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Good Practices in Providing Integrated Employment and Social Services in Central and Eastern Europe

Research conducted within the

Promotion of Youth Employment and Management of Migration Joint Programme in Serbia

Angela Taylor

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List of Acronyms

ALMPs	Active Labour Market Programmes
APIR	Assessment, Planning, Implementation and Review Framework
ASSET	Airds Support Services and Education Team
CEE	Central Eastern Europe
CHOICE	Comprehensive Home Option of Integrated Care for the Elderly
CM	Case Manager
CSW	Centre for Social Work
CWI	Centre for Employment and Income
DG	Directorate General
EAPN	European Anti Poverty Network
EC	Employment Counsellors
ESU	Employment Support Unit
ETF	Environment Task Force
EU	European Union
EZs	Employment Zones
GoS	Government of Serbia
IAP	Individual Action Plan
ICT	Information Communication Technology
IEP	Individual Employment Plan
ILO	International Labour Office
IOM	International Office for Migration
ISD	Integrated Service Delivery
ISSA	International Social Security Association
IT	Information Technology
LAFOS	Labour Force Service Centres
LMDS	Labour Market Development Agreements
LSGs	Local Self Governments
MIS	Management Information System
MS	Material Security
NAV	Employment and Welfare Offices
ND	New Deal
NDDP	New Deal for Disabled People

NDLP	New Deal for Loan Parents
NDYP	New Deal for Young People
NEET	Not in Employment Education or Training
NES	National Employment Service
NGO	Non Government Organisation
NIESR	National Institute of Economic and Social Research
NSRs	National Strategic Reports
NYTKU	Project for Unemployed Young People with Mental Problems
OECD	Organisation for Economic Cooperation and Development
PAs	Personal Advisers
PACE	Program of All Inclusive Care for the Elderly
PES	Public Employment Service
PIs	Performance Indicators
PRISMA	Program of Research to Integrate the Services for the Maintenance of Autonomy
PSI	Policy Studies Institute
PRSp	Poverty Reduction Strategy Paper
RACs	Rehabilitation Assessment Centre
SII	Social Insurance Institution
SIPA	Systàme de services intégrés pour personnes âgées en perte d'autonomie
UK	United Kingdom
UNDP	United Nations Development Programme
UNICEF	United National International Children's Emergency Fund
USA	United States of America
VCS	Voluntary Community Sector
VS	Voluntary Sector
YBI	Youth Business Initiative

Leutz's Five Laws for Integrating Medical and Social Services[1]

First Law

"You can integrate some of the services all of the time, all of the services some of the time, but you cannot integrate all of the services all of the time"

Second Law

"Integration costs before it pays"

Third Law

"Your integration is my fragmentation"

Fourth Law

"You cannot integrate a square peg and a round hole"

Fifth Law

"S/he who integrates calls the tune"

Lessons

1. It is important to target expensive integrated approaches on people with complex needs. Not to do so is likely to be hopelessly inefficient.
2. Success in integration depends upon adequate investment of planning, time, and resources for training and systems development.
3. As much attention needs to be given to what may be lost through integration as to what is likely to be gained.
4. Remember that some things may remain permanent challenges, for example different funding and governance systems for different services.
5. This is not principally a comment on relative professional and organisational power. It is more an argument for finding ways for service clients and carers to play a leading role in shaping services and their integration, for example through increasing use of

[1] Leutz, W. (1999) "*Five laws for integrating medical and social services: lessons from the USA and UK*", Milbank Quarterly, 77 (1), pp 77-110.

direct payments/client budgets.

EXECUTIVE SUMMARY

Currently, almost 10 years after the launch of the Lisbon strategy, one of the most alarming situations that can be witnessed across Europe, in part as a result of the financial crisis, is the increasing level of youth unemployment as a percentage of the total unemployed. In the first quarter of 2009, the seasonally adjusted unemployment rate in the EU27 for those aged 15-24 was 18.3%, significantly higher than the total unemployment rate of 8.2%. In the EU27, 5 million young people are unemployed.

In Serbia, based on the Labour Force Survey, the overall unemployment rate has increased from 14% in October 2008 to 15.6% in April 2009, with an overall youth unemployment rate of 40.7%, an increase from 32.7% in 2008. The youth employment rate was 16.81%.

The commitment of the Government of Serbia to address the employment situation of young people – because of their exposure to vulnerability and social exclusion – is emphasized both in the 2002 Poverty Reduction Strategy Paper and the 2005 National Employment Strategy.

In considering the specific characteristics of disadvantage in young people, across Europe, generally the following groups of young people can be considered those most at risk: those who achieve no or low levels of qualifications (e.g., dropped out of elementary or secondary school, did not pass any training or re-training course); those who lack basic skills (numeracy and literacy); teenage parents; young people leaving institutional care (state or local authority); young people with disabilities with special educational needs (mental, physical or sensory); males more than females; ethnic minorities (in the west mainly African/West Indian descent in Central and Eastern Europe, mainly Roma); those from lower socio-economic backgrounds (linked either to family or geographical region); those with special educational needs; and those associated with poverty and general family disadvantage.

In many countries even "*being young*" is considered a disadvantage, and this perception is reinforced if the person in question if affected by one or more of the following problems: poverty, joblessness, or poor job prospects; dependency on benefits and other state support; poor or no housing; poor health; crime, either as victims or perpetrators of crime; poor school attendance linked to poor attainment of qualifications; poor academic and social skills; poor parenting; domestic violence; drug and alcohol abuse; young or single parenthood; unstable marriages; low aspirations, low self esteem, low motivation and general aimlessness. All of these factors influence a person's ability to become employed and even to meaningfully engage in education, training and personal development opportunities, or even society in general.

If we consider the complex of problems disadvantaged people face, we can see that attempts to solve them can, at least potentially, bring young people into contact with state bodies or agencies responsible for health care, social care services, education, employment services, benefits systems, police, local self governments or the state, public housing and a wide range of Non Government Organisation service providers. It is also important to note that a disproportionate amount of public money is spent on these bodies and the services they provide.

In response to the financial crisis and increasing unemployment levels most European countries are paying more attention to active inclusion and social activation as policy responses. In doing so they are asking themselves how to develop more employment friendly social protection systems for their most vulnerable citizens – people who face a multitude of complex problems and are the furthest from the labour market. In terms of social activation the most successful countries are considered to be Finland, Denmark and Norway while other countries are finding the development and implementation of social activation more problematic.

In Serbia, as in all countries, when seeking solutions to the multiple problems of the disadvantaged, there is no one single responsible agency or state body, with the required services or expertise, where all of these problems can be addressed. As a result, in order to access the required range of services, disadvantaged people have individually to contact many statutory and voluntary bodies in different geographical locations. The cost of seeking out these various state and non state bodies for help has traditionally been born by the vulnerable groups themselves, and often over-bureaucratic administrative application processes and limited geographical access to services has led to these costs being seen as quite substantial by the clients themselves.

Also while individual services e.g. social services and employment services may indeed function effectively in their own right, and provide effective services to their “clients”, when considered more holistically gaps or duplications in services, can be seen. Services separately also provide an incomplete appreciation of each individual’s or family’s needs as a whole, which can lead to ineffective responses to individual issues. Therefore, despite providing good individual services, a lack of effective co-ordination can sometimes mean that the combined benefit of those services for those who need them most is less than it should be. It is this situation that necessitates the requirement for inter-agency collaboration and co-operation.

The solution to the holistic problems of disadvantaged groups takes us beyond partnership and into the more complex and demanding area of service integration. It means abandoning the “silo” approach (everyone working solely within their own confined area of responsibility) and the fragmented administration of national and local services. For many European countries it has meant the establishment of multi-agency teams at national, regional and local level, working under an integrated management structure, with shared budgets, programmes and objectives – a whole system approach, with a single key worker/Case Manager who has responsibility for co-ordinating the different agencies and professionals involved.

Different degrees of service integration can be found across Europe particularly between the health and social sector, but also between the social and employment sector. It is useful to view these different levels of service integration as a ladder, which provides a useful visual aid in which to discuss this issue. The ladder suggests a progression upwards from almost no attempt at integration, through approaches of coordination, cooperation and collaboration, to integration. The levels are not mutually exclusive as each level includes one or more of the components of the other levels. Of course real integration is stronger than other related terms such as joint working, partnership, collaboration, networking, which may be understood as important means to the end of service integration but, on their own, are rather less than what is required.

Level 1 of the integration ladder is of course a complete separation/fragmentation of services, followed by level 2 - ad hoc, limited, reactive cooperation in response to crises or other pressure, level 3 - multi-disciplinary teams of professionals, level 4 - planned and sustained service cooperation and coordination often facilitated through formal networks or

partnerships, Level 5 - agency or service partnership; level 6 - multi –service agencies with single location for assessment and services (often characterised as “one-stop shop”, where service clients access one building for integrated services, including assessments and Individual Action Plans (IAPs) (e.g., UK, Finland, USA, The Netherlands); Level 7 - whole system working – not necessary throughout the whole of a country (e.g., Finland, Denmark and Norway), and level 8 - Integration of central government ministries and policies.

Using the concept of a “ladder” also allows us to consider where Serbia is currently placed in terms of levels of coordination/cooperation and integration of social and employment services, in the wider European context. It is also important to consider that integration can be vertical and horizontal at both a macro and micro level.

Based on our research there are also a range of specific “components” that can be found within good examples of cooperation/coordination and integrated service models: service gateways and eligibility criteria; a client advocate (Key Workers/Case Manager or Personal Adviser); systems for managing Case Managers/Personal Adviser’s workloads “number of cases” and protocols; multi-disciplinary team working; comprehensive single or joint assessment of need; individual action plan or service planning; frequent Case Manager/Personal Adviser and client progress reviews; mapping of services available; informal “Signposting” systems; active referral networks and use of standardised referral forms; good induction programmes for clients; aftercare and active follow-up; outreach; and standard client information forms and integrated information systems/data gathering.

There is, however, a lack of hard empirical evidence proving that integration of services actually works. Evaluations have been able to answer the question how many, and who are most likely to enter employment after leaving a social activation programme, but are less successful in telling us whether these participants are better off than they would have been otherwise. It is noticeable that the USA and UK have been better at answering this second question as a result of many large-scale randomised controlled trials in different geographical areas.

Taking all of the research into consideration there are a number of preconditions for good service integration:

- *A clear strategic focus.* Formalised partnerships, and an agreed clear strategy, are defining features of effective local and regional cooperation in a number of countries (Denmark, Canada, UK);
- *Strategic leadership and support*. Leadership of Public Employment Services and other central government agencies is vital to making inter-agency co-operation work;
- *The importance of organisations and people in partnerships.* The best examples of inter-agency cooperation appear to bring together professionals with different but complimentary resources and expertise. For example the Public Employment Service-health service partnerships that have been a key feature of Pathways to Work in the UK, and some of the more effective one-stop shop models there and elsewhere.
- *Capacity for cooperation and mutualism*. Organisations and individuals involved in partnerships need to have both the authority and the flexibility to engage in mutual decision making;
- *Organisational complimentarity, co-location and co-terminosity* (i.e. same or coincident boundaries for service delivery (Belgium; Canada; France; Norway, Finland);
- *Incentives for partners and inter-dependency for mutual benefit.* Public Employment Service officials will only be able to draw other stakeholders into employability partnerships if they can demonstrate that there will be benefits for all partners; and

- *The value of action and outcome-oriented procedures.* Effective partnerships are formed out of a need for action, and focus on achieving agreed outcomes. Good practice in inter-agency cooperation has tended to be characterised by partners undertaking joint action to achieve measurable goals as articulated in annual action plans (Denmark and UK)

Stemming from the research we can identify a number of lessons learned. The need to:

- Fully understand how the existing services that you want to integrate, currently work;
- Be clear about your objectives for integrating services;
- Be clear about your target group/s and target services to meet their needs;
- Establish coordination or integration approaches based on partner equality;
- Ensure a full, inclusive, open and transparent consultation process when designing integration services;
- Always pilot;
- Establish accurate costing and resource budgeting for the integrated services;
- Recognise that success requires significant levels of investment in developing human resources;
- Give considerable attention to how to ensure effective access;
- Design coordinated/integrated services to be flexible;
- Allocate flexible funding budgets;
- Ensure active involvement of clients at every stage of service delivery;
- Develop clear and accurate client assessments and Individual Action Plans;
- Not coerce clients to participate in integrated services;
- Build client – provider trust;
- Provide client choice;
- Provide regular follow-up of clients, aftercare, and review of progress, as a way of ensuring sustainability of outcomes;
- Not forget the importance of involvement and communication;
- Make sure that outsourcing of any services is really justified; and
- Develop an evaluation system for measuring effectiveness of service delivery and impact.

There is a real basis for cooperation between the National Employment Service and Centres for Social Work in Serbia in dealing with common client groups, due to the reformed organizational and methodological framework in these services. The concepts of Case Managers and Employment Counsellor are based on identical principles, so it is possible to develop a methodological framework for cooperation in dealing with the clients who appear in both services. Networking at the local level, in the Serbian research respondents' opinion, is the best way to promote cooperation between the National Employment Service and Centre for Social Work, and other entities that deal with the unemployed.

All representatives of the National Employment Service and the Centres of Social Work who participated in the research recognized that the clients that they both find most difficult to help are the clients they share. In spite of this, there is an almost complete lack of cooperation when addressing their needs. In reality young people within the social protection system often, after completing formal education or vocational training and reaching maturity, cease to be a "Centre of Social Work concern" and become the responsibility of the "*National Employment Service*". In addition, because of years of non-recognition of this problem in social protection and the lack of appropriate training and timely preparation for youth empowerment, young people who went through *''one door*'' out of the system of social protection, very soon entered again through the *''other door''* into the same system, this time as social benefit clients.

If we were to position the current practice in Serbia on the integration ladder it can be concluded that many of the building blocks that are seen within the European integration models are also present in Serbia e.g., client focus, Case Managers and Employment Counsellors, Individual Service Plans, Individual Employment Plans, management of cases, comprehensive assessment and profiling systems, some level of referral systems, some basic levels of multi-disciplinary team working, and cross-sectoral co-operation (mediation of Case Managers in National Employment Service cases of employment for individual, particularly vulnerable cases - clients of Centres of Social Work, is good practice in Vranje, Nis, Stara Pazova). However while many of the building blocks for an integrated service are clearly in place, they constitute relatively new practices, and are not equally applied across Serbia, and certainly not on an inter-sectoral basis. As a result so the current system would be best classified as Level 3: Multi-disciplinary teams of professionals, and in some locations limited to Level 2: ad hoc, limited, reactive co-operation in response to crisis or other pressure.

The Serbian research findings underline the importance of intervening with appropriate, coordinated multi-sectoral services (in education, employment and social protection) in order to prevent long-term youth unemployment. The length of time waiting for employment reduces the chance of employment, and with greater investments (funds, time) much better results could be achieved. Improving cooperation between the National Employment Service and Centres for Social Work involves recognizing the needs of client groups that are common to both services in order to develop a methodological framework for the provision of new programmes and services for vulnerable groups of unemployed youth.

Therefore, a model is proposed with the overall objective of "*strengthening and improving the position of vulnerable groups of unemployed youth by implementing coordinated and integrated services from both systems*". This model would involve:

1. Clearly defining the criteria and achieving consensus on priorities in the provision of joint and coordinated National Employment Service and Centres of Social Work services to particularly sensitive groups of clients – to common target groups.
2. Providing consistent information to customers and employees in both systems, improved access to information and ways to understand and use it (client information and referral to National Employment Service or Centres of Social Work services).
3. Development of new services, programmes and measures that promote the employment of vulnerable groups of unemployed young people.
4. Improving communication through hierarchical levels, inter and intra-organizationally.

We believe that piloting of this model will enable Serbia to gain some valuable experience and identify good practice activities that will assist the transition to Level 4 on the "Integration Ladder" in the medium term "*planned and sustained service cooperation and coordination often facilitated through formal networks or partnerships".*

INTRODUCTION

Employment and Unemployment in Europe

The fight against poverty and social exclusion is a central concern of the EU (European Union) and the Member States. The EU employment guidelines have, since the launch of the European Employment Strategy in 1997, focused on prevention of overall unemployment. The Lisbon strategy (March 2000) also contained explicit goals for the next decade to modernise the European social model, invest in people, combat social exclusion and eradicate poverty by 2010. Through the EU Social Protection and Social Inclusion Process, the EU coordinates and encourages Member States' actions to combat poverty and social exclusion, and to reform their social protection systems.

In spite of the importance given by the EU and Member States to this issue there has been no significant or real progress in terms of reducing youth unemployment. More recently in 2006[2], activation targets for young people were agreed by the Spring European Council, adding further impetus to the EU objective of increasing labour market participation, especially of the young.

Currently, almost 10 years after the launch of the Lisbon strategy, one of the most alarming situations that can be witnessed across Europe, in part as a result of the financial crisis, is the increasing level of youth unemployment as a percentage of the total unemployed. In the first quarter of 2009, the seasonally adjusted unemployment rate in the EU27 for those aged 15-24 was 18.3%, significantly higher than the total unemployment rate of 8.2%. In the EU27, 5 million young people are unemployed. The rate increased in all EU Member States apart from Bulgaria, where it fell from 13.9% in the first quarter of 2008 to 13.5% in the first quarter of 2009. The largest rises in the youth unemployment rate were registered in Latvia (from 11.0% to 28.2%), Estonia (from 7.6% to 24.1%) and Lithuania (from 9.5% to 23.6%), and the smallest in Germany (from 10.2% to 10.5%) and Poland (from 17.8% to 18.2%), with rates ranging from 6% in The Netherlands, to 33.6% in Spain. In the first quarter of 2009, the unemployment rate had risen to 19.1% for young men compared with 17.4% for young women. Hence, in the EU27 as a whole, the rise in unemployment has affected young men more than young women.[3]

In Serbia, based on the Labour Force Survey, the overall unemployment rate increased from 14% in October 2008 to 15.6% in April 2009, with an overall youth unemployment rate of 40.7%; an increase from 32.7% in 2008. For the age group 15-64, the employment rate in April 2009 was 50.8% (34.3% for women). The youth employment rate was 16.81%.[4]

In Serbia, in August 2009, the officially registered unemployment rate was 26.54%. The participation in the registered unemployed, according to the years of age is: 15-24 years (13.9%) 25-29 years (12.80%), 30-34 (12.58%), 45-49 (12.02%), 50-54 (12.005%) and 35-39 (11.978%).[5] In the same period unemployment was 6.9% for young women and 7% for young men.

A key group of unemployed youth that remain invisible and difficult to target, are young people who are neither in employment, education, or training, nor are registered as unemployed, these are referred to as the *'status zer0'* group or NEET

[2] Spring European Council (2006). "new start" within 6 months by 2007 and within 4 months by 2010.
[3] Eurostat news release, 109/2009-23 July 2009
[4] Republic Statistical Office, Serbia "Labour Force Survey 2007", Belgrade 2009.
[5] Republican Statistical Office, Serbia. No 85, Monthly Statistics Bulletin, September 2009, "Unemployment and Employment in the Republic of Serbia" Web Link: http://www.nsz.gov.rs/page/info/sr.html?view=story&id=1937&sectionId=4

group (Not in Employment, Education nor Training)[6]. This group are receiving increasing attention across Europe, they are economically inactive (out of the labour force) and difficult to capture statistically. From the data available, it would seem that, in the 20-24 age group, 20% of the inactive across Europe are not in education or training.

For these young people it appears that coping with their everyday life pressures is more urgent and important than finding employment, education or training. Only after problems associated with these pressures, such as bad health, homelessness, drug addiction, immigration or single parenthood, are solved, through, e.g., provision of child care, health or psychological treatment, regulation of debt, housing etc, do individuals start to deal with transitions to work[7]. Young people's participation in education, employment and society is therefore affected by poverty, social marginalisation, discrimination and poor health. Disadvantage is also cumulative e.g., with lower socio-economic status and levels of education come higher incidences of physical and mental health problems.

In addition, is the kind of jobs young people do find are atypical – mainly fixed term contracts and part-time work- which has increased in some countries to well over half of the youth labour force (especially in **Finland, Poland, Slovenia** and **Spain**). In Central Eastern and Southern Europe young people are most often forced to accept atypical employment as the only opportunities available, with undeclared work also playing an important role in **Greece** and **Italy** and increasingly in **Central Eastern Europe** (CEE)[8]

The commitment of the Government of the Serbia (GoS) to address the employment situation of young people – because of their vulnerability and social exclusion – is emphasized both in the 2002 Poverty Reduction Strategy Paper (PRSp) and the 2005 National Employment Strategy. The pace of reform has, however, been very slow in both the employment, education and social sectors, further compounding the problems that the poor and socially excluded face. In addition inter-sectoral co-operation is very limited, and is constraining the development of effective progression routes for all disadvantaged groups, including young people, from education to employment and from social assistance to employment. Hence young people are leaving the education sector with no prospect of finding a job and many poor and disadvantaged people are trapped in poverty or benefits with no prospect of accessing either education, training or employment opportunities.

Active inclusion and social activation

In response to the financial crisis and increasing unemployment levels, most European countries are paying more attention to active inclusion and social activation as policy responses. In doing so they are asking themselves how to develop more employment friendly social protection systems for their most vulnerable citizens – people who face a multitude of complex problems and are the furthest from the labour market.

It is important to stress that both active inclusion/social activation are viewed differently in different countries. In addition different national contexts have consequences for their ability to transfer the concept of active inclusion/social activation into practice. There is, however, a high level of general agreement about the concept of active inclusion/social activation, and recognition of its multi-dimensional approach, with many countries viewing active inclusion/social activation as the only effective way to tackle poverty and social exclusion.

[6] Maguire, S. & Rennison, J., (2005). "Two Years on: The Destinations of Young People who are Not in Education, Employment or Training at 16", Journal of Youth Studies (2) 8, 187-201.
[7] Weil, S., Wildemeersch, D & Jansen, T. (2005) "Unemployed Youth and Social Exclusion in Europe: Learning for Inclusion?". Aldershot: Ashgate.
[8] Walther, A. & Pohl, A., (2007). "Thematic Study on Policy Measures concerning Disadvantaged Youth", Volume 1 European Commission.

In terms of social activation the most successful countries are considered to be **Finland, Denmark** and **Norway** while other countries are finding the development and implementation of social activation more problematic. For example **Spain**, where establishing national social policy is difficult because of the highly decentralised regional autonomy in setting social policy which leads to high levels of variability in social service provision across LSGs and regions. In newer Member States, such as **Poland**, one of the main problems is simply a lack of resources to deliver active inclusion/social activation services.

For many countries, facing mass unemployment and increasing pressure on public expenditure, such as Serbia and other countries in the region, active inclusion/social activation measures, and the development of integrated services, may seem a 'luxury', while further employment creation is seen as an urgent priority ("employment activation" versus "social activation").

Other countries argue that the high levels of unemployment and pressure on social protection spending, necessitate the need for more active inclusion/social activation measures and integrated services, as a way of spending public funds more efficiently and effectively, and as a way of decreasing the chance of the most disadvantaged, and furthest from the labour market, being caught in the poverty or benefit trap. Increasingly governments across Europe are developing improved policies to increase active participation.

A key question to ask, when considering the integration of services, is where on the "Integration Ladder" are we currently and what level of integration is most relevant to our country context? In this report we adopt the idea of an "Integration Ladder" first used by Munday (2007)[9], when reviewing the integration of health and social services across Europe. In Chapter 8 we will identify where on this ladder we believe Serbia currently stands and what level should be the focus of further work when considering the integration of employment and social services in Serbia. Even countries like **The Netherlands**, started on the lower "rungs" of the ladder.

In all Western Member States the move towards real systems of active inclusion and social activation has been a long transition, built upon a clear understanding of what has functioned well, or nor so well, in the provision of traditional services. In CEE counties, such as **Slovenia** and **Croatia**, until recently, employment programmes were based on traditional, and limited models of Active Labour Market Programmes (ALMPs) e.g., training for work, counselling and employment subsidies, with little attention even given to developing personal skills. These countries, as well as others, have yet to fully understand the net effect of their existing models and are only now turning their attention to how new active inclusion and social activation services, including integrated services can/should be developed. What needs to be clearly understood is that successful active inclusion and social activation requires a long-term investment in human capabilities and any change in the services provided should be based on a clear understanding of what currently works, or does not work, and for whom. Sadly, this is often not the case.

Terms of Reference

The International Labour office (ILO) is currently providing technical assistance to the GoS, through the Joint Programme "*Promotion of Youth Employment and Management of Migration"*, implemented jointly with the International Office for Migration (IOM), the United Nations Development Programme (UNDP), and the United Nations International Children's

[9] Munday, B., (2007), "Integrated Social Services in Europe", Council of Europe.

Emergency Fund (UNICEF). The Joint Programme aims to address youth employment and migration challenges by combining employment and social policy objectives and integrating them into long-term national development goals. The Programme also proposes to target disadvantaged youth – especially returnees and their families – through gender-sensitive employment programmes linked to social services.

As part of this technical assistance this study was commissioned to review good practices in the provision of integrated social and employment services targeting disadvantaged groups of the population in Western, Central and Eastern Europe.

This work involved four specific tasks to:

a) Review the existing literature and empirical analysis on the integration of public services targeting groups at risk of social exclusion;
b) Collect detailed information on the multi-sectoral service models available in countries of Western, Central and Eastern Europe (type, target groups, institutional arrangements, services provided, monitoring and evaluation results);
c) Identify lessons learnt and good practice in the establishment of multi-sectoral/integrated service models and workflow management (needs assessment, outreach and treatment); and
d) Review the findings of the research carried out in Serbia and benchmark them against the good practices identified in Western and Central and Eastern Europe[10];

In submitting this report we would like to highlight two main issues with regards the Terms of Reference:

1. Activity a). There is a lack of hard empirical evidence that proves that integration of services actually works. In most of the research that we reviewed, the authors have made reference to the paucity of completed evaluations and hard evidence as to whether and to what extent integration actually works in term of producing better outcomes for service clients and for the service themselves. Munday (2007) referred to this lack of evidence as being "*the big hole in the integration movement*". Even researchers that looked at the integration of health and social services, an integration movement which started well before the current move to integrate employment and social services, such as Julkenen (2005),[11] concluded that studies reviewed tended to be: descriptive and viewed from an organisational perspective; stressed problems rather than how the different integration models actually operated; and outcomes and evidence were rarely found in accounts of integration activity, from the only exceptions being the UK and USA. Even the European Commission concluded that **"***There is a relative lack of formal evaluations of integration projects, and where they exist, not all are positive. Consequently, it is difficult to provide clear evidence of the benefits of integration with scientific certainty*"[12]

2. Activity b). This study involved only desk research which proved an insufficient method to collect detailed information on multi-sectoral models. Also an issue has been the availability of detailed information in English.

The output of this study is contained within this report, and structured as follows:

[10] A separate piece of research was commissioned to review current practices in providing integrated employment and social services in Serbia.
[11] Julkenen , I, (2005). "Integrated social services in Europe - approaches and implementation: a scoping research review", paper commissioned by the Council of Europe.
[12] European Committee for Social Cohesion, "Policy Guidelines for the Design and Implementation of Integrated Models of Social Services", Strasbourg, 7 November 2006.

Chapter 1: *Disadvantaged Groups*: In this chapter we define disadvantaged groups and the main characteristics of disadvantage that affect young people. We will further explore the needs of disadvantaged young people for services.

Chapter 2: *Activation and Integration of Services*: In this Chapter we will examine what is meant by social activation and active inclusion, provide definitions, the EU position and look at what is driving the increased attention being given to these policy responses.

Chapter 3: *Perceived Barriers to Integration of Services*. In this chapter we examine the main issues often raised by critics of integration processes.

Chapter 4: *Integration Ladder*: In this chapter we will examine the different levels of service integration that can be found across Europe and what defines each level, using actual examples.

Chapter 5 *Key Components of Integrated Service Models*: In this chapter we examine some of the key components that can be found in integrated service models such as: case management; referrals; individual action plans; active follow-up etc.

Chapter 6: *Evaluation of the Effectiveness of Activation/Integrated Services*.

Chapter 7: Chapter 7: *Lessons Learned*: In this Chapter we look at the lessons learned and preconditions for effective inter-agency co-operation and integrated services.

