European Social Network

Social Services in Europe

Contemporary issues in the public management of social services in Europe

01 | Responding to the economic crisis and austerity
02 | Innovation, research and evidence-based practice
03 | Working with education, health and employment: recognising a shared agenda
04 | Leadership and management in social services

The European Social Network is supported by the European Commission

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ESN's working group on Leadership, Performance and Innovation was set up in the wake of the economic crisis in Europe. It brought together senior managers of public social services at local and regional level to evaluate both the impact of and the responses to the crisis, and to explore what this experience might mean for the future of the welfare state and for the leadership and management of social services.

The participating managers came from Belgium, Denmark, Finland, France, Germany, Italy, Romania, Serbia, Slovakia, Spain and the United Kingdom. Over the life time of the group, the members chose to engage with a number of issues which they believed to be critical to the future public management of social services:

1. Responding to the economic crisis and austerity
2. Innovation, research and evidence-based practice
3. Working with education, health and employment: recognising a shared agenda
4. Leadership and management in social services

In their debates, the managers had occasionally invited external experts from national and international agencies including the OECD, Eurohealthnet, the European Commission, and from the UK the Social Care Institute for Excellence and the National Skills Academy.

Following these meetings, ESN is publishing a series of four public management papers in which we argue why directors of social services, senior professionals, politicians and other stakeholders should address these challenges and suggest how they might tackle them.

The papers conclude with a set of key questions or points for reflection for public managers to help them evaluate their response to the crisis and austerity and think strategically about the future direction and design of services. They are addressed to senior mangers working at the local level, but we hope they will be of use to policy makers and public officials at all levels, as well as those working closely with public social services in other sectors.

The European Social Network (ESN) brings together people who plan, manage and deliver public social services, together with those in regulatory and research organisations. We support the development of effective social policy and social care practice through the exchange of knowledge and experience.

The European Social Network is supported by the European Community Programme for Employment and Social Solidarity (PROGRESS 2007–2013). This programme was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields.

The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries.

To that effect, PROGRESS 2007–2013 aims to:

– provide analysis and policy advice on employment, social solidarity and gender equality policy areas;

– monitor and reporting on the implementation of EU legislation and policies in employment, social solidarity and gender equality policy areas;

– promote policy transfer, learning and support among Member States on EU objectives and priorities;

– and relay the views of the stakeholders and society at large.

The information contained in this publication does not necessarily reflect the position or opinion of the European Commission.

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Introduction

Social services cooperate with other public services such as health, education, employment, justice and housing, as well as with civil society and the for-profit sector. This intersectoral cooperation may produce positive outcomes for service users and carers, organisations involved and for public budgets because it has the potential to allow services to provide a comprehensive person-centred approach and to respond more quickly and more effectively to needs. The coordination of services can avoid the duplication of tasks and share back-office tasks, such as human resources and technology solutions.

The aim of this paper is to describe challenges and opportunities of cooperation within the public sector and to provide guidance. Firstly, the paper will illustrate on a general level the complexity of cooperation depending on the level of integration between organisations and the types of organisations involved. It will further discuss specific cooperation between social services and health, education and employment agencies and give recommendations. Partnerships with the private sector and civil society organisations are not considered in this paper.

What is intersectoral cooperation?

Whilst the different approaches of intersectoral cooperation are complex and ambiguous, the type of cooperation depends on the national system of public services, national policies, the different services involved and the aim and form of the cooperation. At EU level, the Social Investment Package calls on Member States to set up "integrated and personalised services and benefits" in order to enhance the effectiveness of social policies.

In order to address the gap between the health care and the social care system, many countries have implemented policies that seek integration of these two sectors, such as Sweden (reform in the 1990s for more cooperation at county and municipal level and between health professionals and social workers), France (2008–2012 National Alzheimer's Plan), Italy (the 1999 reform for the integration between health care and social services), or the UK (the Health and Social Care Act 2012). The German labour market reform Agenda 2010 and labour market reforms under the New Deal programmes in the UK aimed at cooperation between different government agencies, local authorities and other partners in order to implement activation policies for unemployed people.

