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Overview of Good Practices in Social Service Programs: France, Germany, & England

**Overarching Themes**

There are several overarching themes that characterize social service programs in France, Germany, and England. Among these are the following:

*Limited Expenditures for Public Social Services and Social Assistance:* Expenditures for social assistance and personal social services delivered by social workers account for a very small proportion of all safety net welfare programs. Social assistance as a percent of GDP in France is 3.9 percent. In Germany it is 3.5 percent and in England it is 2.8 percent. Most expenditure for welfare is for social insurance (old-age, survivors pensions), health care, and education.

*Allocation of Funds:* An example of how funds for social services are allocated is provided by data on personal social service expenditures in England for 2001-2002. These data show that expenditures for children and families accounted for 23 percent of the total gross while services for older persons accounted for 45 percent. Residential care consumes the largest proportion of total expenditures (46%), with day and domiciliary care accounts for 39 percent and assessment and care management for 15 percent. It is interesting to note that expenditures for services in England have more than doubled since 1991-1992 in real terms (Personal Social Services Expenditure and Unit Costs: England: 2001-2002, 2003).

*Contrasting Views toward Poverty in Social Work:* Relative to social work there are two dominant contrasting views that frame discussion about social services as an anti-poverty strategy. These are: a) social structural view of poverty that leads to a community development approach utilizing public-private partnerships, and b) an individualistic view that leads to an emphasis on psychotherapeutic or case management. In recent years, there has been a merging of both concepts that reflect recognition of the effectiveness in integrating structural and individual social services with economic initiatives that contributes to social cohesion and civil society (Cannan, Berry, & Lyons, 1992).

*Principle of Subsidiarity:* The principle of subsidiarity is prevalent in French and German systems of social service and social assistance. It combines principles of individuality (self-reliance, personal dignity) and of solidarity (mutual bonds with society) as a buffer against a potentially authoritarian state by encouraging responsibility for services to the lowest possible level of government competence. The emphasis is on prevention. This contrasts sharply with British social policy that focuses on a remedial approach providing relief for the exigencies of poverty and to respond to crises in individual economic and personal needs. At the same time, Britain has followed the lead of most industrial nations in decentralizing social services. In England, for example, the local Councils are responsible for the delivery of services.
Influencing Services: An important aspect of recent policies related to the decentralization of social services is the role of consumers, service providers, and community stakeholders in influencing programs. The importance of involving a wide-range of persons in the planning and implementation of services in order to create sustainable programs in times of scar resources is supported by research in economics, political science, sociology, and social work. It relates, for example, to Albert O. Hirschman’s notion of “exit” and “voice.” Exit refers to the situation when the consumer goes elsewhere when they are not satisfied with services. Voice is a long-term process operates by the consumer being willing and able to influence the nature of the service (Hudson, 1998). Effective NGOs and NGO-government partnerships provide an opportunity for voice and decrease the need for consumer exit.

Good Practices Characteristics

Good practices in Europe, including France, Germany, and the United Kingdom vary somewhat from country to country. But there are commonalities with regard to both current practices and to future approaches.

Shared Approaches to Emerging Social and Economic Trends

Like all industrialized nations, Europe is attempting to develop social services that are responsive to rapid changes in work life, family life, populations with more elderly, and exclusion from society (European Foundation, 2003). Reduced resources and pressure to decentralize social services and shift responsibility for more services to the community accompany these changes. There are several common approaches related to good practices aimed at addressing the multiple and complex social problems that flow from these trends. Among these are:

- **Improving the Quality and Accountability**: this includes better methods of quality improvement that also allows for more involvement of consumers and community stakeholders.

- **Partnerships and Participation**: A critical aspect of social services in the context of improvement and accountability is the development of viable partnerships and participation. Good practices are characterized by partnerships at all levels of delivery (local, national, regional) across all sectors that provide social services and with consumers.

- **Coordination and Integration**: A greater focus on coordination and integration is a response to a growing recognition of the multi-faceted needs and risks associated with social service delivery and with social exclusion.

- **One-Stop Service Centers**: One emerging approach to improving service coordination and integration is to provide multiple services at one location or “one-stop” centers.
Social Inclusion, Social Cohesion and Equal Opportunities: Good practices are also defined by the level that services respond to the multi-faceted needs in terms of engaging consumers and community stakeholders in planning and implementation processes. Of particular interest is how social services respond to the need to integrate inclusion strategies into work and family, especially with regards to employed women.

Evaluation: Good practices can best be identified through systematic processes of research and program evaluation. This is an area that remains undeveloped. Not because of a lack of knowledge or skills to conduct research but, most often, because resources are not provided.

Transferability: Closely related to evaluation and research, when identified information on good practices need to be disseminated. It is important that knowledge of good practice models is distributed in a way that allows for adaptation to local customs, culture, and resources.

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FRANCE: SOCIAL SERVICES

Social services in France are integrated with many public policies. These include health (maternal and child health protection, home services, and institutions for the handicapped, etc.); education (school social services with nurses, social workers and psychologists, social services attached to universities); justice (social work services and institutions for delinquents, prisoners and their families); youth and sports (leisure centers, holiday camps, etc.); urban development and city councils (politique de la ville); agriculture cooperatives (Mutualité sociale agricole); and labor and professional training.

Social services also make an essential contribution to social welfare policies under the Ministry of Social Affairs and National Solidarity (Ministère des Affaires sociales et de la Solidarité nationale) and the Ministry of Health, Family, and Persons with Disabilities (Ministère de la Santé, de la Famille et des personnes handicapées). Consequently, most social services programs require, at the national level, the coordination of several ministries and the creation of cross-ministerial committees. At the local level, specific policies often overlap and crossover under regional governments (Régions), county governments (Départements), and municipal governments (communes). In addition, the various branches of the social security system administer or support social services.

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1 Based on a report prepared by Jacqueline Ancelin, ILO Consultant, August 2003, and other sources.

2 A Région is a local government administrative entity, covering several Départements – mostly responsible for economic development. There are 26 Régions (including 4 overseas) in France.

3 A Département is a local government administrative entity similar to county governments in the United States and Great Britain. There are 99 Départements, including four overseas, in France.

4 A commune is an administrative sub-division governed by municipal councils. There are 36,700 communes in France.
Large enterprises, hospitals, and government agencies (civil servants) have their own social services.

Private organizations (not-for-profit) also play a very important role in social services, taking initiatives, making innovations, and administering social services with the financial support of one or several of the organizations mentioned above. Social services in France have a long and complex history that is more a product of incremental evolution than it is the result of a coherent plan. However, over the last two decades policies of decentralization have been aimed at simplifying and reducing the overlapping responsibilities and methods of financing.

Social Services for Vulnerable Persons

At the local level, a large number of social services fall under several distinct national programs: General Social Assistance (*Aide sociale générale*), Social Assistance (*Aide sociale*), Family Social Welfare (*Action sociale familiale*), and Children Social Assistance (*Aide sociale à l’enfance*).

### General Social Assistance

Social services under General Social Assistance are targeted to vulnerable people or those facing severe economic and life difficulties. Recipients of this program might be vulnerable because they are frail elderly, people with physical or mental handicaps, homeless, without income and social security, unemployed, lacking in professional qualifications, alcoholic, drug addicts, victims of violence, delinquents, and living in slum areas, etc. Social services include social work, home help, shelters, institutions, rehabilitation centres, renovation of housing and living environment, and the like. The primary objective of the program is to face emergencies and provide treatment and address critical needs, rather than prevent the development of social and economic conditions that lead to vulnerability (although some aspects of the program are preventive by nature).

### Social Assistance

Social Assistance addresses the critical needs of the most vulnerable populations and is mainly the responsibility of county governments. The program provides services to the aged, handicapped, and homeless, as well as to children under Children Social Assistance. General policies regarding benefits and social services under Social Assistance, including Children Social Assistance, are defined at the national level by laws and decrees (“décrets”). But the legal responsibility for implementing and financing services is decentralized, falling to county governments. Further decentralization might result from a partnership of the county governments with municipal governments and not-for-profit agencies. In addition, county governments collaborate with local Social Security agencies (which provide medical and social services) and local Family Allowance agencies.
Children Social Assistance

A specific area of services for vulnerable families and children in need of protection is provided under Children Social Assistance. Services include cash and in-kind benefits to families; prevention of violence, delinquency, and social exclusion; foster care; prevention and treatment of child abuse and neglect; emergency shelters for children and mothers; and parental education by teams of social workers. Services vary according to the peculiarities of each county government and according to contractual agreements with private service providers.

Family Policy

France has a strong tradition of family policy that is reflected in its extensive system of family allowances and social services. While families may not necessarily have critical needs that categorize them as being vulnerable, they nonetheless need various services in order to sustain a “normal life” (based on needs in which family associations play an important role). This includes such public services as day-care (day-nurseries, day-care mothers, halte-garderies), playgrounds, after-school clubs, community centers (centres sociaux), marriage or parenthood counseling, adoption services, home Helpers, home economic counselors, social workers (assistants sociaux), and holiday camps for children or families, etc.