Chapter 8: Benchmarking of Serbia and Proposed next steps.

In addition to this report an Appendix was developed that contains details on all of the models referred to in this main report.

CHAPTER 1. DISADVANTAGED GROUPS

1.1 Definition of disadvantaged groups

Definitions of disadvantage vary from country to country, but generally across Europe the following would be classified as being the most disadvantaged or most vulnerable citizens in society:

- Children and families;
- Elderly persons;
- Disabled persons (physical, mental and sensory);
- Youth;
- Lone/single parents;
- Women, in relation to issues of gender and equality;
- people with ethnic or minority background, including Roma;
- Drug addicts;
- Ex-offenders;
- People with a history of mental health problems; and
- Long term unemployed, especially 45+.

It is well documented that many of these groups experience multiple disadvantage e.g., people with an ethnic background, or immigrants, often also have low skill levels and face language barriers.

1.2 Young people most at risk

In considering the specific characteristics of disadvantage in young people, those most likely to experience long term social exclusion and/or extended periods of unemployment, again definitions across countries vary:

Denmark

In Denmark disadvantaged youth are defined as young people between 18 and 25 years old, who are not in education or work. In addition young people whose life situation suddenly changes, young people with a physical or psychological disability, people who attend special classes or receive special education, people with multiple social problems and not least ethnic minority youth, especially second generation immigrants.

Finland

In Finland there is no codification for disadvantaged young people so definitions vary in research. As such the idea of disadvantaged youth is used very widely. For example, in research it addresses those who are at risk of exclusion (marginalisation risk), in as much as future potential problems can already be anticipated. A model of hierarchy is often referred to when talking about youth at risk: Stage 1: Problems at school and/or at home, Stage 2: Failure at school and dropping out of school (educational exclusion), Stage 3: Poor status on the labour market (exclusion from work), Stage 4: Being part of a deviant sub-culture (uneducated, unemployed, poor), Stage 5: Being part of a deviant sub-culture (criminals, alcoholics, drug addicts: placed in prison or other institutions).

Italy

Italy also has no clear definition, however unemployed young people are defined as those individuals,

aged 15-24, in search of an occupation who: 1. have at least made one active attempt to search for a job in the 30 days preceding interview and are available for work (or to start their own business) within two weeks from interview; or 2. will start a new job within 3 months from interview and are available for work (or to start their own business) within two weeks from interview, if it was possible to anticipate the inception date of the new job. A profile of disadvantaged Italian young people deriving from this definition may be summarized as follows[13]

- age: 15-24;
- gender: mainly females;
- geographical region: concentrated mainly in the South; and
- working condition: in search of first occupation for longer than 12 months with intermittency patterns.

Poland

The term disadvantaged youth is not used in Polish social policy. The concepts in use include children and youth living in poverty, youth with disabilities up to the age of 24, young people below the age of 18 who fail to comply with obligatory schooling, young orphaned people below the age of maturity with no family in the biological and social sense, legally and institutionalised young people protected by the state, unemployed youth aged 15-17 and 18-24 (school leavers, graduates), demoralized youth under the age of maturity (alcoholism, drug addiction, prostitution, juvenile delinquency and crime). With relation to the key factor of disadvantage, which is unemployment, youth is statistically defined and researched at different age groups: 15-24 years old **(**Central Statistical Office), 19-26 (by market research companies, public opinion pollsters), 13-18 and 18-24 in official government programmes (National Action Plan for Employment), as well as young people up to the age of 25 (EU projects such as "EQUAL").

National Reports Thematic Study on Policy Measures concerning Disadvantaged Youth, Study, Volume II, commissioned by the European Commission, DG Employment and Social Affairs in the framework of the Community Action Programme to Combat Social Exclusion 2002 – 2006
Web Link: http://ec.europa.eu/employment_social/social_inclusion/docs/youth_study_annex_en.pdf

In the National Action Plans for Employment and Social Inclusion 2004-2006 young unemployed school leavers in general are included in the most vulnerable groups and Roma and disabled young people receive special attention.

In spite of these different national definitions the following groups of young people (15-25) can generally be considered those most at risk:

- Those who achieve no or low levels of qualifications (e.g., dropped out of elementary or secondary school, did not pass any training or re-training course);
- Those who lack basic skills (numeracy and literacy);
- Teenage parents;
- Young people leaving institutional care (state or local authority);
- Young people with disabilities with special educational needs (mental, physical or sensory);
- Males more than females;
- Ethnic minorities (in the west mainly African/West Indian descent in Central and Eastern Europe, mainly Roma);
- Those from lower socio-economic backgrounds (linked either to family or geographical region);
- Those with special educational needs; and
- Those associated with poverty and general family disadvantage.

[13] Reyneri, E. (1996) Sociologia del mercato del lavoro. Mulino: Bologna.

In many countries even "being young" is considered a disadvantage and when combined with low or no qualifications or a disability, this is considered a double disadvantage.

Increasingly more attention, both in the literature and in the social activation polices of governments, is being given to young people referred to as status zer0[14] or NEET, which are predominantly young people who come from a disadvantaged social and economic background.

1.3 The problems vulnerable groups face

There is considerable research to show that, even within specific vulnerable groups, individuals do not all suffer from the same problems. For example some disadvantaged young people are involved in crime, some are unemployed, some are employed but on low incomes, some have highly fractured lives, or have problems with housing, schooling, health etc.

Research has shown that vulnerable individuals are usually affected by one, or more of the following problems:

- Poverty, worklessness, or poor job prospects;
- Dependency on benefits and other state support;
- Poor or no housing;
- Poor health;
- Crime, either as victims or perpetrators of crime;
- Poor school attendance linked to poor attainment of qualifications;
- Poor academic and social skills;
- Poor parenting;
- Domestic violence;
- Drug and alcohol abuse;
- Young or single parenthood;
- Unstable marriages; and
- Low aspirations, low self esteem, low motivation and aimlessness.

All of these factors influence a person's ability to become employed and even to meaningfully engage in education, training, personal development opportunities, or society in general.

In Serbia there are individuals who suffer from these various forms of disadvantage, for many, as in other European countries, these problems are so long-term they can be classified as "generational", encountering the same disadvantage as their parents did before them. These people are at highest risk of becoming and remaining social excluded.

The experience of the UK Employment Zones (EZs)[15] is useful to consider here in terms of the clients Personal Advisers (PAs) considered "harder to help":

UK Employment Zones[16]

[14] The emergence of "status zer0 youth" was identified by Williamson (1997) who based his research on the experiences of young people in south and mid Glamorgan (Wales), the latter being one of the poorest regions in Britain. Williamson, H. (1997). "Status zer0 youth and the 'underclass: Some considerations". In R. MacDonald (Ed.), "Youth, the underclass and social exclusion (pp. 70-82). London & New York: Routledge.

[15] Employment Zones were introduced in the UK in April 2000 in 15 areas of the UK experiencing high concentrations of long term unemployed and mostly deal with clients who have not managed to find positive outcomes through other UK activation programmes.

Experience of PAs from the UK EZs was that harder to help clients existed among all client groups and across all levels of skill, experience and motivation. What appears to be important is allowing PAs the discretion to decide which clients are harder to help, and how to help them. However the clients they were finding it hard to help were:

- people with multiple employment barriers – basic skill deficiencies, no qualifications, limited or no work experience, criminal record;
- people with drug, alcohol or mental health conditions;
- graduates and professional people;
- well qualified and experienced people with a rigid or narrow view of acceptable employment;
- highly motivated individuals with serious or long term barriers – e.g. a chronic health problem, complex caring responsibilities, English language needs, unspent criminal record;
- those with chaotic or unstable lifestyles – homeless, on probation, drug taking, criminal activity etc; and
- "difficult" clients with no objective barriers but with confrontational personalities or a negative attitude to work.

[16] Department for Work and Pensions. Research Report No 399. "Phase 2 Evaluation of Multiple Provider Employment Zones: Qualitative study". The Policy Research Institute, Leeds Metropolitan University (2006).

CHAPTER 2. ACTIVATION AND INTEGRATION OF SERVICES

2.1. Integrating Services

"Integrated working is like putting a large puzzle together, when all of the pieces are in place you can see the bigger picture. When you make a jigsaw you usually look for all of the edges first, this indicates where the boundary of your picture sits. You also need to look carefully at how all the pieces join together "

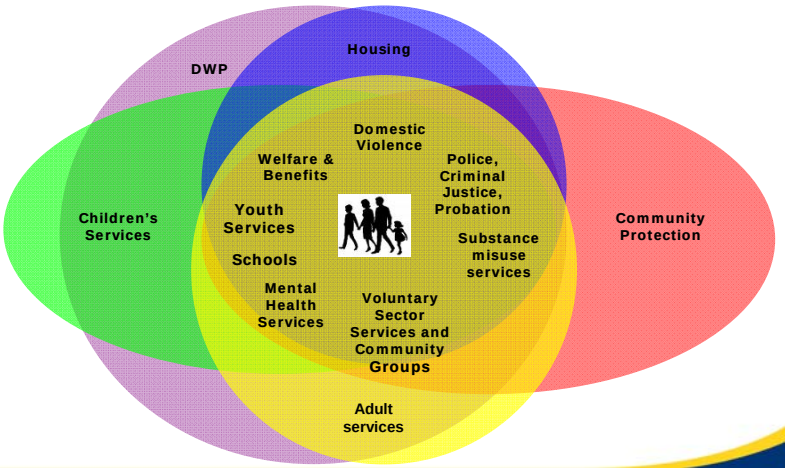
UK Redbridge Children's Trust

If we consider the list of problems disadvantaged people face, identified in Chapter 1, we can see that attempts to solve them can, at least potentially, bring young people into contact with state bodies or agencies responsible for health care, social care services, education, employment services, benefits systems, police, local self governments (LSGs) or the state re public housing and a wide range of NGO service providers. It is also important to note that a disproportionate amount of public funding is spent on maintaining these bodies and the services they provide.

When the issue of integration is discussed it usually refers to the integration of two or more of the following public services: social, health, education, employment and cash benefits.

In Serbia, as in all countries, when seeking solutions to the multiple problems of the disadvantaged, there is no one single responsible agency or state body, with the required services or expertise, where all of these problems can be addressed. As a result, in order to access the required range of services, disadvantaged people have to individually contact many statutory and voluntary bodies in different geographical locations. The cost of seeking out these various state and non state bodies for help has traditionally been born by the vulnerable groups themselves, and often over-bureaucratic administrative application processes and limited geographical access to services has led to these costs being seen as quite substantial by the clients themselves.

While individual services e.g. social services and employment services may indeed function effectively in their own right, and provide effective services to their "clients", when considered more holistically gaps or duplications in services, can be seen. Services separately also provide an incomplete appreciation of each individual's or family's needs as a whole, which can lead to ineffective responses to individual issues. Often agencies and their services overlap with one another rather than working collaboratively, as can be seen from the following UK example:



Therefore, despite providing good individual services, a lack of effective co-ordination can sometimes mean that the combined benefit of those services for those who need them most is less than it should be.

Services also have different rules and regulations of access which individuals need to deal with and, where they exist, even different "key workers/case managers (CMs)" and "Individual Action Plans/Service Plans", concepts we will examine later in Chapter 4. Many see these existing service systems as designed to meet the needs and priorities/targets of the organisations first, and the needs of the clients second.

It is this situation that necessitates the requirement for inter-agency collaboration and co-operation. This is even more the case currently, as the unemployment levels continue to increase across Europe and as increased pressure is placed on public spending. But even in periods of high unemployment and a strong demand for labour, there is a particular need to develop more integrated and effective activation services to ensure that people with multiple problems are able to take full advantage of the various support options that are available to them and also the social integration and employment opportunities offered.

The solution to the holistic problems of disadvantaged groups moves beyond partnership working into the more complex and demanding area of service integration. It means abandoning the "silo" approach (everyone working solely within their own confined area of responsibility) and the fragmented administration of national and local services. For many European countries it has meant the establishment of multi-agency teams at national, regional and local level, working under an integrated management structure, with shared budgets, programmes and objectives – a whole system approach, with a single key worker/CM who has responsibility for co-ordinating the different agencies and professionals involved.

In Europe there has been a clear shift over the last 10 years towards more integrated services and towards viewing vulnerable individuals and families and the problems they face more holistically. These integration initiatives are often referred to as "joined up government" or the "whole of government" as they propose to increase the capacity of public administrations by working across existing policy areas to achieve a shared goal and get a better grip on complicated issues[17]. There has also been a stepped increase in the number of European conferences and research projects on integration issues. This has led to the development of more integrated services, and preventative services, the philosophy being that the earlier a possible problem can be identified and addressed the more chance there is that the problem will not occur nor have a negative impact on other follow-on services. One

[17] Christensen, T., and Lagreid, P. (2007). "The Whole-of-Government Approach to Public Sector Reform, "Public Administration Review, 67 (6): 1059-1066.

of the good examples of this approach is the Sure Start Programme in the **UK,** which among other things provides employment progression paths for parents using other sure start services.

Unfortunately many of these integrated services, even in Western Europe, are not yet integrated into mainstream services, which are still working substantially in their traditional "silos", and are currently facing the challenge of bringing about a systematic transformation of mainstream services by building on the approaches pioneered by these integrated projects, so that they can develop a much more coherent overall approach to individuals and families at risk.

Countries outside Europe like the **USA** and **Canada** have a long tradition of integration of services, especially between the health and social sectors. **Canada**, like many countries, experienced a problem in providing organised, co-ordinated and steady passage of individuals through various elements of the health care and social services system, particularly with regard frail elderly people:

Integration of Health and Social Services in Canada - PRISMA a new model of integrated service delivery for frail elderly people[18]

Many factors—demographic (accelerated ageing of the population), social (break-up of families, children moving away to find work), economic (low income women living alone), health (increased life expectancy, high incidence of disabilities) and financial (reduced health care budgets)—were putting strong pressure on both the demand for and the supply of services for the elderly. Functional decline in the elderly also generates an increased need, for both the dependent individuals and their families, for evaluation, treatment, rehabilitation, psychological and social support, help to remain at home, and temporary or permanent long-term care facilities. These multiple needs can also change quickly over time due to the biological, psychological and social vulnerability of this frail client group.

In terms of supply, a wide range of resources and services involving numerous practitioners and partners have been developed over the past twenty years to try to meet these needs. However, continuity-related problems compromise both service accessibility and the efficiency of health care services. For example: multiple entry points, service delivery which is influenced by the resource contacted rather than the client's need, numerous redundant evaluations of clients not using standardised tools, inappropriate use of costly resources (e.g. hospitals, emergency services), waiting time for services, inadequate transmission of information, and the piecemeal response to needs. In a situation where resources are scarce and the demand for services is increasing, it is essential to ensure that the services meet the clients' needs, without duplication and as efficiently as possible. Therefore, there is an urgent need to provide managers and decision-makers with reliable data on the process and impact of mechanisms and tools designed to improve the continuity of care and services and to establish a monitoring system so that it is possible to adapt quickly and effectively to changes in the demand for services. Last but not least, these mechanisms and tools could subsequently be adapted to care and services for other clients that also present continuity problems (e.g. mental health, young people with physical and/or intellectual disabilities).

PRISMA: a new model of integrated service delivery for the Frail Older People in Canada
Web link: http:://www, ncbi,nlm.gov/pmc/articles/PMC1482944

If we consider the reasons most stated for why decision makers may choose to integrate services (including those stated by the European Committee for Social Cohesion[19]) we can see that it is believed that integration would:

[18] Hebert, R., Durand, P.J., Dubuc, N., Tourigny, A., and the PRISMA Group. "PRISMA a new model of integrated service delivery for frail older people in Canda",, International Journal of Integrated Care, March 2003. Web link: http://www.ncbi.nlm.nih.gov/pmc/articles/PMS1483944/ .

1. More effectively tackle the complex and diverse problems related to social exclusion.
2. Facilitate better access to services for a range of services[20].
3. Enable a more holistic approach to meeting the needs of service clients.
4. Foster more personalised relationships and approaches between clients and providers and increase client involvement.
5. Contribute to ensuring continuity and sustainability of service delivery.
6. Simplify and accelerate the decision-making process in service delivery.
7. Improve efficiency and effectiveness of service provision, including the speed of response to identified needs.
8. Reduce overlap between different services.
9. Reduce communication failures between organisations and services.
10. Avoid unnecessary expenditure (especially important in times of contracted public budgets).
11. Increase the overall service satisfaction of clients.

In general, cooperation across and coordination of policy measures seems most relevant to multiple disadvantage groups and early school leavers than to Active Labour Market Policies (ALMPs). In the case of unemployment and labour market policies there is a current trend in many countries towards integrating social assistance and unemployment benefits. However the integration of services and policy sectors in most cases lags behind.

2.2. Social and employment activation

As we have already noted the development of activation polices has gained ground in Europe, and along with this has come a general level of consensus with regard to what activation and integration means.

The European Anti Poverty Network (EAPN) says that "*the aim of activation is social inclusion and professional mobility by empowering the claimants to improve their competencies and skills, physical and mental health, to establish social contacts, improve the feeling of participation and citizenship etc. (help to self-help)..... Activation is an investment in human, social, psychological and cultural resources. The aim of activation is labour market integration but also social integration in a wider sense. The strategy is broad, taking all the multi-complexity of problems into consideration, and offering tailored intervention for individual needs and expectations. As such (social) activation can include excluded groups with the most serious problems, who are furthest away from the job market, including alcoholics and drug addicts, people with health or psychological problems, single mothers with little support, immigrants with poor language skills etc.*"[21]

The EAPN believe that activation also involves "*a wide range of options for people who currently claim benefits including: training, education, subsidised employment, work placement, group activities, language learning skills etc*".

Beyond this, activation serves the broader goal of breaking through social isolation and inactivity and improving the employability of marginalised groups on the labour market. The

[19] European Committee for Social Cohesion, Policy Guidelines for the Design and Implementation of Integrated Models of Social Services, Strasbourg, 7 November 2006.

[20] There is some evidence from the integration of social and health services that integration does benefit the interests of the clients and results in better outcomes especially where clients have complex, long-term needs for example the elderly.

[21] European Anti Poverty Network "Can Activation Schemes Work for Social Inclusion?, Criteria for Good Activation" (November 2005). Web Link: http://www.eapn.eu/images/docs/activationpaper2005_en.pdf

EAPN view activation as a continuum with labour market activation at one end and social activation at the other and state that "*good activation is an ambitious but relevant approach*".

Similarly the European Social Network defines social activation as "*covering policies and structures which connect people at risk of poverty and exclusion to jobs and other meaningful forms of activity in the community*"[22].

In a study in Nordic countries, activation was defined as a "*broad range of policies and measures targeted at people receiving public income support or in danger of becoming permanently excluded from the labour market". Such policies and measures cover "various forms of education, vocational training or retraining, group process, coaching and practice programmes and even through the channelling of financial resources*."[23]

Social activation services have already been introduced in a number of countries (for example, **The Netherlands, Norway, Germany, Finland,** the **USA, UK** and **Sweden**). Many have advanced models of co-operation and integrated services and several have adopted joint offices (one-stop-shops) where the complex situation of service clients can be assessed in its totality. These models and the tools they use to facilitate these models (assessment, case management, individual action planning etc) will be examined in Chapter 4 and 5.

In the recent European Commission study (Walther and Phohl 2007), activation was defined *"as a combination of approaches of personalised counselling with incentives for active job search and/or training. Incentives it was stated could be negative in terms of reducing benefit levels and applying sanctions such as cutting or suspending benefits in the case of non-compliance or positive in terms of choice between different options or activation allowances exceeding benefit levels*".

Relating the dimensions of incentives and counselling together the authors identified five different models of activation:

- *supportive* activation based on universal benefit entitlements and counselling aimed at personal development in a holistic perspective; priority on education (**Denmark, Finland**);
- *workfare* (coercive activation) characterised by a priority of employment; counselling aimed at recruitment and controlling compliance by sanctions (**UK**, partly **Slovakia**);
- *limited* activation due to limited benefit entitlements; counselling primarily as means of recruitment, partly complemented by multi-disciplinary and coordinated services (**Austria, Portugal, Slovenia, Spain, Slovakia**; in **Bulgaria** and **Romania** low coverage of PES); and
- *no basis* for activation due to low coverage of PES and virtual lack of benefit entitlements of young people (**Greece, Italy**).

2.3 European Commission perspective - support to activation and integrated services

"*An important purpose of service integration is to improve access to social rights, reduce social exclusion of vulnerable groups, and contribute to the overall objective of strengthening social cohesion. In developing integrated services, an essential consideration is the mainstreaming of issues such as gender, ethnicity,*

[22] European Social Network. "Social and Employment Activation", briefing paper for the European Social Network, 2006.

[23] Drøpping, J.A., Hvinden, B., Vik, K. "Activation policies in the Nordic countries", chapter 6, in: Kautto, M., Heikkillä, M., Hvinden, B., Marklund, S., and Ploug, N. (1999), "Nordic Social Policy: Changing Welfare States", Routledge: London and New York.

age, disability and poverty"[24].

European Commission

Active inclusion is a policy strongly supported by the EU. In their communication published in 2007 they stated that "*The fight against poverty and social exclusion relies heavily on the integration of people furthest from the labour market. Persistence of large numbers of people at risk of poverty and excluded from the labour market represents an inescapable challenge to the objective of social cohesion enshrined in the European Union treaty. The goals of the Lisbon strategy cannot be realised if we do not make the best use of the human resources present in our societies. To promote the integration of the most disadvantaged people a comprehensive active inclusion strategy, entailing the provision of an adequate level of income support with a link to the labour market and better access to services, is needed. This is to ensure that social protection policies effectively contribute to mobilising people who are capable of working while achieving the wider objective of providing a decent living standard to those who are and will remain outside the labour market*".[25]

The European Commission advocates for an integrated approach to active inclusion, with effective coordination and cooperation between public agencies leading to the enhancement of services. In addition that active inclusion policy should address the complexities of multiple disadvantages and the specific situations and needs of the various vulnerable groups.

They advocate that active inclusion support the labour market integration of those who are excluded from or experience disadvantage in entering the labour market. From the EU perspective this generally includes the following groups of people:

- Older people (aged 50 and over);
- Women;
- Young people (aged 15 to 24);
- Migrants and ethnic minorities;
- Lone parents;
- People with disabilities; and
- People with no skills or qualifications.

Activation is therefore a key notion in the European employment strategy and activation policies and programmes are one of the main instruments to promote the transition from welfare to work and to (re)integrate people dependent on social insurance benefits or social assistance into the labour market[26].

The European Commission Joint Reports on Social Protection and Social Inclusion review the progress made in Europe on the new agreed goals of the open coordination of social protection and inclusion policies. Since 2002 the reports have made reference to activation programmes, effective linkages between social protection, employment and education, and the need for enhanced integration of services. Perhaps not surprisingly it is the 2009 report that has said most on this subject:

[24] European Committee for Social Cohesion, Policy Guidelines for the Design and Implementation of Integrated Models of Social Services, Strasbourg, 7 November 2006.

[25] European Commission, 17.10.2007 COM(2007) final Modernising social protection for greater social justice and economic cohesion: taking forward the active inclusion of people furthest from the labour market

[26] Van Berkel, R., and Willibrord, G. (2007). "New forms of governance in welfare-to-work policies." Work in progress. Paper prepared for the 2nd RECWOWE conference, Warsaw, June 2007, strand 4.

Joint Report on Social Protection and Social Inclusion (European Commission -2009)[27]

Comprehensive active inclusion strategies that combine and balance measures aimed at inclusive labour markets, access to quality services and adequate minimum income, need to be implemented.

"As in the 2006 National Strategic Reports (NSRs), most Member States have **active inclusion** among their priorities. However, inclusive labour markets, access to quality services and adequate income are dealt with separately in most cases, whereas most disadvantaged people suffer from multiple disadvantages and integrated responses are essential. Several countries have taken steps to ensure that the purchasing power of minimum incomes is maintained. It remains essential to design better links between out-of-work benefits and in-work support, in order to create the right incentives, while at the same time ensuring adequate income support and preventing in-work poverty. Coordinated social and employment services are needed to tackle obstacles to full and lasting participation in society and the labour market. So more attention must be paid to optimising the interaction between the three strands and ensuring that due account is given to each.

The best safeguard against poverty and social exclusion is a quality job for those who can work. For those for whom work is not a real option, adequate income support and social participation must be ensured. Particularly relevant measures taken by many Member States, include those that support job retention or speedy re-entry into employment, and promote adaptability, by offering opportunities to acquire or upgrade skills and developing personalised action plans outlining pathways to the labour market. Attention should be paid to supporting job opportunities for the most vulnerable, including in the social economy. Most NSRs reflect the importance of access to quality services for tackling the social hurdles that hinder people's sustainable inclusion".

The report also states that the "most badly hit victims of the crisis will be those households where breadwinners are at a disadvantage in the labour market and in society. Hence the need for social safety nets which are tight enough to prevent people from falling through and effective enough to launch them back into active social and labour market participation".

In 2006 the European Commission launched a new communication concerning action at the EU level to promote the active inclusion of people furthest from the labour market:

Active Inclusion: a new communication from the European Commission[28]

The Commission counts about 8.5% (31.7 million people) as constituting "a sizeable hardcore of people with little prospect of finding a job", a figure including the long-term unemployed and people facing barriers to work: disability, chronic illness, lack of basic skills, discrimination and/or family responsibilities. The Commission judges that combined social protection and activation schemes (including job training with private firms and subsidised work experience) have made a positive impact, particularly among young people. It recognises that activation gives people a sense of self-worth and a more positive attitude to society. The role of social services is also validated: adequate access to services, it states, forms a "basic pre-condition for being available for work".

The Commission puts forward a policy mix, which it calls "active inclusion" and whose components, which should be interlinked, are:

- employment services offering access to the labour market and to training or schemes to prepare people for work
- adequate social protection and income support for those in need
- access to services which remove barriers to work, e.g. health care, child care, education and

[27] http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2009/cons_pdf_cs_2009_07503_1_en.pdf
[28] Communication from the European Commission: "Concerning a consultation on action at EU level to promote the active inclusion of the people furthest from the labour market" [COM(2006)44 final] Web Reference: http://ec.europa.eu/employment_social/consultation_en.html

training opportunities, ICT (information and communication technologies) training, flexible working, counselling and support.

The fight against poverty and social exclusion relies heavily on the integration of people furthest from the labour market. Persistence of large numbers of people at risk of poverty and excluded from the labour market represents an inescapable challenge to the objective of social cohesion enshrined in the European Union treaty. The goals of the Lisbon strategy cannot be realised if we do not make the best use of the human resources present in our societies.

To promote the integration of the most disadvantaged people a comprehensive active inclusion strategy, entailing the provision of an adequate level of income support with a link to the labour market and a better access to services, is needed . This is to ensure that social protection policies effectively contribute to mobilising people who are capable of working while achieving the wider objective of providing a decent living standard to those who are and will remain outside the labour market.

A public consultation exercise was launched in February 2006 and based on the results of this first-stage consultation and the initiatives that followed, including the in-depth review by the Social Protection Committee of the National Action Plans to combat poverty and social exclusion, the Commission called in 2007 for a renewed commitment to social justice by proposing a new, holistic approach to tackling poverty and promoting inclusion of people furthest from the labour market.

In addition, in Spring 2005 the European Council adopted the European Pact that provided momentum for a crosscutting perspective on youth-specific aspects of disadvantage and of inclusion and active labour market policies, with one of the aims being to "*renew employment pathways for young people*".

CHAPTER 3. PERCIVED BARRIERS TO EFFECTIVE INTEGRATION OF SERVCIES

3.1 Introduction

Much is made in the literature of the perceived barriers to effective integration of services, wrongly perceived or otherwise. In this Chapter we will consider the most often mentioned barriers to integration.

3.2 Barriers to Integrating Services

Current research points to a number of perceived barriers to integrating services, often expressed by professionals, from within the services being considered for integration.

3.2.1. Existing laws and regulations

One argument used against integration of services is that the different rules and regulations within each sector/service are inconsistent and inflexible and do not "legally" allow service integration. These rules and regulations tend to establish very concrete target groups (eligibility criteria) and prescribe the support services that can be provided. Effective integration of services often requires eligibility to be reviewed and can be complicated where funding or services are combined. But laws and regulations can and are changed.

