# Social Community Teams against Poverty (The Netherlands, 19-20 January 2016)

## Comments Paper – European Social Network[1]

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The European Social Network (ESN) is the independent network for local public social services in Europe. ESN brings together people who plan, finance, research, manage, regulate and deliver local public social services, including health, social welfare, employment, education and housing. Senior public managers from ESN are relevant actors who plan, finance, research, manage, regulate and deliver local public social services.

Social services have a key role in assessing and meeting the needs of vulnerable people and may impact on poverty in several ways. For instance, they may directly address the **causes or drivers of poverty** (e.g. low income, long-term unemployment, mental health problems) or their **consequences** (e.g. fuel poverty, indebtedness, homelessness, health problems such as depression). These problems may affect both **individual persons** (e.g. the long-term unemployed, people with mental health problems) as well as **social units** (e.g. families with problems and households).

This background paper has been produced to contribute to the Peer Review on Social Community Teams hosted by the Dutch Ministry of Social Affairs and Employment in January 2016. The paper addresses three main questions with the aim to present our overview of the teams and their efficacy in combatting poverty in comparison to examples in other European countries. The paper has been drafted with the input of members and partners of the European Social Network from four countries, **the United Kingdom (UK), the Netherlands (NL), Finland (FI) and Denmark (DK)**.[2]

## 1. How do SCTs tackle poverty? On the basis of other European practice examples, how can the poverty alleviation of different user groups look like?

### Review of the Social Community Teams

The Dutch model of Social Community Teams appears to be a well-designed practice to reach **people who are suffering from different complex problems**, such as poverty or mental health problems. Social Community Teams (SCTs) promise to be an economic, effective and sustainable solution to help fight poverty and the problems related to it. Some advantages related to the approach are related to their **flexibility, potential cost-effectiveness and accessibility**.

SCTs have a **low hierarchy**, which contributes to their flexibility. There is one single entry point, and **needs assessments** are carried out immediately, without people having to wait. It has also been perceived as positive that the teams are located in **local residential areas** and therefore close to the people as this contributes to facilitate their outreach activities.

On the other hand, it would be helpful to know how SCTs are cooperating with NGOs and private organisations in local communities.

In regards to the two existing models of Social Community Teams, the **"team-model"** and the **"network-model"**, it would also be helpful to gather evidence on which one works better, for whom and in what circumstances; for example, by looking at regional differences and the reasons behind them.

In terms of user empowerment, SCTs might benefit from a conceptual improvement. On the one side, it is important that people are supported to find their individually owned solutions. However, according to the idea of **empowerment**,[3] the responsibility cannot lie only with the individuals. Empowerment needs awareness-raising, training and new skills development (e.g. digital competence), as well as the resources and advocacy of different professionals and networks. To connect those different areas with each other, constant **coordination of policy and practice** is necessary, and this requires a significant effort involving politicians, civil servants, private actors, and the local communities.

It would be interesting to find out **whether the SCTs have succeeded in reaching their objectives, how satisfactory users found the service**, and to what extent the SCTs were able to **address the users' needs**. It would be beneficial to **carry out systematic evaluations** and undertake some **comparison over time**. This would allow to keep track of the maturity of this relatively new, though already relatively widely implemented practice. Overall, measures like **evaluation and monitoring** would support the further development of SCTs and grant them a clearer focus.[4]

The evaluation could cover relevant questions such as:

- Is the practice more effective for some groups than for others? If so, why?
- For those for whom the practice is less effective, could it be made more effective? If yes, how?
- Were SCTs able to reduce the incidence of health-related problems or occurrence of poverty? If yes, how?
- Could the practice be made more effective for certain groups? If yes, how?

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[3] In the field of health and social care: SCIE (2012): Safeguarding and quality in commissioning care homes. Available at: http://www.scie.org.uk/publications/guides/guide45/empowerment.asp. In the field of mental health: WHO/European Commission (2010): User empowerment in mental health. Available at: http://www.euro.who.int/__data/assets/pdf_file/0020/113834/E93430.pdf . In the field of housing: Lemos & Crane (2013): The potential for empowering homeless people through digital technology Available at: https://www.lemosandcrane.co.uk/resources/LemosandCraneDigitalEmpowerment.pdf.

[4] The passage on the review has been produced with major support from Minna Kivipelto (THL, FI).