In the UK, national policies use the term 'partnership' for cooperation with other public sectors and stakeholders (2000 Local Government Act). The Scottish Health Education Board provides a definition of partnerships: *"...where two or more organisations make a commitment to work together on something that concerns them both, develop a shared sense of purpose and agenda, and generate joint action towards agreed targets."*[1]

In this paper, however, we decided to use the term 'intersectoral cooperation' because it leaves the level of service integration and forms of cooperation more open.

Why work with other sectors?

Intersectoral cooperation can help to overcome limitations or fragmentations in public service delivery. Cooperation offers more possibilities to respond to complex needs and can prevent a higher demand for services. One example of this are joint approaches of health and social services that help service users after a hospital discharge to return home and remain there for as long as possible. This

[1] Health Education Board for Scotland (2001) in The Institute of Public Health in Ireland (2007). Partnerships: A Literature Review. Dublin: Institute of Public Health in Ireland: http://www.thehealthwell.info/node/35951

approach can also lead to fewer hospital admissions[2]. Another frequently stated objective is capacity-building, either by establishing new organisations or by developing workers' skills.[3]

However, intersectoral cooperation is not easy to evaluate as it may often have multiple objectives and involve different stakeholders and agencies. Joint working approaches can still raise questions about their added value. Nevertheless, there are some encouraging results of the cooperation between health and social care. In the UK, there are positive outcomes in terms of fewer hospital admissions, quicker service provision, higher cost-effectiveness and positive impact on satisfaction of staff service users.[4] In Sweden, a study of the reform to integrate care at local level has resulted in a reduction of hospital beds and other improvements in cost effectiveness; the Swedish evaluation also found that there are challenges to integration such as different cultural approaches, management issues and the implementation of 'free' choice of providers for patients.[5]

Overall there is persuasive evidence that the combination of employment services with family and child services can effectively contribute to the inclusion of women, younger people and the long-term unemployed to the labour market.[6]

Models of cooperation

Intersectoral cooperation may vary in formalised status, the administrative levels involved, objectives and the level of integration between two or more public bodies. Forms of collaboration will depend on the level of integration. The highest level can be found in a single organisational body with a single budget that brings together different sectors. Sectors can also cooperate in less formalised and integrated ways. Joint working can be organised at local, regional or national level and across sectors this can variously affect funding, shared responsibilities, management, information and communication systems. Some examples of cooperation are:

- *Single bodies* with one pooled budget – two examples are the Health and Social Care Services in Northern Ireland funded by the Health Department in Northern Ireland, and the Veneto Region in Italy which funds local health and social care services.

- *Work in multidisciplinary teams* – a team of professionals from different occupational backgrounds work together for a common purpose. The aim of this cooperation is often to implement a case-management approach for service users. The form of cooperation will depend on the extent of a shared assessment, common assessment tools, shared records, budgets and management. Often an inter-professional team undertakes the assessment and then contracts services or gives guidance and information for contracting/commissioning bodies which then contract services accordingly. An example is integrated dementia care in the

[2] Cameron, A., Lart, R., Bostock, L., & Coomber, C. (2012). Factors that promote and hinder joint and integrated working between health and social care services. Research briefing, Social Care Institute for Excellence. London: http://www.scie.org.uk/publications/briefings/files/briefing41.pdf

[3] Hall, D., Lethbridge, J., & Lobina, E. (2005). Public–public partnerships in health and essential services. University of Greenwich: http://www.equinetafrica.org/bibl/docs/DIS23pub.pdf

[4] Cameron, A., Lart, R., Bostock, L., & Coomber, C. (2012). Factors that promote and hinder joint and integrated working between health and social care services. Research briefing, Social Care Institute for Excellence. London, p.6

[5] Ahgren, B., Alexsson, R. (2011). A decade of integration and collaboration: the development of integrated health care in Sweden 2000–2010. International Journal of Integrated Care 2011:11: http://www.ijic.org/index.php/ijic/article/viewArticle/566/1225