The need to retain confidentiality about clients of services is also often seen as a legal barrier and used as a reason for not sharing information across services.

A key question then is whether the current legislation restricts what services and support can be provided and to whom they can be provided and what changes in the legislation need to be made in order to facilitate integration.

Piloting new services or approaches to service provision, even within existing legislation is however possible, even in Serbia e.g. the Minister of Labour and Social Policy issued a decree exempting pilot CSW from their legal obligations under the existing legal framework while they piloted the new Rulebook on CSW reorganisation including the introduction of Case Management.

3.2.2 Inflexible funding

Integrating services often requires bringing together funds from various sources and services. It also requires, as we have seen, a whole range of different activities be undertaken e.g., assessment, service delivery, training of staff, employing CMs, joint IT information systems etc. Questions often arise about who pays for what and how available funds are combined in order to meet the multiple needs of individuals or families. Often the starting position is that the existing funding is inadequate or unsuitable for the purpose to which it needs to be applied.

3.2.3 Management Information Systems (MIS)

Existing MIS while effective at running single services are often not capable of being adapted or integrated with other service systems, or even interfacing with other systems. Development of integrated MIS and a reporting system that can determine eligibility and track individuals or families access to joint services is often costly, and often investing in

single systems is not practical. Even developing interfaces may require the way data is entered or what data is entered to be amended. CMs may be required to enter information repeatedly, e.g. social services, social benefits and employment service information systems are usually separated and may even be administered by different levels of Government. CMs cannot tap into a single system to find out if the individual is accessing all of these services. CMs may also be required to enter information repeatedly to determine eligibility for a variety of services if the system is not designed to determine eligibility based on a single set of data entered into an integrated information system. Similarly they may have to enter data repeatedly if the systems cannot work together to extract the required data elements that must be reported.

3.2.4 Performance indicators

One of the major administrative developments within service delivery over the last decade has been the introduction of Performance Indicators (PIs), the meeting of which is often tied to funding allocations. These PIs are frequently established for individual services and are often designed to measure individual service performance targets. This performance driven approach can be a barrier to the willingness of professionals to integrate and can discourage integration.

Often PIs across services are not consistent and, though not directly intended, may discourage services from working together to serve the needs of individuals. For example, an agency collecting child support (financial support), traditionally from fathers, may have a PI measuring child support collections, because of this it may find it difficult to allocate resources to deliver outreach services to unemployed fathers or to establish domestic violence protocols that make it easier for a woman to disclose domestic violence and pursue child support collection more safely.

PIs need to be developed or amended to encourage coordination and integration e.g., a child protection service which wants to limit the duration of stay in foster care may work closely with the drug abuse treatment centres to overcome that barrier to the child returning to their biological family.

3.2.5 Managerial or administrative issues:

When considering the integration of services a whole range of administrative and managerial issues need to be considered:

- Who is ultimately responsible for administering the service?
- Will one CM or a multi-disciplinary team undertake the required assessment?
- Will there be a Key CM or a CM for each service and individual client?
- Will all services be co-located? If not, how will the integrated services be delivered?
- What expertise do staff need to be able to deliver integrated services effectively?
- Will there be one Individual Action Plan (IAP) or one plan per service utilised?
- How to ensure that multi IAPs are developed in a way that is complimentary?
- How are assigned budgets managed?
- How and to whom is performance reported?
- What targets and performance indicators are relevant for integrated services?

3.2.6 Cultural differences between organisations

Every single integrated service has had to address the issue of cultural differences between the organisations delivering the services that are planned to be integrated. Views and opinions on how services should be delivered are often entrenched. Often different

approaches on how individuals are approached are apparent e.g., protecting the child from the parent versus helping the parent overcome a problem that might endanger a child.

The European Commission states that "*a common working culture of shared principles, objectives, planning, responsibilities, accountability and concrete national policies with legislation, namely for national programmes is a precondition for effective integration of services*"[29]

3.2.7 Political considerations

There are often political considerations that interfere with effective integration of services. The European Commission, in the same document, states that one of the preconditions to be taken into account when integrating services is "*a political environment which is favourable to integration and is supported by important decision makers and a willingness among leaders to put common interest beyond the needs of their own organisation and a commitment to find solutions*".

3.2.8 Level of decentralisation of services

There may also be barriers to effective integration based on the level of government: national, regional, local, where delivery of specific services is allocated and how effectively these differently levels work together. Also to what degree responsibility for the different levels of services is decentralised.

In some countries like **Spain** where the level of decentralised responsibility for social policy is highly autonomous in the regions and LSGs, national programmes of integrated services are not really possible.

3.2.9 Responsibility for service delivery

There are often arguments about who can or should administer or provide services e.g. state versus NGO sector.

[29] European Committee for Social Cohesion, Policy Guidelines for the Design and Implementation of Integrated Models of Social Services, Strasbourg, 7 November 2006

CHAPTER 4. INTEGRATION LADDER (FRAGMENTATION TO INTEGRATION CONTINUUM)

4 .1 Introduction

As we have already established, polices and measures to activate people to take up employment and social activities are increasing across Europe. At its lowest level this involves greater cooperation between the national, regional and local bodies responsible for delivering employment and social services and at the highest level involves integration at the Ministerial level and physical co-location of integrated services, e.g. **Norway,** NAV - new employment and welfare administration.

The World Health Organisation Framework for service integration identifies the features likely to be associated with integration, autonomous working and a co-ordination approach.

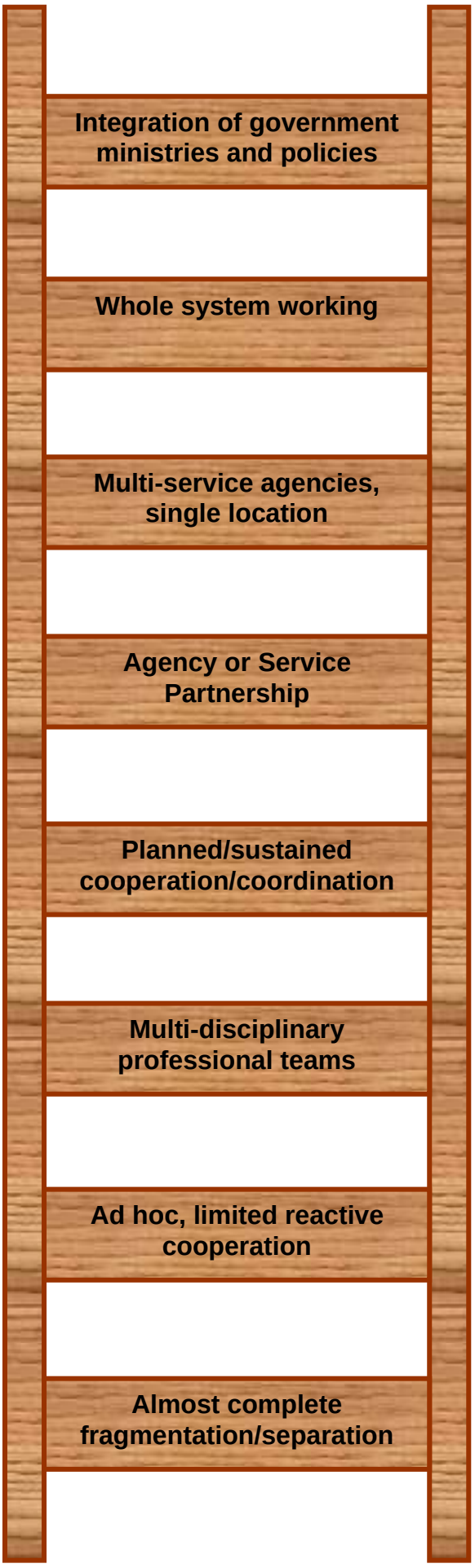
	Autonomy	Co-ordination	Integration
Vision of the System	Individual perception	Shared commitment to improve system	Common values, all accountable
Nature of Partnership	Own rules, occasional partnership	Time-limited or similar co-operative	Formal mission statements, laws
Use of Resources	To meet self-determined objectives	To meet complementary objectives	Used according to common framework
Decision Making	Independent	Consultative	Authority delegated, single process
Information	Used independently	Circulate among partners	Orientates partners' work towards agreed needs

This Chapter draws substantially upon the Council of Europe report "*Integrated Social Services in Europe*" (Munday 2007). In this report Munday refers to practical frameworks devised to assist and focus analysis and planning in developing integrated services. Munday refers to a continuum of integration which he calls an "Integration Ladder". Viewing the different levels of service integration as a ladder provides a useful visual aid in which to discuss this issue. We have therefore taken the concept of the ladder and amended it to fit within the context of this report.

The ladder suggests a progression upwards from almost no attempt at integration, through approaches of coordination, cooperation and collaboration to integration. The levels are not mutually exclusive, as each level includes one or more of the components of the other levels. Of course real integration is stronger than other related terms such as joint working, partnership, collaboration and networking, which may be understood as important means to the end of service integration but, on their own, are rather less than what is required.

Using the concept of a "ladder" also allows us to consider where Serbia is currently placed in terms of levels of coordination/cooperation and integration of social and employment services, so it is a reference we will come back to in Chapter 8.

More explanations of each level of the ladder are given in this Chapter as well as examples of models, though it should be stated that it was often difficult to decide exactly where to place a specific country's integration model, as models often contain different levels of the "ladder". We have placed the models, therefore, where we think they best fit.



Level 8: Integration of central government ministries and policies: implementation through all levels of society.

Level 7: Whole systems working – not necessary throughout the whole of a country.

Level 6: Multi-service agencies with single location for assessment and services.

Level 5: Agency or Service Partnership, with implications for structural changes and joint funding etc.

Level 4: Planned and sustained service co-operation and co-ordination, often facilitated through formal networks or partnerships (both formal and informal).

Level 3: Multi-disciplinary teams of professionals.

Level 2: Ad hoc, limited, reactive co-operation in response to crises or other pressure.

Level 1: Almost complete separation and fragmentation of services.

It is also important to consider that integration can be vertical and horizontal:

- Marco vertical – closer co-ordination of policy and service arrangements at different levels of government – national, regional, and local.
- Micro vertical – within a specific sector e.g. social services - at the local level to residential, community and home based social services for different client groups in localities; or
- Horizontal integration – which unites previously separated public services e.g., health and social services, and can occur at all levels, and can involve bringing together separate national ministries.

4.2 Levels on the integration ladder

Level 1: Almost complete separation/fragmentation of services

Very little needs to be said about this level other than to say that at this level services are fragmented and the organisations which provide them work within "silos", with services delivered completely separately at all levels. There is no holistic view of the clients' needs, and decisions about clients and the services they require are arrived at independently and without coordination with any other service.

We can find no examples in Europe where this level exists as most countries have at least some level of ad hoc cooperation (level 2).

Level 2: Ad hoc, limited, reactive cooperation in response to crises or other pressure

Ad hoc integration tends to emerge out of necessity and external pressure rather than from any real attempt at integration. The necessity often arises from attempts to meet the immediate needs of a specific individual, family, or group of individuals, or to address the poor performance of a specific service provider or service.

Where an ad hoc, reactionary approach to service cooperation and coordination exists, the predominant culture is a strong reluctance and lack of commitment from organisations and staff to cooperate with other services, and a strong belief among staff that addressing the broader needs of their clients "*is not my job*". Often there is also a strong adherence to existing "*rules*" and "*regulations*", which are often perceived as unchangeable. The only thing that changes this position is either a crisis or a specific professional individual or group of individuals who are prepared to "*go the extra mile*" for their clients and take it upon themselves, in spite of the system, to make the necessary links with likeminded professionals in other services. In reality, such groups of professional individuals can be found at every level of the ladder.

Level 3: Multi-disciplinary teams of professionals.

This is the first level where we can see the emergence of a more formal, as opposed to informal, level of cooperation. This level is mostly seen at the local level where staff from different professions work as multi-disciplinary teams e.g. in a local community health centre. At this level the initiative is local and not linked to a national programme. The focus is on the client and linking processes and not concerned with the structural integration of organisations which deliver different services. Usually there is some level of procedure or protocol that guides the work of these teams.

Some form of multi-disciplinary team approach is found in all the remaining levels (4-8).

Level 4: Planned and sustained service cooperation and coordination often facilitated through formal networks or partnerships

This level of integration is part of a systematic, planned approach – rather than an ad hoc attempt at service integration. But this level of integration is still not delivered through structural organisational integration and, as such, it is a less costly and disruptive level on the ladder and is focused on services rather than the organisational context.

It may be useful within this level to determine what the distinction between collaboration/cooperation and integration is, which is most usefully described from a client perspective:

Distinction between collaboration and integration a client perspective[30]

Definition of Collaboration: Health care providers work together to provide a range of primary health services, while still maintaining distinct and independent practices. For example, a physician might refer a patient, using a standardized referral form, to a mental health specialist who works in the "mental health" division of the same health Authority. The patient would perceive that he/she is receiving a separate service from an independent specialist who has some form of working relationship with the primary health care provider.

Definition of Integration: A process by which a wide range of health care services is provided as a single, seamless service, with less obvious distinctions between the service providers. As an example, instead of a physician referring a patient to a mental health provider, the physician might call on the provider (located in the same office) to assist with a preliminary diagnosis, or arrange for the patient to return (through the same appointment procedure) for a follow-up visit involving the other provider. From the patient's perspective, he/she is not utilizing different health care services, but is getting one service to address his/her current problem from a closely integrated team of providers.

Most models will of course involve both integration and collaboration in varying degrees, depending on factors such as the ability to co-locate, the degree of systems integration possible (whether providers can be employed by the same organisation), regulatory issues (regarding confidentiality and information sharing), and attitudes (between different service providers and their staff).

Planned models of cooperation/collaboration often operate within a network, often referred to as a "*person centred network*" and involve functional day-to-day co-operation, based around client needs. Irrespective of where in the network a client accesses the network e.g. an Employment Office or Centre for Social Work (CSW), they are "*referred*" in a structured way, as opposed to just being sign posted, to another professional within the same or another service, or instead of having to re-access the network. So every service provider in the network is an entry point, service provider and a referral point, for both their own additional services and services located at different sites or from different providers within the network. Once "*in the door*" the client is directed and tracked through a variety of services, as needed, until the particular issue being addressed is resolved. In these models responsibility for directing and tracking the client within the system is usually maintained by the original provider as long as the need of the client is in their domain, so the client sees the original

[30] Strosahl, K., "Integrating Behavioural Health and Primary Care Services: The Primary Mental Health Care Model", Page 163, from Blount, Alexander; Integrated Primary Care; W.W. Norton & Company; New York, 1998

service provider, the "*first entry point*", as their primary advocate and can always return to that entry point for further support and guidance. This advocate is often called a "*key worker*".

Often within these systems the process by which a client enters the system through one service provider and is then referred for other services within the system without having to re-enter the system, is not fully understood, promoted, or articulated, and therefore varies widely.

Where the client's needs do not fall within the "*first entry point*" service providers domain they pass the client to another provider in the network and should retain responsibility until the new service provider has adopted responsibility for the client, who then becomes the new "*key worker*" in the network. It is important to ensure that once they have entered the system the client does not feel disconnected, abandoned, or isolated within the system.

Within this level there is a shared understanding that, the clients' needs and actions and decisions are co-ordinated within a client-centred network of services. While such networks allow for a greater variety of service profiles and thereby increase the chance of real personalised approaches they require a high degree of flexibility as well as a culture of dialogue among all actors (e.g. **Denmark** Counselling Obligation.)

In **Denmark** the success of flexible and coordinated policies is partly explained with regard to their '*culture of dialogue*', which enables a smooth flow of communication using both formal and informal channels.

In **Finland** a project for unemployed people with mental problems also provides an interesting example:

Finland - The NYTKU Project for Unemployed Young People with Mental Problems

NYTKU was a development project targeted at young people facing the risk of social exclusion. For the young unemployed people involved in the project (total of 58 persons, 28 male and 30 female, aged 17-25 years), normal education and working life seemed to be very difficult to reach.

The project was aimed at exploring their current situation and what possibilities existed for them, as a way of developing the services offered for unemployed young people.

In addition to many kinds of social problems, most subjects (65%) had mental problems. Existing mental services were seen to address their needs poorly because it is not easy for young people to seek help and there are not enough services available to them. Many also encountered difficulties in moving from one institution to another and from one professional to another, so were dropping out. Many also faced multiple other problems in their lives, as a result of which it is not possible for them to access normal education or start a working life. Mental and alcohol problems in the childhood family are part of the history for many. These young people need intensive, psychosocial individual and group support and the opportunity to engage in normal education and working life.

Rehabilitation Assessment Courses (RACs) were specifically planned for the target group, and arranged and financed by the Social Insurance Institution (SII). A new model of co-operation with the community social and health services was also piloted. RACs took place during 2000-2001. After the 10-day courses, **individually tailored case management** was provided for the participants in 2001-2002. The case management process was carried out in co-operation with the young person, with the involvement of career advisors and other specialists. The career advisors work at the Employment Services Unit (ESU) which is part of the municipal social services. Services are offered for people at risk of social exclusion. The ESU works in close co-operation with health care and employment services, and other organizations.

Twelve people received special education courses and long term (4-6 months) courses to cope better in their every day lives. These courses had immediate benefits, however, the one-year follow-up was felt to be too short for meaningful long-term prognosis.

As a result of the pilot the need for new types of services was recognized in the service system, as was their need for more social and mental health support to cope in contemporary society. The need for close co-operation between the social, health and employment services was seen as of the utmost importance.

"Case management against social exclusion? Evaluation of case management for unemployed youth". Helsinki: The Social Insurance Institution, Finland. Social security and health reports 61, 2004. 87 pp. ISBN 951-669-640-6.

Another interesting example is the Canadian PRISMA model:

Canada – PRISMA (Program of Research to Integrate the Services for the Maintenance of Autonomy) – Model of Integrated Service Delivery for Frail Elderly People

PRISMA is a co-ordination-type integrated service delivery system developed to improve continuity and increase the efficacy and efficiency of services, especially for older and disabled populations.

In this model every organisation kept its own structure but agreed to participate in an "umbrella" system and to adapt its operations and resources to the agreed requirements and processes.

In terms of the model, co-ordination between institutions is at the core of the model. Co-ordination is established at every level of the organisations:

- at the strategic level (governance), by creating a Joint Governing Board ("Table de concertation") of all health care and social services organisations and community agencies where the decision-makers agree on the policies and orientations and what resources to allocate to the integrated system;
- at the tactical level (management), a Service Co-ordination Committee, mandated by the Board and comprising public and community service representatives together with older people, monitors the service co-ordination mechanism and facilitates adaptation of the service continuum; and
- at the operational level (clinical), a multidisciplinary team of practitioners surrounding the CM evaluates clients' needs and delivers the required care.

The core tools of the model developed and applied include:

- co-ordination between decision-makers and managers;
- a single entry point;
- a case management process;
- individualised service plans;
- a single assessment instrument based on the clients' functional autonomy; and
- a computerised clinical chart for communicating between institutions for client monitoring purposes.

These tools not only facilitate the delivery of services adapted to the clients' needs but can also continuously monitor the resources and manage the supply of services effectively and efficiently. The model of co-ordination was developed to fit in a publicly funded health care system.

The model has shown a decreased incidence of functional decline, a decreased burden for caregivers and a smaller proportion of older people wishing to be institutionalised

The evaluation of the implementation also focused on the process of implementing the mechanisms and tools and how they function. It was concluded that PRISMA is an innovative co-ordination type model. However, it requires a shift from the traditional institution-based approach to a client-centred

approach and tremendous efforts in co-ordination at all levels of the organisations.

PRISMA: a new model of integrated service delivery for the Frail Older People in Canada
Web link: http:://www, ncbi,nlm.gov/pmc/articles/PMC1482944
(see Appendix 1, Canada 1 page 2?) for more detail.

Real formal cooperation/coordination, facilitated through formal networks or partnerships requires a level of "*mutual trust*" and cannot really function where there is competition for influence and resources. This requires the partnership to be based on a "balance of power" and formal and informal mechanisms allowing for 'win-win'-situations, based around a common interest and understanding. Partnerships where cooperation is "*forced*", where trust, equality and one could even say "*mutual respect*" do not exist, are doomed to fail. In Europe this is often seen where integrated service partnerships come together as a precondition for accessing funding. This said, however, the need for trust and balance of power do not contradict with the necessity of a leader/co-ordinator who takes responsibility for the overall process and the overall objectives of the partnership. Partnerships do not need to be institutions in their own right, nor do they require major effort to set up and run – they just need to be able to facilitate flexible and cooperative approaches, across service providers, to meet the needs of clients.

As a consequence of extremely varied regional and local regulations and the number and type of actors involved, coordination arrangements differ widely in design and content. Some countries have yet to obtain a satisfactory level of social activation coordination. "*In **Poland**, we can observe attempts at coordination that vary according to local and regional circumstances and the actors involved. Coordination between local social assistance providers and local or regional employment services is often complicated and fragmented, and the process of social integration is, in practice, separated from the process of re-entering the labour market*"[31]

In countries with regional regulation of social assistance, such as **Italy, Switzerland** and **Spain** there is no common picture in terms of coordination efforts. It is also the case that in **Italy** and **Spain** some of the pre-conditions for integration like political will, the support of relevant stakeholders and resources are missing. **Poland** also lacks these and has no uniform integration strategy (Minas 2009):

Switzerland

In general, activation measures within the Swiss unemployment and social assistance scheme are not coordinated with each other, instead an institutional division exists between the systems. Yet, there have been some recent efforts on the cantonal level to increase cooperation between the unemployment insurance and social assistance systems (inter-institutional coordination). Binding co-operation has, for example, been installed between the regional social service and the regional unemployment centre in some cantons in order to improve the implementation of social and professional integration.

Spain

In Spain, the provinces have a central role, not only for the overall establishment of social assistance policies, but also a formal responsibility for coordination of social assistance delivery at the (subordinate) municipal level. Besides this vertical coordination, agreements between various public, private and corporate institutions establish networks at the horizontal level. In 2005 a new law introduced the Social Integration Project, a project obligatory for each municipality with the aim to

[31] Minas, R., "Activation in integrated services? Bridging social and employment services in European Countries" (2009) Web Link: http://www.espanet-italia.net/conference2009/paper/18B%20-%20Minas.pdf

provide activation and inclusion measures for people at risk of being excluded. It is the LSGs' responsibility to provide and organize activities, thus these can look quite different within each region.

A critical issue is whether co-operation and co-ordination can be sustained and optimised over a long period.

Level 5: Agency or service partnership

The agency or service partnership refers to the level of formal partnership entity or process, with implications for structural change, change in organisational arrangements or joint funding etc.

The Organisation for Economic Cooperation and Development has provided a useful definition of partnership as: "*Systems of formalised cooperation, grounded in legally binding arrangements or informal understandings, cooperative working relationships, and mutually adopted plans among a number of institutions. They involve agreements on policy and programme objectives and the sharing of responsibility, resources, risks and benefits over a specified period of time*."

Partnership can be:

- A separate organisation - most suitable for larger well resourced partnerships;
- A virtual organisation which is not a legal entity;
- Co-locating staff from partner organisations within a partnership entity but on a relatively informal basis; and
- Steering group without dedicated staff resources (simplest and least formal). Ideal for co-ordinating services across organisational boundaries but not for long-term integration initiatives.

Effective partnership working can: produce more flexible and innovative policy solutions; result in the sharing of knowledge and pooling of resources; build capacity in organisations and communities; gain the 'buy in' of key stakeholders including at the local level; and engender a more integrated, consistent and aligned approach across policies, agencies and local areas.

New forms of partnership working and inter-agency co-operation have gained increasing prominence in the delivery of employability policies in Europe and elsewhere. However, there can also be significant additional costs of partnerships, and the benefits of inter-agency co-operation can be limited by organisational constraints, lack of leadership and accountability, partners' conflicting interests and priorities, and a lack of capacity among different stakeholders to fully participate.

Good practice in this respect are the **UK** Connexions programme, **Denmark** Counselling and Guidance Obligation or **Slovenia,** Total Counselling Network.

As we have seen, lesser forms of partnership can also exist on lower levels of the ladder e.g., consultative arrangements with a single organisation retaining responsibility for decisions and action; networks involving organisational commitment; or contractual relationships.

In the **UK,** partnerships have tended to be more formally established. However where these are established at the national level there is also a high degree of flexibility at the local level, as can be seen from the EZ example:

UK - Employment Zones (EZs)[32]

EZs were introduced in April 2000 in 15 areas of the UK experiencing high concentrations of long-term unemployment. Recent research has looked at a range of issues including issues of coordination and cooperation with other services. Below are some of the responses given by the EZ Managers of the services:

1) Since the extension, external relations at the strategic level appeared diluted. Several EZs have withdrawn from local and regional committees and networks of strategic partners. External relations at operational levels have however strengthened. In particular, relationships with organisations delivering complementary provision and specialist services have been consolidated and expanded "*We're going to have...more of a three-way relationship with some outside providers...we've had to develop...a lot more links whereby there'll be...an outside organisation, ourselves and the client*" (EZ Manager).

2) Some EZs acknowledged that, initially, they had been inclined to operate in isolation of other support agencies and services. In recognition of the depth and complexity of barriers faced by clients, many EZs had come to accept that they cannot work alone "*'Often we've operated a bit in isolation, now in cases where we've got significant barriers, we're…going to have to operate a lot more openly'*"(EZ Manager).

3) Relationships have developed with a range of external organisations and agencies including Sure Start, Remploy, Business Link, National Probation Service, refugee services, Citizens Advice Bureaux and money advice agencies. EZs were both taking referrals from and making referrals to these various specialist support agencies.

4) Relationships were mutually supportive rather than contractual, and functioned at the individual adviser and customer level. Advisers were encouraged to network to garner knowledge and contacts. "*'What we've got are lots of individual working relationships with very specific ...referral agencies – refugee centres, drug and alcohol support agencies, those kinds of relationships...specifically targeted initiatives'*" (EZ Manager).

Level 6: <u>Multi –service agencies with single location for assessment and services</u>

The most common representation of this level of integration is a "*one-stop shop*", where service clients access one building for integrated services, including assessments and Individual Action Plans (IAPs).

At this level, different service providers add their previously separated activities into a programme of merged provisions whereby specific constellations can be served without having to switch between different providers.

When we look at the integration of employment and social services integrated services "*one stop shop*" local provision is usually led by the PES, with other services including social, health, financial, housing, education/training, and access to benefits etc:

- **UK** - co-location of benefits and employability services;
- **Finland** - Labour Force Service Centres (LAFOS) bring together a wider range of employability, health and social service providers;
- **USA** - Job Centers co-locate job search, lifelong learning, health and welfare services; and

[32] Department for Work and Pensions. Research Report No 228 "Evaluation of Single Provider Employment Zone Extensions to Young People, Lone Parents and Early Entrants Interim Report". Griffiths, R., and Dr Jones, G., (Insite Research and Consulting), 2005.

- **The Netherlands** - co-located benefits and employment services, but are now looking at piloting projects on the "*boundaryless*" office principle, with different employability agencies brought together within one team, sharing all administrative and service duties (and therefore learning from each other); testing a '*single employer service point*' dealing with all inquiries from employers and acting as a gateway and broker for work placement and training opportunities for all client groups; and developing shared 'digital dossiers' (on-line client records) which can be accessed and updated by all relevant/accredited stakeholders.

This model has been adopted in other countries such as **France, Armenia** and **Malta**, though the degree to which services are truly integrated, as opposed to just being provided in the same location, does vary and is often dependent on the extent to which needs assessment is included within the model.

However, while co-location of services is necessary and does facilitate ease of access and easy transfer to services, it is not a sufficient condition for effective integration of services.

Level 7: <u>Whole system working – not necessary throughout the whole country</u>

Level 7 represents integration of services within a single organisational/decision making authority, providing a range of services for specific target groups. Clients are clear where to go to access support. It incorporates a one-stop-shop or single point of entry for all clients at which all their requirements can be assessed and appropriate services agreed. It also involves more fundamental structural change. Some Member States have incorporated the concept of one-stop-shops into nationally integrated programmes. The arguments most often used for this level of integration are:

- Reduction in the level of bureaucracy;
- Improved access to social rights and strengthening of social cohesion;
- Increased accessibility and greater openness for both clients of the services and the organisations themselves;
- Improved quality of services; and
- Reduced service provision costs.

