one promising avenue for exploration in building capacity in local welfare services is through volunteering. In Ontario province volunteers have been encouraged to and celebrated for volunteering, for example, in nursing homes, where they help feed residents, support therapy activities or simply take the time to talk to them. "The municipal governments could not provide our services as efficiently and effectively without volunteers."[6]

VIII. A Social Vision beyond 2010: how should the EU rise to the challenges of Europe's social reality?

In order to broaden the debate on social reality, the Commission decided to complement BEPA's *Europe's Social Reality* paper with its own communication ["*Opportunities, access and solidarity: towards a new social vision for 21st century Europe*", COM (2007)726] and to take the reactions to both publications into account while drafting a renewed Social Agenda.

In the Social Vision communication, the Commission points out that the EU "*in not only the community of values but also a community of action, in which Member States join forces and achieve results collectively*". While judging that in most cases the new challenges can be met and tackled at the local, regional and national level, the Commission sees five roles for the EU:

1. Setting policy frameworks for action
2. Upholding Europe's values and ensuring a level playing field
3. Sharing experiences and good practices
4. Supporting action at local regional and national level
5. Raising awareness and building a strong knowledge base

ESN members, representing local public services and wider social sector, believe that this EU engagement can indeed ensure the coherent, overarching support and make the process more dynamic and structured. With regard to the above-mentioned roles, ESN comments briefly on each in turn:

1. *Policy framework:* local authorities are the closest policy level for European citizens. They are the well-informed about citizens' needs and can advise national and European levels on the most urgent challenges facing local communities. A supportive framework for action at the EU level should not overlook local input but be informed by it. An increasingly diverse European Union must draw on its heterogeneity in search of the shared principles, objectives and ideas influencing future policies choices and it is important to engage with the local level to do so.

2. *Europe's values and a level-playing field:* local authorities and services providers occupy key position to ensure that these values, as well as rights of EU citizens are protected and respected. It is through cohesive and inclusive local communities that people are empowered to fully benefit from equal opportunities, are accepted with their differences and can thrive for themselves and their families, neighbourhoods and wider communities.

3. *Good practice and experience sharing:* ESN strongly supports further strengthening of mutual learning opportunities. Social services see the mechanisms for exchange of experiences as a way to improve their services and as an inspiration to change for the better. Better dissemination of the good practice and mutual learning for instance from the OMC[3] would add value to European action in this area.

4. *Supporting action at the local level:* EU structural funds have made a decisive impact on less well-resourced regions and continue to support their economic development. In order to achieve greater social cohesion, European funds could

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[3] See also annex II of this paper

be used as a temporary measure to invest in the development of social services in regions which are lagging behind.

5. *Awareness and knowledge base:* stimulating discussion and raising issues in the European public arena is important. Local authorities are essential in translating the EU-wide debate into a local context and in bringing local issues to the attention of national and European policy-makers; there is a need for stronger engagement with the local level for this reason. Better statistics but also a better understanding of public opinion and public perceptions of social phenomena are important to underpin the policy debate.

We believe strongly that there is a continuing key role for local public social services operating within a local democratic structure to:

- analyse local need and plan accordingly so that services are accessible and of good quality
- bring together stakeholders (e.g. carers, health service, voluntary sector) at the local level to make things better for people and communities
- find ways to engage with people on individual care and at a corporate level (e.g. service user councils) on strategic service planning
- continue to participate in opportunities to improve policy and practice through mutual learning and good practice exchange.

The European Social Network welcomes the discussion in Europe's Social Reality and Social Vision. ESN and its Members look forward to working at European, national and local level to build **a more social and caring Europe beyond 2010**.

With thanks for additional comments to Alexis Jay (SWIA, Scotland), Wim Vonk (StimulanSZ, Netherlands) and Ulla Salonen-Soulié (Huoltoja-Foundation, Finland).

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ESN References

ESN thematic policy and briefing documents and good practice presentations on access to quality services, integration, child poverty and long-term care are available via www.esn-eu.org/inclusion.htm

ESN key recommendations and policy messages are available at www.esn-eu.org/policy.htm as is the report 2006 *Social Services and Social Inclusion*.

ANNEX: Renewing the OMC on social protection and inclusion after 2010[7]

The Open Method of Coordination for social protection and social inclusion (OMC) is an important framework for social services' engagement at European level, especially because of its mutual learning opportunities. The day-to-day functioning of the OMC reveals both its many qualities and its shortcomings. Its qualities must be strengthened and its weaknesses addressed in the new Social Agenda 2011-2015.

In particular, local authorities' and social services' role in the OMC must be strengthened. Their democratic credentials and knowledge of local and community needs besides their role in policy 'delivery' and potential to change people's lives justify a stronger role for the local level within and beyond the OMC. This must be better reflected in European Commission documents, guidance to Member States and in input and attendance at major European events, dealing with issues where local services' practice-based input is crucial to developing effective social policy. In the future more should however be done to improve the dissemination of outcomes, to enhance communication and to secure adequate follow-up; successful projects, and innovative policies need to be better publicised.

The participation of particular commercial actors needs to be strengthened in the OMC in order for it to achieve a complete picture of issues such as active inclusion (regional investment bodies, companies, industry), overindebtedness and financial exclusion (banks). To be truly "open", the OMC should in future engage all the relevant stakeholders across the spectrum and would benefit from their expertise and experience. Involving these actors within the OMC, and strengthening the position of local authorities and social services, would unite diverse actors around the common objectives and could give the process new momentum to make a difference.

The OMC is a flexible tool adapted to a complex European Union and has the potential to play its part in dealing with issues key to Europe's social reality, and with some improvements, it can contribute to building **a more social and caring Europe beyond 2010**.

ENDNOTES:
[1] Halloran and Calderonvera (2005), Access to Quality Services, Published by ESN. Web Ref: www.esn-eu.org
[2] European Foundation for the Improvement of Living and Working Conditions (2005): Social Care Employment in Europe
[3] ESN (2007), Young and Old: Social inclusion and care. To be published March 2008. Web Ref: www.esn-eu.org
[4] Stefan Gunnersen, TABUKA, Presentation to ESN seminar, Copenhagen, 15 March 2007. www.esn-eu.org/inclusion/children.htm
[5] Source: EUROSTAT http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-SF-07-071/EN/KS-SF-07-071-EN.PDF
[6] Michael Schuster, Association of Directors of Social Services of Ontario Province, Canada. Presentation to European Social Services Conference 2007. www.esn-eu.org/ESSC.htm
[7] For an explanation of the OMC http://ec.europa.eu/employment_social/spsi/poverty_social_exclusion_en.htm