[6] Heidenreich, M., Aurich, P. (2013). European Worlds of Employment and Social Services: The Local Dimension of Activation Policies. University of Oldenburg: http://www.dps.aau.dk/fileadmin/user_upload/mb/CCWS/Barcelona_conference/Heidenrich/Heidenreich_Aurich_2013_European_Worlds_of_Activation.pdf

Netherlands, where a team of professionals from different sectors undertakes the needs assessment and then contracts services and incentives providers to pool resources.[7]

- *Placement of staff in other sectors* – professionals from one organisation work in another service setting. The aim of staff placements is to strengthen the organisation's capacity to offer service users a wider range of services. One example of this is one-stop shops for active labour market inclusion that offer, in addition to job assistance and benefit support, more individualised support such as debt counselling, health services or care services. The level of integration and personalisation depends here on the cooperation between services. Often professionals may work in the same building but not necessarily form a single team.

- *Work in multiagency committees* – representatives from different sectors meet on a regular basis to work on a common objective. Often committees are formed to represent the interests of service users and actively involve service user groups such as children and younger people's committees or older people's committees.

- *Cooperation in a project* – one or more services assess a need and then work with other services on a common solution. An example of this is a time-limited cooperation between social and housing services to develop age-friendly housing.

Intersectoral cooperation between social and other public services

This section will describe existing cooperation with the education, health and employment sector and illustrate problems of intersectoral cooperation. It is based on the presentations and discussions within the ESN working group on Leadership, Performance and Innovation.

Social services and Education

In its recommendation 'Investing in children: breaking the cycle of disadvantage', the European Commission puts a greater emphasis on encouraging the participation of disadvantaged children in early childhood education and child care, and calls on Member States to reduce early-school leaving in cross-sector policies. A study by the OECD Centre for Educational Research and Innovation[8] highlighted the contribution of education in school and outside school to social outcomes such as better health and civic engagement. The study illustrated that non-cognitive (soft, emotional) skills were at least as important, if not more so, than cognitive skills in determining social outcomes. It concluded that in order to support children in the acquisition of cognitive and non-cognitive skills the cooperation of social services and education was essential.

The level of cooperation between the education sector, social services and other services such as health depends on the administrative structure of public authorities and the responsibilities between national, regional and local public authorities. In **France**, education is a responsibility of central government, while local authorities manage child protection and child care services. Despite – or rather because of – these separate responsibilities there are forms of cooperation such as the placement of social workers in schools in order to prevent early-school leaving and to support children with disabilities. Professionals in the public school system exchange information with the *département* (county-level authority) on child protection issues. Teachers and social services collaborate in teams with one coordinator to promote access to education in deprived areas.

[7] Ministry of Health, Welfare and Sport (2009): Guideline for Integrated Dementia Care: http://ec.europa.eu/social/BlobServlet?docId=8275&langId=en

[8] OECD Centre for Educational Research and Innovation (2010). Improving Health and Social Cohesion through Education: http://www.oecd.org/edu/ceri/improvinghealthandsocialcohesionthrougheducation.htm#1

In Flanders, **Belgium**, an inter-professional case management approach at local level considers basic needs such as minimal income or housing together with the health and educational needs of vulnerable children. In Randers, **Denmark**, the social and education directors of the municipality meet regularly to address problems and deal with difficult cases; the social work, education and police cooperation (SSS) has operated successfully for about 20 years.

The **Spanish** education system, however, cooperates rarely with local services and collaboration has not generally been promoted on a national level. However, there are regional forms of cooperation such as in Galicia, where education, health and social services work together for early prevention of school drop-out of children with disabilities. In the **United Kingdom**, education and social services work closely together, although the transition of young people and children to private schools may become problematic in this regard.

ESN members noted that the nature of responsibilities will affect different working approaches between sectors: for example in education and social care, teachers concentrate on a group of children while social services focus on a single child.