This level often involves real structural reorganisation, often including mergers of ministries at the national level, into a single physical co-location of services, where individuals and families can access all of the services they require, at the local level, in one building, that historically have been provided in different locations, and brings staff and resources together into a combined new organisation under a single unified structure.

As would be expected, this is the most costly form of integration and is only recommended when more informal forms of integration are not deemed appropriate. The most frequently applied model is one of integrating various benefit models. If successful it can provide a lasting, stable solution to problems of service co-ordination.

(Minas 2009) identified that the most institutionally developed efforts of integrated services can be found in **Finland** (LAFOS), **Denmark** (Job-Centres: More People into Employment Reform), and **Norway** (NAV), with **Norway** the most far-reaching. Models look different but all involve agencies located at different territorial tiers (national and local) and involve new methods of co-operation. In these countries social assistance is a national responsibility, but with sub-national levels of autonomy to varying degrees

Only in **Norway** is there really a "*one stop shop*" for social activation of all (insured and uninsured) but it is the **Finnish** model (LAFOS)) that provides the broadest range of co-located integrated services (employment, social services, social insurance agency, health

care, and educational services). The **Danish** model "*jobcentres*" does have a one door entry, but behind the door, social services and employment offices work separately with their traditional clientele. Divided responsibility for insured and uninsured unemployed is still the most common activation arrangement. In the **UK** there is also a co-location of benefits and employment services. The following sets out more information on the **Finnish** LAFOS model:

Finland - Labour Force Service Centres (LAFOS)

The 39 LAFOS Centres were established in 2004. The main target groups are those "*hard-to-place*", the elderly and often long-term unemployed job-seekers or clients. In 2007 34 % of the clients had health problems. Clients are those in need of intensive personal and individual services in order to upgrade coping and labour market skills.

LAFOS gathers together PES, social and health care services, services of the national insurance agency and additional subcontracted professional expert services.

Evaluation of the PES service reform raised some important experiences and problems. It is noteworthy at the client level that clients seem very satisfied with the LAFOS services although the service processes are very long. The LAFOS experience emphasises the importance of the multi-professional team work with the client. Working in teams and pairs (the employment officer and the social worker) has brought real added value. In this respect the Finnish experience seems quite advanced in the international context, compared to Denmark for example.

Good client work is closely related to the networking capability of the LAFOS Case Workers. The LAFOS Centres are now building up their networks and creating more sustainable partnerships[33].

Organisationally the LAFOS Centres are located "*in-between*" the labour administration and the LSGs. The location leads to a relatively high level of autonomy, but also leads to an ambivalent and "*swaying*' position. The situation has its pros and cons. The challenge with the LAFOS is still how to organise itself properly at the operational level, and its leadership and management structures. Models with two leaders (one form the municipality and the other from the local PES) as well as different forms of joint management have been tried. At the local and operative level, the LAFOS Centres seem to have found relatively satisfactory management solutions.

Evaluations have shown that LAFOS Centres face serious challenges especially at the strategic management level. In Finland the central level constitutes the Ministry of Labour and the Economy and the Ministry of Social affairs and Health and the association of Finnish Local and Regional Authorities, with the last two having no power to direct the autonomous LSGs. Due to the diverse steering mechanisms from the top, the Finnish LAFOS Centres have developed varying working models resonating with the diversity of the local contexts, which actually seems to be its main strength.

More easy to place clients are directed through an alternative service Job Search Centres i.e., not all unemployed people use the same service.

15-16 September 2008
Peer Review Vocational rehabilitation and income security for people with work incapacities within the framework of integrated flexicurity approaches, Norway

Unlike the LAFOS in **Finland** NAVs in **Norway** are open to all unemployed:

[33] Karjalainen, V. & Saikku, P. (2008). "LAFOS Centres. Special services for those 'hard-to-place'" in Arnkil, R., Karjalainen, V., Saikku, P., Spangar, T. & Pitkänen, S. (2008). "Towards demand-driven and integrative employment services. Evaluation of the PES agencies and the LAFOS centres reform". Publications of the Ministry of Labour and the Economies, 18/2008).

Norway – A New Employment and Welfare Administration - NAV[34]

In 2006 the government sought to take action and brought forward a proposal: "*A New Employment and Welfare Administration*", which was passed by the Norwegian Parliament on 3 July 2006. This represents the largest government reform in Norway in modern times.

The administrative structural reform saw a merging of the three different services and two different levels of responsibility (state and local) all with different organisational structures:

- The State National Insurance Administration (regional and local branches in all LSGs). Oversaw all social security benefits and some activation measures and benefits related to integration in the work place;
- The State Employment Service Administration (with regional and local branches 66% of LSGs). Unemployment benefit, employment measures and public employment services; and
- Local government social welfare system - 431 LSGs - social assistance benefits and social services.

By the end of 2008 239 NAV offices had been established and 153 new offices are being established in 2009, with the remaining 11 offices being established in 2010, resulting in a total of 457 offices. Staff from the labour and welfare service and the local authority work together at the NAV offices to find good solutions for their clients and provide coordinated services focused on client's needs and providing services for the unemployed and enterprises, people on sick leave, disabled pensioners, and recipients of financial social assistance, pensions and family benefits. The service includes the development of individual plans, co-ordinated services tailored to individual needs and a rights and obligations contract

It is estimated that savings from this reform will cover the considerable reorganization costs, along with reductions in lost income by better coordination, and long- term improvements in administrative efficiency.

Preliminary evaluation: Evidence so far suggests that:

- Organisational reforms are expensive in time and finance;
- Team work produces good outcomes for sources but is time consuming;
- Integrating different cultures does not seem to be a major problem;
- Clients are more satisfied, but less so those needing one service; and
- Too early to assess if more people are entering the labour market.

A major evaluation programme has been established to document and investigate the process of integration and the results/effects of the reform.

Examples of integrated services, not covering the whole of the country, but restricted to areas/regions can also be found. Three examples are presented here from the **UK**, **USA** and **Canada:**

[34]Nav Web Site. Web Link: http://www.nav.no/In+English

UK: The Durham Adult Community Care Enhancement Strategy and Services Initiative

The key features of the initiative are:

- A single visible identity for health, housing and social care services within local communities, so that clients and potential clients are clear about where to go to access the support they need;
- A one-stop single assessment service that integrates access to housing, health, and social care support;
- Commissioning and providing an integrated and flexible range of services that will allow clients more choice, and be quickly responsive to their changing needs; and
- Joint working between all disciplines and staff involved, with full sharing of resources, including the pooling of budgets.

Compared with many partnership initiatives, the Durham project is distinctive in three ways:

- The range of partners: housing, health and social services:
- The levels of activity to be integrated are comprehensive rather than partial, encompassing strategic, operational and support systems: integration is the core business, not an optional add on; and
- Integration is to be co-joined with localisation: a radical shift in power and responsibility from the centre to the localities and neighbourhoods is taking place.

USA (California) - PACE (Program of All inclusive Care for the Elderly) projects[35].
Canada (Edmenton) - CHOICE (Comprehensive Home Option of Integrated Care for the Elderly)[36]

Both are examples of the full integration level of integrated service delivery.[37] The integrated organisation is responsible for all services, either under one structure or by contracting some services with other organisations.

The PACE and CHOICE programmes are built around Day Centres where the members of the multidisciplinary team, who evaluate and treat the clients, are based. Clients are selected according to relatively strict inclusion (degree of disability compatible with admission to a nursing home) and exclusion (e.g. behavioural problems) criteria. These systems usually function in parallel with the socio-health structures in place. Services are delivered by structures operated by the system or by external structures linked through contracts (hospitals, specialised medical care, long-term care institutions).

An evaluation of these programmes in the USA[38] showed that they have an impact on the number and duration of short-term hospitalisations, the number of admissions to long-term institutions, drug use, mortality and the cost of services. However, this study did not include any specific control groups and the data from the PACE projects was only compared to national statistics for groups whose comparability is questionable.

USA - Social Health Maintenance organisation[39];
Canada (Montreal) - SIPA ("Systàme de services intégrés pour personnes âgées en perte

[35] Branch, L.G., Coulam, R.F., Zimmerman, Y.A." The PACE evaluation: Initial findings". Gerontologist. *1*995;35(3):349–59.
[36] Eggert, G.M., Zimmer, J.G., Hall, W.J., Friedman, B.."Case management: a randomized controlled study comparing a neighborhood team and a centralized individual model". Health Services Research. 1991;26(4):471–507.
[37] Kodner, D.L., Kyriacou, C.K. "Fully integrated care for frail elderly: two American models". International Journal of Integrated Care. 2000;1(1):1–24.
[38] Pedulla, C., Eleazer, C., McCann, P., Fox N. "Program of all-inclusive care for the elderly [PACE]: an innovative model of integrated geriatric care and financing". Journal of the American Geriatric Society. 1997;45:223–32.
[39] Leutz, W., Greenberg, R., Abrahams, R., Prottas, J., Diamond, L.M., and Gruenberg, L." Changing health care for an aging society: planning for the social health maintenance organization". Lexington, Mass: Lexington Books; 1985.

d'autonomie")[40]

Both are integrated services but do not include a Day Centre. However, home care services are provided by personnel hired by or under contract with the organisation.

All these fully integrated models are nested in the usual health and social services in a particular area but are run in parallel to them. They do not involve significant changes to the structure or processes of existing services, except for the negotiation of protocols for referring clients to integrated service delivery and the provision of some services not covered by integrated service delivery. Capitation budgeting is usually a key component of these programmes.

Structural integration is the most radical, difficult and costly approach to integration and involves bringing together staff and resources in one single organisation under a single unified structure.

Level 8: Integration of central government ministries and policies

Fully comprehensive approach to service integration – top to bottom integration of specific parts of two or more major services.

As yet such a comprehensive approach to service integration is rarely found. There are beginnings in some countries that concentrate initially on a top to bottom integration of specific parts of two major services. For example integration of social, health and education services for children with special needs. Many, consider this selective approach more realistic than integration of social and health services or social and employment services (Munday 2007).

[40] Bergman, H., Béland, F., Lebe l, P., Leibovich, E., Contandriopoulos, A.P., Brunelle, Y., et al."[Hospital and integrated services delivery network for the frail elderly". Ruptures, revue transdisciplinaire en santé *1997;4(2):311–21.*

CHAPTER 5. KEY COMPONENTS OF COOPERATION/COORDINATION AND INTEGRATED SERVICE MODELS

5.1 Introduction

As a recap we have established that the level of integration can be viewed as a continuum, a ladder starting from almost complete fragmentation and separation of services to full integration models including integration at the ministerial and policy level.

Integration of services are designed to enable clients to become more economically and/or socially active, through providing information and access to services to support "*pathways*" to employment or greater social inclusion in the community. The emphasis is on an assessment of capacity, individualising the service, developing integrated services (social, educational, health, housing and employment needs), individual action plans, with an increased level of client participation.

We have already stressed the need for "*trust*" "*balance of Power*", "*mutual respect*" and a shared network or partnership commitment if any level of cooperation/coordination or integration of services, traditionally provided by different service providers, is going to be successful.

Based on our research there are also a range of specific "*components*" that can be found within good examples of cooperation/coordination and integrated service models. These are;

- Service gateways and eligibility criteria;
- A client advocate (Key Workers/CMs/PAs);
- Systems for managing CMs workloads "number of cases" and CM protocols;
- Multi-disciplinary team working;
- Comprehensive single or joint assessment of need;
- Individual action plan or service planning;
- Frequent CM and client progress reviews;
- Mapping of services available;
- Informal "Signposting" systems;
- Active referral networks and use of standardised referral forms;
- Good induction programme;
- Aftercare and active follow-up;
- Outreach; and
- Standard client information forms and integrated information systems/data gathering.

5.2 Service gateways and eligibility criteria

As we have already seen, "*gateways*" to service provision can either be through a single provider of services, or as a "*single access point*" from where the client is able to access all of the other integrated services, or through a "*one stop shop*".

This access, combined with clear eligibility criteria for the integrated services, enables service providers quickly to refer individuals to other services where the need the individual requires support for, is not within the domain of the integrated service, or to quickly decide the next stage of access within the integrated service itself.

It is the case that many integrated services (and services generally) find themselves dealing with many people who should not have accessed the service in the first place, usually because this "*gateway*" and eligibility criteria are not defined clearly enough.

It is also important to monitor how clients are gaining access or being referred to the integrated service – what are the patterns of access?

5.3 CMs/Personal Advisers/Key Workers

From a client's perspective the CM is the "*face*" of an integrated service delivery system, the primary element of the system that clients see and deal with directly on a regular basis.

The terms CMs/Personal Advisers/Key Workers are used interchangeably within the existing literature, predominantly the term CM is applied where the client's priority need is to access a social service and Personal Advisers where the dominant need is to access employment services. For the purpose of this report we will use the term CM to describe both these functions. What is indisputable is that all of the research we have reviewed sees the role of the CM as central to the successful implementation of any integration model.

Because there is no uniform definition, we have taken an internationally recognized definition of case management. The Case Management Society in the **USA** was the first institution to produce a universal definition of case management, which, although it applies to the health sector, can be transferred to integration work in social and employment promotion: "*Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes*."[41]

Regardless of how case management is defined, in the provision of any integrated service, the CM is, next to the client, the key figure. Their job is complex because they work at the interface between various service-providers and are responsible for ensuring that every service accessed and all activity undertaken is targeted at assisting their client's progress to the next level, be that greater social inclusion or employment. They have to co-ordinate a service or range of services that together can address multiple and complex problems faced by their clients e.g. social, employment, health, housing, education etc. Often the CM will work with a structured multi-disciplinary team, made up of staff/CMs from their own and other relevant services, but more developed case management systems also require CMs to become more inter-disciplinary themselves (spanning several professional boundaries).

The CM also manages the implementation of either a single service or multiple service IAP (sometimes referred to as a Service Plan), designed to provide a seamless service and system of support for the client.

Among the services CMs often need to manage or facilitate access to are:

- Training and retraining with the support of employment services;
- housing services through LSGs, charity organizations, NGOs etc;
- health services, harm reduction of drug and alcohol, mental health etc;
- Debt relief at LSGs, banks;
- Child care facilities, elderly care through LSGs, NGOs etc; and
- Access to the labour market through public works, "*sheltered*" jobs, "*transit*" jobs in NGOs, voluntary work etc.

[41] Available at: http://www.cmsa.org/ABOUTUS/DefinitionofCaseManagement/tabid/104/Default.aspx

CMs are used extensively in some countries, in Western Europe, and especially in the **UK**, but in others not at all, and have been beneficially applied where clients face complex and longer term needs e.g. dependent elderly people, in terms of integration of social and health services, as we have already seen in some of the examples presented in this report.

CMs are at the centre of many countries' approaches to delivering intensive job search counselling and support. In countries like **Australia** and **The Netherlands** these services have been outsourced by the PES to the private sector, with variable results. In countries such as **Belgium** and **Canada** these responsibilities are shared between the PES and regional and local authorities.

The application of a CM model was evaluated in **Italy**[42] for elderly people living in the community. The evaluation showed that admission to hospital or a nursing home occurred later where case management and integrated health and social services were utilised. The estimated financial savings were in the order of £1125 per year. Clients were also found to have improved physical functioning and reduced decline in cognitive status when compared to a control group.

In a randomised trial, Eggert *et al*[43] involving CMs within the social and health sectors in the **USA** it was demonstrated that case management is also more effective, if it does more than just fulfil the role of "service broker" but is also actively and directly involved in delivering the services to the client in his/her area of expertise. The Case Manager should be legitimised to intervene in all institutions or services. For example a family physician should be one of the CM's primary collaborators because, in addition to being the main medical practitioner, they are pivotal in regard to access to and co-ordination of specialised medical services. On the other hand, the CM relieves family physicians of some of their burden by facilitating access to and coordinating the rest of the social and health interventions.

In Serbia CMs have recently been introduced into all CSW with all CMs receiving training during 2007-2009. To date these CMs are using multi-disciplinary teams, but are only formally co-ordinating the services for which the CSW are responsible, although many are also linking informally into other services[44].

In the literature CMs are seen to be responsible for: undertaking a thorough assessment of the client's needs; planning the required services; arranging for the client to access these services; organising and co-ordinating support; directing the multi-disciplinary team of experts/practitioners involved in the clients "*case*"; monitoring effectiveness of the services provided to the client; and re-evaluating the needs of the client.

The **UK** New Deal for Disabled people CM Model was evaluated, and demonstrated both strengths and weaknesses, as well as some lessons related to continuity of service:

UK – New Deal for Disabled People.

In Autumn 1998 the UK Government piloted a PAs service aimed at recipients of long-term

[42] Bernabei, R., Landi, F., Gambassi, G., Sgadari, A., Zuccala, G., Mor, V., Rubenstein, L.Z., Carbonin, P.U "Randomised trial of impact model of integrated care and case management for older people living in the community". British Medical Journal (May 1998) : Web link: http://cardiocare.cn/cgi/content/abstract/316/7141/1348.

[43] Eggert GM, Zimmer JG, Hall WJ, Friedman B. "Case management: a randomized controlled study comparing a neighbourhood team and a centralized individual model". Health Services Research. 1991;26(4):471–507.

[44] It is also important to stress that this process is only in its infancy and even within this single service the practice of case management and multi-disciplinary team work needs to be strengthened.

incapacity benefits and also people in work at risk of losing their jobs because of ill-health or impairment. The programme offered an individually tailored package of support to move towards and stay in work.

Twelve pilot projects were established, 6 led by the Employment Service and 6 by different partnerships of voluntary, private and public sector organisations. Pilots ran until July 2001 following which they were evaluated. The evaluation included surveys of participants and non-participants and labour market studies of the areas covered by the pilots.

Key findings

- The 12 pilots successfully established an entirely new service to assist people with impairments or a health condition to find or remain in work;
- Those who used the service generally valued the assistance and support provided;
- However, some clients were not happy and reported a lack of continuity in the service offered;
- Despite some creative local initiatives, take-up of the service remained low throughout the pilots, at around six per cent of the eligible population;
- Over a fifth of clients had found work by June 2000, but there was no evidence that the service had significantly increased the movement of disabled people into work; and
- What may be needed in the future is the provision of a PA service which is part of a wider strategy to increase employment opportunities for long-term sick and disabled people.

We have already looked at the **Finnish** initiative - the NYTKU Project for Unemployed Young People with mental problems, here we focus on their experience of case management:

Finland - The NYTKU Project for Unemployed Young People with mental problems

The case management process was carried out in co-operation with the young person, with the involvement of career advisors and other specialists. The career advisors work at the ESU which is part of the municipal social services. Services are offered for people at the risk of social exclusion. The ESU works in close co-operation with health care and employment services, and other organizations.

An evaluation was undertaken on the process of case management after the rehabilitation courses, and on service availability based on the recommendations of the experts, and the experiences of the young people themselves. The process of case management was followed up for every participant at four months over the period of one year. Interviews were held with the young people and with the main stakeholders and discussions at the working meetings of the multi-professional team at the SII and the career advisors at the ESU. The focus was on evaluating the inter-professional collaboration and the interaction with the young people.

The evaluation of the case management process shows that most of the young people were committed to the rehabilitation courses and the case management process provided by the career advisors.

The whole case management process, i.e. evaluation, rehabilitation, employment and career advising for education and work needs to be provided in one location, with full open access to all, with frequent visits to the young persons home. There is a need for case management on a long-term basis, as well as more structured planning and individual evaluation. Long-term follow-up evaluation was proposed to be made after 5-10 years.

“Case management against social exclusion? Evaluation of case management for unemployed youth”. Helsinki: The Social Insurance Institution, Finland. Social security and health reports 61, 2004. 87 pp. ISBN 951-669-640-6

In 2006 an International Social Security Association (ISSA) workshop was held in Brussels on the subject of case management. Following the workshop a questionnaire was developed which was completed by the PES (mid-2006 and early 2007) by all of the participants at the workshop from: **Sweden; Germany; Ireland; Netherlands; Spain; France; Belgium; United Kingdom; Denmark; New Zealand;** and **Australia**. An evaluation of the responses was then undertaken and a report written.[45] This research concluded that:

- Case management is not a new concept, by the 1990s many countries had CMs within the employment sector. Spain is the latest country to adopt this concept (2007), following a pilot phase, while Sweden claimed to have been using case management since 1935;
- Most countries agree that the objective of case management is to boost the proportion of the population genuinely in active employment, including extending integration efforts to previously economically inactive marginalised groups;
- In terms of specifics these vary in terms of detailed job descriptions and specific measures and services involved: However:
    - All countries, without exception, attach importance to the production of an Individual Action Plan (IAP), based on a detailed assessment;
    - Regardless of the organizational structure, the CM's job is to get an exact picture of the client's individual situation and needs during the assessment;
    - In every country the output of the assessment is written into some form of integration agreement or plan, which is signed like a contract by both the client and CM and states: reciprocal rights and obligations; services to be provided; and what the client is to contribute to the process over a particular period;
    - The CM is seen as the network and system expert who can generate support for specific individual cases: they are familiar with the social system, know about service interconnections and dependencies, and can implement and coordinate the provision of various services as well as encourage the client to take responsibility for themselves. This is particularly important in three countries:
        - **The Netherlands** puts its clients through a "*gatekeeper test*", where it is emphasized right from the initial assessment that the client is responsible for their own integration into the labour market; and
        - In **Denmark** and **Spain** emphasis is placed on self-responsibility very early on in the process, with clients even required to enter and update their own data in an IT system.
    - In all countries CMs operate in networks. At the local level these involve: employment service; local authorities, which usually provide social services; training providers; private service-providers; and businesses. Businesses are particularly important in countries such as the **UK**, **Ireland** and **Sweden**.
- Across countries in terms of Job descriptions CMs tend to have different skills. Overall the job profile requirements and qualifications structure for CMs is still developing. But there is a trend towards university education and an emphasis on moderation techniques, conducting interviews, conflict resolution and guidance methods, with a number of countries even making these a basic requirement for all CMs.
- Overall accountability In all countries studied, case management is run through the employment promotion system. Alternatives -such as being run by the local authorities and therefore by the social services – are very rare when the focus is on the formal labour market.[46]

[45] Poetzsch, J., "Case Management: The Magic Bullet for Labour Integration? An international Comparative Study". International Social Security Association, Technical Report 2006.
Web Link: http://www.issa.int/aiss/content/download/40623/790047/version/13/file/TR-06-2.pdf

[46] The exception here is the close cooperation between the Agentur für Arbeit (Employment Agency) and local authorities in Germany. In most districts the processes involved in case management are run through this

- Integration usually relates to three different technical areas: benefits administration and entitlement to employment and social benefits; support provided as part of progression towards work; and social integration services provided by the local authorities, such as child care, advisory services, etc. In the countries studied in 50% of the cases the employment service is responsible for all three areas, while in the other 50% there is a strict division of responsibilities between employment promotion actors and local authorities. The approach in the **UK**, **Germany** and **Denmark** is to have one single authority as the contact point for both guidance and integration work, but which also monitors the payment of benefits.
- Funding. The discernible trend is towards using tax revenue: only **Belgium**, **France** and **Denmark** use the majority of funding from social security, with minimal expenditure covered by taxes.
- Target groups. Clients are a very heterogeneous group, but within this group individual target groups can often be identified. Young people are an immediate focus as a target group which most countries identified e.g. **UK** "*New Deal for Young People*" and **The Netherlands** task force on youth unemployment. Most of the countries have special programmes dealing with young people's problems. Other target groups include:
  - Single parents/job returnees (**UK, Ireland and New Zealand**);
  - Former prisoners (the **UK** has developed a support scheme under the New Deal programme for those released from prison);
  - Ethnic minorities/those with a migrant background (**Sweden** has specifically identified people with a migrant background as a target group for support;
  - People with disabilities or health problems (**The Netherlands** and **New Zealand**); and
  - unemployed people who have not previously been covered by any State support schemes and not dependent on State benefits (**The Netherlands** and the **UK**)
- Frequency of CM/client contact. The minimum frequency of contact is interpreted very differently. Only three countries, **Germany**, **Ireland** and **Denmark**, leave it entirely up to their CMs and the client to decide how often they feel they want to have contact. For all others it is a formal requirement that clients should be seen at least every three months. However for the **UK** the rate of contact - depending on the client group - is often as much as once a week.
- Forms of contact used. Include telephone calls, internet contacts and face-to-face conversations, the last of these being by far the most common and important.
- Voluntary versus forced co-operation. In all countries clients must actively cooperate in case management in order to be able to claim unemployment benefit. The only differences are in the extent to which penalties are applied. A distinction is often drawn between penalties for young people and young adults and penalties for adults, with stricter penalties in the age group up to 25 if the person concerned does not cooperate or completely refuses the guidance offered. The countries which place greater weight on jobseekers' self-responsibility tend to apply penalties and cut benefits more often. **The Netherlands** and **Sweden**, for example, state that up to 30% of clients are regularly penalized.

The research concludes that it is also still an open question whether, for instance, successful case management follows a particular development or operational pattern, and how far differences between countries justify or explain differences in performance. "*What is clear however is that case management is seen and used in all countries as a valuable and effective instrument in combating long-term unemployment and in integrating people who are traditionally difficult to reach.*"

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cooperation, which is why the local authorities also have considerable influence on how case management is organised.

Further research in **Australia** is interesting because it involved a self assessment by the CMs themselves, their main intervention being a "*Participating Planning Interview*". The aim of the interview is to encourage targeted clients towards economic participation and greater self reliance. There primary role is that of referral agents. The research highlighted the following:

Australia – Personal Adviser Evaluation Research[47]

Personal Advisers (PAs) were generally positive about the impact of their work, with the most beneficial elements of the intervention considered to be:

- the provision of opinions and ideas to set clients on pathways they may not have otherwise pursued;
- more appropriate referrals;
- motivation and encouragement and the positive reinforcement offered by the "*Participation Planning Process*";
- the identification and acknowledgement of problems and barriers as a first step towards overcoming these;
- increased client awareness of the services available to them and their obligations and how to meet them; and
- showing clients the "*human face*" of Centre Link for the first time.

Interventions were generally viewed as effective in fostering increased social participation with 53% regarding it as "*very effective*" in this regard. Survey respondents were less optimistic about the impact of the intervention in affecting long term attitudinal change among clients who didn't really want to work, with only 38% of PAs regarding the intervention as "*very effective*" in achieving this end.

The implementation and design factors (as distinct from client-based factors) seen by PAs as limiting the effectiveness of the intervention were:

- Lack of prior knowledge of the purpose of the Participation Planning Interview among interviewees: which hampered disclosure and limited engagement, therefore limiting the effectiveness of the intervention;
- The primary role of PAs is referrals but PAs felt they lacked the specialist skills to adequately respond to, or appropriately refer clients;
- There was a perceived lack of availability of referral services and protracted waiting times for some services;
- A consequence of the last bullet point was that PAs felt they were sometimes asked to deal with clients that should not have been referred to them in the first place (inappropriate targeting). Related factors included a perceived lack of control over the appointments process and being "*used as a dumping ground for all the too hard cases*"; and
- More time for developing and maintaining relationships with the local service network: Over two thirds of PAs (68%) were dissatisfied with the time available to them to develop and maintain relationships with local service providers.

The improvement suggestions put forward by PAs included:

- adopting a pre-referral screening process;
- improving prior awareness of the purpose and intent of the intervention among clients;
- streamlining internal and external referral pathways and enabling "*back referrals*" from the Job Network;
- avoiding repetition / over-servicing. Clients having to tell their story over and over;
- greater availability of referral services - especially specialised services for mature clients and drug and alcohol rehabilitation services; and

[47] The Social Research Centre: "Personal Adviser Evaluation Research", June 2005. Web Link: http://www.workplace.gov.au/NR/rdonlyres/775C906D-6189-40BA-9CFA-2A2ED1907AFB/0/PAEvaluation_PASurvey_Final.pdf

- increasing staff numbers and funding to support the PA function and the associated service infrastructure.

Research on the **UK** EZs[48] has highlighted the success of the CMs in dealing with "*harder to help*" clients presented with a variety of special needs and difficult circumstances. Most had poor levels of literacy and numeracy, and some had learning difficulties, a number had criminal convictions, difficulties at home or housing problems, some had never had a paid job in the open labour market.