Contrary to services under General Social Assistance and Children Social Assistance, Family Policy is focused on prevention rather than treatment. Many such services are provided by private or public agencies because similar market-based programs do not exist or would be too expensive for many families to afford. In those instances where users are required to pay for the service, the charge is based on family income levels (quotient familial).

Family policy is defined at the national level, including family benefits (allocations familiales) as determined by law. The annual global budget of the “family-branch” of the French Social Security system, including Family Social Welfare, is set by Parliament. However, the responsibility of developing social services for families and children is that of each local Family Allowance agency (usually one in each county government, sometimes more for historical reasons) in partnership with municipal governments and not-for-profit agencies.

Family Social Welfare (Action sociale familiale) focuses on the general needs of families and children for which there are no laws, only guidelines. There is some overlap among the programs, as the program aims at preventing difficulties in families and has a shared interest in issues related to vulnerable families and children.
Fundamental Principles

Two of the most fundamental principles underlying the French approach to social services are the concepts of legal rights and of social solidarity. These are reflected in the social policies and programs, including social services that are based on the French Republic Constitution and ratified European and international conventions that define the rights of individuals, children, families, and migrants, etc. Among these conventions are the right to be protected and helped, to work, to receive social security, and to have a family life.

Legal Rights

Social security, which was made comprehensive after the Second World War, is aimed at covering, through an insurance system, most of the needs of the population, in terms of benefits and services. In spite of the development of the system, and because of the many social problems linked to unemployment, the need for “social assistance” programs has remained, but as a right, not a charity.

Because rights and liberties are legally protected users have the right to be informed, to be associated in making decisions that impact them, to appeal (and receive free legal assistance if necessary), and to be protected relative to open access to electronic information (Loi informatique et liberté).

Solidarity

Solidarity refers to the bond between generations for pensions, national solidarity for vulnerable people, neighbourhood solidarity for social welfare at the local level (county or municipal governments), and solidarity between families in family policy. When unemployment and poverty increase, as has been the case during the last few decades, solidarity becomes an important point of reference for all social policies, increasing the role of charitable and humanitarian organizations.

Subsidiarity

In addition to legal rights and solidarity, another basic principle is the concept of subsidiarity, which is reflected in the approach to Social Assistance. In general, the concept refers to a policy that promotes making decisions and taking actions by the sphere of government that is closest to citizens. The idea of solidarity is firmly embedded in the French system.

Sustainable Families

Another fundamental principle in which social services are directly involved (particularly those regarding Social Assistance) is to safeguard family life, and home life in a normal environment. Consequently, social services for vulnerable people try to avoid placing children, people with handicaps, and the elderly in institutions. Efforts are
made to provide sheltered workshops for people with physical or mental handicaps. There is also a legal obligation for enterprises to employ a quota of people with handicaps.

Structure and Management

Decentralization

For much of its history France had a highly centralized administrative system, including public health and social welfare. Several decentralization laws altered this approach in 1982-1983. In particular, the 1982 Decentralization Law shifted much of the responsibility to local authorities (regions, county, and sub-divisions of municipal governments).

Ultimately, there was an increase in NGO engagement in social service delivery when charitable organizations, such as *Aide à toute détresse-Quart monde, Secours catholique,* and *Secours populaire* made government, Parliament, public opinion and media more aware of the unacceptable conditions of living of poor families and homeless individuals. When the Law on Minimum Income (*Revenu minimum d’insertion*) was implemented in 1987, many local private organizations signed contracts with the county governments that were legally responsible for the program. As a consequence, the status and role of many private organizations became stronger.

Under the minimum income law the objective, related to unemployment, is to guarantee a minimum level of financial resources to individuals age 25 and over (younger if they take care of one or more children) and to stimulate their professional and/or social re-insertion. For youth, persons with disabilities, the elderly, and the sick that have no social insurance there are other laws. However, in 2000 a universal health care law, *Couverture maladie universelle (CMU),* provided coverage for everyone (Bouget & Brovelli, 2002).

A primary objective of the 1982 legislation and related laws was to strengthen democracy by facilitating citizen involvement. The most important changes were for the county governments, as they assumed the primary responsibility for planning and financing Social Assistance, including recent interventions aimed at improving measures against poverty and social exclusion. The NGOs that were previously established local partners of the central government for the delivery of social services have become partners of the county government under decentralization. Trends in policy continue to stress an increase in the decentralization of social services.

The French Parliament bears the responsibility for creating laws and legislation that apply to the nation (as the French Republic is not a federal state), remaining answerable for national solidarity. Moreover, the government at the regional and county levels retains the functions of coordination and control (legislation and budgetary rules). This structure contributes to a complex, patchwork quilt reflected in benefits to particular occupational groups and services provided by intermediary organizations contracted to provide services that is complicated by involvement of county and municipal
governments (Béland & Hansen, 2000). Because decisions of entitlement are within the jurisdiction of the Départements, there is great inequality between local decisions and problems of financing (Bouget & Brovelli, 2002).

One of the objectives of decentralization has been to clarify responsibilities for delivering social services. In keeping with this objective, a recommendation has been made to establish under the authority of each county government, with the full participation of all public and private partners, a scheme (plan) for social and medico-social services that include stimulating effective ways of approaching needs.

Office of Family Benefits (CAF)

The “family branch” of social security providing family benefits and social services is composed of 124 local agencies (Caisse d’Allocations Familiales – CAF – each one having its own council) and one national office (Caisse nationale des Allocations familiales - CNAF), a public establishment. CNAF is under the authority of the Ministry of Social Affairs and National Solidarity. The social services are fixed, not by law, but between the Ministry, CNAF and CAF, and revised every three or four years.

CAF agencies have always had great autonomy in determining their programs in the field of social services, according to the local situation of families and children and partnerships. CAF agencies contribute to the evaluation and promotion of family policy, through studies and research organized at national level by CNAF.

CAF agencies no longer deliver their own social services; except for a few specific experimental programs (social workers, home economic counsellors, community centers). The current goal is to help, technically and financially and through local partnerships, with the creation and management of services delivered by their partners, which are counties, municipal governments, and private (non profit) organizations in most cases. In order to assist local management, CAF has developed a policy of service contracts (contrat de développement) and service benefits (prestation de service) that provides accountability through a multi-annual contract with the manager of CAF financial support.

Good Practices

Among the many good practice models in the French social service delivery system, one that has many desirable characteristics that are particularly relevant to decentralized services is the previously mentioned Children Social Assistance. This program plays a critical role in the protection of children in abusive or dangerous situations. In the year 2000, over 140,000 children and adolescents living away from their families received these services. In addition, 128,000 were helped in their own families through “Action educative en milieu ouvert.” Children Social Assistance programs accounted for about 30 percent of the total annual budget of all county governments in 2000.
In terms of what makes for good practice in this approach, it is the function teamwork among social workers that is most important for both prevention and treatment under Children Social Assistance. Because the program’s interventions and services are implemented at the local level, partnerships with other social service providers is the norm that often results in a complex treatment plan, in particular with in-home services that overlap with other programs. Partnering is critical for success and many organizations contribute to Children Social Assistance, including CAF with its Social Assistance program and family allowances.

The performance of Children Social Assistance is evaluated at the local level by the county and local government services. At the national level evaluations are conducted by the Inspector General for Health and Social Services (Inspection générale des Affaires sanitaires et sociales).

The main problems that Children Social Assistance programs face include:
Increasing costs related to the growing number of children, youth, and families needing intensive help; Employment of highly qualified personnel to deliver services; Difficulties of successfully moving young people into employment; Social inclusion.

Private Sector

Private sector or non-government organizations (associations) have always contributed to the delivery of social services in France. Some of these NGOs have been, and remain, based on charity and religion while others are simply non-profit organizations. With regard to Family Social Welfare, many day-care centers, leisure centers, holiday camps, and community centers are run by NGOs. Similarly, relative to Children Social Assistance, many private organizations have signed contracts with county governments.

In recent decades, government has developed policies for the most vulnerable people, including the poor, those without family, the unemployed and the homeless (the sans domicile fixe program - SDF). But the first organizations to claim such policies have been charitable ones, such as: Aide à toute détresse – Quart monde, Emmaüs, Secours catholique, and Secours populaire, etc. One characteristic these organizations have in common is the heavy reliance on volunteers, but they also employ qualified professionals. Under the new policies and laws to reduce poverty and exclusion, these private organizations remain important partners for the counties and municipal governments when they are given the responsibility to implement the concrete measures.

Under new and experimental policies, such as the Minimum Guaranteed Income (RMI), a legal right since 1987, responsibilities are shared between the national government (which finances benefits provided locally by the CAF, although it is not a family allowance) and the county government in charge of the “insertion” mission that requires a partnership of public and private local social services. Implemented in 1988, RMI combines social rights (a minimum benefit) with individual responsibility that is
based on the intent of full participation in economic and social life. Reforms are currently under discussion to transfer the financing of the RMI to the county level and create a new minimum benefit (Revenu minimum d’activité) added to the RMI to stimulate and facilitate access or return to work.