## Similar approaches in other countries

The Social Community Teams in the Netherlands (like the practices described below) address the situation of people with similar social problems, such as mental illnesses, financial exclusion or difficulties in accessing employment. The SCTs as well as the approaches described below emphasise the relevance of outreach and service accessibility as well as **case management** and **coordination between professionals**.

## People with mental health problems

People with severe mental health problems have **low rates of open employment**,[5] which in turn may drive them into poverty. Targeted services are needed to break the cycle between mental illness and poverty, in which both factors can mutually reinforce each other at the expense of both the user and society.[6]

**Practice example: Recovery of mental health users: the experience in Aarhus (DK)**[7]

Recovery orientation made new and significant demands on the way social services were organised in the City of Aarhus as well as on **staff qualifications**. In its Department of Social Psychiatry, recovery orientation begins with an **initial evaluation** in which the user and a team of professionals summarise the situation and draft a realistic action plan, which may include medical and/or psychiatric treatment, education, employment and social initiatives. A **personal coordinator** would support the user to follow the **action plan** and access the different services. The services may be provided by various agencies brought together in one organisation. The Aarhus experience shows that a personal coordinator can make a very positive contribution to the procurement of treatment, and to the **continuity of support** in line with the recovery action plan. Furthermore, the coordinator helps to reduce case management work time by the different professionals involved. Overall, coordination between different actors is believed to be a key factor in improving users' quality of life.[8]

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[5] OECD (2011): Sick on the job? Myths and realities about mental health and work. Available at: http://www.oecd.org/els/emp/49227343.pdf. ILO/WHO (2000): http://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_108152.pdf .

[6] Funk, M.; Drew, N.; and Knapp, M. (2012): Mental health, poverty and Development, *Journal of Public Mental Health*, Vol. 11:4, pp. 166-185. Available at: http://eprints.lse.ac.uk/47609/1/Mental%20health%20poverty%20and%20development%20(lsero).pdf.

[7] European Social Network (2011): Mental Health and Wellbeing in Europe. A person-centred community approach. Available at: http://www.esn-eu.org/raw.php?page=files&id=39

[8] This passage has received feedback from Marianne Cohen (City of Aarhus, DK).

### Families with complex problems affected by poverty

**Financial exclusion** is an obvious **driver of poverty**. However, the life situations that lead to financial exclusion may be diverse; one situation which is often found is unemployment.

**Practice example: Troubled Families Programme in the United Kingdom**[9]

Among the different user groups within the Troubled Families Programme are **adults** out of work or at risk of financial exclusion and **young people** who are not in education, training, or employment or are at risk of worklessness. The information sources to identify this specific type of adults are mostly digital databases, for example the Department for Work and Pension's Automated Data Matching Solution (ADMS) and local authorities' Client Caseload Information Systems. The programme has been perceived by involved practitioners as having a **transformative impact** not only on family outcomes, but also on the approach and design of local family intervention services. The financial case for the **prioritisation of employment outcomes** for troubled families is compelling. Welfare benefits are the single greatest area of public expenditure on these families and the wider benefits of reducing welfare benefit dependency are felt across **improvement in health, reductions in crime, and local economic growth**.[10]

In **Manchester** for example, case workers, as part of their engagement with families are expected to encourage family members to see employment as a primary and realistic objective within their family action plan. They have received training on how to best approach the subject of employment and **assess family members' progress towards employment** based on their previous work history and skills set. As important as the case workers' own approach towards the issue of employment is the ability for them to draw in more specialist support if required. The **Troubled Families Economic Area (TFEA)** model of working also focuses on a co-case management of some families where there is a requirement for intensive employment support in the family home. This **integrated and coordinated approach** to delivery of services helps the family receive a support offer that takes account of both their employment status and history but also the wider issues and root causes that may be contributing to their financial exclusion.[11]

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[9] Department for Communities and Local Government: Working with Troubled Families. A guide to the evidence and good practice. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/66113/121214_Working_with_troubled_families_FINAL_v2.pdf.

[10] UK Department for Communities and Local Government (2015): Financial Framework for the Expanded Troubled Families Programme. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409682/Financial_Framework_for_the_Expanded_Troubled_Families_Programme_april_2015.pdf.

[11] This passage is based on input from James Binks and others from Manchester City Council.

### Targeted employment referrals for long-term unemployed

Long-term unemployed people are overrepresented among the poor and socially excluded[12] and they face **significant barriers to access the labour market**, such a lack of confidence and skills, health issues and problems with transitions from benefits to paid work.

