

Towards convergence in european personal Social Services?

Jane BUTTLER

ABSTRACT

This article will consider whether or not there are pressures towards the convergence of social services in the countries of the European Union.

The topic will be approached by looking at the nature of the personal social services and their organisation. This will illustrate that there is considerable diversity both between and within countries. A number of different pressures towards convergence will be considered, some of them relatively weak pressures, some of them stronger. In particular, certain initiatives of the European Union itself will be discussed. However, in conclusion it will be acknowledged that diversity is likely to be the predominant characteristic in the foreseeable future.

Deciding what to include or not include within the term 'personal social services' is in itself problematic and this, perhaps, serves as the first indication of the diversity referred to above. As Munday (1993:ii) points out, there is often considerable uncertainty *within* a country as to the 'precise nature, scope and purpose of these services'. When this debate is transferred to the European level the matter is even more complex. Personal social services are often defined in terms of what they *are not* rather than what they *are*; They are not education,

housing, social assistance (cash benefits) or health. Thus it may be argued that the personal social services are residual services 'plugging the gaps' left by the four main services (Munday, *ibid.*).

It has also been argued that they are extra services required by particularly vulnerable groups of people or at particularly vulnerable stages in the life cycle (such as old age). These services are brought into play when informal networks of support such as family and community have been absent or inadequate. So, 'social

services are...taken as those which aim to support the family and the local community as systems of social protection' (Room 1993 p11). They are services which are often associated with the activities of social workers (although not exclusively so).

The organisation of services

At the level of service provision, the personal social services are dominated by organisation at the local level. This allows for considerable variation of provision even within a country. In the United Kingdom for example, one local authority has no residential provision for young people, believing that they should be cared for within families (although residential places are occasionally 'bought in' from elsewhere), whilst other authorities continue to rely heavily on residential homes at least for the older age groups.

Services may be provided by public bodies (local authorities) as is largely the case in Denmark, Sweden and the United Kingdom. They may also be carried out by non-governmental organisations as is predominantly true for Germany and the Netherlands (Lorenz 1994:15). Many areas of service also include a private 'for profit' sector, as in the case of the provision of residential homes for older people in the United Kingdom.

When considering the provision of services, however, it is also important to look at their funding and at the legislative and policy frameworks under

which they operate. Otherwise it might appear that the personal-social services are mainly the domain of state agencies in some countries whilst having little to do with the state in other countries; On occasion such a conclusion may be justified but on other occasions such a conclusion would be misleading.

It would certainly be misleading in the case of the Netherlands (mentioned above). Although it is true that non governmental organisations are heavily involved in the provision of services, this provision is set in a legislative framework and much funding comes from the state (via the municipalities). Indeed, 'all EC countries can be judged to have some form of state social service provision –that is, service provided by local authorities (or by voluntary agencies with state mandate and funding)– and a statutory basis for specified activities and provisions' (Cannan et al 1992:48).

Nevertheless, the variations in the type of body providing services do represent real differences resulting from the history and ideology of different countries. In Germany, for example, the notion of subsidiarity is enshrined in law. So that need should first be addressed within the family, then by non governmental organisations at local level and only by the state if the nature of the problem is such that state activity is required. This contrasts with Denmark where there is widespread acceptance that the state should be active in the provision of such services, viewing them as a social right.

There is in all countries then, a

varying degree of state involvement in the personal social services. There is also a 'mixed economy of welfare', with non governmental agencies involved even in Denmark and statutory agencies involved even in Germany. The balance of each sector, however, is markedly different. The local organisation of services means that there may be great variation within a country as well as between countries.

In the light of this ("what pressures can be found towards convergence?"), one answer may be in terms of the social, economic and demographic context in which these services operate.

The social, demographic and economic context

The countries of the European Union share similar challenges in terms of the social, demographic and economic context in which the personal social services operate. In terms of demography, the fertility rate has decreased and life expectancy has increased. Thus the population is an 'ageing' one where the number of older people and of the very old is increasing to a greater or lesser extent in all countries. In most countries it is forecast that this increase will continue.

At the same time, traditional patterns of family life have been changing. More women have been participating in the labour force. The divorce rate has increased (as has the separation rate in Ireland where

divorce is not permitted). The proportion of single parents has increased. Thus the availability of informal care (traditionally women not in employment) has decreased, whilst the need for such care (brought about by the ageing of the population) is increasing. This has led to concern on the part of policy makers that the cost of welfare (including the personal social services) –will be unattainable.

In all the countries of Europe these have been taking place in an economic context of recession and high unemployment.