> "*Social services provide basic support which is a pre-condition for education. You cannot go to school when you are cold, hungry or have no home. Social services can also be helpful to speak the language of families in order to support a child and to provide equal access to education."*
> **Karine Lycops, Head of Social Welfare, City of Genk, Belgium**

Social services and Health

At EU level, the 2012 Action Plan for the EU Health Workforce calls Member States to develop new integrated care delivery models. The Staff Working Document 'Investing in Health', published in line with the Social Investment Package, underlined the need to invest in reducing health inequalities in order to contribute to social cohesion and to reduce poverty and exclusion. An EU-funded Joint Action on Health Inequalities from 2011–2014 brought together different regional, national and international organisations in order to develop effective actions on health inequalities. However, progress by Member States on health inequalities remains challenging, not least because health systems in most countries focus on the treatment of sickness rather than its prevention.[9]

WHO Europe agreed on a very broad definition of the health system as including all actors that have an impact on health, hence also social services in many cases. Social services play a crucial part in the promotion of health equity because they cooperate with users who have poor health in facilitating access to medical care. In addition, a person with complex health conditions may need to access multiple services, including social care. The quality and continuity of their care may well depend on the degree of cooperation between social and health services. However, health and social services are still operating very separately in many countries.

As stated above, there are some national policies that address the gap between the health and the social care sector, and ESN members have been actively working on local approaches in order to provide more person-centred care. In the **United Kingdom**, the London Borough of Redbridge set up multidisciplinary teams led by a General Practitioner, including the most senior social workers, nurses, an administrative worker and the voluntary sector. Seven virtual teams provide integrated case management to 500 people with predictable long-term conditions. This approach helps people to stay longer at home and reduces hospital admissions. However, as in other European countries, there is still a lack of cooperation in palliative care between social and health services.

[9] Clive Needle, Director of EuroHealthNet, at fifth ESN Working Group meeting: http://www.esn-eu.org/news/243/index.html

In **France**, regional agencies (ARS) unify administration at regional and department levels, as well as regional hospitals and regional health insurance providers. Moreover, GPs have the role of coordinating care for persons in need. In order to do this, the GP needs enough resources and expertise in non-medical areas, such as management skills. In **Italy**, the health care system is fragmented between hospitals and primary health care in local health units. There are some forms of cooperation between social services and health care in different regions, such as mental health departments in Veneto (where health and social care professionals work together for people with mental health problems), or local offices in Piedmont (where social and health care professionals help people in the need for care to access the right services).

In **Spain**, the collaboration between social and health care is not on the national political agenda. However, there are placements of professionals in other sectors, such as psycho-gerontologist teams in residential care. In **Slovakia**, health care is provided by the state and social care is provided by the regions, and cooperation between these two administrative levels is not systematically regulated by national legislation. There is no legislative definition of long-term care, a combination of health and social services, and costs are mainly covered by local budgets. Furthermore, some services such as palliative care are defined legally under social services, so health insurance companies do not cover palliative care in hospices.

ESN members noted that there is still a strong medical focus in joint working approaches, characterised by the use of medical terms and clinical information and communication systems. In addition, cooperation within a team of health and social care professionals can be undermined by professional stereotypes and different work philosophies. Health policy can still focus more on intervention than on prevention, and research also suggests that cultural differences between health and social care professionals, as well as different work philosophies, can undermine the strategic and operational aim of the cooperation.[10]

> "*It's been a very good experience to work with politicians and staff to restructure the municipal administration. We changed our structures so that I am now in charge of commissioning (planning and purchasing) social and health care, rather than direct provision. We changed our services because of the long-term growth in costs. It has been a necessary step, but also positive for our staff and service users. I am the leader of health and social care, and the cultures are different."*
> **Jukka Lindberg, Chair of the Association of Social Directors, Finland**

Social services and Employment

In its 2008 recommendation 'Active inclusion of people excluded from the labour market', the European Commission recommended Member States to implement an integrated approach to adequate income support, inclusive labour markets and access to quality services.

In the Social Investment Package, the European Commission guides Member States *"to simplify benefit systems and their administration for users and providers, reduce administrative burdens as well as fraud and increase take up."* The Commission encouraged further service cooperation when it highlighted the potential of 'one-stop-shops' to achieve greater simplification and access.

