



The Social Protection Committee

2018 SPC thematic reporting

Social services that complement active labour market inclusion measures for people of working age who are furthest away from the labour market

Text as agreed by the SPC on 30 Oct 2018

1. Foreword

The need for effective policies and services aiming at social integration and labour market inclusion of people furthest away from the labour market is widely recognized.

In particular, people suffering from severe disadvantages require comprehensive assistance often during longer periods. Such assistance entails comprehensive, integrated and pro-active approaches supported by personal¹ targeted social services. While some Member States had traditionally implemented personalised social services, guidance on integrated approaches was provided in 2008 through the active inclusion recommendation and in 2013 on one-stop-shops through the Social Investment Package.² Since then the Member States have undertaken numerous reforms of social services and active inclusion policies aimed at enhancing access and take-up to reduce barriers to the labour market.³

The enabling role of social services was also highlighted in the 2016 Council Recommendation on the integration of the long-term unemployed into the labour market. One of its key elements was a specific guideline on assisting the long-term unemployed through the provision of social services focusing on addressing barriers to employment.⁴ To this end, the recommendation drew a list of social services⁵, which could be included in the Job Integration Agreement (JIA) offered to all registered long-term unemployed at the very latest

¹ The terms 'personalised' and 'personal' in relation to social services are not used interchangeably. While the term 'personalised social services' refers to the person-centred provision of services, the term 'personal social services' refers to all those social services delivered directly to a person.

² Commission's Recommendation of 3 October 2008 on Active inclusion of people excluded from the labour market, C(2008)5737, and Social Investment Package, SWD(2013) 39 final

³ Commission Staff Working Document on the implementation of the 2008 Commission Recommendation on the active inclusion of people excluded from the labour market, SWD (2017) 257 final

⁴ Council Recommendation of 15 February 2016 on the integration of the long-term unemployed into the labour market, 2016/C 67/01

⁵ Rehabilitation, counselling and guidance, social support, early childhood education and care, health and long-term care services, debt-counselling, housing and transport support

at 18 months of being unemployed with the aim of targeting the specific circumstances preventing them from returning to work.

The Member States' commitment to providing accessible quality services has been reiterated through the proclamation of the European Pillar of Social Rights. Over half of its principles call for accessible services, including childcare, education, employment and healthcare, services offering active labour market policies, long-term care, housing and essential services.

This report provides an insight into the provision of the social services complementing active labour market inclusion measures. It is based on the contributions of 21 Member States⁶, provided in response to a questionnaire sent to the members of the Social Protection Committee in May 2018. These contributions, allowed taking stock of the main developments concerning the provision of social services complementing active labour market inclusion measures. They also allowed for a collection of good practices. The state of play provided in the report refers to the reporting Member States only. This report also uses the terms ‘people in vulnerable situations’ and ‘disadvantaged people’ interchangeably.

2. National policy developments

2.1. Overview

All reporting Member States recognize the importance of providing comprehensive support to those furthest away from the labour market. Given the recent focus on the long-term unemployed and minimum income (MI) recipients, most formalised measures and services concern the two groups.

While some Member States implement the principle of **universal access** to social services—covering the whole population in various life situations (for example BE, DE, DK, FI, PT, SE, SI, UK), some have put in place (additional or specific) measures and action plans **targeting specific groups, problems or geographical areas**.

To this end, many Member States focus on **people with disabilities** (for example AT, BE, DK, FR, HU, LT, LU, LV, PT, SE and NL). Most Member States participating in the survey reported in details on specific measures and social services supporting people with disabilities. It is worth recalling in this context, that the MS have ratified the UN Convention on the Rights of People with Disabilities (UN CRPD).

Some Member States provide holistic support measures to **families**, including through providing or facilitating access⁷ to mainstream and essential services, such as childcare, healthcare, long-term care or public transport (for example BG, CY, DE, FR, IE, LT, LU, PT, SI).

⁶ Austria, Belgium, Bulgaria, Czechia, Croatia, Cyprus, Denmark, Finland, France, Germany, Hungary, Ireland, Latvia, Lithuania, Luxembourg, The Netherlands, Poland, Portugal, Slovenia, Sweden and UK

Some Member States focus on older or younger people (for example DE, FI, LT), newly arrived migrants (SE), inactive populations (for example BE), ex-offenders and probation clients (for example BE, LV, SE), homeless people (for example DK, LV), mothers with children (FR, HU), low-skilled (for example HU, LT), low literacy group (for example NL).