EZ help took different guises, depending on the nature and severity of barriers. Among the sample of clients interviewed, there was little evidence that any had been systematically "*parked*" or had received an inferior level of service. Indeed, CMs often worked more intensively and for longer to help clients access suitable work. In some cases, EZs had provided specialist help or worked alongside partner organisations to help clients secure and sustain work.

One EZ, for example, used its links with Remploy to find work for a client with learning difficulties. Having attended a special school, the client had spent three years in further education, then four years on benefits, participating in the New Deal twice before finding her first paid job, aged 24, with the specific help of the EZ. At the time of interview, she was looking forward to her next job, her confidence and income having increased sufficiently to enable a move into her own flat. Another customer received help and advice from a specialist Progress2Work adviser about how to present information about criminal convictions on CVs and job applications. After many months of EZ help and job-search activity he moved into sustained work.

The approach of the EZ was regarded by lone parents as more holistic insofar as interventions sought to address both specific employment-related barriers and the broader household economy and personal circumstances on which a return to work was premised. *'She went through a lot more of my personal life...and my outgoing expenses, and...generally had a look at the whole picture, not just that I needed a job.'* (Lone parent).

EZ CMs were perceived as having flexibility and many showed a willingness to "*go the extra mile*". Examples included meeting clients in different venues, taking out of hours telephone calls on evenings and at weekends, arranging and re-arranging meetings at short notice, and liaising directly with employers to get feed-back and advocate on behalf of their clients. Most important of all was the amount of time CMs were willing and able to invest in helping their clients get and keep work:

UK – Employment Zones: Clients Perceptions of Personal Advisers

Regardless of the content of the help, one-to-one interaction between the client and adviser was a key defining feature of EZ support and underpinned positive customer comments: *'All my life I have lacked confidence, I have never really been able to keep myself going, I just needed somebody else to kick me up the backside...and she has given me that...It just seemed so personal I was number one at the time, that time and space I had with her, I was the most important thing there, I was like her task for the day...'*(New Deal returner). *'I thought EZ was better because they have more of a one to one with you...it does help a lot when you are on your own...when it's just you and an adviser you seem to, like, just ask what you need.'*(New Deal returner).

With one-to-one interaction at the core of EZ delivery, clients reported upon the way in which the adviser took the time to get to know them. This made them feel valued, helping to build rapport and

[48] Department for Work and Pensions. Research Report No 312 (2005) "Evaluation of the Single Provider Employment Zone Extension". Griffiths, R., Durkin, S., and Mitchell, A., (Insite Research and Consulting)

trust. Equally important, it enabled a better fit between what clients wanted or had agreed to do and the targeted job search activity client and adviser could jointly undertake. *'They just get to know you and I think they get a feel for what type of work you want.'* (New Deal returner).

The one-to-one dynamic helped some customers to motivate and organise themselves better, making them feel more responsible for their actions: *'You're accountable to somebody, it's like, "what have you done this week?" Because if you've got nobody there to say that you can easily slip into getting very unmotivated and not bothering.'* (New Deal returner).

Most New Deal returners had established good relationships with a single adviser. Though a poor relationship with one or more EZ advisers also featured in the accounts of New Deal returners who had not secured or sustained work. Some customers had simply not "*hit it off*" with their allocated adviser. Others had been passed between several different advisers which many disliked and some attributed to their failure to find work. *'*[I saw] *three or four different people...you tend to repeat what you've said, like to everybody.'* (New Deal returner).

The intensity and duration of EZ support appeared to be key to clients securing and sustaining job outcomes. Meetings typically lasted between 40 minutes and an hour and longer meetings of two or even three hours were occasionally mentioned. When required, clients could meet their adviser without an appointment. Most clients who moved into sustained work had spent on average three to six months working with an adviser on a weekly, and at times, daily basis, before moving into work. Conversely, those who moved into work within the first few weeks of a referral were among the group of clients less likely to sustain their jobs.

Due to the amount of time EZ advisers spent getting to know their clients, there was little evidence of "*creaming*" the most job-ready. Clients with whom advisers had secured quick and "*easy hits*" were few and far between and most New Deal returners followed up had received an appreciable amount of help.

When looking at the issue of case management it is also important to consider the key issues that must be addressed within any case management system and the perceived main barriers to effective case management:

Issues to be addressed	Perceived barriers
• client involvement; • relationship building among providers; • definition of roles and responsibilities; • shared responsibility, accountability, decision-making, and conflict resolution mechanisms; • data gathering and information sharing; • case conferencing; and • pro-active assessment, planning, review, and follow-up.	• the different language, perspectives, and philosophies of different service providers; • issues of turf, power, and control; • differing beliefs and comfort with client involvement; • lack of agreement on information sharing policy and protocols; • concern over the extent and rate of change required; • staff workload issues; and • existing systems of documentation.

Case management systems are usually governed by some level of agreement or protocol which range from the very informal to the formal. In order of least to most formal, these include:

- courtesy calls or memos between providers;
- exchanging client information, as needed;
- establishing a formal referral relationship, through protocols;
- case management meetings between care providers; and
- joint sessions/meetings with the client.

Effective case management is rooted in and requires, to some degree, all of the other key components of an integrated system, but fronts the delivery of the service.

5.4 Systems for managing CMs workloads

The sustainability of case management as an approach relies on the ability to manage incoming work in an effective and timely way. The purpose of workload management is to maintain or improve the effectiveness of work by retaining and sustaining high quality professionals. It is one of several management techniques for ensuring that the flow of work remains open and the providers capacities to engage with their responsibilities are unobstructed by high case loads or unrealistic demands on professional time and energy.

The work undertaken by a Case Manger with a client is often referred to as a "*case*". One of the critical issues to be considered when establishing a case management system is how many "*cases*" each CM should be allocated – What should their workload be?

Workload management is most likely to be successful if it is developed within the context of good human resource management. It essentially focuses on the identification of simple systems that remove cases where professional activities are neither required nor desirable.

It is important to recognise that, at times, case management work is relentless and very demanding for professional staff. When dealing with disadvantaged people, who face multi-complex problems, the answer is not as simple as to divide the "*cases*" between the number of CMs. Because cases vary in complexity, such a simplistic approach is inadequate to account for the skills and time required by CMs in order to ensure that any interventions are successful.

The need to improve the management of professionals' workloads was identified early on, in Serbia, during the piloting of the (Rulebook on Standards and Organization of Work, Documentation and Records Keeping in CSWs). This Rulebook established the concept of case management within the CSW for the first time.[49] Based on current EU best practice a workload system was designed to be applied to the case management system within the Serbian CSWs and piloted in stara Pazova CSW.

Critical to any workload model is the responsibility of managers/supervisors to ensure that CMs have the right mix of short and longer term work to sustain their skills and professional enthusiasm. Team "*case*" allocation meetings can ensure transparency of the work allocation process, and can help professionals understand the pressures that are on the team as a whole.

Case Management depends on keeping the flow of demand (cases) moving through its several stages. Some of these stages are significant decision-making points. By identifying specific criteria for making decisions about continued progress through the case management stages, it is possible to create opportunities to limit or screen out non-essential work.

The case management system *with decision criteria points*

- Intake (referred to as Triage in Serbia)
    - *Intake Criteria for proceeding to assessment*
- Assessment
    - *Criteria following assessment to determine if the client should receive a service*
- Service Planning

[49] Oxford Policy Management (2009) Final Report on DFID/NMA Support to the Ministry of Labour and Social Policy "Support to Implementation of the Social Welfare Development Strategy". Paper 2: Case Management

- Service Provision
- Service Monitoring
- Service Review
    - *Criteria following review to determine if the client should continue to receive a service*
- Action following Review
    - Continuation of existing plan
    - Amendment of existing plan
    - Case closure

The development of criteria for decision making at these case management stages provides the opportunity to exclude non-essential work (by closure) or exclude work temporarily (by hibernation in an "*open/passive*" state). Of course, closed cases may be reopened at any future stage.

This will mean that the case management system itself will have a tendency toward case closure—that is, cases will close unless the criteria are met to keep it open and active. These criteria would be used for decision-making about opening cases or continuing open cases.

It is important to identify clear criteria for decision-making within the case management system to ensure consistency in those decisions and continuity of service provision. Below are suggested criteria for the important decision points identified above:

Intake Criteria (considered before proceeding to the assessment stage)

1. The degree of urgency of the case
2. The complexity of difficulties identified
    a. The seriousness of the difficulties identified: a) priorities identified where possible; b) abilities identified where possible
3. The probable need for a comprehensive plan

Criteria following assessment or service review for opening or continuing case management activity

The "*case*" must satisfy the mandatory criterion and at least one other criterion to receive a service or continue to receive a service

- The client is in need of the service—mandatory criterion.

(plus)

- Sufficient motivation has been demonstrated by the client.
- Monitoring is required for the longer term to ensure sustainable achievements by the client.
- Continuing need to evaluate the effect of the service for the client.
- Positive progress toward goals not yet attained.
- Identified motivation of the client to achieve new and important goals.

Historically in the Serbian CSW many of the current "*cases*" on the "*caseloads*" of professionals receive periodic legal or administrative attention but no interaction between these occasional events. Most often there is no professional relationship between the CM and the client in these cases. A simple monitoring system can identify when each open/passive case requires attention/review.

The advantages of the open/passive status are that they help the professional focus on the cases that are most urgent and that require more intensive interventions.

Experience of managing case loads in UK Employment Zones has shown the following:

UK Employment Zones – Managing Case Loads[50]

EZs), having tried various different models for managing case loads, there was a move away from a model of specialisation e.g., where certain CMs dealt with only one specific client group to a model where most CMs now deal with all client and age groups. There is also an emphasis given to spreading expertise around and sharing specialist expertise within the whole team.

To fulfil these broader roles, some CMs received specialist training, for example, to help identify and assess specific employment barriers such as low levels of literacy and numeracy and drug misuse problems, and to understand the needs of particular disadvantaged groups such as ex-offenders. One key exception to this trend was in respect of lone parents, whom most EZs believed warranted a different approach and treatment to other clients.

Peaks and troughs in referrals had resulted in large fluctuations in CMs caseload sizes, both within and between different EZ contractors; from as low as 20 to as high as 70. Caseload sizes were also a function of geography, as well as staffing arrangements and time lags in adviser recruitment. High caseloads tended to coincide with unexpected surges in referrals and often reduced following adviser recruitment. Low caseloads were more common in rural areas and among specialist advisers. Typical lone parent adviser caseloads, for example, were around 23-30 clients, compared with between 40 and 50 for mandatory clients. Certain EZ contactors chose to operate with smaller caseloads believing that large caseloads might encourage advisers to 'park' clients, resulting in poor job outcomes.

5.5 Multi-disciplinary team working

We have already discussed the issue of multi-disciplinary team working. Multi-disciplinary team working involves staff from different professions within one organisation, or between organisations, working together, as a multi-disciplinary team, even without requiring any structural integration of their organisations. What are required are changes to procedures of operating. Involvement of the staff in developing these systems of working is critical to their success and if planned well can be relatively low cost and highly effective. Incentives can be developed to encourage this inter-disciplinary working such as new forms of funding that is focused on client outputs. Some challenges that are often reported are how to motivate and integrate staff from different disciplines and how to supervise staff from different professions.

Two examples from the **UK** show how the involvement of employment and vocational co-ordinators into existing multi-disciplinary teams is having a positive impact on the employment rate of people with severe and enduring mental health problems[51]:

[50] Department for Work and Pensions. Research Report No 312 (2005) "Evaluation of the Single Provider Employment Zone Extension". Griffiths, R., Durkin, S., and Mitchell, A., (Insite Research and Consulting)

[51] Mental Health and Social Inclusion UK Office of Deputy Prime Minister (2004)

UK: Employment support, South West London and St George's Mental Health NHS Trust

Since 1995, the Trust has successfully increased its employment rate for people with severe and enduring mental health problems, with over 100 people being employed on the same terms and conditions as other staff. Evaluation suggests that each person employed in this way saved the government £31,900 per year in reduced welfare spending and higher taxes, not including healthcare savings.

The Trust has developed a Vocational Services Strategy based on the Individual Placement and Support approach. Occupational therapists and borough mental health and employment co-ordinators work within the clinical multi-disciplinary teams to enable people with severe mental health problems to access open employment and mainstream education. Ongoing support is included in care plans, with a focus on individual choice. In 2002, the Trust supported 161 people in open employment, 97 in voluntary work and 182 in mainstream education or training.

The early intervention team includes a part-time vocational specialist to co-ordinate vocational plans with the individual and the clinical team, help people to find and keep jobs and education courses, and provide access to benefits advice. After one year, the employment rate rose from 10 per cent to 40 per cent, and the percentage not engaged in education, training or employment dropped from 55 per cent to 5 per cent.

The Trust has begun to implement the Individual Placement and Support approach within the community mental health teams through integrating an employment specialist into community mental health teams. In addition, vocational outcomes have been negotiated with commissioners as a Key Performance Indicator for the Trust.

UK: Hampshire County Council/Voluntary and Community Sector (VCS)

In 2002 Hampshire County Council in partnership with the Voluntary and Community Sector (VCS) and Hampshire Partnership Trust developed a strategy for employment services. The strategy argued for a range of employment services including Vocational Advisors based in mental health teams, supported employment opportunities, other positive integrated employment opportunities and the Trust and partners as "*Exemplar Employers*"

The Trust, by working closely with Solent MIND and other VCS organisations, have integrated 14 Vocational Advisers into or alongside 13 Community Mental Health Teams. They:

- Offer vocational advice to individuals care co-ordinators and employers;
- Conduct joint assessments with care co-ordinators using a Vocational Assessment tool;
- Support Care Co-ordinators to deliver the employment component;
- Facilitate a drop-in employment forums for quick advice for people not yet referred;
- Promote high expectations of service clients, developing the service through client involvement and promoting a Recovery philosophy;
- Sign post people to other agencies e.g. Disability Employment Advisor;
- Facilitate a steering group where representative from community mental health teams can give feedback;
- Work within a Social Services Day Centre and with a specialist Mental Health benefits advisor; and
- Support the work of other local employment services

Early results show that many of the clients that attended a pre vocational course facilitated by two of the Vocational Advisors returned to work – paid, voluntary or permitted. Work is currently underway to ensure that effective and comprehensive data can be collated across the area to support the development of the posts.

5.6 Comprehensive single or joint assessment of need

Assessments can take place on two levels, an initial screening assessment followed by a more intensive assessment of particular concerns identified by the screening, or just an intensive assessment. Initial screening assessments can be useful in determining eligibility for services. The aim of this assessment process is to identify the needs of the client, as early as possible, in order to connect them to the relevant services, as quickly as possible. Assessments can take place at the service provider's premises or in the home of the client.

Assessment should also be carried out as early as possible and irrespective of the initial factor that brought the client into contact with a service e.g. need to access social assistance benefits it should focus on activation services as soon as possible.

Assessment is not about sitting across the table from a client and expecting them to simply answer a list of questions.

The aim of a good assessment process should be to gather as much relevant information from the client e.g. young person, as possible for instance regarding their:

- Career aims and aspirations;
- Previous experience and achievements;
- Progression aim at the end of service; and;
- Social or employment activation support needs, including those factors which are likely to be barriers to them achieving their progression aim.

If the client is referred to the service by another service e.g. a CSW to the NES then responsibility should be clearly defined with referrals agencies in terms of gathering and sharing information. As much information should be collected as possible from these agencies to avoid the clients having to duplicate information they have already provided before. Often integrated services will use common referral forms (referral systems are discussed later in this Chapter). Assessments can also be based on an individual or in some cases a whole family.

The goal of assessment is to build as comprehensive a picture of each client as possible using a range of different methods, with clients given feedback on the output of the methods used:

- Interviews;
- Reviewing information provided by other agencies that have had previous knowledge of the client, e.g. schools;
- Reviewing any written information supplied by the young person themselves;
- Results of any formal assessments or tests;
- Client self-assessment questionnaires;
- Observation of the client and the activities they undertake;
- Other activities designed to gather certain information, regarding how they are able to cope with situations, function independently etc; and
- Practical vocational activities such as work tasters.

Experience has shown that the most successful assessments are those that are thorough and engage the client and provide a positive experience for the client, who seeks to identify their strengths, as well as areas where they need support or development. Assessment is not something that is done to a client, it is an experience they participate in. Undertaken correctly an assessment can be an engaging process for disadvantaged groups who may already have experienced or interfaced with various other services, where their experiences may well have been negative. It is important therefore that the assessment takes into account and builds on what has gone before (existing information and achievements) and avoids repeating the same process. It is also important that during the assessment the client recognises and is aware of their support needs.

Depending on the complexity of the problems the client is facing, assessments can take some time (in the **UK** between two and six weeks).

It is also important that the assessment is written up into a summary assessment document. The document should summarise the information obtained, the main aim of support often referred to as a "*progression path*" in the **UK**; key objectives of support; and detail support

required to be provided. This document should be reviewed by the client and preferably signed by them as a way of agreeing that information gathered during the initial assessment process is accurate and can be shared. It should also record the names of the assessment team. It is also useful to record when the assessment period started and ended. The assessment document represents the starting point of the individual's pathway and should enable the distance travelled to be subsequently measured.

Good practice dictates that service providers should have a clearly defined process for carrying out assessments which all staff follow.

UK Connexions - Assessment, Planning, Implementation and Review (APIR) Framework[52]

For the UK Connexions an APIR has been developed for its PAs. It outlines a common approach that makes sure the level of service young people receive is consistent across Connexions Partnerships, and encourages organisations to share information.

The Framework is split into four sections: the APIR process; the 18 factors that advisers must be aware of in their work; a profiling kit and profile; and relevant forms.

The APIR Framework supports PAs in:

- considering a young person's strengths and needs across a wide range of factors which may be relevant to their transition: education and employment; social and personal development; family and environment; and personal health;
- creating an "*assessment profile*" – a visual summary of a young person's situation… (two options: a wheel or linear format);
- developing a personal action plan and (providing) guidance on how this should integrate with existing planning processes; and
- monitoring and recording actions in a robust and consistent way.

The APIR Framework became compulsory for all Connexions PAs from April 2004. This is also a method for caseload management and supervision.

Where CMs have inter-disciplinary skills or where the services they are providing access to are relatively narrow, then a single assessment is usually the norm. However for real disadvantaged individuals with multi-complex problems joint assessments are the tendency. As can be seen from the following example, joint assessments often bring the added complexity of culture of different organisations. Shared health and social assessment work with older people illustrates cultural differences between nurses and social workers "*Nurses could not understand why social workers needed an hour to complete an assessment form: social workers could not understand why nurses needed only 15 minutes. Nurses found it as difficult to enquire about people's finances as social workers did about their bowel movements*" (Munday 2007).

Early assessment of job seekers, and the routing of the most disadvantaged to employability services almost immediately, is particularly prioritised, and defines **Australia's** Jobseeker Classification Instrument, the **Dutch** 'Kansmeter' tool, and **Denmark's** 'employability profiling toolbox'. These tools appear to have offered benefits, by facilitating early intervention, rather than waiting for people to become long-term unemployed, and by identifying and addressing fundamental problems at an early stage:

Denmark - Employability Profiling Toolbox[53]

[52] CRG Research Ltd (2002) "An investigation into the use of the Connexions Assessment, Planning, Implementation and Review (APIR) Framework".

The purpose of the initial employability profiling and the ongoing assessment of the jobseeker's employability potential is to ensure:

- that a systematic and qualified assessment is made of the jobseeker's distance from the labour market and of the need for early supporting measures - Use the resources where the resources are most needed;
- that resources are prioritised and targeted in relation to jobseekers needing early supporting measures;
- that jobseekers needing early supporting measures can have a more intensive, targeted and individually tailored contact process;
- that the jobseeker's distance from the labour market is assessed systematically and in a professional manner so that initiatives can be adjusted on an ongoing basis; and
- that both insured and non-insured persons are assessed according to the same principles – the same problem requires the same medicine – regardless of the insurance status.

Some of the problems encountered with assessments are that often: there is duplication in assessment processes within or between organisations; not all the necessary professionals are involved – sometimes because of a lack of understanding about each other's roles; not all the required information is available or there is a reluctance to share information about disadvantaged people, either due to procedural issues that made sharing information difficult or professional territorialism.

5.7 Individual Action Plan/Service Plan

Almost all integrated services have, as one of their main components, the development of an Individual Action Plan (IAP) or Individual Service Plan (ISP). This is usually the end result of a single service or joint service overall assessment of the clients' needs, summarises the prescribed services that will be provided and targets objectives. It should be written by the CM, if necessary, based on a meeting of the multi-disciplinary team including all the main practitioners involved in supporting the client. The IAP includes all the agreed interventions of each expert/and or service.

Clients can have an IAP for each service but ideally the plans need to be jointly developed across services so that the resulting plans are complementary, not conflicting. The development of these plans should always fully involve the client in their development.

The experience of developing and using IAPs is not always positive, as can be seen from the UK EZ example:

UK Employment Zones: Individual Action Plans[54]

The type and use of IAPs and their effectiveness varied between contractors. At one extreme, IAPs were simple, one sided documents completed largely as an administrative necessity before clients move into stage two. IAPs whose primary role is to fulfil a contractual obligation, were viewed by many PAs as having limited value and benefit. Some clients viewed them as largely worthless documents, reminding them of their school days.

[53] Draft version of: McQuaid, R.W., Lindsay, C., Dutton, M. and McCracken, M. (2006) "Working Together? Research into the Role of Interagency Co-operation in Improving Employability", Labour Market Bulletin 20, Department for Employment and Learning, Northern Ireland, pp. 163-167. ISBN-0-9545592-7-4. Available: http://www.delni.gov.uk/labour-market-bulletin-20.pdf

[54] Department for Work and Pensions. Research Report No 312 (2005) "Evaluation of the Single Provider Employment Zone Extension" Griffiths, R., Durkin, S., and Mitchell, A., (Insite Research and Consulting)

At the other extreme, IAPs are completed at every meeting in order to meticulously plan, structure and review the content and effectiveness of individual client interventions. IAPs which identify conversations, specific agreed actions and milestones of achievement, appeared much more helpful in terms of motivating clients and keeping them focused on the task in hand than those that purely recorded goals. Some customers found them useful by breaking down job goals into manageable tasks and giving structure to their job search: *'It's good to see certain deadlines, well self-set deadlines between the adviser and myself for getting me into gear. '*New Deal returner.

A few clients believed that following the IAP had even been instrumental in them getting work: *'…as soon as it [the action plan] got set up, part of it was looking in the [EZ area] Post finding two or three jobs, phoning up to try and get an interview…if I wasn't using that I wouldn't be in this job.'* Lone parent.

Somewhere between these two extremes, IAPs function as useful case management tools, helping to uncover clients' barriers and containing a historical record of contact, agreed actions, goals and financial spending. This not only helps to review progress, but can also facilitate continuity of service in the event that client responsibility passes over from one adviser to another.

When drawing up the IAP and planning services for individual clients, it is important to focus on the clients progression aim, to take as a starting point the outcomes of any assessment phase, especially the barriers that might prevent the client from their progression aim and to have a clear view of the range of support services available to help the client achieve their progression aim.

The IAP should record individual client-owned objectives (preferably no more than 4-6) which provide the focus for the services they will access. Objectives are typically expressed in terms of what clients need to learn or develop, improve, change, achieve or gain and generally cover: personal and social objectives; learning objectives; and career or work related objectives, with each mix of these being unique for each client. Objectives should also be expressed as simply as possible and wherever possible should be quantified. Setting a series of smaller, "*bite-size*" targets which support the achievement of objectives which are not easy to quantify should help the objective to be met. Targets are typically outcome focussed and expressed in terms of what clients need to show or demonstrate. A timeline should be set for when the objectives and targets should be met, by when the client can expect he will reach his aim. Needless to say when dealing with disadvantaged individuals the amount of time needed is likely to vary greatly and it is important that the provision of services are not time bound but delivered flexibly, even allowing clients to dip in an out of the services provided. It is important in recording progress that the client can see at any given time where they are in terms of meeting their objectives and what remains outstanding. Clients need to be clear about and have ownership of their objectives and IAP.

IAPs and the objectives and targets set should be reviewed regularly between the CM and the client and progress in meeting objectives and targets recorded and revised.

The most often reported problems with IAPs are:

- the content is ineffective in terms of addressing needs set out in the assessment process;
- Insufficient consideration of individual client needs and key objectives:
- Weak/inadequate target setting;
- Targets are insufficiently precise;
- Inadequate identification and monitoring of clients' progress;
- Ineffective recording of progress; and
- Timelines are not realistic for achieving objectives.

5.8 Frequent CM and client progress reviews

The purpose of carrying out client reviews is to monitor and measure the progress a client makes when being provided a service. For disadvantaged people there is a need to formally review progress on a frequent basis. The actual interval between reviews will be dependent upon the needs of the client, but should be at least once every four weeks. As we have noted for some client groups in the **UK,** this is even more frequent, as much as once a week. It is important that the frequency of the reviews be discussed and agreed between the CM and the client and it will vary from client to client, the CM being the best person to determine this.

There needs to be a clear process in place within the service provider to review client progress. The review should include the CM and all other internal or external professionals and service providers who are involved in providing services to the clients – often referred to as a "*case conference*" in the literature – these reviews should look at the client in an holistic way. Where it is not possible for all of the professionals to attend, their views should be sought prior to the review, to ensure all parts of the service can be reviewed and future activity planned. It is important that after the review each professional is clear about their role in assisting the client to meet his objectives and targets.

Effective practice in carrying out reviews can do many things. Careful preparation in advance of the review by the CM will help ensure that the review is a high quality experience for the client. This will include gathering all relevant information about the client's progress, ensuring that discussions be held in private and that all relevant parties are informed of the date and time of the review.

During the review and prior to it, it will be important to establish a good relationship with the client. Asking open-ended questions will help to get the client talking and involved in the review. To help recognise their progress, clients should be encouraged to self-reflect before and during the review on the progress they have made since their last review. Targets that are clearly linked to the clients' objectives should be discussed and agreed with the client. Activity to meet these targets should also be agreed and recorded and again, as for the IAP, the outcome of the review needs to be clearly understood and owned by the client. It is important, where objectives and targets are not met, that the reason for them not being met is clearly identified and appropriate action taken.

It is good practice not just to discuss progress against targets and overall objectives but to "*celebrate*" the meeting of these targets and objectives with the client. Where the client fails a target, it may need to be revised and further support provided so that they can achieve them.

The outcomes of the review should be carefully recorded within the IAP which clients get a copy of to remind them of the progress which they have made and their new targets. Over a period of time, successive review records should show a story of progression towards their overall aim.

If the system is refined enough, ideally a copy of the IAP should be shared with future service providers supporting the client.

5.9 Mapping of services available

One of the major criticisms that CMs have about the effectiveness of their own role is that they do not always know what range of services actually exist that they can refer/signpost clients to.

It is clear when dealing with disadvantaged multi-complex individuals that it is important to build up a high level of understanding on the availability and interconnectedness of the services provided within a wide range of sectors.

It is perhaps not so surprising then, when we consider that the professionals working in the system do not know where to refer clients, that the clients themselves, without any support, find it impossible to navigate the system in order to access all of the support they need.

It is important that integrated services and CMs themselves invest time in building their own knowledge and develop their own, and organisational networks among other service providers.

5.10 Informal "signposting" systems

As we have already discussed co-location is often not practical for financial or other reasons and in such instances what is required, to ensue at least a minimal level of integration, is an effective sign posting system to sign post clients to other services e.g. social, employment, health and education, where the client can access a further service.

In terms of sign posting there is usually no formal obligation to establish if a client has actually managed to access that service, it is a very passive process. That said it does require a degree of knowledge about what services are available (mapping) in order to know where to refer clients to.

5.11 Active referral networks

A more advanced and more formal model of sign posting is often referred to as referral. It is less passive and requires follow-up to make sure that the client has accessed the service to which they have been referred. Ideally referral systems would be supported by CMs, who would ensure that the disadvantaged person was accessing all the required services, at the first level within their own organisation and at the second level across other organisations/locations.

It requires a clear mapping of services and often the development of organisational protocols to facilitate referral or collaboration when addressing clients' needs, but with organisations continuing to function within their own jurisdictions, responsibility and operational rules. It also most often requires, as we have already seen, a formal passing of responsibility from one service provider to the other. It is important to have in place agreements between service providers and referral agencies which define roles, responsibilities and working arrangements.