As a consequence of the RMI, social workers have had to re-orient to local social and economic conditions and to loosen the hold of bureaucratic norms. The program has given users more status and autonomy and drawn social workers into local partnerships under the Local Commission of Inclusion (Commission locale d’insertion - CLI) (Béland & Hansen, 2000; Terracol, 2002; The Welfare State - retrieved from the web 2003). To get the RMI, beneficiaries have to negotiate a contract with the county government. A social worker is appointed as the “mediator” to establish a plan of reintegration and finalize the contract.

Social Workers and Volunteers

In France, there are several categories of social workers, with specific training, diplomas and functions. This includes social assistants (assistants sociaux), home economic counselors, special educators (éducation spécialisée) who are trained to care for needy children and youth living with their families or in institutions, and home helpers, etc. All together these service providers are known as social workers (travailleurs sociaux). Sometimes a new title is used: assistant territorial socio-éducatif.

Social workers provide a range of services that are predominantly categorized into three areas: 1) services and cash benefits for children, individuals, and families, 2) educational services for children, individuals, and families, and 3) promoting access to education and leisure activities.

Social work services cover three basic functions: 1) general social work (Service social polyvalent) for any kind of problem with any population in a geographical area, 2) categorical social services (Service social de catégorie) for a specific populations, such as those under agricultural cooperatives, and 3) specialized social services (Service social specialize) for specific social problems such as refugees, migrants, and prisoners, etc.

Under decentralization laws, the county governments have become responsible for general social services that are organized on a territorial basis and cover the entire country. Each county government is divided into a geographic sector of 3 to 5,000 inhabitants with one general social assistant. About ten of these sectors (30 to 50,000 inhabitants) comprise a health and social assistance district with one social assistant responsible for the coordination of the sectors and with other social assistants, specialists, or category.

An increasing and diversified number of qualified social personnel are employed in social services (with a state diploma in most cases). A diploma is usually a criterion for the habilitation of social services. Training programs, diplomas, and status of social service personnel are the responsibility of the Ministry of Social Affairs, although
professional schools provide the training. Professional schools and universities also offer postgraduate training after a few years of practice. A Superior Council of Social Work (Conseil supérieur du travail social), under the responsibility of the Ministry of Social Affairs, brings together representatives (including trade unions) of all professions of the social sector to discuss training, functions, and deontology (rights and duties of users).

In relation to recent increases of poverty and social exclusion, the efficiency of the social welfare system, as well as the professionalism of the social personals, has been questioned. This has resulted in new qualifications, apart from traditional social workers, mainly in the field of urban rehabilitation and neighbourhood programs against poverty. Charitable and humanitarian organizations, as well as emergency services (for homeless), with their many services run by qualified personals and voluntary workers are recognized for their crucial role in providing social services. Volunteers themselves are advocating for recognized status.

Another program where professionals and voluntary workers co-exist are community centers that are based on the traditions of the English Settlement Houses. These facilities are open to all generations and populations in the neighbourhood. The centers offer various services, some conducted under the responsibility of qualified professional personal, others run by voluntary workers, or both. Managed by municipalities or by NGOs, they are authorized and financed by the local CAF and the municipality, as well as others for some specialized services. In order to obtain authorization to provide services, the community center must demonstrate users’ participation.

The community center offers a good foundation for “patch programs” (comprehensive neighbourhood programs) in relation to specific needs and aspirations of local people in a geographic defined area. The centers are places where social services can be offered to vulnerable people under Social Assistance, as well as to families under Family Social Welfare.

Partnerships and Financing

Partnership is the framework on which social services have been created and managed, linking private (not-for-profit) and public organizations, municipalities, county governments, regions, family allowances, and social security agencies, and sometimes work councils (comités d’entreprise). Consequently the sources of financing are very diversified according to the status of the social service (often several for one service). Most of the NGOs, including charitable, humanitarian, and self-help groups, involved in Social Assistance programs, receive grants for the social services they administer based on a contract with the counties, or municipal governments, CAF, Social security, State, European funds, etc.

The tendency, consistent with the trend towards decentralization and developing local responsibilities for the organization and administration of social services is to negotiate multi-annual contracts with those funding the program. Objectives, strategies, and
evaluation procedures are discussed among the partners. The multi-annual contract guarantees financing, as well as the possibility for the program manager to make changes.

**Program Evaluation**

A process of evaluating public policies is widely practiced in the delivery of social services. Most often evaluations are based on measures of cost-efficiency, giving more importance to the qualitative aspects of the program such as its effect on users (*Démarche quality*). The manager of the organization that is financing the service, or the organization itself, frequently initiates audits. Public Courts of Control (*Cour des Comptes, Inspection des finances*) also evaluate public policies and the cost efficiency of any public or private organization that receives public funds. A Council for Scientific Evaluation (*Conseil scientifique de l’évaluation*) instituted by law in 1990 aims at developing methods for evaluation.

Measures of “good practices” in the evaluation of Social Assistance, for instance, might include the following: respect of legal rights; respect of users’ rights; accessibility to legal benefits and social services; local implementation and financing by organizations as provided by law; qualification of all professional personnel as required by the habilitation rules; collaboration between government, professionals, and universities on appropriate post-education training; use of volunteers and qualified personal in social service NGOs; contractual and multi-annual agreements between local partners; use of social workers to safeguard family relationships when people are institutionalised and after they return to their family and normal environment; and the evaluation of all measures aimed at helping vulnerable persons to become independent and self-sufficient. **Problem Areas: Problem areas related to the delivery of social services for vulnerable persons include: the gap between the policy objectives and legislation at the national level; risks of a lack of necessary resources at the local level under policies of decentralization; risks of political interferences in the delivery of benefits and services; insufficient number and/or qualified personnel at all levels; insufficient turn-over of users; and lack of coordination with other organizations and partners in delivering services.**

**Summary**

Social services open to all families, individuals, and children, sometime called “*équipements et services collectives de voisinage*” are complementary to private life. Mainly supported by municipalities, family allowances agencies, and the private sector, they play a preventive function and are based on the concept of solidarity. As much as possible they are required to be open to vulnerable persons. There is great autonomy at the local level to create and run such services.

Social services for vulnerable persons are, more and more, based on the rights of beneficiaries, defined by laws, but implemented in most cases under the responsibility of the county government. In the past few decades poverty and exclusion have become
primary priorities of the Government social policy. This is reflected in the law voted in 1998 (29/07) of The Struggle Against Exclusion (*Lutte contre l’exclusion*) that concerns a great number of public policies and tends to develop legal benefits and social services and facilitates cooperation among public and private organizations, social workers, and volunteers.

One fundamental question remains about the efforts relative to cash benefits and/or social services. It is a political question that refers to the values and the society that we want to promote.
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GERMANY: SOCIAL SERVICES

Delivery System Structure

The German system of social services is shaped by a far-reaching public, often local, responsibility on the one hand, and a strong involvement of non-statutory voluntary organizations on the other hand. Hence, when considering services for vulnerable populations, a combination of three principles is fundamental to the German system. These are solidarity, subsidiarity, and decentralized responsibility.

The primary mechanisms for governance of social services are federal law (the Bundessozial-hilfegesetz, Kinder- und Jugendhilfegeset, and the Schwerbehindertengesetz), together with a range of issue-related policies developed by regional or local authorities. The latter are major players in the overall system. They receive part of the national tax revenue and are obliged to assist anyone lacking a minimum amount of personal resources or sufficient family support. Furthermore, they have to (make) provide a range of personal services, including those funded by social insurances (e.g. eldercare). Some of these obligations are specified by law (there is a list of services to be delivered to children and young people), others are more roughly addressed by federal law that just names major target groups (such as the homeless, the disabled, vulnerable families). In addition, there are some particular federal and regional programs. Non-statutory service providers can bid for the related funds in order to develop additional services (such as support to people with AIDS or sexually abused children).

A huge proportion of direct social services are provided by non-profit agencies on behalf of local authorities. In general, these organizations belong to so-called welfare associations (Wohlfahrtsverbände). The two largest of these are faith-based organizations that enjoy a quasi-public status (still guaranteed by law) and are considered to form the first level of service provision. They are responsible for nearly two-thirds of all homes for the elderly and persons with disability and account for about 50 percent of all services in the field of youth assistance. The remainder of services are mostly in the hands of statutory agencies, including municipal “general social services” (Allgemeine Soziale Dienste) that are responsible for coordinating local service supply and for providing all-purpose social work. In general, the structure of service delivery, especially with respect to the characteristics of the involved providers, is highly variable across the country.

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5 Based on a report prepared by Dr. Ingo Bode, ILO Consultant, June 2003

6 Social services in this report refer to personal or direct in-kind social services for vulnerable populations (e.g., women, children, elderly, people with disabilities, low-income populations). Examples of direct social services include: institutional and residential care for needy populations, safe houses for victims of violence, day care programs, drug and alcohol abuse prevention and treatment programs, mental health services, and rehabilitation programs.
Some services have recently been devolved to private service providers. In addition, the self-help movement is well organized in Germany, especially for people concerned with particular health problems (to which they offer social support and medical advice), but also in fields such as shelters for women victims of abuse. Trade unions do not provide services themselves but frequently lobby for better service delivery. Furthermore, they share responsibilities in administering social insurance funds out of which many social services are subsidized. These funds also run own rehabilitation centers.