Some Member States focus on specific disadvantaged geographical areas (for example BE, HU, IE). Some give special attention to people with mental disorders (for example BE, DK, IE, LV)

In the Belgian region of Flanders, the Flemish government developed work activities to **people with medical, mental, psychological, psychiatric and / or social problems** not able to perform paid work. Since 1 July 2018, these persons can carry out activities such as filling bags in stores, helping on care farms, giving a hand in the neighbourhood gardens, or folding towels at the hairdresser. They are accompanied by a recognized supervisor - a welfare and care facility, tailor-made organisation or educational institution.⁸

The Council Recommendation on the integration of long-term unemployed into the labour market, recommended registration with the employment offices. With a view to facilitate access to the labour market, the Minimum Income (MI) beneficiaries are often required to register with PES and take part in active labour market measures offered either by employment or social services.⁹ Some Member States put an emphasis on the activation element through putting in place contracts between the services and the beneficiaries, or through imposing sanctions (for example, withdrawal of the benefit).

Many Member States implement measures targeting both the disadvantaged groups and employers (CZ, HU, IE, LU, SE). These are typically delivered in the context of the active labour market policies and consists of subsidised jobs, job creation or job quota for vulnerable groups.

As a part of the National Plan for Equity of Access to Higher Education in Ireland, the Programme for Access to Third Level (PATH) Fund was established. One of the programme's three strands, PATH 1, aims **to fund more than 120 new teachers coming through the system from disadvantaged groups**, which traditionally have been under-represented in teaching (such as students with disabilities, people from socio-economically disadvantaged backgrounds or members of the Traveller community).

2.2. Types of social services

All reporting Member States provide a wide range of social services for people furthest away from the labour market. Based on the responses received, these services could be grouped as follows:

⁸ More than 1,800 work-related agreements have been submitted, mainly through mental health services (initiatives for sheltered housing and psychiatric hospitals) since the beginning of July 2018.

⁹ The activation requirements for MI recipients have also been examined as part of the SPC MI Benchmarking.

(1) **care** (childcare, holiday care for school children, long-term care, home care, nursing care, day centres, parenting support)

(2) **physical or mental disabilities or problems** (rehabilitation centres, job rehabilitation, supported housing, psychological assistance, personal assistance, addiction rehabilitation centres, various community services supporting independent living)

(3) **labour market related** (training, including motivational and coaching activities, personal assistance at a workplace for people with disabilities, work placements). These are often provided as active labour market policy measures.

(4) **crises and emergencies** (shelters and emergency accommodation for homeless people, shelters for victims of domestic violence, suicide prevention, domestic violence prevention)

(5) **social exclusion** (socio-cultural activities, day centres, group activities and clubs, information centres, psychological assistance such as stress management, health education, services for ex-offenders or probation clients such as criminal rehabilitation, access to essential services such as transport)

(6) **specific problems** (debt counselling, financial advice, family counselling, domestic violence counselling, mentoring, psycho-social support, legal advice, mediation, etc.)¹⁰

Social Integration Clubs in Poland provide social and work-related integration services for persons who are **socially excluded or in danger of social exclusion**. The purpose of Club programs is to lift clients from economic dependency and help them to stand on their own. The focus is on developing positive attitudes and dispositions, such as: readiness for mutual support in overcoming barriers in every-day's life; ability to learn on one's own, sharing information and experiences; pursuit of continuous personal, vocational and social education to raise one's self-confidence on the open labor market; ambition to become financially independent and able to manage one's finances.

For some Member States personalised provision of services aiming at responding to the needs of an individual is a key principle. In these Member States local authorities are given high degree of autonomy concerning the types of services that can be offered as well the choice of service providers (for example BE, DK, NL, SE). The provision is flexible and adjusted to the needs of the clients. Needs are assessed, and on that basis respective support is provided, whether concerning access to services, specific counselling, mentoring or advice.

The municipalities in Denmark are responsible for providing social services at the local level and for **deciding on the level of social support** offered to the persons residing in the municipality. The municipalities thus have a high degree of autonomy in their choice of policy measures and in the organisation of the services, as long as these comply with the

¹⁰ Although the difference between services addressing social exclusion and services addressing specific problems might not be evident, the former have compensatory character, while the latter preventive.

legislation. This setup allows the social services to be developed as close to the residents as possible. As municipalities can levy local taxes themselves, they have various options in adjusting their social services to local conditions. At the same time, the local authorities set the political priorities and define the balance between tax rate and service level.