The similarity of these pressures throughout Europe might be expected, at least from a functionalist viewpoint, to lead to convergence. They have certainly led to extensive discussion of the issues and new suggestions for their resolution. In particular, there has been a trend in most countries towards home based, community care rather than residential care for the elderly.

Nevertheless, there remains a huge variation in the amount of provision and in the organisation of that provision. It has been suggested that this is due to factors such as the relative strength of labour (social democratic parties and unions); Institutional variables such as regulation, financing, and the range of service providers; And the relative homogeneity or otherwise of the society, particularly in religious terms (Alber 1994). So, it may be said that there is some convergence in terms of practice principles but little in terms of the funding, organisation or amount of services.

Professional exchange

Since the end of the last century when the first courses were developed, social work has become an increasingly 'professionalised' activity. This in turn has meant that there has been an exchange of information on theoretical and practice issues. This has occurred through training, conferences and literature. Psychodynamic theory, ideas of 'normalisation' and the more recent moves towards 'community care' all serve as examples of this.

Often, in the past, the focus of attention, for the United Kingdom at least, has been the English speaking world, particularly the United States of America. However, in recent years there has been increasing interest and activity at the European level (for example, the UK social work magazine 'Community Care' has recently run a series of articles about social work practice and values in European countries). There has also been an increase in comparative research in the personal social services in Europe. However, such research is still in its infancy. All authors comment on the huge difficulty in obtaining comparable data (or sometimes any data at all)! But perhaps, in the longer term, this field will lead to greater convergence as research findings begin to affect practice.

Some focus at the European Union level has also occurred as a result of direct, planned action by institutions of the EU in relevant areas of social policy. There have also been other actions of the European Union,

which have indirectly impacted in the area of the personal social services, sometimes unintentionally.

Direct action by European Union

The personal social services has not been an area in which the European Union has taken legislative action. It is one in which the diversity between countries has been acknowledged and the principles of subsidiarity said to apply. The action that has been taken, therefore, has been in the form of work programmes, the development of relevant networks and observatories (such as those for child care, family policy, social exclusion and elderly people) and the publication of literature relating to these. Exchanges have also been subsidised by the Union in education relevant to the personal social services (for example, the Erasmus student exchange scheme, 'Residential Care for Children and Young People with Behavioural Problems').

The three 'poverty programmes' (launched in 1975, 1985 and 1989) which have aimed to combat social exclusion, have perhaps been the most significant activity of the EU in the area of the personal social services. They have involved many projects in the area of community development. These projects have formed a European-wide network and, at least since the second programme, the exchange of ideas through meetings of the projects has been built into the programme budget. The

projects have aimed to be innovatory, they have been subject to monitoring and evaluation and information about the projects has been widely disseminated.

There have also been two 'HELIOS' programmes (the second is currently taking place), which have *aimed* to foster the social and economic integration of people with disabilities. These have followed on from smaller programmes in the field of disability. Once again these programmes have created a European wide network in this practice area. In order to establish targets they call for a degree of agreement in terms of the aims of practice with this group of people and as such, this gives a certain pressure towards convergence throughout the EU.

In addition 1993 was the 'European year of older people and solidarity between generations'. This involved a wide range of activities, some of which were in the field of personal social services.

All of these actions, to a greater or lesser extent, encouraged cross national meetings of involved personnel to exchange information and ideas. They also set out some common principles to which projects should work. (Although the projects varied in the extent to which they met these aims). One such principle was to involve people within the target groups in the decision-making processes of the projects. The concept of social integration has also been central in all of the activities. The production and dissemination of literature of various kinds has resulted from the programmes.

All of these aspects might be regarded as pressures towards convergence. However, it should be acknowledged that these initiatives are tiny in EU terms. The budget of the 1989- poverty programme, for instance, was about the same as the annual budget of one UK social services department (of which there are 115 in England and Wales). There has also been criticism that, because of joint funding arrangements, the participation of richer countries has been much greater than that of poorer countries, thus potentially increasing differences rather than facilitating convergence.

Other actions of the EU

There has been some legislation of the EU which, whilst not being directly concerned with the personal social service, has nevertheless impacted on them. One example of the unexpected way in which this can happen is in the field of health and safety and relates to a directive regarding 'manual lifting'. The directive was primarily aimed at the construction industry and requires employers to assess the risk of injury through manual lifting, to provide mechanical aids to reduce the risk, to use two people where this would help and to train their staff in the nature of the dangers and in ways of reducing them.

It is clear that this directive will effect the personal social services as tasks of personal care inevitably involve manual lifting (in the bathing of older or handicapped people, for

example). It is possible that such directives will bring about some convergence in practices related to such lifting although this will obviously depend on the degree of compliance with the regulation and would in any case only relate to this very specific activity.