Based on a long-standing tradition, there is firm cooperation between local government and the welfare associations, including joint planning and the consensual agreement about who does what under which conditions. Hence the overall design of the welfare system encourages local responses to social problems even though vested organizational interests may be at stake as well. This local “welfare corporatism” has however been losing ground more recently since many public authorities manage their service supply by a more competitive system of contracts. This became possible under reforms of the aforementioned federal law. Nevertheless, the partnership as it has evolved between the protagonists of the service system and the institutions of social work professionalism during the 20th century continues to persist. Many universities of applied science (in which social workers are trained) are still in the hands of the churches that also have a strong say in faith-based welfare associations.

**Funding**

Public authorities are in primarily in charge of the bulk of costs generated by the provision of social services. Thus, state funding prevails in Germany. Municipalities confronting a particular caseload are partially reimbursed by a national system of cross-subsidies. Welfare associations get most of their services (re-) funded by public money in one way or another. Income from contracts with state authorities and reimbursements for services from social insurance schemes make up about 80 per cent of their total income, additional public grants comprise another 10 per cent. A small share of the costs is covered by volunteer input of time and money. Users are charged for a range of services (e.g. non-medical home care), albeit at a low level if compared internationally. Self-help groups depend on a higher proportion of private resources, yet they receive considerable (quasi-) public subsidies as well (e.g. from the health insurance). To date foundations and social co-operatives are poorly developed in Germany.

As regards the financial arrangement of public-private partnerships, non-profit providers could for a long time rely on generous inputs of (quasi) public funders. Today, however, they face a new contract culture that increasingly forces them into task-linked and time-limited “joint ventures” with public bodies. In the same vein, block grants have been reduced. In the case of eldercare (which is partially paid by social care insurance), there are strict limits on the amount of funded services. As a result, services tend to become less inclusive. Thus, non-statutory service providers increasingly search for private funding, e.g. from the wider public or from corporate philanthropy.
Characteristics of Good Practices

Currently, there is a high level of economic pressure upon the whole system of social services. Hence, all measures by which costs can be reduced are considered to be good practice. Elaborate accounting systems, profit making services, or sophisticated fundraising strategies find a positive echo among experts in the field. Within the provider organizations, another highly valued practice is building networks of service delivery in order to save resources and to reach higher proportions of a given clientele.

Against this background, there also are growing efforts for securing service quality. While these efforts are only symbolic in many cases (certification, profiling of processes etc.), the overall interest in measurable outcomes of social services has grown considerably. Many organizations have adopted quality control systems, e.g. by referring to ISO norms or to benchmarking models. Recent reforms of social law have obliged publicly funded agencies to produce detailed records of their organizational performance.

With regard to social work, various approaches of case management have become popular. The idea is to make a given social worker responsible for the entire track a user takes on the way to reintegration into the labor market. In various cases local authorities have outsourced such services to independent agencies that receive premiums if they succeed in getting people off of welfare (municipal social assistance) by providing jobs.

Linking services to social space is another current trend. The idea is to overlap departmentalized services and to bring them together into one facility that is easy for users to access. This is accompanied by interest for a new kind of inter-discipline approach by treating problems of employability and of social-psychological crisis at the same organizational level.

To some extent, public and non-profit agencies also exhibit a new commitment to urban regeneration. Some federal money has been spent to set up facilities of urban “district management.” These facilities strive to bring together multiple local stakeholders (small business, interest groups, welfare associations, housing companies, local politicians etc.) in order to develop volunteer work or local economic initiatives. The overarching aim of the program Soziale Stadt is to cope with suburban decay, yet the strategy addresses the question of adequate personal services, as well.

Some concrete examples of good practices include the following:

Temporary Care Facilities for the Frail Elderly

In Germany, the majority of the frail elderly still live at home, with relatives as their principle carers. Since the introduction of mandatory social care insurance in 1995, the latter are increasingly supported by outpatient-care services, and in some cases, by home help services as well. Importantly, a good deal of the related expenses is covered by insurance. Given the preference of frail older people (and their families) to organize care
at home as long as possible, one major problem had been that there was no relief in case they fell ill, they needed recreation (including holidays), or simply wanted to enjoy some free time. For a couple of years now, a growing number of temporary care services offer “care on demand” in small entities that are equipped according to professional standards. Even though part of this service has to be paid for by users, it seems to be very much appreciated by both users and public policy makers.

**Social and Work Integration for Vulnerable People**

With the enduring crisis on the German labor market, jobless people have been increasingly facing the risk of social exclusion. Being out of labor for many years, not only their ability to carry out ordinary salaried work, but also their psycho-social condition proves considerably harmed in many cases. At the beginning of the 1980s, social workers rooted in the new social movements were pioneering novel concepts of democratic empowerment and collective self-help within “social enterprises.”

As a result, the idea of providing work, training, and support services for disadvantaged people in organizations outside the ordinary public and for-profit economy rapidly proliferated. Municipalities and local associations started large social businesses, thus allowing for the emergence of a new, welfare organizational field. While public bodies initially generously funded these organizations, their commitment was considerably reduced in the 1990s. Moreover, the idea of temporary work in the “second labor market” is going to be ruled out by recent workfare polices. Nonetheless, there still exist many social enterprises that combine labor market integration, social work, and the delivery of products and services (mostly offered to needy persons). Therefore, they provide opportunities of a multi-level empowerment to very vulnerable populations.

**Participatory Service Provision for People with AIDS**

When AIDS was spreading in Germany during the 1980s, the existing institutions seemed to be hardly capable of offering the then required services. One problem was social stigmatization. People affected by the disease could not easily turn to traditional service providers. In 1983, people affected by this new social problem (members of the risk-group, infected persons, and their relatives) decided to set up a national network. As a result, more than 130 local “AIDS self-help” groups were created.

The overarching idea was to combine self-help (representing the interests of the aforementioned stakeholders) with the delivery of various services (such as running meeting-points, counseling, care, meals, or shelters). Interestingly, many local groups have succeeded in raising private funds and donations to a remarkable extent through public campaigning in the mass media. Sometimes these funds make up about 40 percent of the budget (which is unusually high in the German nonprofit sector). In addition, the groups have obtained access to public grants, albeit at shrinking levels.
A considerable proportion of the self-help groups’ paid positions have been assigned to agents infected by the HIV/AIDS virus. In addition, an advisory board composed of “milieu-related” stakeholders has a strong say within the local organizations. The groups also run special training programs for their volunteer “workforce.” Even though the resource base has proved to be quite unstable over time, with a substantial volatility of the personnel and of service supply as major consequences, “AIDS self-help” groups make an interesting model of how to engage special users as participants in the organization of personal social services.
ENGLAND: SOCIAL SERVICES

Fundamental Principles

Social Services in the United Kingdom are fully devolved and decentralised. There are separate systems for England, Wales, Scotland and Northern Ireland. This paper describes the system in England. The philosophy and approach is essentially the same in all four countries. The structures and processes vary in their detail. There are separate laws for Scotland and Northern Ireland and sometimes for Wales.

Social care services are organised to promote social inclusion by providing people with help to live their lives as independently as possible in the community. A wide range of child protection services, social work, early years and other services provide protection, and prevent harm, to people who are vulnerable. The pattern of services is tailored locally to meet the needs of local people and to encourage diversity and creativity within a national framework of duties and standards established by central government.

The provision of social services is the responsibility of local government. One hundred fifty local Councils are expected to promote the accessibility of their services by making information freely available. Good practice in this regard includes placing leaflets in libraries, hospitals, and the offices of family doctors; easy to navigate websites with online access in libraries and Council offices; and leaflets using very simple language and/or pictures. Britain is a multi-cultural country and it is common for leaflets to be provided in several minority languages, depending on the particular ethnic composition of the locality.

Based on a report prepared by Margaret Moodie, ILO Consultant, June 2003.

Social services in this report refer to personal or direct in-kind social services for vulnerable populations (e.g., women, children, elderly, people with disabilities, low-income populations). Examples of direct social services include: institutional and residential care for needy populations, safe houses for victims of violence, day care programs, drug and alcohol abuse prevention and treatment programs, mental health services, and rehabilitation programs.

The material in this paper describes the system when public authorities (local government) are involved in arranging services. In addition, there is a private market where clients make arrangements directly with commercial or not-for-profit providers. This parallel system is probably extensive but data are not readily available.

‘Council’ means a local government entity. This may be a County Council, District Council, London Borough Council or a unitary authority. The distinctions among these different types of local government are not significant for the purposes of describing social services.
Law and Other Documents

The principal laws that govern social services are:

- The National Health Service and Community Care Act 1990.
- The Care Standards Act 2000.
- Carers and Disabled Children Act 2000.

More detailed provision is made in numerous Regulations (subsidiary legislation). However, a distinctive feature of the British system is a long tradition of use of non-statutory, but nevertheless highly influential, documents containing guides to good practice, guidance notes, audit evaluation reports, standards and inspection reports. These are the main vehicles for transmitting both the letter and the spirit of the national policy.