Community provision, aiming on the one hand at the provision of service as close to an individual as possible, and stimulating communities and focusing on deinstitutionalisation on the other hand, seems to be a rising trend (for example AT, BG, IE, LU, NL, PT). This type of provision typically addresses the issue of social exclusion and is provided for people with disabilities (focusing on independent living), health problems (including mental health), homeless people or people suffering drug addictions. Through this kind of provision, various activities aimed at social, civic and cultural activation are offered. As the focus is on communities, volunteering of local people is encouraged.

Some Member States implement community and public works, mainly for the MI recipients, as an additional activation tool (for example: CZ, HU, HR, PL). This is considered in the context of the active labour market measures by these Member States as a first step to full labour market activation of people furthest away from the labour market. However, it is worth noting that there is limited evidence on the effectiveness of these schemes. Additionally, these schemes risk not being sustainable on one hand and, on the other hand, they do not provide targeted and personalised support or enhanced access to social protection.

2.3. Access conditions

While access conditions vary amongst the Member States, most require beneficiaries (at least the MI recipients) to be ready to take up work, either through the registration with PES or through participation in the active labour market measures.

While some Member States have undertaken efforts to enhance accessibility through the provision of single entry points (for example BE, FI, LU), others require an application for specific services (for example BG, HU, LT). It is worth noting, that as reported by Eurofound, a fear of stigmatisation could play a deterring role in taking up services and benefits.¹¹ Putting in place one-stop-shops has been advocated by the Commission as an effective way to increase outreach and cut entry barriers.¹² In addition, the European Voluntary Framework for Quality Social Services recommended comprehensive and continuous delivery of social services as an effective way of addressing complex needs and avoiding negative impact of service interruptions.¹³

¹¹ Eurofound (2015), *Access to social benefits: Reducing non-take-up*, Publications Office of the European Union, Luxembourg

¹² Social Investment Package, SWD(2013) 39 final

¹³ A Voluntary European Quality Framework for Social Services, SPC/2010/10/8 final

Some Member States undertake needs-assessment, either for all or for specific groups (for example CY, DK, FI and IE). In some, the assessment is undertaken by multidisciplinary teams (for example BG, and CY), or in an integrated way by various stakeholders, such as municipalities, employment services, social insurance and health services (for example FI). In some Member States, the provision of services includes establishing a contract between a beneficiary and service providers (for example BG, PL, PT, SI).

In Finland, **multi-sectoral joint services** promoting employment refer to a cooperation model where the Employment and Economic Development Office, the municipality concerned and the Social Insurance Institution **together with the clients assess the service needs** of unemployed people, plan the appropriate service sets to enable employment for the unemployed, and are responsible for the progress and monitoring of the employment process of the unemployed. The objective of these multi-sectoral joint services is to promote the employment of unemployed people by providing them services that meet their service needs, both public employment services and social, health and rehabilitation services. When a person has been unemployed for a period of time determined by law, the Employment and Economic Development Office, the municipality concerned or the Social Insurance Institution of Finland shall assess whether the unemployed person needs multi-sectoral joint services.

2.4 Provision

In most Member States, personal social services are provided on regional and local level, in most cases in a decentralised way. In some Member States, local authorities have an autonomy concerning the types of services offered, depending on the actual needs of clients (for example BE, DK). This kind of approach is in line with the principles of the Voluntary European Quality Framework for Social Services, which advocates putting a person and their needs first.

The quality of social services principle, promoting the person centred approach states that "Social services should address in a timely and flexible manner the changing needs of each individual with the aim of improving their quality of life as well as of ensuring equal opportunities. Social services should take into account the physical, intellectual and social environment of the users and should be respectful of their cultural specificities. Furthermore, they should be driven by the needs of the users and, when appropriate, of the related beneficiaries of the service provided."¹⁴

Single-entry points (either providing services or referral) have been put in certain Member States (for example BE, FI, LU). In some cases, they function as service providers, offering a

¹⁴ A Voluntary European Quality Framework for Social Services, SPC/2010/10/8 final

wide range of services. In other cases they have been put in place to ease access, limit administrative burden as well as psychological barriers, such as the fear of stigmatisation.

Belgian law states that “**Every person has the right to social services**. The objective is to guarantee everybody a possibility to live a life in human dignity.” Access is provided through Public Centres for Social Welfare. Every municipality in Belgium must have such centres. There are 589 of them in Belgium.