[10] Cameron, A., Lart, R., Bostock, L., & Coomber, C. (2012). Factors that promote and hinder joint and integrated working between health and social care services. Research briefing, Social Care Institute for Excellence. London. p.12

Labour market integration of excluded groups requires an input from different services that address individual and socio-economic circumstances. Social services play an essential role in labour market integration of disadvantaged groups who often have complex health or social needs such as drug addiction, are low-skilled, long-term unemployed or are single parents. Employment support for these groups requires that employment services work hand in hand with social services that cater for those with complex needs. A study by Heidenreich and Aurich shows that a combination of active labour market politics and social services leads to better inclusion of younger, female and unemployed persons in the labour market, higher employment rates and lower poverty rates.[11] However, almost all Member States still face difficulties in implementing this approach. The obstacles are organisational fragmentation, overlapping competencies and problems of working between the national level (employment services) and local level (social services).[12]

Many national policies promote intersectoral cooperation in order to implement activating labour market politics. Some EU countries have implemented a 'one-stop-shop' or 'jobcentre' approach where different public services support employment, often in one building. In **Germany**, jobcentres provide employment support and deliver unemployment benefits, and some programmes for the long-term unemployed help to provide access to child care, psycho-social counselling, debt advice, drug rehabilitation and assistance with housing. There are obstacles of cooperation, for example more flexibility for jobcentres is needed to acknowledge certain services in order to provide personal support or data protection rules that hinder service cooperation.

In Flanders, **Belgium**, different Ministries cooperate together at a national level and the 'jobcentre' model has also been implemented with employment services, benefit agencies and training providers called 'employment shops'. Social workers are also present to address other problems job-seekers might have. **Finland** has also established one-stop shops for the long-term unemployed, combining employment services, benefits, social and health services and NGOs.

ESN members noted that involving health and education is crucial for the integration of disadvantaged groups. In many countries, health professionals work in employment agencies. On the demand side, many European countries have developed job indicators for people with mental health problems and young people with disabilities. However, in times of recession, it is hard for services to integrate those furthest from the labour market.

In terms of inter-professional cooperation, different roles, responsibilities and working approaches also need to be taken into account: for example, doctors may prevent people from getting a job because of health risks, and social services tend not to prioritise the employment aspect of wellbeing as employment services do.

> *"It's not only the lack of a job, but a multiplicity of other problems, that face job-seekers."*
> **Matthias Schulze-Böing, Chair of the German Association of JobCentres**

How to cooperate?

Intersectoral cooperation varies very much in different countries and depends on the form of cooperation, sectors and organisations involved. Based on discussions in the ESN working group on Leadership, Performance and Innovation, there are important aspects that influence the success of cooperation across sectors:

[11] Heidenreich, M., Aurich, P. (2013). European Worlds of Employment and Social Services: The Local Dimension of Activation Policies. p.7
[12] Ibid. p.12

Address professional cultures and attitudes

ESN members emphasised that a very important aspect of intersectoral cooperation is the differences between professional cultures and work attitudes. Different sectors approach certain working issues differently and their general work philosophies might vary. At organisational level, different forms of information sharing, communication, management and hierarchies may exist. It is important to fully appreciate these differences, to understand them and to take them into account. In order to overcome these barriers managers should ensure that the right people are involved, build trust among staff members and enhance cooperation by measures such as common training, regular team meetings and team building.

Cooperation between national policies and local implementation

Whilst public service cooperation may well occur between public authorities on the same municipal, regional or national level, or between different levels of public administration, the sectors may often already be divided at a national level, e.g. with the responsibility by different ministries, or national legislation, which does not foresee cooperation across sectors. Cooperation at a national level may thus have influence on a regional and local level. However, it is essential that approaches of cooperation are developed together with local authorities in order to avoid top-down approaches that leave out essential partners or do not consider practice experience by professional groups. Building a national framework can enhance mutual learning, and provide adequate funding and resources and a legal framework that supports effective cooperation across sectors.

Management

A precondition for intersectoral cooperation is that all partner organisations recognise and accept the need and agree on the form of the cooperation. Before starting it is important that all are clear as to the decision-making process (including conflict resolution), the division of tasks, the contribution of resources by each partner and the financial regulations. Managers should ensure that everyone involved in the cooperation is 'signed up' to the common objectives and understands and accepts the working methodology. The organisations involved need to provide an open, cooperative and supportive environment with the sharing of information systems and training opportunities that enable people to cooperate. It is however essential for the measurement of the defined objective to establish success criteria to include a range of economic and service benefits.