Responsibility for Provision of Service

The Ministry of Health is responsible for policy, law, and standards. It provides no services directly. It develops policy using a participative process of wide consultation involving a number of different agencies and representative bodies. For example, recent revisions to the quality standards for residential care homes have been produced after just such a process.

Provision of services is the responsibility of local government through a Council. Each Council has four distinct functions:

- To identify the needs of the local community and commission services to a pattern that will meet those needs.
- To purchase services from a supplier of services. A supplier may be an NGO or a private business or another Council.
- To provide some services directly itself.
- To make the most effective use of finite resources by ensuring that services are provided to those individuals or families with the greatest needs.

The continuing trend is for Councils to move away from direct, in-house provision and to secure services from other sources. In 2002, the independent sector provided 85 percent of all places in residential care homes and 64 percent of the domiciliary care arranged by Councils.

A very wide range of providers is consequently involved in the provision of services. These can be entrepreneurial enterprises, operating for profit, non-governmental organisations, or other public bodies such as other Councils. The diversity of suppliers

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11 The phrase ‘Ministry of Health’ is used because this is the term most commonly understood in the international context. In fact, the title is ‘Department of Health’ in English usage. The phrase ‘Minister for Health’ is used for the same reason, though the official title is Secretary of State for Health.
makes it easier to construct a package of care that meets the needs of the user and to provide users with a choice about how their needs will be met.

The relationship between a Council as purchaser and a provider of services is regulated by contract. Where the Council itself is the provider, it is common to have a service level agreement. This has all the features of a contract except that it is not legally enforceable. A service level agreement ensures that the users' interests are represented separately from those of the provider and that the in-house provider can be compared on equal terms with other providers.

Education and Training

The Minister for Health is responsible for identifying what training people wishing to become social workers require. Recent changes to the training of social workers now require a professional qualification equivalent to a bachelor’s degree with honours. There is a strong emphasis on practice and the practical application of skills, knowledge, theory, research, and analytical abilities to the delivery of services to users. The development of qualifications results from a collaboration among many agencies. In addition to the basic requirements specified by the Minister in Regulations, the Quality Assurance Agency for Higher Education develops subject benchmark statements which guide the academic institutions in designing programmes that will deliver the desired learning outcomes. The Social Care Institute for Excellence produces best practice guides that build an accessible knowledge base for social work practitioners, teachers and students. The Training Organisation for Personal Social Services develops national occupational standards.

Social workers comprise 14 percent of the social care workforce. Training is equally important for workers in social services who are not social workers. National Vocational Qualifications are work-related, competence based qualifications that reflect the skills and knowledge necessary to do a job. They are based on national standards recognised by employers throughout the country. NVQs specific to social services cover social care sector staff and those caring for children and young people. In addition, there are relevant NVQs in administration, management, and customer services.

A register of workers in social services was established in 2003. The General Social Care Council manages the register and will begin with the registration of qualified social workers. Once there is a viable majority of social workers who have successfully registered, the title of ‘social worker’ will be protected and no unregistered person will be able to describe him/herself as a social worker. Continued registration will depend on a commitment to continuous professional development. Other groups identified for early registration are residential childcare workers and managers of residential care homes.
**Finance**

Social services are arranged and financed by local government. Local government derives its revenues from three sources: local taxation (a property tax), grants from national government and user fees. Approximately 75 percent of local government spending derives from government grants. The system of distributing national resources to Councils goes to great lengths to achieve fairness and equalisation of resources. It uses a formula that takes account of the following:

- The characteristics of each Council that are measures, or proxy measures, for social need.
- A normative cost of services in each Council that takes account of local prices and nationally negotiated agreements on wages and conditions of service of employees.
- The capacity of each Council to meet the costs from local taxation (the tax base).

More resources are thus directed to Councils with the greater social needs and/or the lower tax bases. The price of fairness and equalisation is complexity and loss of transparency. The central government is seeking alternative methods of distribution that would retain the advantages of the present system but achieve greater simplicity and transparency.

Users of social care services are liable to make a contribution to the cost of the services, if they can afford to do so. Some users will pay the full economic cost of the service they receive. The primary consideration for the receipt of services is the assessment of individual need and is wholly independent of ability to pay. The test of ability to pay comes only after a decision to provide services has already been made.

**Quality Assurance**

Quality of services is assured through two different but complementary systems. Standards for providers of services are promoted and maintained by the publication of standards and good practice; and inspection and registration of providers, using the standards and good practice guides as benchmarks. Standards for local government as the responsible agency are promoted and maintained by the performance assessment system.

The National Care Standards Commission regulates social care and is responsible for the registration and inspection of care homes, children’s homes, domiciliary care agencies, residential family centres, voluntary adoption agencies, and independent fostering agencies. It is responsible for inspecting local government fostering and adoption agencies. The National Care Standards Commission is financed from central government funds but is independent of the Ministry of Health. National Minimum Standards have so far been issued for:

- Care homes for older people.
- Care homes for younger adults and adult placements.
Children’s homes.

Adoption services.

Foster services.

Draft National Minimum Standards have been issued for consultation for:

- Domiciliary Care Agencies.
- Residential Family Centres.

The performance assessment system consists of 50 indicators organised into five domains: national priorities and strategic objectives; cost and efficiency; effectiveness of service delivery and outcomes; quality of services for users and carers and fair access.

The Ministry of Health publishes the performance data annually and allocates each indicator to a performance band ranging from “1” meaning ‘investigate urgently’ to “5” meaning ‘very good.’ The boundaries of the bands are based on current good practice and are revised when evidence and experience suggest that this is necessary.

This system is intended primarily for use by Councils so that they can better understand their own performance in each year and over time, can benchmark themselves against other similar Councils and can decide which aspects of performance need improvement. The indicators are to be interpreted in the context of other available information, such as reports of inspections, and are not to be regarded as definitive in them. The best performing Councils have greater freedom from Government controls; the poorer performing Councils are offered support and, as a last resort, intervention.

Consistent with the principles of transparency and accountability to the public, all the information about quality is publicly available. Councils must publish details of their own performance to their local populations and do so using websites and local newspapers and information bulletins. Users and their families have access to inspection reports.

**Good Practices**

The foregoing paragraphs have highlighted some examples of good practice. The main features of good practice can be briefly summarised as:

- **Focus on the user.** Services organised in order to meet the needs of the user and to promote independence, autonomy and self-determination to the maximum extent. Users should be involved in decisions about their own services but should also have a voice in deciding new directions for policy.
- **Recognition of the role of carers,** who have needs for, and are users of services in their own right and not just as appendages of the person for whom they care.
- **Multi-agency working** (or ‘joined up government’), which promotes collaboration and produces an integrated package of services for the user. The user has one point of contact with the services.
Participation through the involvement of different interests in the development and evaluation of policy and the widespread use of consultative documents.

Evidence based decision-making and a constant search for improved quality and effectiveness based on evidence of good practice.

Some examples of good practices include:

**The Ministry of Health’s National Service Framework for Older People**

This is a guide to good integrated practice – especially between health and social services – with a timetable for action. It was itself a product of multi-agency working. The group that produced it contained representatives of health services and social services, the professions, housing associations and academia. One specific group represented the interests of users, including users from ethnic minority communities and a second group represented the interests of carers.

**John Grooms**

This is a Christian-based charity, provides services for people with disabilities. Its aim is to enable people with disabilities to be as much a part of the community as possible. One of its initiatives is *Lifestyle Options*. A Lifestyle Worker helps to empower and support the person with disability so that he or she can become increasingly involved in social, leisure or educational activities within the local community. The project helps people to develop their interests, hobbies and education by providing information, guidance and support that helps the individual to achieve his or her personal goals. The web site of John Grooms is: http://www.johngrooms.org.uk/.

**Childline**

Childline is a free, 24-hour confidential telephone helpline for children and young people. It gives children an avenue to talk about what is troubling them – for example, abuse or bullying – and a volunteer counsellor helps the child to explore his/her feelings, consider how the problems might be tackled and helps them to identify an adult in whom they can confide. Childline has nearly 1000 volunteer counsellors who receive ongoing training, support and supervision. It has a web site at: http://www.childline.org.uk/.

**The Forum@Greenwich**

The Forum@Greenwich is a local social action centre that aims to promote inclusion and create opportunities for local people. It provides a variety of neighbourhood based services and a project supporting community groups. Among many activities it provides a club for older people and a befriending scheme for those who are lonely or unable to get out; information, advice and support for children and young people, including intensive one-to-one work with young offenders, drug awareness and advice on how to deal with bullying; training in IT skills with some courses specifically aimed at people with a disability or people with a learning disability; a timebank where people offer time (e.g.
for babysitting, help with form filling, escorting people to appointments, household repairs) and can themselves request the equivalent time when they need help; a community café, which trains and employs people with learning disabilities and a volunteer centre that provides training and supervision for people wishing to become volunteers and information on opportunities to volunteer.