A wide range of social service providers operates across the EU, including public, NGOs and for profit providers. In some Member States, NGOs specialize in catering for particular groups, in particular as concerns activation (for example IE).

As already mentioned, many Member State recognize the value of community based provision of social services delivered as close to the individual as possible. These focus on specific groups, such as people with disabilities, homeless people or people suffering addiction problems.

While most Member States apply integrated approaches to people furthest away from the labour market, there are three distinctive patterns:

- Systemic integration, whereby comprehensive strategies or actions plans are prepared at a central level. An example of such approach is when various governmental departments work together on a strategy aimed at addressing vulnerabilities requiring cross cutting and coordinated measures. Often, the implementation of such strategies entails vertical integration (national, regional, local level working together to deliver various actions).

In Ireland, the Comprehensive Employment Strategy for People with Disabilities 2015-2024 is the primary strategy for supporting the social inclusion of people with disabilities who may be currently detached from the labour market. The ten-year strategy is a **cross-Government approach**, providing a roadmap to ensure that people with disabilities who are able to and want to work are supported and enabled to do so. The strategy provides a wide range of income and work-related supports for people with disabilities, which play an important role in facilitating their increased participation in the labour force.

- Service integration, whereby social services are delivered jointly, either through one-stop-shops, case workers, or through pro-active referrals. Most Member States implement this type of integrated delivery. Some Member States implement it in relation to the labour market activation of persons with disabilities (for example FI, HR, NL), integration of MI recipients or overall labour market activation (for example BG, HR, LU, NL, PT, SI, UK). Denmark reported on a holistic integrated approach to people with mental health difficulties, as well as to women in shelters.

In Germany, the legal framework for the provision of integration benefits (SGB II Section 16 in conjunction with SGB III) is broad and offers many possibilities for support to gradually bring persons furthest away from the labour market closer to the labour market. In addition to benefits aimed at the integration into work that are provided under SGB II Section 16a, **there are municipal integration benefits** that include care for minor children or children with disabilities, domestic care for family members, debt counselling, psycho-social counselling or addiction counselling. The purpose of the municipal integration benefits is to help people solve their personal problems and thus contribute to their reintegration into the labour market.

- Interdisciplinary needs-assessment, whereby teams consisting of representatives of various services (for example: employment, social insurance, local authorities) undertake jointly needs-assessments with a view to best-adapt the measures and support services as well as decide on sequencing, if appropriate.

In Bulgaria, after an initial needs assessment, individual plan for support is developed for each client. The assessment and the plan are developed by **multi-disciplinary team**.

Some Member States encourage experimentation (for example DE, NL) and digitalisation (for example FI, DE, NL). Portugal puts a strong emphasis on the development of social economy through so called "cooperation protocols" between the states and service providers. They aim at promoting social economy in the provision of social services.

2.5 Focus on social inclusion

While only few Member States reported on having specific social inclusion strategies (DK, HR, HU, IE), most Member States have put in place either specific legal provisions or measures aimed at social inclusion (alongside labour market integration) of particular groups of people furthest away from the labour market (typically targeting people with disabilities, but also focusing on deinstitutionalisation, homelessness, addiction, illiteracy).¹⁵

Denmark put together **10 goals for social mobility**: More people in the labour force

1. Improved proficiency levels for disadvantaged children and young people in primary and lower-secondary school
2. More disadvantaged young people to complete upper-secondary education
3. More people with disabilities to enter education and employment
4. More people with mental disorders or social problems to enter education and employment
5. More victims of domestic violence to enter education and employment

Fewer marginalised people

¹⁵ Reporting on social services aimed specifically at social inclusion of people not able to work was not part of the questionnaire and is not the subject of this report.

6. Fewer disadvantaged young people to commit crime
7. Fewer homeless
8. More effective treatment of drug abuse
9. More effective treatment of alcohol abuse
10. More people outside the labour force to be involved in voluntary activities

Under the guaranteed minimum income scheme (RMG/see REVIS law), Luxembourg has been combined since 1999 with **the three key components which correspond to the three pillars of the active inclusion strategy**, as retained by the EPSCO Council, namely:

1. the guarantee of a minimum income
2. support for the labour market;
3. access to quality services.