In the **UK** EZs different provision, techniques and tactics are used in respect of harder to help clients including referral to specialist provision such as Progress2Work, drug and alcohol counselling services, and basic skills and English for Speakers of Other Languages courses. Exceptionally, clients considered unfit for work, for example active drug clients and people with mental health conditions, may be re-referred back to the Jobcentre, to a health professional or a drug rehabilitation service.

It is also important for the integrated service to understand which other providers are likely to refer clients to them. These referral providers need to be fully aware what the target groups, eligibility criteria and services which can be accessed through the integrated service are, in order to ensure that only individuals who meet the mandate of the integrated services are referred.

Many services e.g. **UK** Connexions have developed referral forms which make it clear why a referral is being made. This process also ensures that all of the information gathered by the service provider making the referral is sent to, or sent from, the Connexions service.

5.12 Good induction programme

The purpose of the induction programme is to welcome the new individual and to help them settle into the service. It provides basic information to clients about the service, so that they know what to expect in the future. Experience has shown that good induction helps clients stay on their programme and minimises the risk of early drop out.

Induction programmes are typically delivered over a period of time and are usually combined with the initial assessment phase. The induction programme should be planned and there is likely to be a scheme of work with session plans to support its implementation. Planned programmes should take account of situations where there is a group of new clients, as well as a new client starting on their own.

Induction training should include:

- Ice breakers – to help make clients feel comfortable and get to know other clients;
- Information on the service – this should include information on progression paths and what is likely to be involved in their service, including progress reviews;
- Introduction to the staff - brief background information on the service provider;
- Conditions of service –holiday arrangements, hours, absence and sickness procedures;
- Layout of the building and facilities;
- Health and safety awareness;
- Rights and responsibilities; and
- Company policies and procedures including complaints procedures and discipline and grievance procedures.

Induction activities should be provided in ways which will interest and engage clients and help ensure that they are memorable. Parts of the induction programme can also be delivered by existing clients, acting as mentors during the induction period. This might include practical hand outs on activities, card sort activities, board games, group activities, projects, quizzes, videos, computer based activities, drama activities, group discussions and debates. Induction should be an experience which is valued by clients and is an important tool in making the clients feel comfortable and ensuring that they see the process through to the end.

At the end of the induction programme, feedback should be gathered from clients and analysed to determine where improvements need to be made. Service Providers might also find it useful to evaluate the rate of client drop out during the induction period and assess whether the induction programme is having any impact on this.

5.13 Aftercare and active follow-up

More attention is currently being given within integrated services (and services generally) to providing aftercare support to clients once they have left the service, in order to ensure the sustainability of their outcomes. From the research it can be seen that the period of aftercare varies, from 8 weeks to a year, and even for some clients beyond that for particularly complex disadvantaged clients. Moreover, number of clients also re-enter the service 2 or 3 times before they finally reach a real sustainable outcome of employment or social activation.

The amount of aftercare support planned will depend on the needs of the client. Some service providers allocate a risk ranking to clients based, for example, on how long they have known the client, how long they have used the service, how much of their IAP they have completed, the complexity of their needs, and the level of follow-on support required etc. This enables the most aftercare attention to be given to those who are most vulnerable after they have left the service.

Good practice dictates that after care is not an ad hoc activity that is left to chance, but should be carefully structured and planned in order to ensure that clients stay on a positive progression route and do not return to their previous position of disadvantage. A programme of aftercare should be discussed and agreed with the client before they leave the service. It is also important that aftercare support is properly recorded and its usefulness evaluated.

Ideally the CM should be responsible for the aftercare, or link into an existing CM in another service, where they exist.

Integrated services use a wide range of aftercare methods. These include: telephone calls, text messaging, email, face-to-face meetings, meetings with clients employers and service providers (if the client has moved on to another service provider), drop-in facilities at the service provider's office, open days for ex clients etc. Typically service providers will use a range of these different methods and will not rely on one method, with support tailored to each client in terms of their preferences for aftercare support.

As for all support provided to a client, aftercare should be discussed and agreed with the client prior to them leaving the service and their needs for aftercare support prioritised. What is agreed for aftercare should be recorded on the IAP which they have a copy of. Any report provided should also be recorded on the IAP and should record progress or otherwise.

A key benefit of the aftercare service is that it also allows the service provider to analyse the effectiveness of the services they provide to clients and their aftercare support.

UK Employment Zones – Aftercare and Follow-up (Department of Works and Pensions Research Report 228 (2005)

In the UK EZ in-work support has proven one of the key facets of successful outcomes for young people. For young people, this level of aftercare, once the young person was in employment, was more systemic and provided for a longer period than for any other client group. There were several examples of young clients being contacted by telephone to check on progress, together with further EZ help being provided when jobs had not been sustained: *'Every couple of months he would 'phone me and see if everything was going alright in my job.'* (18-24 early entrant)

One client returned to EZ for further assistance when agency positions were not sustained. Eventually, he was taken on full-time by one of the factories where he had completed temporary agency work. Contact continued on a weekly basis and the EZ remained in touch with the client even a year after he had been employed (this EZ, now has a dedicated in-work support adviser): *'She phoned me about once a week...then she phoned again a couple of weeks after. Then I got laid off and I went back to see her. I was out of work for two to three weeks and then they called me back, she phoned me three or four times then after to see how the job was going.'* (18-24 early entrant)

Holistic and flexible use of financial support also contributed to sustained outcomes (keeping young people in work). One client had a week's rent paid by the EZ during a downturn in work at the 13 week stage. He sustained the job and has since been promoted. More significant items of funding would be offered as an incentive to sustain work. One EZ provider paid for a mobile phone and helped with an electricity bill and clothing for a client. The driving lessons and chainsaw training for which he had originally approached the EZ were funded after he had sustained employment for 13 weeks: *'They turned around to me and said, if you are willing to take this job, we will pay for your*

driving lessons and i said "OK". I've stuck with it ever since. It's over a year now.' (18-24 early entrant)

Another client, unsuccessful in attempts to obtain funding from business support agencies, turned his attention to paid employment in the same sector. The EZ paid for work clothing and financial help towards the purchase of a car to remove a transport barrier, the latter provided at the 13-week stage.

One client who had learning difficulties, for example, received ongoing, "*handholding*" support in pursuit of sustained work: *'There's a three-month after care period where I was in contact with them...* [The EZ adviser] *was very good. He phoned up every now and then saying how are things going and if I had any problems then I could phone him...'* (New Deal returner) Another had his rent and other living expenses paid when work dried up for two weeks. Other clients told of being helped by the EZ into two or three jobs until they finally sustained work.

Some EZ providers even have out of hours contact and dedicated in-work support during evening and weekends and free telephone help-lines. Aftercare was felt to be particularly effective during the first few weeks of employment when most problems were seen to arise. Preventing drop out through negotiating directly with employers on behalf of individual clients is one useful technique.

5.14 Outreach and Mobile Teams

Outreach can be hard to define, but usually refers to activities to make contact with clients primarily in their natural settings – on the street, at home, in clubs or other meeting places, with services delivered by professionals or peers. It is most applied to disadvantaged groups who prefer not to attend mainstream services such as the homeless, drug clients and increasingly disillusioned youth.

A useful definition of outreach is ""*A community orientated activity undertaken in order to contact individuals or groups from particular target populations who are not effectively contacted or reached by existing services or through traditional channels*".[55]

International Organisation – Youth Business International[56]

Youth Business International (YBI) was established to facilitate the development of programmes to stimulate youth entrepreneurship around the world. Programmes are for young people who are unable to find help elsewhere and who are unemployed or underemployed. The business community plays a vital role by providing mentoring and local business support along with flexible access to finance for young people with a viable idea and an entrepreneurial aptitude.

The principles upon which the YBI programmes are based were developed in the UK by The Prince's Trust and have now been adopted in over 20 countries. They have been successfully adapted to a wide range of cultures and economies. Mature programmes are now running in six countries and the remainder are running pilot schemes or starting new programmes. Over 50,000 disadvantaged 18 to 30 year-olds have been helped to start their own business with over 60 per cent of them still trading in their third year.

One of the distinguishing features of the YBI is its outreach services. An important role of YBI programme staff is locating, encouraging and preparing young people to begin planning to start their own business. In both developed and developing countries young people are put in touch with the YBI programme through a variety of media such as TV advertisements, posters, newspaper articles and

[55] Hartnoll, R,. Rhodes, T., Jones, S., Holland, J. and Johnson, A. (1990) A survey of HIV outreach intervention in the United Kindgdom. Drug Indicators S Project, Birkbeck College, University of London

[56] Chambers, R., Lake, A., Youth Business International: Bridging the gap between unemployment and self-employment for disadvantaged youth. ILO. Web Link: http://www.ilo.org/youthmakingithappen/PDF/ybusint.pdf

talks in colleges and vocational training institutes. Particularly in the context of developed countries, targeting is focused on marginalized youth. This involves sending youth workers out into deprived communities, prisons, etc., to introduce young people to the idea of business start-up and the help that they can access through the programme.

UK South London YBI outreach: The Prince's Trust (UK) has created a dedicated team of youth workers who have set out to establish links with young disenfranchised black women in the communities of South London. They put posters up and then attended community centres to talk about the help available from The Prince's Trust and as a direct result have received many more applications for support from the young people they contacted.

Australia Youth Off the Streets (YOTS) [57]

Airds Outreach

In 2002 as a response to a growing crime rate and the identification of Airds as a community at risk, YOTS, after long consultation with the community, started a free BBQ, basketball and Sega trailer program. The Airds outreach programme attracted a large number of young people. The programme was run on 3 evenings a week, with an average of 60 young people attending. It has been officially reported that these evening events have contributed to reducing the crime rate in the area.

Within the programme the Airds Support Services and Education Team (ASSET) set up a learning centre. At the Centre, young people can access assistance with their study, personal development and other services.

Macquarie Fields Outreach

The Macquarie Fields programme provides a service to reach young people who are at risk or are disadvantaged. Programme staff actively engage these young people in discussion about their circumstances in order to provide information about positive alternatives to their current situation and to develop strength based interventions on an individual needs basis.

The outreach programme provides a safe and friendly environment for young people to attend and involvement from the wider community is encouraged. Activities include a twice weekly evening BBQ, touch football competition and dance group. The programme reaches at-risk and disadvantaged young people by operating outside normal business hours and at locations frequented by local youth.

Young people contacted through the outreach programme are able to be referred to other services, including alternative education services; crisis accommodation and youth refuges. Young people will be encouraged and assisted to contact appropriate services in order to assist them to begin to make positive life changes for themselves.

Outreach acknowledges that people live in the community and in the community is the best place to reach these people.

Czech Republic: The Field Social Work Programme[58]

Poverty in the Czech Republic has an important ethnic dimension, as the most visible group of poor people facing social exclusion are urban Roma populations.

[57] Web Link: http://www.youthoffthestreets.com.au/ourprograms/index.html

[58] Web Link: http://www.peer-review-social-inclusion.eu/peer-reviews/2005/field-social-work-programmes-in-neighbourhoods-threatened-by-social-exclusionnaires.

The Field Social Work Programme, which started in 1999, is run by People in Need, an NGO. It is funded mainly by the Ministry of Labour and Social Affairs, but LSGs and private foundations also contribute to it. The operational budget for 2004 was 475,000 Euros. The programme focuses on 18 "*socially excluded neighbourhoods*" in Prague and central and northern regions of the country. Socially excluded neighbourhoods are geographically defined areas where several dozen families (representing 50-300 people) live usually in a single or several large tenement blocks. The target population - mainly, but not exclusively, very poor Roma families and households - are mostly long-term unemployed, fully dependent on social benefits, often indebted and threatened with eviction, and their housing conditions are poor. In general, they have very limited access to assistance from government institutions, which often deal with them repressively.

The programme aims to support and develop clients' social competencies and thus their social mobility, and to prevent harm following from their social situation. The main approach is to include the clients in the solution of their own problems as much as possible. Where the clients are more motivated to take their own actions, their social competencies improve and their feelings of rootlessness and uselessness can be reduced.

Twenty-five street workers provide, among other services, social and legal counselling, social therapy (i.e. long-term case management) and assistance in dealing with the authorities and in understanding and using official documents. Fieldworkers also mediate with experts (for example with regard to crisis intervention, psychotherapy, medical doctors) and with other institutions and services (contact centres for drug clients, civic advice centres, schools, hospitals, etc.).

The social workers meet their clients in their environment - in their flats or in the street. Social workers are continuously trained and supervised. Know-how and rules for service provision are laid down in a written code of practice. There is written documentation both on every contact with clients and on case supervision consultations.

5.15 Standard client information forms and integrated information systems/data gathering.

Computerised information systems are also invaluable in facilitating the integration of services. Often the lack of effective, consistent, and compatible information gathering systems is given as a barrier to effective integration. However, some of the approaches that have been adopted both in the integration of health and social services and social and employment services are not highly technical, with some utilising a form of "*Communication Passport*" which clients carried to all appointments and multi-disciplinary teams used to document appointments etc.

Regardless of whether an electronic or paper-centred client information system is used, the first step in developing an integrated approach to information gathering is to develop and implement a standardized information gathering form (or set of forms). The second step is to develop a corresponding database(s). Where electronic information gathering systems are already developed, consideration should be given to adapting these for use by the integrated services. Modification of existing forms and/or databases is much more cost effective than building a new system from scratch.

Considerable attention needs to be given to designing simple and easy–to-use systems that capture as much relevant information as possible. For example, a universal client registration/referral form could be used for all clients, regardless of the core services utilised by the client. But separate, more specific information-gathering forms would then be developed and used within each core service area – all of which would be linked electronically.

Care must be taken to ensure that each of these systems have some degree of compatibility to accommodate linkages with other systems and data collection instruments, as needed.

The issue of client confidentiality has been identified as a barrier to information sharing within multi-disciplinary teams, but this can best be addressed at the point of entry into the system through client information release forms that allow for both specific and broad consent to be given.

Controlled access to shared information is critical and systems and protocols would have to be established to guide implementation. Again, even if a client does not consent to have information shared, the information being gathered for all clients would be standardized and can be collated, stripped of personal indicators, for broad planning purposes. As well, if a client subsequently agreed to have personal information shared for case management purposes, it would already be in a form amenable to that purpose.

Although the cost of networking communities on a regional/territorial level may prohibit full data integration, other means can be used to share information on an as-needed basis. What is most important is that the information being gathered can be easily shared and analyzed when required.

CHAPTER 6: EVALUATION OF THE EFFECTIVENESS OF INTEGRATED SERVICES (EMPLOYMENT AND SOCIAL) AT THE NATIONAL PROGRAMME LEVEL

6.1 Introduction

As we discussed in the introduction section of this report there is a lack of hard empirical evidence that proves that integration of services actually works.

On one level it is perhaps even surprising that so much attention is given to social activation and integration of services given the lack and, where they do exist, discrepancy of evaluation results. All of the research into the impact of activation and integration programmes we reviewed noted this lack of professional evaluation studies, except in Great Britain.

Evaluations have been able to answer the question, how many, and who, are most likely to enter employment after leaving the programme, but not the question, are the participants on social activation programmes better off than they would have been without them. It is noticeable that the **USA** and **UK** have been better at answering this second question as a result of many large-scale randomised controlled trials on different geographical sites.

In addition the following is also the case:

- Very little research is done on the effects on earning and poverty of social activation measures;
- Attention has only recently been paid to the effects of programmes with strong compulsory elements as opposed to those with less;
- Most evaluations studies throughout the decade have focused on short term effects of social activation as opposed to long term effects on subsequent employment and earnings;
- Comparison of the difference between the effects of social activation as opposed to life long learning/Human Resource Development programmes are few;
- More research is needed on what are the long term effects of participation in these activation programmes with regards specific target groups e.g. youth, lone parents etc; and
- More research is needed on why people drop out. Work in **The Netherlands** has focused on this area.

The "*Thematic Study on Policy Measures concerning Disadvantaged Youth*" (Walther and Pohl 2005) concluded that in terms of policy evaluation a good practice example was the **Great Britain** New Deal. Since its beginning in 1997 a huge range of studies have been commissioned, carried out and published covering quantitative monitoring, analysis of cost-effectiveness, qualitative studies into the experiences of both clients and CMs, single studies with regard to distinct elements (gateway, options etc.) as well as in relation to the modifications made following previous evaluations. "*However, also with regard to such a well researched programme policy makers have to accept uncertainty as it is not totally clear how many 'status zer0' youth have not been reached, who profits in which regard from the different measures, what will happen if the economy regresses, and relies on 'estimations' concerning the costs 'within the range of £5,000 to £8,000 per additional person in employment (National Audit Office, 2002); without allowing any conclusions regarding the sustainability of such outcomes"*.

6.2 Evaluation evidence related to national programmes from Great Britain, Sweden, the Netherlands and Denmark

This chapter draws heavily on recent research[59] which looked at social activation programmes of four counties: **Great Britain, Sweden, Denmark** and **The Netherlands**. The work focuses on activation programmes for needy welfare recipients of basic income support or social assistance and the long-term unemployed. The authors first note that it was extremely difficult to obtain data on programme participation and the effects of moving from benefit to employment. They stated that, unlike ALMPs – aimed at the short-term and insured unemployed – only a few evaluation studies on activation programmes for needy welfare recipients and long-term unemployed in Europe, with the exception of **Great Britain**, are able to present how programme effects can be separated from the causal effects of economic developments, with the majority of countries even failing to report basic statistical information.

Young people and the long-term unemployed count as the most important target groups in all four countries, with all having target-specific programmes. The level of compulsory participation is also stricter for young people than for all other target groups. For example, in **Great Britain** young unemployed aged 18 to 25 years have to participate in programmes once they have been more than 6 months unemployed, people aged 25 years and older, after an unemployment period of 18 months.

In all countries, the administration of programmes and measures, e.g. the implementation process, realisation and supervision of welfare benefit recipients, takes place at the local level, while national labour market institutions are in charge of the unemployed. The exception is **Great Britain**, where administration and supervision is centralised on the national level. Over the last few years all four countries have moved towards a centralised administration of benefits, meaning that all activating services on the labour market are joined into a single point of contact (one-stop shop) for all benefit recipients. Although, there is still a twofold administrative separation for recipients of unemployment benefits (national level) and means-tested benefits (local level) in **Sweden, Denmark** and **The Netherlands,** the separated administrative bodies have been combined into one organisation:

- 2001 **Great Britain** Jobcentre Plus;
- 2002 **The Netherlands** Centre for employment and Income (CWI - Centrum for Werk and Inkomen);
- 2007 **Denmark** Local Employment Centres; and
- 2008 **Sweden** Employment Agency (Arbetsmarknadsverket).

The process of client referral/signposting is similar in all four countries: After the first interview between the client and CM there is an assessment of the clients' current situation (**The Netherlands**) and the formulation of an IAP (**Sweden, Denmark, Great Britain**) developed between the client and CM, detailing the compulsory activities for the client. Additionally, an individual and flexible contract course is proposed in **Denmark.** Subsequently, the client is placed on a programme or measure.

Across the countries five programme types can be defined:

- Counselling, monitoring and (job) placement in the context of the IAP;
- qualification or training programmes;

[59] Fromm, S., and Spross, C., "Activating" welfare recipients: A Standardised review of activation programmes for need welfare recipients: A comparison of four different welfare states". Paper prepared for7th ESPAnet conference 2009, Urbino 17-19 September 2009 "The future of the welfare state: paths of social policy innovation between constraints and opportunities"

- work incentive schemes in the public and private sector;
- wage subsidies; and
- social programmes.

Great Britain

A broad bundle of measures are available through New Deal (ND) Programmes. Benefit recipients become "*activated*" through financial support and placement programmes. All ND programmes present a sequence of more or less specified measures or activities and guarantee an intensified period of support as well as placement in employment or participation in full-time programmes. The most important programmes are – the ND for Young People and the ND for Long-Term Unemployed[60] – similar in structure and consisting of three phases through which the client "*progresses*". The PA is key to the whole process by assessing the client's capability to work, by offering support for taking up a job or by removing administrative barriers in the integration process. The focus on programmes which are personalised and adapted to individual needs is the central innovation of the British labour market policy[61]. This is also visible for projects focusing on the activation of long-term unemployed in socially and economically disadvantaged regions (Employment Zones) and for projects (Pathway-to-work programme) focused on disabled persons. IAPs consider: market/ demand analysis and planned and conducted measures. There is regular contact between PAs and clients and regular case conferences. There is also the possibility of early voluntary entry and choice between various options

The Netherlands

Measures are also focused on individual needs and skills. Clients are assigned reintegration-tracks (*trajekte)*, which combine various measures such as: counselling interviews; training; language courses; and more restricted subsidised employment. Hard to place clients can furthermore receive social measures in the non-profit area to strengthen their social confidence and to avoid social isolation. However, the labour market integration/re-integration is the crucial long term goal. IAPs are a critical tool and various measures are used, with subsidised employment being dropped as a measure.

Denmark

The most precise standards of structuring measures can be found in the Danish social code, e.g. the minimum requirements for taking an activation measure or the minimum duration for participation. However, the institutional setting is mainly dependent on local circumstances and the individual employment background of the client. IAPs and contracts are key tools. Since 2003 there has been an increased standardisation of measures and a strong "work first" orientation.

Sweden

In Sweden the procedure is similar, where the framework for structuring activation programmes is written down in the Swedish social code (Socialtjänstlag). However, different to Denmark, the Swedish LSGs are free to implement programmes according to the local labour market situation and the financial community budget. As such there is a relatively broad range of measures and a high number of existing programmes (2002: about 800 local programmes)[62], which have subsequently been narrowed: In the framework of the Employment and Development Guarantee (JoUG) and the Employment Guarantee for Young People (Jobbgarantie for undgomar) the LSGs are free to offer programmes based on the clients' needs for example, counselling and supervision, training and

[60] There are also separate New Deal Programmes for the most disadvantaged, for disabled people, and for lone parents

[61] Hasluck, C., (2001): lessons from the New Deal: Finding Work, Promoting Employability, New Economy, 8 (4), p. 230-234

[62] Salonen, T., Ulmestig, R., (2004): Nedersta trappsteget. En studie om kommunal aktivering, Rapportserie i socialt arbete. Nr 1, 2004, Institutionen för vårdvetenskap och socialt arbeite, Växjö universitet; http://vxu.se/presscenter/nedersta_trappsteget.pdf

further education, and subsidised employment. In Sweden benefit recipients have no right to an activation offer, but are obliged to participate in such measures[63]. Participation in national governmental programmes is only for people closest to the labour market. So responsibilities are split for secured and nonsecured unemployed.

One of the main findings was that the defined target groups and the group actually participating were not congruent in any of the countries e.g., **The Netherlands**, 22.5 % of the target group were participating in a so-called "*Reintegratietraject*" in 2004. In **Denmark**, 31.3 % of welfare recipients were in some kind of "*activation programme*" in 2006. In **Sweden**, where only survey data was available, there were activation programmes in 168 LSGs with about 13,000 participants in 2004. This raises the question, whether participants are randomly selected or whether there is any kind of selectivity.

In **Denmark** and **The Netherlands** there is selectivity in regard to programme accessibility in general: There are better chances for male, short-time and younger benefit recipients to get into any of the activation programmes. With regard to different programme types selectivity grows even stronger: In both countries, any kind of subsidised employment in the private sector is more open to males, to younger people, to people with longer work experience and only short-time benefit receipt, and to people without children or small children. Against this, benefit recipients with multiple deprivations will mostly be placed into employment promotion programmes or social activation programmes.

The most critical findings of this research are that for the social activation programmes reviewed "*While there are differences in programme effectiveness, it has to be stated that activation programmes in general have only little impact on benefit dependency and labour market integration. Even for benefit recipients with good labour market chances, the net effects on labour market integration seldom exceed 5-10%. This means that out of 100 (re-)integrated recipients 90 to 95 would have been reintegrated without programme participation. Most studies show only net effects between 2-5%. While there is little effect in general, there are still discrepancies between the different programme types which can be observed in all countries*":

Net effects: Great Britain

Participation in the ND for Young People clearly influences, both, benefit receipt and transition into employment and training/education, respectively. Effects are more distinct for men than for women, at least at the programme start. The ND25+, (for young people over 25), in contrast is of greater effect for terminating benefit receipt than for labour market integration. However, only a small proportion of participants will stay in the New Deal beyond the Gateway phase. Whether or not Gateway participation in itself affects transitions from benefit receipt, it is hard to assess due to limited available information. Blundel et al. (2002)[64] found an effect of only 1%, and only for men. Comparing the New Deal Options, the Employment Option has the strongest impact, both, on outflow from benefit receipt as well as on labour market transition. This is also true for (marginalised) persons with disadvantageous starting conditions: Their chances to get into work were more improved through this option. In contrast, the Environmental Task Force Option had the least effects on labour market transition, even for persons closest to the labour market.

Net effects: The Netherlands

[63] Hjertner Thorén, K., (2005): "Municipal Activation Policy: A Case Study of the Practical Work with Unemployed Social Assistance Recipients". Working Paper 2005:20, IFAU Institutet för arbetsmarknads-politisk utvärdering, Uppsala; http://www.ifau.se/upload/pdf/se/2005/wp05-20%203.pdf

[64] Blundell, R., Costa Dias, M., Meghir, C., and Reenen, J.V., (2002):" Evaluating The Employment Impact Of A Mandatory Job Search Program". Institute for Fiscal Studies WP01/20, London. http://www.ifs.org.uk/wps/wp0120.pdf.

With regard to the outflow from benefit receipt, strong pre-programme effects could be found for Dutch activation programmes. Labour market transitions were supported foremost – but on a low level – by job search monitoring (including motivation and job application training) and by subsidised employment. This was especially true for young people. Programmes targeting marginalized groups like ex offenders did not have positive impacts on their labour market integration and moreover were found to reduce chances for the most marginalized.

Net effect: Denmark

Generally stronger effects were detected among men and young people. With regard to both benefit outflow and labour market integration, subsidised employment in the private sector proved to be the strongest instrument. This is even true for welfare recipients with social problems. Positive effects were also found for subsidised employment in the public sector. Less pronounced, but nonetheless positive effects were also observed for work incentive measures and vocational training courses. Comparing effects with regard to gender it was found that women more often than men moved into education and training.

Net effects: Sweden

As in the other countries, positive effects of subsidised employment could be observed in Sweden. However, with regard to job search/monitoring programmes, the results are not consistent: While an evaluation of a very strict programme in Uppsala, found no effects at all, a similar programme in Malmö found a few positive effects on outflow from benefit receipt.

While programme participation is mandatory, there seems to be only little knowledge on the question "*what works and for whom*". Furthermore there is strong selectivity with regard to programme participation which poses a problem, since programme types differ clearly with regard to their effectiveness. In respect to age, gender and ethnicity, equal opportunities are best actualized in **Great Britain**, while in the other countries programme accessibility and accessibility to different programme types depend on these characteristics. In contrast, multiple placement handicaps clearly reduce the accessibility of the more effective programme types. With regard to transitions into employment, hard-to-place benefit recipients with multiple placement handicaps profit less from any type of activation programme; this is also true for programmes entirely focusing on these groups. The risk of labour market exclusion may therefore increase as a consequence of programme participation.

In general, activation programmes have only modest but positive impact on outflow from benefit receipt and on transition to work. Job search assistance and monitoring are more effective than employment or training programmes, especially for people without placement handicaps.

In contrast, all studies show that most of the participants experienced an increase in life satisfaction as a result of participating in activation programmes; even if they could not find employment during programme participation. Participants reported an increase of self confidence, an improvement of social contacts and a general feeling of being needed and not excluded. Options for future actions may be improved by learning new skills as well as by overcoming problems like indebtedness, homelessness, addiction to drugs and so on. Social activation in this sense will only work if programmes are not experienced as an instrument of repression but as a reasonable means to broaden options. This points to the importance of professional and supportive case management as well.

Doubtless, activation affects benefit receipt and unemployment much less than legal reforms or economic changes. But apart from that, activation aims to be a much broader goal of social inclusion. Since activation programmes can help disadvantaged groups to partake in

society and at the same time strengthen work capability, they may contribute to social inclusion.