The centre is very much based on the idea that everyone is a giver and everyone is a receiver. An independent review described it as a “flagship and exemplary community based service.” More information on the centre is available on line at: http://www.forumatgreenwich.co.uk/.
The system of social security is based on three fundamental tiers: traditional insurance (social and health), social assistance and services and besides these also a so-called “state social subsidy” (mainly family benefits). Social services do not mean enormous spending or affected large part of population. However, social services concern the most vulnerable and thus it is crucial to have a viable system in place. Social services may actually appear to be a small part of the public services. They consume about 1% of GDP. But they provide services to some 200,000 needy citizens (2% of population) and provide jobs for 35,000 workers (0.7 % of the workforce) and support the services provided by almost 900 NGOs. It is vital for operational and political reasons that the vulnerable users should feel secure that their services will not be subject to sudden changes.

**Structure of Delivery System**

**Fundamental Principles**

The current system of delivery of social services is still primarily driven by an institution-oriented rather than client-oriented approach. This statement stems from the fact that the only clearly defined resources from the state budget are subsidies per beds in residential care institutions (either for the elderly or for citizens with handicaps), annually agreed between the Ministry of Finance and the Ministry of Labour and Social Affairs (MoLSA).

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12 Based on a report prepared by Markéta Vylítová, researcher, head of Social Protection Team, Research Institute for Labour and Social Affairs, Prague, Czech Republic. Since 2000 local expert of Bannock Consulting in the Czech-British twinning project “Assistance to the Ministry of Labour and Social Affairs in reforming social services” where her focus was mainly on financing of social services, evaluation of social services, costs of services and on the overall strategy of the reform; coordinated the preparation of the Czech White Book in Social Services. e-mail marketa.vylitova@vupsv.cz
Since 1990 amendment of the basic law dealing with social services\(^\text{13}\) the scope of service providers has been significantly broadened: not anymore only the state and municipalities (and regions), but also NGOs and citizens can provide social services. This positive evolution was later accompanied by giving more powers – and also responsibilities – to municipalities and recently to regions\(^\text{14}\). However, subsidiarity was not followed by a shift of financial resources together with responsibilities.

The valid legal framework distinguishes several groups of citizens mostly endangered by social exclusion and need of social services: families and children; the handicapped; elderly citizens; people who require special assistance; people who cannot adapt socially (e.g. former prisoners etc.). Nevertheless, the needs-analysis is done individually in each case when a client asks for a specific service so that the highest possible social inclusion of the vulnerable is reached. Of course, services like fighting of child abuse, drug prevention etc. are not based on a claim of a service but rather on the principle of finding the vulnerable, street-work etc.

**Mechanisms for Establishing and Regulating Agencies**

Agencies, that provide direct social services, are basically of three kinds. One type is state agencies that run still smaller number of residential care institutions for the most severely handicapped (5 at the moment). These institutions are subordinated to the Ministry of Labour and Social Affairs\(^\text{15}\) and financed from the state budget. The second type is municipal- or region-run services, where the law on municipalities and the law on regions allow for establishing the agencies. The third type is the one we are most interested in. The third type is represented by non-government non-profit organizations that provide social services. These can be either charitable organizations or so-called public-utility organizations or services offered by citizens or their associations and by foundations. Until 1995 it was only the Civic Code and a law on association of citizens\(^\text{16}\) that created the legal framework for NGOs active in social services. Now it is mainly law on generally beneficial organizations\(^\text{17}\), which covers the provision of social services by NGOs. Non-government non-profit organisations communicate with state government offices mainly in connection with requests for subsidies. Otherwise, after permission is obtained from the Ministry of the Interior, their activities are not limited in any way.

**Government Policy to Strengthen Local Capacities**

The MoLSA which is responsible for social services, has quite recently started a regular dialogue with municipalities, cities and regions with an aim to smoothen the

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\(^{13}\) Law No. 100/ 1988 on social security

\(^{14}\) The public administration reform took place in 2001-2002 in the Czech Republic, leading to establishment of 14 self-governing regions and abolishment of 77 districts, which used to be part of the state administration.

\(^{15}\) Abbrev. MoLSA

\(^{16}\) No. 83/1990

\(^{17}\) No. 248/1995
reform of social services and also to clearly define each one’s position and opinion. MoLSA has developed a guide to community planning of social services and also a training course for community planners. Besides this, the MoLSA has also cooperated in the preparation of a set of standards of social services and in the preparation of licensing of service providers and of inspections of provision of services as well as in sets of training courses for all these areas. So far, all of these desirable activities are voluntary, not based on law. Nevertheless, there is a wide interest among service providers and municipalities in these matters and ongoing training takes place in the Czech Republic in these matters.

Largest Providers

Most clients of direct social services are clients of non-residential services, be it domiciliary services (one of the few non-residential type of services provided not only by NGOs, but also by municipalities). Types of prevailing providers differ according to the type of service: while residential care is by far mostly provided by local, regional and state governments, new types of services, such as personal assistance or sheltered houses etc. are mostly run and provided by non-profit agencies and charities. However, statistics about social services are far from exhaustive. We have a very good database on residential care, while other types of services are sometimes lacking in statistics.

Extent of Government – Agencies Partnerships

As the past development shows, the general trend of partnership was the only possible way of improving the situation in social services at all levels (policy, provision, responsibility, financing). At the policy creation level, the MoLSA has started involving NGOs and clients’ associations in all activities: there was a working group for the preparation of law, a Czech-British project on reform of social services, working group for preparation and testing of standards in social services and many other activities where agencies as well as clients took part in. On services’ provision level, all parties are involved in creation of community plans of social services. Nevertheless, this partnership is not based on any legal provisions, it is carried out solely voluntarily.

Extent of Agencies – Education Sector Partnerships

No lifelong learning is obligatory in social services sector so far. It is envisaged that people working in social services should undergo training specifically developed to educate in standards of social services. With the feeling that the agencies–education sector partnership is underdeveloped, two seminars are being organized in summer 2003 as a conclusion of the Czech-British project. Their aim is to disseminate the developed training materials (community planning of social services, standards of social services, licensing, and inspections for future trainers and for the target (public employees in social services) among the education sector, i.e. universities, training centres and also labour offices. The questions behind the partnership between agencies and education sector are on one hand, who can educate? And on the other hand, who would pay for it? A possible solution lies in greater involvement of labour offices, which can support or develop
retraining courses for the unemployed, paid from the state budget either entirely or co-financed.

Source of Funds

**Who pays?**

The largest share of expenditures on social services is born by local budgets (approximately 60% of public spending on social services). It has already been mentioned that municipalities possess wide discretionary powers regarding the scope of services provided and expenditures, respectively. Approximately 30 percent of public spending on social services comes directly from the state budget, i.e. the Ministry of Finance, largely in the form of subsidies per beds in residential care institutions. The MoLSA itself gives approximately 4 percent on social services generally and another 6 percent on grants to NGOs providing social services.

When we look at the clients’ co-financing, available data show the share of 16 percent on domiciliary care and 32 percent on residential care costs.

Mechanisms of Contracting

The MoLSA contracts for some services with NGOs if the NGO applies for a subsidy to cover its operational costs. The subsidy can reach up to 70 percent of the proven costs of the NGO. In these cases, NGOs are liable for provision of services to the MoLSA. Nevertheless, there are no sophisticated inspection mechanisms in place so far. In the overall provision of social services in the Czech Republic, contracting is not a widely used mechanism for ensuring accessibility of a broad scope of services.

Characteristics of Good Practices

The following approaches are considered to be good practices in the delivery of direct social services in the Czech Republic:

- Services that lead to respect of people as individuals and focus on the promotion of their dignity, individuality, rights, and responsibilities. Services that lead to inclusion and integration of clients and also their families, if necessary. Provide people with personal assistance at their homes if they wish instead of moving persons with, for example, learning difficulties into residential care institution.

- Best-fit services are planned, organized and provided in a partnership of all actors in a given locality. The partnership is quadrilateral: individuals - local and regional governments - civil society – government.

- Users of social services and their families have confidence in services they use and providers of social services are able to assess, whether their services are in accordance with the adopted standards.
One example that incorporates these good practices is drawn from the draft *White Book in Social Services*, as follows:

Frantisek is 46 years old and has learning difficulties, otherwise it is not immediately clear why Frantisek needs help. Until he was 40, he had lived with his mother in a quiet part of Prague. After his mother’s death he was left on his own and could not cope with household chores. He was not even able to live on his pension. His neighbours contacted a social worker who arranged for Frantisek’s placement in a home for mentally disabled people. He shared a room with 15 other people. In the home he was provided with all the necessary care, he spend the days at the day-care centre where he took part in various working activities. He particularly enjoyed working with wood. He was woken up every morning; he was served tasty meals and went on trips with other clients. When asked whether he was satisfied, he replied yes, however, he did not have any interests, any hobbies and relied on help of others.

Several years later a new manageress was appointed and new workers admitted and they wanted to know what Frantisek intended to do in the future. He explained that he would like to live in his own home. He visited it and, together with his personal assistant, started to plan his future life. He had to learn a lot – to do the cleaning, to cook, to wake himself up, to use the local means of transport, and to handle money. Six months later he moved to his home. In the following months the assistant came to see him several times a week and helped him with those things that Frantisek could not manage on his own. Frantisek is quite independent now; if he needs his assistant’s help he is able to ask for it. He has a contract for the provision of certain social services, which he renews regularly. He is able to decide what he needs. He continues to attend the workshop. He has friends, he also has a girlfriend and they plan their common future. Sometimes he goes to a pub, on Sundays he makes trips or visits his relatives. With the support of social services, Frantisek is able to live an independent life and decide what it will be like.