Involve service users

Intersectoral cooperation will be more successful if it involves service users as 'co-producers' of the service. The involvement of service users allows a person-centred provision of services which has an impact on the wellbeing of the service user and on the efficiency of services. Moreover, the involvement of service users helps professionals to develop their skills to provide personalised services and increases their knowledge about other sectors. Any evaluation of 'success' must take into account the views of users.

Conclusions

Individuals have different interests, needs and wishes and a person-centred approach of services requires an input from different sectors. The cooperation between services allows a more person-centred approach and can have an impact on service efficiency by reducing the demand in services and capacity building. Cooperation across sectors will vary, depending on the national system and policies, the sectors involved and the local initiative. Forms of cooperation are manifold, depending on the formalised status, the administrative levels involved, objectives and the level of integration between two or more public bodies. Therefore, outcomes of cooperation are difficult to assess.

ESN members discussed the cooperation between social services, education, health and employment services. They underlined that certain aspects need to be considered that influence intersectoral cooperation: the understanding of different professional work attitudes across sectors, the definition of a common aim for cooperation, the need for management and the involvement of service users. Moreover, local cooperation depends on a high level of national legislation and support.

A call for reflection

Following the discussions with ESN members on this topic, we propose a set of questions to help public managers design effective partnerships with other sectors:

1. Are you working in cooperation with other public sectors?
2. Are you involving all potential partners or are there still organisations that could contribute?
3. Does the partnership have clearly defined, realistic objectives?
4. Do you measure the outcomes of the cooperation?
5. Is there a clear agreement on the management of the cooperation?
6. How are service users involved in the process of decision making within the partnership?
7. Have you defined clear roles and responsibilities between partners?
8. How do you resolve potential conflicts between partners?
9. How do you involve staff in the design of the cooperation?
10. How do you communicate the objectives and goals of working together to staff and other stakeholders?
11. How do you enable staff to work together?

ESN will continue the discussions about effective and efficient service cooperation in our future work on public social services management. Service users and their local communities deserve no less. If you wish to get involved and share your experiences on the topic, please get in touch via info@esn-eu.org or join our discussions on ESN's LinkedIn group *Social Services in Europe*.

Supporting public managers – new ESN peer learning programme

ESN will be launching a programme of peer visits for ESN members who are public managers of social services. You can apply to be visited by a fellow public manager from another country, or to visit a colleague – or both. Please contact info@esn-eu.org if you are interested in this opportunity.

Notes:

ESN would like to thank the members of the Leadership, Performance and Innovation working group:

Monica Elena Ghiţiu (Municipality of Cluj-Napoca), Karine Lycops (OCMW Genk), John Powell (London Borough of Redbridge), Marie-Paule Martin-Blachais (National Observatory of Children at Risk), Steinar Eggen Kristensen (Municipality of Randers), Jukka Lindberg, (City of Hämeenlinna) Guido Kläser (City of Erfurt), Bruno Marcato (Social Services of Bolzano), Nenad Ivanišević (Subotica Gerontology Centre), Michaela Sopová (Bratislava self-governing region), Carlos Santos Guerrero (Autonomous Community of Galicia).

We would also like to thank the following guest experts for their contribution to the meetings of the group:

Lars-Göran Jansson (Göteborg Region Association of Local Authorities), Madalen Saizarbitoria (SIIS Research and Documentation Centre), Sarah Carr (Social Care Institute for Excellence), Stella Víðisdóttir (City of Reykjavík), Miran Kerin (Association of Centres for Social Work in Slovenia), Matthias Schulze-Böing (City of Offenbach am Main), Katarzyna Kubacka (OECD Directorate for Education and Skills), Clive Needle (EuroHealthNet), Jo Cleary (National Skills Academy for Adult Social Care), Hugh Frazer (National University of Ireland), Maynooth Bérengère Steppé (European Commission).

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