The issue of deadweight has been known for some time. In 2002 research[65] showed that a "*deadweight*" problem is evident in programmes in **Germany, the Netherlands***,* and the **UK**. In the **UK***,* estimates of the size of dead weight in the NDYP suggest that it might be as high as 50%. In **The Netherlands,** a study suggests that 27% of those who move into the labour market might have succeeded without public support. But again, there are exceptions: in **Norway**, the workfare schemes seem to attract people who have fewer resources and who experience more problems in the labour market than ordinary beneficiaries.

The vast majority of the evaluation work completed does however suggest that the majority of the participants articulate satisfaction with the programmes. Participants often report that the programmes improve self-esteem, employability and educational potential. Almost all participants in **Denmark** reported that they gained self-confidence, increased their skills, or increased their job-, and education opportunities. In **Germany** there is evidence that participation entails higher well-being and more frequent contact with other people. Participants in NDYP in the **UK** are typically satisfied with the programme and the advice and support services they received from their CMs. Still though, a significant number of participants in some programmes feel that the activities are "*boring and a waste of time*".

It is noteworthy that the most disadvantaged people benefit less and tend to be most dissatisfied with the programmes, and that some participants, namely in **the Netherlands** – could even judge themselves to be worse off after the programme than before.

6.3 New Deal "What Works for Whom"

A further more recent study by the UK Department of Works and Pensions looked at "*What Works for whom*?"[66] The aim of this research was to establish which interventions had worked most effectively for key customer groups, defined as:

- young people (NDYP);
- long term unemployed adults (New Deal 25+);
- older benefit claimants;
- lone parents (New Deal for Lone Parents (NDLP));
- partners of benefit claimants;
- disabled people and people with health conditions (New Deal for Disabled People (NDDP));
- ethnic minorities; and
- the most disadvantaged.

The evidence reveals just how diverse is the population of clients for whom provision is made. As we have already seen clients are diverse in terms of personal characteristics, household circumstances, their neighbourhood context, the barriers to employment they face and their attitudes and motivation. In many instances the client groups are simply too all embracing to be useful as a guide to provision.

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[65] "The contribution of activation strategies to social inclusion". Paper edited by Ivar Lødemel, Oslo University College paper. Paper for EU-conference " Social Exclusion, Activation and Welfare" Brussels October 11. 2002.

[66] Department of Works and Pensions, Research Report No 407 "What works for whom?" A review of evidence and meta-analysis for the Department for Works and Pensions. Hasluck, C., and Green, A.E., Warwick Institute for Employment Research (2007)

Clients often face several inter-related factors that make it difficult for them to take up employment. As we have already seen, for most client groups, the evidence points to the need for a holistic approach rather than a one-dimensional approach to provision. Identifying needs and the associated provision on the basis of a broad client grouping based on one or a few client characteristics militates against this kind of holistic approach, and may result in inappropriate provision for some individuals. It is clear that different client groups not only look for different things from a programme but also value what they receive in different ways.

The main generic findings regarding "*what works for whom*" were:

- Eligibility for most programmes is on the basis of some combination of personal characteristics (such as age), type of benefit and duration of benefit claim. Targeting provision in this way assumes that the membership of client groups remains fairly static but evidence indicates considerable fluidity amongst client groups as people's circumstances change. Changes in benefits, changes in household circumstances or even ageing can affect eligibility and bring about a change in the provision on offer.
- The timing of interventions has an impact on what works. The '*ideal timing*' is likely to be context dependent, reflecting the heterogeneity of clients. This is a dimension in which PAs can play an important role in bringing about the best possible 'timing' of interviews, information provision, etc., for each individual. There is little robust evidence that the nature of the provider of services, be it Jobcentre Plus, a private sector provider or some other organisation, has a systematic impact on effectiveness. What does appear to be important are the quality, enthusiasm, motivation and commitment of the staff providing the service.
- PAs are critical to the success or otherwise of interventions. This is not just a technical matter of how well a service is delivered but also a matter of how well the PA is able to engender a desire to seek and accept employment amongst clients and to build on the initial engagement by providing support and encouragement of an appropriate type. The evidence suggests that the greater the flexibility given to PAs, the better they are able to fulfil their role and to meet the specific needs of the individual client. Where clients feel coerced into participation in provision that does not meet their needs, motivation and engagement can quickly be undermined. For all the very positive evidence about the role played by PAs, there is also a substantial body of evidence that their behaviour, decisions and morale is often driven by considerations of Jobcentre Plus performance targets, in some cases to the detriment of the individual client. Targets and performance-related payment structures have an important role in influencing the motivation of PAs and the way that they work, and, in turn, in shaping 'what works for whom'.
- Motivation and engagement. There is a consensus amongst all concerned – that the motivation of the individual client is a key factor in the effectiveness of any form of provision. The Department of Works and Pensions programmes where participants are volunteers tend to exhibit significant impacts while mandatory programmes produce mixed results (good for those who want such provision but less so for those who feel coerced into it). It has to be acknowledged that there may be some people within each client group for whom no provision is likely to be successful. A key to effective provision would appear to be for Jobcentre Plus and providers to engage effectively with clients and for clients to '*buy in*' to any provision to which they are referred.
- The central role of job search activity in Jobcentre Plus interventions must be stressed. The great majority of clients leave benefit without having participated in any of the major Jobcentre Plus interventions. Even within programmes, a great deal of the advice and guidance provided to clients is aimed at motivating and improving job search activity. Despite this, little evaluation evidence is available about the ways in which different client groups conduct job search activity, the effectiveness of different

job search methods and of the various forms of support provided for job search by PAs and others. This represents a significant gap in our knowledge.

- Working with employers. Several interventions require active engagement with employers. Despite this, several evaluations suggests that Jobcentre staff are reluctant to engage with employers. Employers may also be reluctant to engage with Jobcentre Plus. Either way, this will limit the number of opportunities for clients to participate in work related provision or may simply render such provision less effective. EZs providers have separated the PA role for clients from that of dedicated staff whose role is to engage employers and generate work placements and job vacancies with apparent success. Some forms of provision (notably the Employment Option on NDYP and Work Trials) appear effective at breaking down barriers to employment by exposing employers to Jobcentre Plus clients with a view to changing employer attitudes.
- In recent years, the **UK** labour market has offered a relatively favourable context for policy interventions for disadvantaged groups. It is not certain that 'what works' now (or in the recent past) will necessarily work in a future, less favourable labour market context where fewer jobs are available. Moreover, the profile of clients is likely to alter as the state of the labour market changes, leading to a different prioritisation of client 'groups'. Clients are located in specific labour market and community contexts. While the needs of individuals may be quite specific, the demands made by employers in a local labour market may also be quite specific, reflecting factors such as the size and industrial structure of businesses and the pattern of local demand. Matching these two requirements requires PAs to understand both workless people and their communities, on the one hand, and local employment patterns and business on the other.
- Jobcentre Plus targets emphasise the 'quantity' of job outcomes and not their 'quality'. Yet the 'quality of jobs' may be the very issue that influences the willingness of some clients to enter work and to stay in, or retain, a job. In this context, employer attitudes and especially discrimination (on the basis of age, gender, ethnic group or disability) can also impact on the perceptions of clients and the opportunities open to them.

6.4 Impact evaluation of New Deal for Young People UK

Based on the findings from a macro evaluation of the new deal for young people (NDYP), carried out by the Policy Studies Institute (PSI) and the National Institute of Economic and Social Research (NIESR)[67], the impact of NDYP on the net unemployment rate of 18-24 year olds was both in terms of stocks (or levels) and in terms of flows. NIESR's estimates pointed to a decrease in youth unemployment of about 35-40,000 in the first two years of the programme and an estimated reduction in *long-term* (of more than six months' duration) youth unemployment of 45,000, i.e., long term unemployment would have been almost twice as high in March 2000 without the NDYP.

PSI estimated exits from claimant youth unemployment, focusing on whether exits had taken place by certain time-points, such as six or 18 months after they had started the NDYP scheme. Their estimates (covering the first year of NDYP) were 39,000 additional exits at six months from the NDYP entry-point, and 14,000 at 18 months from the entry-point. PSI also estimated that up to 17,000 additional young people had exited from unemployment *before* the entry-point to the NDYP.

[67] White, M., and Riley, R. (200). Research Report No 168 "Findings from the Macro Evaluation of the New Deal for Young People". A report of research carried out by the Policy Studies Institute and the National Institute of Economic and Social Research on behalf of the Department for Work and Pensions

From further calculations based on these figures, PSI estimated that there had been a reduction of 37,000-39,000 in the level of youth unemployment as a whole, for the first year's intake to NDYP. This is close to the NIESR estimate.

NIESR estimated that NDYP had raised total youth employment by approximately 15,000, not including those on the Environment Task Force (ETF) and Voluntary Sector (VS) Options. When these are included, around 30,000 more young people were in work in March 2000 as a consequence of the programme.

PSI estimated that there were 11,000 additional job entries for young unemployed people as a result of NDYP, within six months of entry, with some continuing gain thereafter for young women. This estimate is suggestive of a gain of about 15,000 jobs, or about a five percentage-point increase in employment, for the participants in the first year of NDYP. As already noted, this does not include additional jobs entered from NDYP Options.

PSI's analysis of the effects of NDYP on the youth labour market suggested a net annual additional increase in youth jobs of about 40,000, which is higher. However, this finding may reflect a short-term response by employers to NDYP's promotion of youth labour, which was not necessarily sustainable.

The impacts on the wider economy were derived by simulation using NIESR's model of the UK economy (NiDEM). The main conclusions concerning the impacts on the macro economy and the public finances were as follows:

- By March 2000 NDYP had reduced unemployment among all age groups by around 45,000 and had raised employment by 25,000, excluding those working on the ETF and VS Options.
- National income was around £500 million higher, indicating a welfare gain to the economy as a whole.
- After taking account of lower benefit payments and higher tax revenues, NDYP was likely to cost the Exchequer less than £150 million per annum until March 2002. This did not take into account social benefits possibly attributable to the programme.
- The annual Exchequer cost per extra person in employment, excluding those in ETF and VS Options, was about £7,000 per annum.

A firm conclusion of these analyses was that NDYP produced positive impacts in terms of less unemployment and more employment for participants. The evidence about wider labour market and economic impacts was also generally positive. NDYP increased youth employment as a whole, without any detectable disadvantage to other age groups. By reducing wage pressure, NDYP led to an increase in total employment. Much of the cost of NDYP to the Exchequer has been recovered through reductions in unemployment benefits and increased tax revenues, while by raising national income, NDYP provides a benefit rather than a cost to the economy as a whole.

6.5 Evaluation of UK Employment Zones

In 2005 the UK Department of Works and Pensions also undertook an evaluation of the **UK** EZs. The key features of EZs which emerged from the research include[68]:

- a strong work focus;
- individual aspirations and goals drive job search activity and support;

[68] Department for Work and Pensions. Research Report No 228 "Evaluation of Single Provider Employment Zone Extensions to Young People, Lone Parents and Early Entrants Interim Report" Griffiths, R., and Dr Jones, G., (Insite Research and Consulting) (2005) .

- support and provision is structured according to individual barriers to employment, rather than programme eligibility or group characteristics;
- interventions are determined individually on a client by client basis;
- an holistic approach is taken when getting clients into work, addressing social, personal and financial barriers;
- significant adviser discretion and flexibility in the use of time and financial resources;
- provision mainly delivered in-house by personal advisers;
- selective and judicious use of externally contracted out provision, including skills training; and
- support and provision which does not cease with the start of employment (active follow-up).

Of all new customers, 18-24 early entrants were most positive in their assessments of EZ help and its role in helping them to secure or sustain work. They, above all others, appeared to appreciate and benefit from the practical help EZs provided. Being mostly young, lacking in qualifications, basic skills and confidence and with little or no work experience, many in this group were highly disadvantaged in the labour market. Nevertheless, because many were genuinely motivated to work, practical help with tailored job search sustained over a long period and which resulted in an interview or work placement, made all the difference to their employment prospects. This is where EZs were most able to add value and make their input keenly felt.

Though the sample was small, the fact that all 18-24 early entrants re-interviewed in phase two had had paid work, with 57% sustaining their employment, gives an indication of how, at their best, EZs can provide additionality and impact upon a disadvantaged group whom New Deal and Jobcentre Plus services had been unable to help. Again, what EZs cannot do is address the underlying basic skill problems which many early entrant clients have, but as long as they are motivated to work, EZs can help to overcome some of the barriers these problems create.

What do EZs do that is different?

It is worth asking why, for many individuals, the EZ approach was apparently more successful or satisfying than previous involvement with Jobcentre Plus or New Deal. Getting clients on-side appeared to be the first important lesson. In this regard, the particular context and circumstances of engagement were key. The feeling of being compelled to take jobs or participate in training they did not want to do, a key feature of the narratives of former Jobcentre Plus clients, undermines co-operation and trust and is unlikely to result in meaningful rapport. Clients want to be listened to and to feel that they can exercise some semblance of choice. While PA skills and expertise are clearly at a premium in terms of packaging successful interventions, for clients, the empathetic and accommodating approach of PAs is what mattered most, particularly at the outset. The research highlighted the way in which clients' willingness to be flexible grew immeasurably by the act of PAs getting them "*on-side*". PAs spending quality time getting to know their clients and discovering their job aspirations was crucial to this.

High client-satisfaction levels were generally unrelated to levels of spend or even to successful job outcomes. Clients who did not secure or sustain work still had mainly positive views of the EZ. Fundamentally, satisfaction rested on the quality and content of the client-PA relationship. Clients consistently highlighted the one-to-one interaction at the EZ, despite the fact that this was also likely to have been the model of interaction at the Jobcentre Plus office. What differs is the way in which EZ advisers are empowered to provide practical, hands-on support throughout and through the specifics of the job-search process.

In EZs, the Jobcentre Plus model is turned on its head: rather than matching clients to existing vacancies, the approach is to seek to uncover ideal or second best jobs, motivating and supporting clients to undertake proactive job search to this end. A better fit here will clearly improve the chances

of the client sustaining work longer term. EZs' active employer links helped to build bridges into areas of the labour market from which disadvantaged clients would ordinarily be excluded. A robust model of aftercare may also be fundamental, especially where clients have limited work experience or have been away from the labour market for significant periods of time.

Sustainability in the EZ model is thus a composite of engaging with client aspirations within the confines of local labour markets and access to an intensive and highly customised intervention which, where necessary, supports and shields individuals from exposure to external labour markets, and an approach which is responsive to the fact that some clients and employers are susceptible to terminating employment in the first few months.

An important element underlying all these facets is the greater ability of EZs to change, innovate and adapt. Linked to this is the sensitivity and responsiveness of their behaviours to the result-based funding model. As commercial entities, EZs are highly dependent on achieving sustained job outcomes if they are to continue operating as businesses longer term. This kind of impetus, when combined with a greater flexibility to respond to changing circumstances, gives them a clear and unambiguous focus on helping clients secure work they want and that is likely to be sustained.

At their best, EZs can offer young people the prospect of a more grown up approach based on mutual respect and negotiated compromise, offering potentially greater rewards in return for greater responsibility. This is a refreshingly different approach for clients having few advantages in life and with limited resources to draw on. Its strength lies in the time, flexibility and discretion advisers have to build relationships with young people and to tailor interventions to meet their individual needs.

For young people, however, the problem they face is not so much finding work, but keeping it. Those with few skills and qualifications and limited work experience can find themselves at the sharp end of the UK labour market. Quite simply, work has become harder to find and keep among people restricted to jobs in the low skilled sectors of the economy, finding work that is well paid and provides opportunities for progression, is more difficult still. Some clients may need to be supported through a number of jobs before attaining the safer reaches of the labour market.

CHAPTER 7. LESSONS LEARNED AND PRECONDITIONS FOR EFFECTIVE INTER-AGENCY COORDINATION AND INTEGRATION OF SERVICES

7.1 Introduction

In recent years, the European labour market has offered a relatively favourable context for policy interventions for disadvantaged groups. It is not certain that what worked then will necessarily work now, or in the future. Currently there are less favourable labour market conditions, with fewer jobs available for any client groups. Moreover, the profile of clients is also likely to alter as the state of the labour market changes, leading to further changes in prioritisation of client groups.

7.2 Research on pre-conditions for effective co-operation and integration of services

Research carried out in 2006[69] on best practice in inter-agency cooperation on employability involved a review of literature and policy documents on partnership working, combined with a survey completed by national experts located in each of the 15 study countries: **Australia; Belgium; Canada; Denmark; Finland; France; Germany; Republic of Ireland; Italy; The Netherlands; Norway; Spain; Sweden; United Kingdom;** and the **USA**. In addition four extensive case studies were undertaken in: **Denmark**; **The Netherlands**; **Republic of Ireland**; and **UK.**

The research concluded that the following were the main preconditions for ensuring successful cooperation and integration of services:

- *A clear strategic focus.* Formalising partnerships, and an agreed clear strategy, is a defining feature of effective local and regional cooperation in a number of countries. In **Denmark**, the Regional Employment Councils work to annual plans agreed with government, outlining targets and priorities and the roles of stakeholders involved in both planning and delivery. In **Canada** labour market development agreements (LMDAs) have helped national and regional government stakeholders to agree their different roles and shared responsibilities. In the **UK**, a clearly defined, formalised strategy detailing a service delivery model and different organisations' roles has been important to Edinburgh's Joined Up For Jobs partnership.
- *Strategic leadership and support.* Leadership of PES and other central government agencies is vital to making inter-agency co-operation work. This leadership may primarily be through present and future control of resources and regulation or through culture or by acknowledging expertise and leadership. It is also important that partnership working is strongly supported across departments within government.
- *The importance of organisations and people in partnerships.* The best examples of inter-agency cooperation appear to bring together professionals with different but complimentary resources and expertise. For example the PES-health service partnerships that have been a key feature of Pathways to Work in the **UK**, and some of the more effective one-stop shop models there and elsewhere. Employers are key

[69] McQuaid, R.W., Lindsay, C., Dutton, M. and McCracken, M. (2006) "Working Together? Research into the Role of Interagency Co-operation in Improving Employability", Labour Market Bulletin 20, Department for Employment and Learning, Northern Ireland, pp. 163-167. ISBN-0-9545592-7-4. Available: http://www.delni.gov.uk/labour-market-bulletin-20.pdf

players in successful partnerships to promote employability – employers have knowledge of the skills needed if job seekers are to succeed in the labour market; and they have the capacity to offer training and work placements for service clients, and incentives to job seekers such as interview or job guarantees.

- *Capacity for cooperation and mutualism.* Organisations and individuals involved in partnerships need to have both the authority and the flexibility to engage in mutual decision-making. There is also a need to invest explicitly in and develop joint working and partnership development and management skills over the full range of the operational and policy staff of the partners.
- *Organisational complimentarity, co-location and co-terminosity (i.e. same or coincident boundaries for service delivery).* Inter-agency cooperation on the planning of employability measures for all client groups requires input from stakeholders with complimentary areas of expertise, responsibility and competency. The co-location of employability provision with complimentary services has been seen in countries including: **Belgium**; **Canada**; **France**; **Norway**. There is much to learn from various models including the LAFOS facilities in **Finland** that have co-located complimentary education, social and childcare services alongside employability service providers.
- *Incentives for partners and inter-dependency for mutual benefit.* PES officials will only be able to draw other stakeholders into employability partnerships if they can demonstrate that there will be benefits for all partners (these benefits may include financial leverage, expansion of competencies and influence, achievement of organisational goals, or the opening of new markets). The drive for efficiencies in private sector provision appears to have been counter-productive in some cases, as companies seek to gain savings by standardising provision, or target the more employable job seekers, as opposed to more disadvantaged clients, so as to claim job entry rewards – the "*parking and creaming"* of clients seen in countries such as **Australia** and **The Netherlands.**
- *The value of action and outcome-oriented procedures.* Effective partnerships are formed out of a need for action, and focus on achieving agreed outcomes. Good practice in inter-agency cooperation has tended to be characterised by partners undertaking joint action to achieve measurable goals as articulated in annual action plans, such as those governing Regional Employment Councils in **Denmark** or simply memoranda of understanding, such as in the Pathways to Work and Working Neighbourhoods pilots in the **UK**. These arrangements have ensured clarity about goals and responsibilities, with senior managers close to and well informed about the progress of delivery. Where outcome agreements and the roles of organisations and managers are less clear, activities can become more fragmented and services tend to be less consistent, as in some Job Centers in the **USA**.

7.3. Lessons learned

Based on the research that we have reviewed during the process of writing this report and the author's own experience of working within the social welfare and employment sector in Serbia[70] and across Europe, the key lessons learned are set out in this section. Many of these lessons are relevant irrespective of the level of coordination/cooperation or integration of services embarked upon.

Phase 1: Developing integrated services

1. The need to fully understand how the existing services you want to integrate, currently work

[70] Oxford Policy Management "Supporting the Implementation of the Social Welfare Development Strategy", British Government Department for International Development (2006-2009).

If delivery of integrated services is to be successful then the starting point has to be a thorough understanding of the current: legal; administrative; managerial; financial; and impact on client groups of each service that will be integrated. This is in order to clearly understand what the rationale for integration is – What is it that integration will achieve better than continuing to deliver these services separately? It is important to remember Lutz's (1999) third law "*your integration is my fragmentation*" and to pay as much attention to what could be lost from integrating services as to what could be gained. Integration of separate services is only one means of overcoming disadvantages of separated services and other more suitable solutions may well exist.

Over the last few years the traditional ALMPs delivered through PES have been under increasing scrutiny. PES and policy makers across Europe have come to except that traditional methods of placing, even easy to place unemployed client groups into employment, through job search and training services are proving ineffective. At the same time their clients are becoming increasingly complex and harder to place into employment. The amount of empirical research being undertaken to assess the effectiveness and net effect of ALMPs is increasing and will ultimately lead to changes in the services that PES delivers[71].

It is important to understand therefore that integrating services does not always mean that the range of services delivered through separate services will continue to be delivered through an integrated service (accessing the same services in a different way), but that there may very well be a need for existing services to be refined or even discarded, and for new services to be developed.

2. Be clear about your objectives for integrating services

This in some ways is an output of the first lesson. Is the purpose of integrating the service to increase the employment activation of disadvantaged groups or is it, for some of these disadvantaged groups, also about increased social activation, in the community and in social and cultural life in alternative ways which fully utilise the skills and ability of the most disadvantaged, where the possibility of employment is limited or not possible at all. The objectives have to be clear.

3. Be clear about your target group/s and target services to meet their needs

Integrated, or even single services, need to be tailored to the specific individual needs of specific groups – there is no "*one shoe fits all model*". Services need to take targeted approaches to ensure that there is opportunity for all disadvantaged groups, whatever their socio-economic background, skills and ability.

Targeting can also mean looking at geographical areas where disadvantage is highest, area-based approaches targeting vulnerable zones (rather than individuals). These approaches, which often combine a number of the successful factors of cooperation and integration models, appear to be achieving positive results. Added to this there is also a recent shift across many countries towards a localisation of employability services, in an attempt to move services closer to communities and make programmes more responsive to local labour market conditions.

Targeting is also complicated by the fact that client groups are not static with evidence indicating considerable fluidity amongst client groups as people's circumstances change,

[71] As we have already identified sadly empirical research on activation programmes and integrated services is lagging behind.

changes in benefits, changes in household circumstances or even ageing can affect eligibility and bring about a change in the provision on offer.

4. Establish coordination or integration approaches based on partner equality

It is important that integration of services is not seen as a takeover of one service by another, success is predetermined by establishing an approximate equal and professional security. An effective working relationship between social and employment services is pivotal to effective policy and practice for the active inclusion of vulnerable people.

Historically it has been well documented that PESs in charge of policies for disadvantaged youth, and others, tend to see themselves as monopolist actors who do not depend on and are often not used to collaboration with partners holding different perspectives. However, more recently these attitudes have been changing as programmes that address the labour market integration of multiple disadvantaged young people are being expanded to draw on the professional expertise and services of other providers (e.g. drug addicts, homeless etc).

In spite of this there is still a tendency for PESs to be seen as the main leaders in activation services and often the role of social services is undervalued.

Effective social services are critical for creating the conditions to favour an individual's activation and for sustaining it. As we have seen, for employment to be sustainable, disadvantaged people need to be supported with sufficient resources, personalized employment, social services and other services to enhance their social participation and employability. Thus, social assistance and social services are important services, promoting the progression of disadvantaged people into employment. This fact needs to be accepted by PES and form the founding principle for integrated services based on equal partnership.

It is important that PES recognises that, for the most disadvantaged groups, social workers have been dealing with many of these clients for many years. Through their work they are familiar with their towns, cities and rural communities and with their problems and needs. Often this knowledge is not maximised when employment and social services are integrated. Given their primary duty of care and protection, social services are well placed to ensure that active inclusion programmes take account of the full range of needs of disadvantaged individuals and if needed their families.

Within this equal partnership priority must also be given to clearly defining the roles and responsibilities of each organisation responsible for delivering the integrated services and to clearly establishing effective leadership and management structures.

5. Ensure a full, inclusive, open and transparent consultation process when designing integration services.

As with the design of any new service, the views and the opinions of the main clients of the services and the professional staff engaged in delivering the services is critical to good design, especially when developing detailed systems of working. Lessons from private sector mergers indicate that staff from merging organisations should be given as many chances as possible to meet in "*transitional groups*" to explore any preconceptions about each other and to be given a say in the future activities of the new organisation. The active involvement of staff and clients can ensure that services are designed that can really address the needs of the clients, but also that clearly agreed objectives and appropriate PIs for integrated services are developed.

Often this is not the case. As an example, one of the initial PIs established for the **UK** Sure Start programme was for successful employment outcomes for parents (mainly mothers)

using the Sure Start service[72]. Employment or Training Co-ordinators were employed to offer advice and support to parents to move them into employment and to help them tackle any barriers they faced, including helping them to find appropriate training and childcare. Initial PIs were designed to measure successful employment outcomes, but after relatively short time periods. What emerged was that mothers were not really interested in taking up employment while their children were small, but only once they were at school. As a result, take up of the support provided was very low and when measured against the PI proved unsuccessful. As a result the PI was amended and the support was revised to focus more on preparing parents for future job opportunities, once their children had started school.

6. Always pilot

Effective design of integrated services takes time and any decision to move ahead on such a reform should only be taken following an in-depth period of design including effective piloting of the proposed approach (as proven in the application of the Case Management method of working in **Serbian** CSWs).

Pilots need to be designed properly, including the use of control groups; detailed questionnaires and studies of stakeholders, clients and professional staff; a thorough assessment of costs and outcomes; and piloting of effective monitoring and evaluation systems to assess outcomes, including well-designed follow-up beneficiary surveys.

7. Establish accurate costing and resource budgeting for the integrated services

Always accurately determine the costs of delivering the integrated service. Sustainable services require sufficient funding to cover all those who need support in the transition as well as to provide quality services in terms of sufficient trained staff, accessible premises etc. All too often, throughout Europe, decisions are taken to amend how services are delivered without a true understanding of the costs, and even real benefits of changing how services are delivered. As we have already stated, it is even surprising that so much attention is given to social activation and integration of services, given the lack and, where it does exist, discrepancy of evaluation results. Given the constraints on public expenditure it is important to not be over ambitious, to start small and to expand from that point (focus first on lower levels of the integration ladder).

Piloting is also an important step in confirming the real direct and indirect costs of establishing integrated services, including investment in human, financial and IT resources. Funding required for the higher levels of integrated services e.g., integrated administrations, such as the one adopted in **Norway** (NAV), are substantial, especially in the initial stages of implementation, and for any level of integration the return on investment will not be seen in the short to medium term. Remember Leutz's second law "*Integration costs before it pays*".

While it is generally believed that cost savings may be achieved from integrating services, as yet there seems to be insufficient evidence that integrated services bring about a reduction in service costs, a view shared by the European Commission. The European Commission also recognises that being able to measure cost effectiveness is also difficult, with studies difficult to construct and implement.

8. Recognise that success requires significant levels of investment in developing human resources

[72] Sure Start Local Programmes form a cornerstone of the UK Government's drive to tackle child poverty and social exclusion. They are located in neighbourhoods where a high proportion of children are living in poverty and where the programmes should be able to promote child, family and community development by pioneering new ways of working to improve services.