Two Member States reported reforms of their MI schemes to enhance the social inclusion and activation angle. In Luxembourg the minimum income scheme has been transformed into Social Inclusion Income scheme. A similar reform has been implemented in Portugal. These types of reforms aiming at integrated approaches are in line with the Commission recommendations.¹⁶

2.6 Role of the ESF

All reporting Member States using ESF and FEAD funds reported on related initiatives on inclusion of those furthest away from the labour market. These funds aim at piloting new measures, increasing cooperation between various service providers, including development of methodology, and social experimentation. Some Member States use ESF to fund the provision of social services or certain branches/ measures (BG, HU, LT, PL). Some Member States used the ESI funds to enhance or develop integrated approaches (for example FI, PT, SI). In Germany, the ESF was used to fund additional services and to test new approaches and measures as it cannot replace regular national funding.

In Czech Republic, the program “Social inclusion and fight against poverty” supports activities aimed at **coordination of social inclusion measures through local authorities and relevant stakeholders**. Local authorities have a main role in prevention from undesirable impacts of social exclusion and effectively use social inclusion measures for appropriate solutions. The important inclusive mechanism is participation of socially excluded persons in making decisions process and direct realisation of measures on the level of neighbourhood, excluded areas, municipality, city or micro-region with using of community work.

¹⁶ Commission's Recommendation of 3 October 2008 on Active inclusion of people excluded from the labour market, C(2008)5737, and Social Investment Package, SWD(2013) 39 final

In Hungary, The “Actively for knowledge” programme aims to involve people between 18-55 years of age with low school qualification or no school qualification at all in training programmes **supporting completion of primary school and mitigating functional illiteracy as well as developing their basic skills** and competences in order to promote their employability and their ability for self-reliance. 12 000 people are going to be involved in training or education out of 25 000 who participate in the programme.

2.6 Monitoring practices

Monitoring practices vary across Member States. Most Member States monitor the implementation of their respective strategies or action plans and produce annual reporting on the achievements of planned actions. In Austria, Belgium and Germany, monitoring is undertaken on a regional level, including the monitoring of quality and effectiveness (Wallonie, BE). This entails differences at the level of the regions as regards quality standards (for example, in Austria a discussion to introduce national standardisation has taken place). In some Member States, these differences reach the level of local authorities.

Some Member States put particular emphasis on learning and benchmarking (for example DK, FI, SI). In Sweden, the monitoring of the quality of social services is undertaken through publicly available comparison, as well as through supervising authorities.

Some countries undertake detailed and multidimensional reporting in relation to particular services (for example: on vocational rehabilitation in HR, or on the implementation of the Participation Act in NL).

The National Board of Social Services under the Ministry for Children and Social Affairs, in Denmark, provide information on **documented methods for municipalities and institutions on a knowledge portal** (Vidensportalen.dk) as well as **instruments to identify promising practices** that are expected to result in positive changes for the citizens. When developing and implementing social interventions, it is imperative that these are suited to the municipalities’ specific, local conditions.

Concerning quality standards, the single entry points in Flanders (BE) are obliged to fulfil certain conditions¹⁷. They are monitored and evaluated in both qualitative and quantitative way. In Bulgaria standards and criteria are provided in the legal act on social assistance, while Croatia applies standards with regards to vocational rehabilitation services. Bulgaria and Hungary undertake inspections (in Hungary, non-compliance might result in losing accreditation required to provide service).

¹⁷ Be known, accessible, available, usable, understandable, reliable, integral and general tailored to the needs of the users.

3. Summary

A wide-range of social services are offered universally or to those furthest away from the labour market. Across the Member States, these services are increasingly being provided in an integrated way (either through the implementation of multisectoral strategies, increased cooperation and exchanges amongst respective services, or through putting in place a function of a case worker carrying out referrals and follow-ups). Integrated approaches and community based provision is put in place for certain groups, in particular for people with disabilities, people suffering from addictions or homeless people. In this sense, it seems that Member States recognize that certain groups of people have complex problems and vulnerabilities that cannot be effectively addressed by one service acting alone.

Personal targeted services are typically offered on local and regional level by a wide-range of providers including public, private non-for-profit and profit organisations.

Most Member States undertake actions with a view to offer labour market activation, through registration with PES or through taking part in the active labour market measures.. An upcoming in-depth evaluation of the implementation of the Council Recommendation on the integration of long-term unemployed in the labour market will provide a detailed overview of the action undertaken in this area in the Member States.

Some Member States reported on monitoring practices, but little has been reported on quality standards and monitoring of thereof. Likewise, no systematic assessment of access to these services and related outcomes has been undertaken on European level.