### Practice example: The Labour Force Service Centres (LAFOS) in Finland[13]

LAFOS is a **collaboration** between the Public Employment Services (PES), local social and health services and the national social insurance institution. To access LAFOS, a referral is required. For that, professionals from PES or local public social workers assess users' needs. Additionally, a **health care professional undertakes a health assessment**. This assessment considers the user's working capacity and life circumstances. Only if the **user qualifies for support**, the user receives a referral. In an individual appointment, professionals from LAFOS develop suitable responses to the user's needs. Any intervention is planned along the user's needs and results in an **individual action plan.** The user will find support services in the same building or information on how to access other services. Services can include support regarding social problems, the identification of rehabilitation services, and the search for suitable jobs, training or education. Three months after entering the process, a **case evaluation** has to be carried out.[14]

### Practice example: Employment drop-in centres for people with disabilities in Gloucestershire (UK)

People with disabilities are a vulnerable group, which are over-represented among the poor and socially excluded.[15]

Under the idea that employment leads to **empowerment**, Gloucestershire County Council's Disability Services[16] established a set of services for people with disabilities focused on employment. Everyone receiving support from the council is directed to the employment team prior to their annual re-assessment. All new cases are initially sent to the employment team, prior to **assessment by social workers** and a consideration of the need for a care package. A **drop-in office** offers an access point to services specifically for people with disabilities. The disabled users get involved in the planning of employment services, like for example a career plan. The overall set of services is framed by an **employment strategy**, which was co-produced together with disabled users and is implemented through a 10-year programme. The specific team is called the "Forwards Employment Service". The implementation of different services involves other actors as well, such as contractors and partners, like social enterprises (e.g.

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[12] OECD (2013): Tackling long-term unemployment amongst vulnerable groups. Available at: http://www.oecd.org/cfe/leed/Tackling%20Long_Term%20unemployment_%20WP_covers.pdf.

[13] Duell, N.; Grubb, D.; and Singh, S. (2009): Activation policies in Finland, *OECD Social, Employment and Migration Working Papers*, No. 98. Available at: http://www.oecd-ilibrary.org/docserver/download/5ks6wdz7jhvj.pdf?expires=1450345549&id=id&accname=guest&checksum=A5D4FE31CF85D538A5E80EEDDE928A58. A concise practice description of LAFOS is available from ESN upon request.

[14] This passage is based on input from Minna Kivipelto (THL, FI).

[15] EUROSTAT (2015): Disability statistics - Disability statistics - poverty and income inequalities. Available at: http://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_poverty_and_income_inequalities&oldid=209174#Being_at-risk-of-poverty_or_social_exclusion_.28AROPE.29:_higher_prevalence_among_the_population_with_activity_limitation.

[16] Gloucestershire County Council: Disabilities. Available at: http://www.gloucestershire.gov.uk/article/104994/Disabilities.

carwash business, or catering companies). In some cases, the services created **supported internship programmes**.[17]

## 2. On the basis of experiences from other European countries, what could be advice on the implementation of the SCTs?

The advantages and challenges of the approaches described above are very country-specific and highly depend on the nature of the practice and the context where they are implemented. However, some common trends have been identified.

### Involve the local level

According to the **Association of Netherlands Municipalities (VNG, NL)**, a key advantage in the fight against poverty is the **broad scope of competences of local government** to organise care and support. Local authorities may decide over the planning and implementation of services across a range of fields, such as health, education, housing, social affairs, or youth care and respond in a targeted and cooperative way to the complex needs of their communities. This may include **involving family members and volunteers in services**. This is perceived to be a more cost-effective and efficient solution. A challenge for social services is the context of **constrained resources**.

### Cooperation with employers

Colleagues at the **Association of Local Government for Social Welfare (LCGW, NL)** explain that linking social services on the ground with legislative developments is crucial. However, a challenge remains when it comes to the **cooperation with local employers** in order to create jobs that are suitable for particular groups.

According to the experience in the **City of Aarhus** (**Denmark)**, the recovery-orientation and the person-centred approach result in **better and cheaper services**. In the implementation of the recovery-orientation, the users' quality of life increased, and the number of users receiving support within the same budget increased as well. However, the City of Aarhus faces a challenge in regards to ensuring the participation of people with severe mental health problems in the labour market. Despite the possibility of taking up supported jobs, it is still difficult for people with severe mental illnesses to find a relevant job which matches their skills and expectations and contributes to their recovery.