A perhaps more substantial impact has been made by directives regarding the mutual recognition of professional qualifications to facilitate the free movement of professionals within the EU (Harris and Lavan, 1992). Within social work this served to highlight differences in the length and level of social work training and the regulation of the profession in various countries.

In the UK, where the length of training is relatively short and the profession unregulated, this led to a feeling of demoralisation by what it perceived to be its lower status in Europe. The actual issue of mobility was not so important; even given mutual recognition of qualifications, there remain considerable practical difficulties to the mobility of social workers in Europe (such as difficulties of language, culture and lack of familiarity with the systems of other countries). The issue was more about self-image in a country where social work already felt under pressure from adverse public opinion.

This has led to pressure to change in a direction which would lead to greater convergence with the rest of the EU. There is a call for a longer period of training (from two years to three) and for some form of central regulation. Although this pressure has

currently been resisted on both counts, it is not inconceivable that it might be successful at some time in the future.

Conclusion

Overall, then, there are some pressures toward the convergence of the personal social services within the countries of the European Union. Social, economic and demographic changes, professional exchange and action at EU level (effecting social services directly or indirectly) all exert some pressures. It is true that these pressures tend to be limited in scope, weak in force or to meet with different responses in different countries. There remain huge differences in the personal social services of member states and this situation is unlikely to change in the near future. Nevertheless through the actions of the EU and by the focus provided by its existence, it is likely that workers in the personal social services will increasingly look to their colleagues in Europe to share problems, ideas and expertise.

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Resumen

¿Hacia una convergencia de los Servicios Sociales Personales en la Unión Europea?

La diversidad es uno de los rasgos característicos de la provisión de servicios sociales personales en Europa. El propio concepto ya muestra esa diversidad. Los servicios sociales personales se definen diciendo más bien lo que no son, es decir, de una forma negativa: no incluyen los cuatro servicios sociales principales: educación, vivienda, asistencia social (prestaciones económicas) y salud. Se definen más bien como los servicios residuales de los anteriores; es decir, "tanto aquellos que apoyan la familia y la comunidad local, como los sistemas de protección social" (Room 1993 p.11).

En la organización de los servicios la provisión está a cargo de agencias a nivel local. El grado de participación del Estado en la provisión de estos servicios varía de un país a otro en función de su historia e ideología, pero en todos los países de la UE existe "alguna forma de provisión estatal de servicios sociales, es decir, el servicio provisto por las autoridades locales (o por agencias voluntarias con fondos y mandato estatal) y unas bases esta-

tutarias para específicas actividades y provisiones" (Cannan et al. 1992: 48).

El contexto social, económico y demográfico en el que la provisión de estos servicios se produce tiene puntos de coincidencia entre los países de la UE. Demográficamente se ha producido un "envejecimiento" de la población. Socialmente han cambiado los modelos familiares (incorporación de la mujer al mundo del trabajo, aumento de divorcios y separaciones, familias monoparentales). Y todo esto sucede en un contexto económicamente recesivo y con altas tasas de paro. La similitud de estas condiciones podría favorecer una convergencia y sin embargo, todavía existe una gran diversidad en cuanto a la cantidad y organización de la provisión de esos servicios sociales.

La acción directa de la UE en el área de la provisión de servicios sociales personales no adopta la forma de una acción legislativa, porque se mantiene el principio de subsidiariedad. Pero se ha producido, a través de programas de trabajo para el desarrollo de redes de contacto (entre profesionales), la observación de grupos específicos y la publicación de literatura especializada. Las acciones más significativas han sido los tres "programas de pobreza" (1975, 1985 y 1989) dirigidos a combatir la exclusión social; los dos programas "Helios" (uno, aún en funcionamiento) encaminados a promover la integración de discapacitados, y las actividades resultantes en 1993 del "Año Europeo de la Tercera Edad y la Solidaridad entre Generaciones".

La acción indirecta de la UE se ha producido a través de la aprobación de directivas que han incidido en el campo

del trabajo social, como las referidas a la salud y seguridad en el trabajo o las referidas al reconocimiento mutuo de la cualificación personal para facilitar la movilidad en la UE.

El intercambio de información y de ideas, así como el acuerdo sobre los principios comunes sobre los que los proyectos deben trabajar pueden ser considerados como presiones hacia la convergencia.

Concluyendo, se puede decir que aunque existen algunas presiones hacia la convergencia de los servicios sociales personales en los países de la UE no parece que las enormes diferencias existentes vayan a cambiar en un futuro próximo. No obstante esas acciones favorecen un intercambio creciente entre los problemas, ideas y experiencias de los trabajadores sociales de los Estados miembros.

Jane BUTTLER

*M. Sc. European Social Policy Analysis
United Kingdom*