Examples of Agencies with Good Practices

There are a great number of various agencies, mostly non-profit, which provide not only direct services to clients, but are also active in developing standards for their branches, in training of employees, clients and their families etc. Here we discuss only a sample of them.

*Contact without Barriers*. First, a rather small agency called Contact without Barriers (Kontakt bB) aims at getting the paralyzed (tetra, paraplegics) back to life, teach them how to do sports (especially swimming), use computers, find work, find a partner or establish a family. Contact has established several centers around the country and combines fund raising from the MoLSA, Ministry of Education, and also the Ministry of Health.

*Sananim*. A second agency having good practices is a drug prevention agency called Sananim. The agency, besides providing various services to drug addicts, disseminates knowledge among the wider public, has developed cost-effectiveness testing mechanisms
in the sphere of drug prevention.

_Deaconness of the Czech-brotherly Evangelic Church and the Czech Catholic Charity._ Then, there are two church agencies, which run an outstandingly large number and variety of private, non-profit social services. They are the Deaconness of the Czech-brotherly Evangelic Church (Diakonie ceskobratrske cirkve evangelicke) and the Czech Catholic Charity (Ceska katolicka charita). These two agencies also run the more “traditional” services, such as residential care institutions. They are well organized and highly professionally administered.

**Final Remarks**

The reform of social services has eventually collided with public administration reform, which in the end has slowed down the process of social services reform significantly. However, during the endless preparation of a new law on social services (first draft in parliament in 1995), several pilot projects have been processed in order to test mechanisms of new partnership in social services and also mechanisms of providing good-quality services. The two pilot projects were Community Planning and Standards of Social Services together with Licensing of Providers of Social Services. The pilot projects were widely supported both by the MoLSA and by people, providers and purchasers in localities.

**Conclusions and Recommendations**

The demand for social services has started to change and so has the approach of the providers and purchasers. The ongoing demographic and social changes mean that there will be an increasing number of people who will be in need of help to maintain their own independence and participation in community affairs. The most important challenges faced by the Czech Republic in continuation of reform of social services can be characterised as following:

- Maintaining cooperation between the relevant parties of central government;
- New ways of collaboration between regional and local governments and the civic sector shall be found and established;
- The central government needs capacities not to provide for services but to seriously guide local and regional self-governments and to exercise appropriate supervision over social services provision; correspondingly, a system of monitoring and evaluation of social services shall be established;
- Finally, openness to innovation is needed to cover new functions;
- All this backed-up by a new law on social services.

We may conclude with the statement about the most needed future steps: main obstacles for a substantial reform are non-existence of a new law, an old system of financing and still underdeveloped constant dialogue among relevant parties for a long time.
List of legal provisions

Directly Connected with Social Services

Act No. 100/1988 on Social Security
Act No. 114/1988 on Responsibilities of the Czech Social Security Authorities
Ministerial order No. 182/1991 on the provision of Social Security
Ministerial order No. 82/1993 on Payments for Housing in Social Care Institutions
Ministerial order No. 83/1993 on Boarding in Social Care Institutions
Act No. 129/2000 on regions
Act No. 128/2000 on towns and municipalities
Budgetary rules Act No. 218/2000

Indirectly Connected with Social Services

Act No. 582/1991 on Organization and Implementation of Social Security
Act No. 463/1991 on Subsistence Minimum
Ministerial order No. 310/1993 on Payments for Social Services Provided in Health Care Institutions
State Budget Acts (annually)
State Closing Account Acts (annually)

References


A Framework for Legal and Administrative Oversight of NGOs

The following is a brief discussion of the essential elements of a framework for legal and administrative oversight NGOs that is established in the spirit of creating a partnership between government and NGOs. The discussion also includes a section on the responsibility of Advisory Board members because such boards are an integral feature of sustainable and effective NGOs that play a critical role in ensuring transparency and linkages with the community.

The Contract

When government establishes a partnership with an NGO, a contract should be used to confirm the expectations of the relationship, whether the partnership is established through a bidding or grantmaking process. The contract establishes the legal relationship between the partners and should also clearly delineate legal, financial, performance, and reporting requirements. Although it is important to allow the NGO flexibility in the way it implements its programs, the contract should clearly spell out what is expected and how and when monitoring and evaluation will occur. Specificity in the contract ensures that expectations are understood and agreed upon by all parties and allows government to hold the NGO accountable for meeting agreed upon requirements.

Program Oversight and Monitoring

The contract should specify the performance standards that the NGO must meet and how and when monitoring will take place. Specific standards should be determined jointly between the members of the partnership and should include input from appropriate community stakeholders (see below). In general, standards can be grouped into two categories: 1) organizational, and 2) service or program performance standards.

Organizational Standards

Organizational standards apply to the day-to-day operations of the organization and can be considered as “good business practices.” For an NGO to be successful, it must have the appropriate infrastructure in place to ensure financial and operational viability. Typically, areas for monitoring include: governance, fiscal management, human resource management, and quality improvement.

Oversight and monitoring of these areas should include a review of the NGO’s organizational chart; operating plan including identification of who will be served and how; strategic plan including vision and mission statement, goals, and objectives; financial record keeping; human resource management information systems including credentials and licensing of staff, training and supervision; risk management procedures; compliance with health and safety standards; policies and procedures; relationship to the
community; and quality improvement processes.

Service/Program Performance Standards

Service or program performance standards include financial and performance indicators that provide information about program performance. These measures should be directly related to the NGO’s mission and display evidence that the program is meeting desired results.

NGO’s will need to develop a systematic means of collecting, analyzing and reporting data on performance indicators. Management Information Systems (MIS) enable the NGO to track information on several different kinds of measures including inputs, outputs and outcomes. Inputs provide information on the resources that go into providing the service. Number and type of staff, funding, equipment and other types of resources that enable a program to function are examples of “inputs.” Inputs should be monitored in relationship to outputs and outcomes to ensure efficient use of resources. Outputs provide information on the programs activities and participation. Output measures include activities such as the number of meetings, workshops, counseling sessions, trainings, etc. as well as the number of participants served by the program. Outputs provide information about how much a program is doing, but do not answer the question of how well. Outcome measures provide data on the program’s results or its effect on conditions outside of the program. Outcome measures range from short to long term and include changes in knowledge, skills, attitudes, behaviors, policies, and societal conditions. Customer satisfaction surveys, needs assessments, and standardized assessment instruments may be used to gather outcome information.

Stakeholders and Transparency

Stakeholders are those in the community with a vested interest in the service to be provided and may include representatives from other NGOs, local government, business, community groups, civic organizations, educators, consumers/users of services. Involvement of stakeholders in the planning and implementation of social services helps to ensure transparency and sustainability.

Monitoring Process

Site visits are a common tool for periodic monitoring of contracted services. Site visits provide the opportunity for the local government to observe the strengths and weaknesses of the NGO and to identify problem areas that may require further attention. The contract should define the timeframes and parameters of monitoring site visits. Site visits may be performed more frequently in the beginning and become less frequent as the NGO provides evidence of success and accountability. Site visits may include the following:

- Credentialing: ensuring staff meets legal and contractual standards for training, education and licensure.
Chart Audits: review random samples of records to ensure compliance with record-keeping requirements.

Visual inspection of facilities for compliance for appropriateness and check of compliance with all health and safety codes.

Direct observation of services.

Interviews with administrators, staff and consumer groups.

Review of financial and human resource records and policy and procedures manuals.

Site visits should include a mechanism for corrective action and follow-up on any areas of concern or non-compliance.

Written Reports

The contract should also require NGOs to provide periodic written reports of data obtained on performance measures including financial, organizational, and program standards. Reports should not simply report figures but should include analysis of performance measure data and highlight strengths and challenges of the program. The NGO should provide information on any major obstacles and its plans for addressing these issues. Reports may be required quarterly or annually and different information may be required for different reporting periods. Information contained in reports should be useful in evaluating the success of the program and provide data necessary to make management decisions about the future course of the program.

Evaluation of Programs and Services

NGO’s programs should be evaluated for compliance, efficient use of resources, reasonable efforts, and effectiveness of the program in meeting agreed upon performance standards. Program evaluations should be based on an analysis of information gathered from monitoring activities and should generate conclusions about whether the program is meeting the needs of its customers, its partners, and its community. Evaluation activities do more than increase program accountability. These activities should provide vital information for management decision-making. Additionally, monitoring and evaluation information should be shared with all levels of staff, consumer groups, and the community at large for better accountability and to enhance shared responsibility for program outcomes.
Feedback Process

Evaluation is not a linear process, but should feedback into program improvement processes. Corrective Action Plans (CAPs) can be used to address performance areas that are not adequately met. CAPs should identify the problem area, how the NGO plans to address the deficit, and the timeframes for completion of these activities. CAPs are written documents that should be submitted to the partner in accordance with timeframes contained in the contract. Follow-up should take place to ensure that CAPs are implemented and that issues are resolved in an appropriate manner within agreed upon timelines.