### Cross-government support

In the **United Kingdom**, the national **Troubled Families Programme** is a good example of a cross-governmental initiative that has a clear focus on the connection between people experiencing multiple complex issues and long-term unemployment/financial exclusion. The programme also makes a clear link between sustained employment and the impact it can have on helping families to address a range of other issues. The high-profile nature of the programme and clear expectations around principles of delivery is helping to break down some of the siloed working that has traditionally existed particularly between family support services and employment services. This is not without its challenges and there are still some **cultural barriers** to overcome within the workforce as well as work to do to ensure that objectives are aligned at both the national and local levels. The level of challenge in relation to the families can also not be underestimated. Many troubled families have very complex and complicated lives and are a **long way**

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[17] This passage is based on input from Agnieszka Pasek (Gloucestershire County Council, UK).

**from the labour market** when they enter the programme. They often require intensive and long-term support so it can take time to see the results.

### Document outcomes

In a local area like the **Gloucestershire County Council**, the key policy advantages are a documented reduced expenditure on care packages for people with learning disabilities. This is a demand management and expenditure reduction strategy at a time of shrinking public sector budgets. There are also **better employment outcomes**, as employment rates are increasing year on year and are now above national average. This, however, has not happened without challenges. It has been emphasised that cultural change in care is required, as not all family carers or professionals take a **strengths-based approach** and encourage disabled persons to work and to believe in their ability to work. Also, this policy requires an investment logic, which is mostly associated with costs related to running teams, supporting social enterprises and maintaining employment support.

In **Finland**, the Labour Force Service Centre's (LAFOS) best achievement was its contribution to lower unemployment in general and specifically lower long-term unemployment. Also **self-service** and **e-service** in the PES have developed further. LAFOS, as a multi-professional service, has been a success in building better cooperation between the state and the municipalities, in establishing a broader service network, and has been well received by customers.

Nonetheless, the programme faced two key challenges. Firstly, reforming the labour market in regards to **work-life balance** and **employers' expectations** still faces many difficulties. Local resources in order to respond to clients' needs vary across municipalities. Also, the cooperation between the two "strands" of the reform, the Public Employment Services (PES) and LAFOS has not been fully satisfactory in reaching out to some of the most disadvantaged, who still fall through services.

### 3. What are possible improvements of (integrated) policies tackling poverty at local, national, and European level?

Having recognised that poverty is a **multi-dimensional phenomenon**, it is key to address its drivers and its consequences Thus, addressing low income alone is not enough and a comprehensive approach is needed to tackle poverty.

At **local level**, cooperation between professionals from different sectors like social services, health care, basic assistance, employment, education, training, or housing is key to make sure that the needs of those with complex problems are met. This cooperation should be backed up by specific budgets. Social services practitioners should involve users in the **design and planning of person-centred services** across a range of relevant fields such as social care, education and training, as well as employment support.

At **national level**, there should be a policy framework together with **strategies** and **action plans** based on cross-government support, which are complemented by joint objectives, suitable indicators, and sufficient resources. Furthermore, **guidelines** could be drafted for the formulation and implementation of policies; for instance, around professionals' cooperation, ensuring equal access and shared quality standards.

At **European level**, the European platform against poverty and social exclusion (EPAPSE) could be reinvigorated to offer a platform for cooperation between different stakeholders in order to exchange expertise around effective policies and practices to combat poverty. There is an opportunity in the framework of the Social Protection Committee (SPC) to monitor the implementation of multi-dimensional

policy documents, such as the **Active Inclusion Recommendation**[18] and the Recommendation on **Investing in children**[19], which adopt a comprehensive approach to social inclusion and well-being. Also, the **Social Investment Package**[20], which was proposed by the European Commission and adopted by Member States in 2013, could be taken as an orientation for the implementation of integrated person-centred services. The SPC could also encourage cooperation between Member States and conduct a review of the quality framework for social services adopted in 2010. The **Social Rights Pillar**[21] (currently under development at EU level) should include provisions relevant to promoting effective local community social services who have a key role in fighting poverty, and particularly supporting independent living in the community and their participation in society.

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[18] European Commission (2008): Active inclusion of people excluded from the labour market. Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=URISERV%3Aem0009.

[19] European Commission (2013): Investing in children: breaking the cycle of disadvantage Available at: http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32013H0112.

[20] European Commission (2013): Communication from the commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014-2020. Available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52013DC0083:EN:NOT.

[21] European Commission (2016): Fact Sheet. Frequently asked questions: the European Pillar of Social Rights. Available at: http://europa.eu/rapid/press-release_MEMO-16-64_en.htm.