Performance Incentives and Penalties

Government may also consider the use of performance incentives and or penalties in correspondence with all or specific performance standards. NGOs may receive a financial incentive for meeting or exceeding performance standards as stipulated in the contract or be financially penalized for substandard performance. In order for incentives and/or penalties to be effective, performance criteria must be clearly defined and agreed upon by all parties involved. Additionally, information regarding the NGO’s performance and resulting performance incentives/penalties should be shared with all involved parties. Management and staff should be able to see the relationship between their performance and the corresponding outcomes, including incentives or sanctions.

Research

Empirical research is also a useful tool in the development and evaluation of social service programs. Experimental designs can be used to examine causal relationships between services and the data collected on performance measures. Program evaluation based on outcome measures may indicate that a change has taken place, but does not allow determination of whether or not the service or intervention actually caused the result. Integrating experimental designs into program evaluation is a more reliable method of answering questions about what is working and what is not.

Summary: The purposes of evaluation are to ensure:

- Compliance.
- Efficient use of resources.
- Reasonable efforts to meet contract requirements and desired results.
- Transparency.
- Program effectiveness.
- Appropriate information gathered during monitoring activities.
- Including information from stakeholders.
- Improved decision-making process.
- Sharing information with all levels of staff, consumer groups, other stakeholders, and the community at large to provide for transparency, accountability and to enhance shared responsibility for program outcomes.
Linking performance standards to performance incentives and/or penalties.
Empirical Research – experimental designs used to examine causal relationships between services/interventions and program results.

Advisory Boards

One way that local government can enhance involvement of stakeholders is by ensuring that the NGOs with which they partner has advisory boards in place. Advisory boards should be representative of the community and may include community and business leaders, government officials, other social service agency representatives, and consumers. Advisory boards composed of diverse membership will be better equipped to represent the diverse interests of the community. Advisory boards can be used by the NGO to evaluate organization and program performance and to assist in decision-making processes. Some advisory boards make recommendations regarding budget decisions and agency policies and procedures.

The NGO and local government should solicit consumer group involvement in planning and evaluation. This can be achieved through anonymous customer satisfaction and needs assessment surveys or through focus groups participation. Consumer groups can provide valuable information on program results and their input should be taken seriously in making programmatic decisions. Consumer groups may also organize and advocate for accountability and effectiveness of the programs that are developed to meet their needs.

Another way to better ensure accountability is by sharing program performance information with the general public. The community is impacted by the success or failure of social service programs in meeting consumer needs. Furthermore, the community may have a direct impact on the NGOs ability to meet performance goals. Program evaluation results should be shared with the community on a regular basis. Typically this is accomplished through an annual report publication that provides an overview of the organization and its financial and program performance.

Roles in Monitoring and Oversight

Government Roles

- Ensure accountability for public funds.
- Ensure compliance with legal requirements.
- Ensure needed services are provided.
- Ensure effectiveness of services.
- Engage in dialogue with NGO and stakeholders, including consumer groups, to examine needs and evaluate results.
NGO Roles

- Meet the requirements of the contract.
- Collect, report, analyze and utilize legal, financial and performance information in the implementation of programs.
- Engage in dialogue with local government and stakeholders, including consumer groups, to examine needs and evaluate results.

Advisory Board Roles

- Advise NGOs regarding organizations operations and assist in decision-making.
- Review financial information to ensure accountability.
- Represent community/stakeholders.
- Diverse membership to represent diverse needs of community.

Consumer Group Roles

- Be involved in program planning and evaluation.
- Conduct customer satisfaction surveys.
- Conduct needs assessment surveys.
- Participate in focus group.
- Hold organizations and local government accountable for providing effective programs designed to meet their needs.

General Public/Community Roles

- Access information from government and NGOs that is easily accessible and understandable.
- Participate in community forums.
- Review annual reports.
- Participate in needs assessments.
- Participate in satisfaction surveys.
- Provide input on success/failure of programs.

Responsibilities of Nonprofit Boards

1. Determine the Organization's Mission and Purpose

A statement of mission and purposes should articulate the organization's goals, means, and primary constituents served. It is the board's responsibility to create the mission statement and review it periodically for accuracy and validity. Each individual board member should fully understand and support it.
2. **Select the Executive Officer**

   Boards must reach consensus on the chief executive's job description and undertake a careful search process to find the most qualified individual for the position.

3. **Support the Executive Officer and Review His or Her Performance**

   The board should ensure that the chief executive has the moral and professional support he or she needs to further the goals of the organization. The chief executive, in partnership with the entire board, should decide upon a periodic evaluation of the chief executive's performance.

4. **Ensure Effective Organizational Planning**

   As stewards of an organization, boards must actively participate with the staff in an overall planning process and assist in implementing the plan's goals.

5. **Ensure Adequate Resources**

   One of the board's foremost responsibilities is to provide adequate resources for the organization to fulfill its mission. The board should work in partnership with the chief executive and development staff, if any, to raise funds from the community.

6. **Manage Resources Effectively**

   The board, in order to remain accountable to its donors, the public, and to safeguard its tax-exempt status, must assist in developing the annual budget and ensuring that proper financial controls are in place.

7. **Determine, Monitor, and Strengthen the Organization's Programs and Services**

   The board's role in this area is to determine which programs are the most consistent with an organization's mission, and to monitor their effectiveness.

8. **Enhance the Organization's Public Standing**

   An organization's primary link to the community, including constituents, the public, and the media, is the board. Clearly articulating the organization's mission, accomplishments, and goals to the public, as well as garnering support from important members of the community, are important elements of a comprehensive public relations strategy.

9. **Ensure Legal and Ethical Integrity and Maintain Accountability**

   The board is ultimately responsible for ensuring adherence to legal standards and ethical norms. Solid personnel policies, grievance procedures, and a clear delegation
to the chief executive of hiring and managing employees will help ensure proper decorum in this area. The board must establish pertinent policies, and adhere to provisions of the organization's bylaws and articles of incorporation.

10. Recruit and Orient New Board Members and Assess Board Performance

All boards have a responsibility to articulate and make known their needs in terms of member experience, skills, and many other considerations that define a "balanced" board composition. Boards must also orient new board members to their responsibilities and the organization's history, needs, and challenges. By evaluating its performance in fulfilling its responsibilities, the board can recognize its achievements and reach consensus on which areas need to be improved.

Individual Board Member Responsibilities

- Attend all board and committee meetings and functions, such as special events.
- Be informed about the organization's mission, services, policies, and programs.
- Review agenda and supporting materials prior to board and committee meetings.
- Serve on committees and offer to take on special assignments.
- Make a personal financial contribution to the organization.
- Inform others about the organization.
- Suggest possible nominees to the board who can make significant contributions to the work of the board and the organization.
- Keep up-to-date on developments in the organization's field.
- Follow conflict of interest and confidentiality policies.
- Refrain from making special requests of the staff.
- Assist the board in carrying out its fiduciary responsibilities, such as reviewing the organization's annual financial statements

Desirable Personal Characteristics of Board Members

Ability to:

- Listen, analyze, think clearly and creatively, work well with individual people and groups.

Willingness to:

- Prepare for and attend board and committee meetings, ask questions, take responsibility and follow through on a given assignment, contribute personal and financial resources in a generous way according to circumstances, open doors in the community, evaluate oneself.
Willingness to develop certain skills if you do not already possess them, such as to:

- Cultivate and solicit funds; cultivate and recruit board members and other volunteers; read and understand financial statements; learn more about the substantive program area of the organization.

Possess:

- Honesty, sensitivity to and tolerance of differing views; a friendly, responsive, and patient approach, community-building skills; personal integrity; a developed sense of values; concern for your nonprofit's development; a sense of humor.

Sources

Document retrieved 15 April 2003 from the University of Kentucky, Center for Nonprofit Leadership, Martin School of Public Policy and Administration: http://www.uky.edu/Centers/Nonprofits/boards/BoardResponsibilities.doc. Used with permission granted 24 April 2003.


The two primary documents with guidelines for U.S. Government projects with NGOs are the Office of Management and Budget (OMB) Circulars A-122 and A-21. Both NGOs and institutions of higher education (considered to be NGOs) operate under A-21; which is the administrative standard for grants. The complete documents are available on the following web sites.

http://library.whitehouse.gov/textonly/OMB/circulars/a122/a122.html

http://library.whitehouse.gov/textonly/OMB/circulars/a021/a021.html

**Other Documents with Guidelines for Partnering between Government and NGOs**

Both of the following contain language and regulations conducive to building partnerships and setting administrative standards and evaluation processes.

**Empowerment Zone/Economic Community Program** (Community Empowerment Program of 1993).


Click on Rural EZ/EC regulation effective in October 1998 7 CFR Part 25 Acrobat (pdf) file, 80 K

**School-to-Work Opportunities Act of 1994**


Of particular relevance is the description of "Local Partnership."

5 November 2003