The effective integration of services requires that staff of the services being integrated operate in a different way. As we have seen, the norm is for staff to work in "*silo*" service systems, often more focused on whether a client of a service meets the requirements, including eligibility criteria of the service. These services also traditionally operate on their own "*turfs*". Effective integration of services requires that both "*silo*" and "*turf*" ways of operating are broken down.

The basis of an integrated service model is that the client is central to the service and assessing their needs and identifying the services they need is paramount, bringing the services and funding to the client rather than the other way round. This new approach requires staff to develop new skills and to be trained in new ways of: dealing with clients; handling cases; managing caseloads; and working in partnership. As well as their relationship with the client they need to understand all of the services and types of support which are available to their clients both within and without their individual service. Staff need to feel ownership in the new approach to be supported, to open up to new working methods and practices, to share information, to acknowledge that other professionals, experts and services have something to contribute and to become real advocates for the clients. Such a system also requires staff to share accountability and joint responsibility for the success of the client.

Training of frontline staff and managers to work across professional and organisational boundaries will significantly enhance the effective delivery of these services. Throughout this report we have stressed the pivotal role of the CM and successful investment in their training, skills development, knowledge and capacity is perhaps, more than any other factor, pivotal to the success of integrated services – they need to be advocates for their clients and familiar with the social system, know about service interconnections and dependencies, and be able to implement and coordinate the provision of various services as well as encourage the client to take responsibility for themselves. Developing such knowledge and skills takes time and time should be allocated during their working hours to keep their skills and knowledge up to date and to build service networks. There is also evidence to show that good client work is closely related to the networking capability of CMs and services and that significant autonomy should be given at the local level to develop these networks to fit the local context.

Along with developing the skills of the CMs, developing the skills of the professionals who together form multi-disciplinary teams is important. Models vary as to the extent that CMs are developed to be inter-disciplinary or not, but even where they are, CMs do draw on the expertise of other professionals as and when required. Many models also encourage CMs to vary the specific client groups they work with, rather than just focusing on one client group e.g. disabled, and to include cases that need both short and longer term support, as a way of keeping CMs professionally motivated. Such an approach also encourages CMs to share experience and knowledge among themselves and to utilise the knowledge and experience of other professionals available to them. What is also important is that all professionals within the service, or outside the service, understand their role in supporting the client to meet their outcomes. It is also important that allocation of cases to CMs is done through a team meeting and that their work is properly supervised.

It is important that significant investment in developing service professionals is undertaken before an integrated service starts operating, however such investment in professional staff development, to overcome, among other things cultural barriers, is an ongoing investment throughout the implementation of the service.

Phase 2: Effective implementation of integrated services

9. Give considerable attention to how to ensure effective access

Coordinated or integrated services are only successful if they reach the target group they were designed to deliver services to. As we have seen, this is not always the case. In the **UK** the New Deal for Disabled People only managed to target 6% of the eligible population and in **The Netherlands** only 22.5% of the target group is actually participating in the CWIs.

We have looked at the various models for ensuring that target groups utilise the service e.g., through referral providers, outreach services, mobile teams, one stop shops, and networked singe points of entry etc. Ensuring access is not a reactive process, waiting for the client to come to the service, as we have seen, people live in the community and being able to access and interlink with clients in the community is vital, through utilising places where these clients already are e.g., schools, churches, doctors surgeries etc.

It is also the case that along with good access channels there also needs to be a strong gateway to the service and clear eligibility criteria. We have already seen that many CMs complain about being "*used as a dumping ground for all the too hard cases*", leading to the need to develop tools such as pre referral screening.

Access is also about knowledge of available services. Clients must know what services are available and how and where to access these services. As we have seen, even PAs in well established integrated services sometimes struggle to bear in mind the full range of opportunities for support these clients have, so what chance do the clients have on their own?

Most of the successful models reviewed also provide a degree of flexible service access including evening and weekend service hours, free phones, 24 hours a day, seven days a week, and mobile teams and outreach services. This is something highly valued by the clients who see it as a reflection of how importantly the service views their needs. It is also important to remember that the client group we are mainly considering here have very complex and problematic lives.

We have also identified the need to ensure that, once services are accessed through a single entry point or "*one stop shop*" etc., clients are not made to re-enter when they need to access a second service. Once they have accessed the integrated service, clients must not be allowed to feel disconnected, abandoned or isolated within the system.

10. Design coordinated/integrated services to be flexible

It is clear when reviewing the research on what works for whom that clients need to be viewed holistically. Identifying needs and the associated provision on the basis of a broad client grouping based on one or a few client characteristics militates against this kind of holistic approach, and may result in inappropriate provision for some individuals. It is clear that different client groups not only look for different things from a programme but also value what they receive in different ways. There is therefore a need to design services that can respond flexibly to the needs of individual clients.

The evidence also suggests that the greater the level of flexibility given to CMs, the better they are able to fulfil their role and to meet the specific needs of individual clients. CMs must be given discretion to decide which clients are harder to help, and how best to help them. In **the Netherlands, Germany** and **Ireland** they even determine how often they meet with their clients and in **Finland,** visits even take place in the client's home.

Included within this issue of flexibility is the flexibility to decide when interventions are most timely, a decision CMs and clients are best placed to decide together. Research has shown

that the timing of interventions does have an impact on what works, with ideal timing being context dependent and heterogeneous to the client. This leads to a conclusion that services should not be time bound (there should be no restriction on by when the client should achieve a positive outcome). For some clients, faced with complex problems, a lot of time may be needed for them to get to a position where they are ready to meaningfully engage in social or employment activation, there may be times when it is simply not possible for them to participate in the services and they simply need to leave and return at some future date.

This flexibility is the key to ensuring motivation from the clients and it goes without saying that the motivation of the client is a key factor in the effectiveness of any service.

11. Allocate flexible funding budgets

Several of the models we reviewed, especially the **UK** EZs had flexible budgets available to support clients with the additional costs of gaining employment or to sustain them between periods of employment until sustainable employment was obtained e.g., paying small periods of rent, paying for mobile phone cards, driving licences etc, always at the discretion of the CM. In this way the CMs were able to respond to the additional problems and barriers that the clients were facing that were either acting as barriers to gaining employment or allowed the outcomes achieved to be sustained, during a period of unemployment, until a further period of employment was possible. This support was provided both during, and as part of active follow up of clients and was, for many, pivotal to gaining/sustaining positive outcomes.

12. Ensure active involvement of clients at every stage of service delivery

As we have already seen the engagement of the client at every stage of the provision of the service is paramount to the successful implementation of all activation services. Advice and support should be provided to clients to enable them to participate fully in all decisions, to ensure that they fully understand their strengths and need for support, and to enable them to determine their own objectives and targets with regards to the outcomes they want to achieve. Their view, say, on how the service is provided to them is paramount if successful outcomes are to be achieved.

13. Develop clear and accurate assessments and Individual Action Plans

It is important that the service provider considers the clients social and employment activation opportunities as early as possible in the assessment and individual action planning process, in consultation with the client and the other relevant partners (health, employment, welfare) etc.

Good practice and lessons learned in developing effective assessment processes and IAPs was covered in detail in Chapter 5, as such we only highlight here some of the important lessons learned:

Assessment should:

- Be undertaken as early as possible from the date the client enters the service;
- Focus on activation outcomes as soon as possible;
- Identify both client strengths and their barriers to activation;
- Collect as much information as possible from other services the client has accessed to avoid clients repeating the same story e.g. through common referral forms, and to ensure that the new service builds on what has gone before;

- Be thorough, engage the client fully and be a positive experience for them. Clients should understand in depth why every activity is being undertaken and should determine jointly with the CMs where they need support;
- Take time and apply a number of different methods to enable a real professional assessment of the barriers and areas for development and support;
- Be accurately recorded, signed by the client and the CM as a way of confirming the information is accurate, demonstrating ownership of the outcomes, and giving agreement that the information collected can be shared with other professionals; and
- Provide a benchmark against which progress can be measured.

Individual Action Plans should:

- Be based on the assessment;
- Contain a clear progression aim;
- Draw on other professional expertise through the involvement of a multi-disciplinary team who are actively involved in discussions with the client and CM, while the IAP is being drawn up and at future review meetings;
- Include all agreed objectives, tasks and services to be accessed, including the issue of timing of access, and should be meticulous in this regard;
- Be realistic including establishing small achievable steps toward a bigger progression aim;
- Where ever possible, be a joint service IAP, covering all the services the client needs to access to address their multiple problems;
- Be revised at every review meeting; and
- Be owned by the client (their document).

14. Do not coerce clients

Many of the models that we have reviewed have mandatory requirements for participation and even significant penalties from non-participation or even non-cooperation during the delivery of the services. All of the research we have reviewed shows that coercion is not only ineffective, but can actually be counter productive. Services where clients "*volunteer*" to participate in services exhibit significant impacts while mandatory programmes produce mixed results.

It is important that clients can choose whether or not to access a service and that once the service is activated they have a degree of choice as to the support they receive. The most successful modes of activation have both of these elements.

15. Build client – provider trust

Research shows that young people lack belief in the effectiveness of PES, the trustworthiness of counsellors, especially, but not only where negative incentives such as sanctions (loss of benefit) are applied.

As we have seen for the clients, the most important element of any service is the CM and it is not exaggerating the point to stress that their role, more than any other factor, is pivotal in securing positive outcomes. CMs need to be viewed by the clients they support as advocates and champions, not as enforcers. We have discussed in detail the need for them to be prepared to "*go the extra mile*" for their clients, and that what is important is their quality, enthusiasm, motivation and commitment to providing the service. The importance of trust was frequently stressed in the research and is perhaps worth restating here (Walther and Pohl 2007):

- conditions of attendance in policy measures must be compatible with obligations emerging from other life spheres whether this is family, partnership, friends etc;
- it allows for 3rd and 4th chances if clients drop out for reasons and decisions related to other issues resulting from their complex life situations; and
- it is important – and even more so in institutional contexts in which easily administrative, bureaucratic principles get the upper hand – that aspects of individual dignity are respected, that individuals do not feel disregarded and humiliated.

Trust requires that, in principle, subjective aspirations are recognised as legitimate and individual coping strategies – also if dysfunctional from an external view – resulting from a subjective rational assessment of own resources and opportunities.

Principles of confidentiality and advocacy applied within **Denmark** counselling programmes and the **Slovene** Total Counselling Network are good practice examples of this.

16. Provide client choice

Freedom of choice is critical to the issue of client motivation. This regards first the choice whether to participate in a service or not; second, choices within services as regards forms and contents of support, and involvement in decision-making; and third, openness as regards the outcomes of any assessment, counselling and guidance processes. Only through freedom of choice will clients take responsibility for their own pathways into employment or greater social inclusion. Comparative studies on activation programmes have underlined that most individuals accept responsibility if they are conceded choice between options they perceive as good quality and as relevant in improving their situation.

17. Provide regular follow-up of clients, aftercare, and review of progress, as a way of ensuring sustainability of outcomes

The provision of a service does not end when a successful outcome is achieved. As we have seen, more and more weight is being given to active follow-up and support of clients once they have gained employment, sometimes for several years. In these instances clients are assisted to sustain the outcomes they have achieved or are further assisted through several periods of employment and unemployment until sustainable employment is gained. This support is seen as invaluable by the clients.

Careful attention therefore should be paid to the sustainability of activation services to ensure that people remain active beyond the duration of a particular programme to avert the risk of compounding their marginalisation. Some of the evaluations we have reviewed even proposed follow-up and longitudinal surveys up to 5-10 years after the client has accessed the service.

18. Do not forget employers

The amount of attention given to employers within activation services varies. Work and training placements paid at or near the "*rate for the job*" are an important part of provision in **Belgium** and **The Netherlands**. In **Denmark** local authorities have shared ownership of the design and delivery of training with employers, who have offered job guarantees in return.

Other models either stress the importance of CMs developing relationships with employers directly, including following-up with employers when a client gains employment with them, or the appointment of specific employer relations staff, whose job it is to liaise with employers to build their understanding of the benefits of employing disadvantaged clients and to generate work placements and job vacancies.

The lesson is that engaging with employers, sharing ownership of programme development with them, and using them to provide work placements can be an effective route to high quality training and job entry for clients, and that the success of any service provision without the development of employer-service links will be difficult to achieve and will render the support less effective.

19. Make sure that outsourcing of any services is really justified

There has been a tendency for the provision of services for harder to help clients to be out sourced to various providers. However evidence demonstrates that this approach has not always been effective. Outsourcing means that professionals working in coordinated/integrated services themselves are losing experience in addressing the day-to-day problems of their clients. Some of the most successful models invest in the development of their CMs so that they are able themselves, as far as possible, to deliver services to their own clients, because it is within this relationship that the most trust and strongest relationship is developed. CMs should not just be service brokers but should be directly involved in delivering the service to the client in their area of expertise and should be legitimised to intervene in all institutions and services.

Phase 3: Effective monitoring and evaluation

20. Develop an evaluation system for measuring effectiveness and impact of service delivery

In the case of traditional employment services it is relatively easy to assess their performance, it is less straightforward when it comes to activation services, working with people furthest from the labour market, where service clients often have multiple disadvantages, where their achievement on the labour market cannot be demonstrated without difficulty and their improved level of inclusion in society and the community is simply not taken into account.

While we have described evaluation as the third phase, it is in fact an activity that runs throughout the whole of the development and implementation phases of the coordinated/integrated services. It is important that effective evaluation systems are developed during the design stage of the service and:

- Include ways of measuring the success or otherwise of the piloting of the service. Included in this are evaluation methodologies to assess net effects so that the problem of the counterfactual can be assessed: What would have happened to clients if they had not taken part in the programme? Since it is not possible to simultaneously take part and not to take part in programmes, the problem of the counterfactual is dealt with by constructing control groups, who statistically differ only in regard to programme participation but are identical in every other regard. There are different methods to construct control groups while controlling variables, especially employing a random design, conducting statistical techniques like propensity score matching or controlling for them in various multivariate regression techniques. Since only net effects allow for assessing the effectiveness of activation programmes, a key issue is how to collect and respectively analyze this kind of information, while also considering gross effects, participation rates etc.
- Builds evaluation into every stage of service implementation as a way of gauging the effectiveness of all processes e.g., the way the service is accessed by clients and how effective each access route is; client/CM feedback on the assessment process both at the time it was completed and its accuracy when reviewed at the end of the service, through on-going dialogue and reflection; the effectiveness of the IAP; evaluation of specific services; information on where referrals could not be made

because services either do not exist, are full, or waiting times are to long (gaps in services); CM/Client perspectives on what works or does not work for them; evaluation of aftercare both its usefulness in further supporting clients but also as a way of evaluating overall service effectiveness in meeting its objectives (clients destinations in a longitudinal perspective) and identifying where service improvements need to be made.

Key questions would be: whether trust was developed in client-CM relations; whether young people ascribe value to the support they were offered; was the support related to their life plans and their individual needs; were they motivated; did they identify with the objectives and content of the support etc.

It is also important that primary data is collected, for monitoring and evaluation purposes - administrative date at the individual level.

The true test of any level of cooperation/coordination or integration of services for young people, or any other disadvantaged client group, is its effectiveness in ensuring sustainable jobs or social inclusion longer term, and whether the attitudinal changes among the client groups are also sustained over longer periods of time. What is also important is to understand whether the benefits they have gained, including employment (pay and conditions) are any better than what they would have gained without public support.

CHAPTER 8: REVIEW OF THE FINDINGS FROM THE SERBIAN RESEARCH STUDY – COOPERATION BETWEEN THE NES AND CSW

"Currently, CSWs and the NES have very few services and programmes which they can offer to the most disadvantaged groups of young unemployed. There is an obvious lack of proactive social services that would empower and activate young people and prevent dependence on the welfare system. Intensive programmes of support of the NES to custom groups of most disadvantaged young people are also missing. One gets the impression that the most vulnerable groups of young people, in both systems, are actually "written-off": they generally have access to "passive" measures and services (Material Security (MS), one-off financial assistance, subsidies of utilities, public works), but this kind of help does not solve the long-term problem of their economic and social exclusion. Identifying the factors that hinder their employment and keep them long-term ''prisoners'' of both systems, identifying vulnerable groups of unemployed youth, and the development of new programmes and services in social welfare and employment services that are appropriate to their needs, is a prerequisite for reducing unemployment of the most vulnerable groups of young people".

(Lela Veljkovic, Author of the Serbian Research Study)

"'I have worked in the NES for a long time, and this is the first time I have attended such a gathering. It is good that somebody has come up with the idea to bring together in one place NES and CSW representatives to "hear" each other, exchange experience, establish cooperation ... I'd like this to become the norm".

(NES Branch Manager, at the Focus group meeting in Belgrade)

8.1 Introduction

During September –October 2009 research was undertaken on the current level of cooperation between social and employment services in solving the problems of youth unemployment in Serbia. The research objectives were aimed at gaining insight into existing forms of cooperation between CSWs and the NES in their work with vulnerable groups of unemployed young people. The purpose of this work was to formulate guidelines for the development of integrated services in the labour market and social services sector, which would have the potential to stimulate employment and full social participation of young people from vulnerable groups.

The research was conducted in 6 cities and LSGs in Serbia from different districts: Novi Sad (South Bačka District), Belgrade (Belgrade District- CSW Rakovica and Palilula), Vranje (Pčinjski), Stara Pazova (Srem), Paracin (Pomoravski) and Nis (Nišavski).

It is important to note that in Serbia the target group is young people aged 15-30, approximately 1.5 million young people, accounting for twenty percent of the total population[73].

A research sample was also formed from unemployed youth, representatives of CSW (directors, managers, CMs), and representatives of the NES (branch directors, service managers, heads of certain sectors and Employment Counsellors). The research involved a total of 18 representatives of the NES, 22 representatives of CSWs, and 14 young people (currently registered at the CSW and NES). During the research 20 interviews and 3 focus groups were held (two with the young people and one with NES and CSW representatives).

This research is detailed in a separate report.

[73] Census 2002, the Republic Institute for Statistics

Within this Chapter, of the current report, we will:

- Assess the main aspects of current practice in Serbia and benchmark this against current practice in Europe, using as a reference the "*Integration Ladder*" set out in Chapter 4; and
- Comment on the proposed model for further cooperation between the CSW and NES, which was proposed within the Serbian research study.

8.2 Current practice and position on the "Integration Ladder"

8.2.1 Centres for Social Work

According to the new Regulation "*Regulation on the Organization, Norms and Standards of CSW*", Official Gazette of RS 59/2008, a new system has been introduced in the CSWs. This new system - managing the case – is focused on the individual and the family in the context of their social environment.

The CSW managers regulate the organization of services on the basis of the Regulation, and together with the heads of services take care of the workload of the employees (case workload management system) and the allocation of "*cases*" in terms of their complexity and content to CMs. In CSWs with more than 11 professional employees the work is organized in services for children and youth, services for adults and older persons and services for legal affairs and material benefits. However, about 70% of CSW have 4 to 10 professional employees, which prevents the optimal organization and division of work.

Within the CSWs there is a clear system for managing clients through the system, similar to the models operating in Europe:

- structured admission process (gate-keeping system including prioritization);
- referral system to other services, if required;
- allocation of a CM, the foundation of the professional work in the CSW;
- an initial assessment, which the CM in co-operation with the client completes, assessing the needs, strengths and risks of/to the client[74];
- an initial plan of services and measures, based on the assessment which the CM completes with the client;
- a directional assessment can also be undertaken if required (directs evaluation activities to selected areas for further and deeper assessment, usually involving a team assessment (multi-disciplinary team) and/or referral to a specialist assessment, which is usually done in other systems - health, mental health or education;
- a more detailed individual plan of services and measures (includes the type of services/interventions/measures, intensity, time frame and the person/service in charge of the activities, including tracking issues);
- case conferences;
- coordination of the provision of services to the particular client (individual and family), by the CM, client and other professionals; and
- evaluation and revision undertaken according to the plan, but within a maximum of 6 months.

The CM forms with the client the so-called "*client*" team that includes the relevant professional staff from CSW and other agencies and organizations in the community, as well

[74] Assessing the needs of clients in the CSW is implemented by a comprehensive understanding of client problems, the resources to overcome them, selection of priorities and security and risk assessment.

as the important persons from the client's environment, who, by actively participating in the implementation of the of service plan contribute to achieving the targets set for the client in accordance with the best interests of the client. Multi-sectoral cooperation is an important prerequisite for the successful conduct of the case. Each client of the CSW (with the exception of MS clients) is allocated a CM who is in charge of their case[75]. Standards also stipulate regular contacts between the CM and the client, in order to prevent institutionalization and reach goals that allow independent and productive lives in the community of clients[76].

The services CSW provide can be broken down into the following:

- Services that provide "*input into the system*" and immediate intervention;
- Assessment, planning, monitoring and coordination of services for children and young people, adults and elderly people;
- administration of basic material welfare for the poor and disabled who are not in the system of pension and disability insurance (material provision, allowance for care and one-time assistance);
- Interventions in family and legal protection, and
- Development of services in the community.

8.2.2. National Employment Service

The NES aims to increase the competitiveness and employability of the workforce and prevent long-term unemployment and social exclusion through a system of ALMPs. Specific objectives of the NES are: the improvement of quality and timeliness of services to employers, providers of employment, management of assets by the objectives defined by the employment strategy and the development plan, development of new models of service and organization of work which treat job seekers as active and dynamic service clients, customization of programmes and measures of active employment policy to the needs of the market, and a pro-active role in the development of local strategies and employment programmes.

The NES is planning, by 2010, to fully implement four key reform objectives: orientation to customer needs; decentralization; development of monitoring and evaluation; and development of an adequate system of labour market information.

Individualization of services is achieved by profiling the applicant through the development of Individual Employment Plans (IEPs) and matching supply and demand. In this way the NES is trying to develop a process model of services based on the principles of career guidance and counselling. The new approach involves establishing a quality management system, including the development of human resources management system, system of management by objectives and the development of information systems.

Reforms have introduced a more individual access to job seekers approach, which is based on a comprehensive assessment of their employment characteristics[77]. The assessment is

[75] MS clients are in the case management system only when, in addition to achieving this right, they also use other CSW services or have complex needs for protection. There is not yet a clear insight into the inclusion of MS clients within the new case management access

[76] This system, which came into force in June 2008 with the adoption of appropriate by-law, is not fully applied in all CSWs. Basic training for new professional standards of planning and evaluation was completed in June 2009. According to our insight and evaluation, about 1 / 3 of the CSW currently face difficulties in fully applying the expected standards of work with clients.

[77] Assessing employability is not just the possibility of employment in a particular occupation, but also includes assessment of qualifications for the successful performance of duties in the desired occupation, and other factors (motivation, family situation, etc.).

carried out by the Employment Counsellor (EC), a "*Personnel Adviser*", for all the unemployed persons they are in charge of, "cases". According to this assessment the unemployed are classified into one of 4 categories of employment. Each category includes a certain level of support and group of NES services:

- I category: Easily employable, with the provision of basic services in mediation - (services - initial assessment of skills, and needs, information on job vacancies, employment fairs, mediation etc);
- II category: Employable with the provision of services in active job search (services - ATP1 training (CV writing and conducting interviews), job club etc);
- III category: Employable with the provision of intensive services (services – training for self efficiency, preparatory workshops for inclusion in Job Club, subsidies, public work, programmes of additional education and training etc); and
- IV category: Short-term mediation is not possible without extensive support for reintegration in the labour market (services – assistance of psychologists (individual counselling), work medicine professionals (to assess ability for work) and preparatory workshops (for inclusion in job clubs).

Classification of persons according to their employability and the level of required services is the basis for the development of the IEP. ECs realize their duties in working with job seekers through group information and individual interviews.

ALMPs of the NES generally include: advisory services; brokerage services; further education and training; vocational rehabilitation; employment of persons with disabilities; self-employment; and entrepreneurship development services[78]. The Serbian research study specifies the following programmes: ATP 1 – Training for Active Job Search; ATP 2 – Training for Self-Efficiency; Job Club; New Employment Programme; Public Works; Training for Labour Market, Retraining Programme – Upgrading; Self Employment Programme; Training for a Known Employer; The First Opportunity Programme ; Trainees Programme; and Virtual Enterprise Programme.

There is only one programme - Public Works – which has continuously, for 5 years, promoted partnership between the employment and social services at the local level, and in this sense it is important for developing co-operation between these services.

Like the CSWs the NES has also introduced new documentation, as well as new information systems that support the new organizations and methodology. Comprehensive changes in the mode of working in both systems also required additional training of staff.

The NES has introduced new, clear operating procedures, and the social protection system is waiting for adoption of the new Law on Social Protection, which will be followed by further procedures for developing approaches to specific client groups.

8.2.3. Main conclusions from the Serbian research study

Improving cooperation between the NES and CSW involves recognising the needs of young people that are common to both services in order to develop a methodological framework for the provision of new programmes and services.

In addition to present regional differences, long-term unemployment is mostly faced by

[78] Ministry of Economy and Regional Development, Action Plan for implementation of youth employment policy (for the period 2009.-2011), 2009., 21

young people: without schooling; who did not complete primary school: and those without previous work experience. There is an accumulation of risk factors of unemployment and poverty particularly among low-educated young women with small children, who employers avoid because of their need to care for their children. The presence of these adverse factors reduces motivation to search for a job and leads to long-term unemployment and dependency on the social protection system, most often as MS users.

Inadequate data systems do not sufficiently recognise young clients of CSW, especially when it comes to MS users. According to the survey, about 30% of MS users are young people aged 16-30. These are mostly Roma, young people from families who have used MS over several generations, with no schooling or with a low level of education, but also youth with minor disabilities and young people who have left care. A significant number of these young people are from families with several children who grew up in poverty, with a striking proportion, one parent families.

Young people leaving care and especially those under institutional correctional measures have significant difficulties in finding and maintaining employment as they face prejudice from employers and in the local environment and are not adequately psychologically prepared to participate in the community and to compete on the labour market. Young people with disabilities face the most problems in gaining employment, due to inadequate support programmes. The new legal solutions of the Law on vocational rehabilitation and employment of persons with disabilities should create a framework for the successful inclusion of these young people.

Young people who belong to these groups appear both in the system of social protection and the employment system. Neither of these systems have programmes or services to meet their needs, which reinforces their long-term unemployment and increases their dependency on the social protection system.

The rights exercised by unemployed young people in social protection seem designed to inactivate the clients. Financial support is below the poverty level and is used by a small number of poor individuals and families. They are faced with extreme existential uncertainty and exhaust their modest personal incomes and family resources from the informal economy, begging, or other illegal activities the bare essentials. Incentives for social and economic inclusion of MS young clients do not actually exist.

Despite the visible efforts the NES has invested in the individualization of their approach to unemployed persons and development of appropriate training programmes, it can be noticed that the unemployed from category IV - who have most difficulties in finding a job - have fewer available measures for promoting employability. This category usually includes persons with disabilities, the chronically ill, people without qualifications etc, – long term unemployed due to the presence of several aggravating factors - precisely those who are clients of the CSWs. Still less than 1/10 of funds are allocated for active employment measures.

Planning the programme of work in the NES is centralized, so that these programmes are uniform for all regions. The effect of employment support is reduced because local specificities, needs, and opportunities have not been respected.

Cooperation between the NES and CSWs usually involves the use of administrative documents from the NES in the CSW, so that unemployed clients can prove their status for the realisation of the right to financial benefits. Employees in both services do not have enough information and insight into the working methods and existing programmes and services in the other system. Other forms of cooperation such as public works projects, recruitment fairs and mediation in individual cases are sporadic. In addition to some good

experience and the visible success of joint projects in some local areas, problems of sustainability and lack of continuity have been noticed.

There is a real basis for cooperation between the NES and CSWs in dealing with common user groups, due to the reformed organizational and methodological framework in these services. The concept of case manager and employment counsellor's work is based on identical principles, so it is possible to develop a methodological framework for cooperation in dealing with the users who appear in both services.

Networking at the local level, in the respondents' opinion, is the best way to promote cooperation between the NES and CSW, and other entities that deal with the unemployed.

For a successful implementation of the cooperation model it is important to consider the perceived barriers and possible ways of overcoming them, and to define the basis for successful change, principles, content, goals and levels of cooperation.

All representatives of the NES and the CSWs who participated in the research recognized that the clients of their services for whom it proves hardest to achieve adequate results are the clients they share. But in spite of this there is almost a complete lack of cooperation when addressing their needs. In reality, after completing their formal education or vocational training and reaching maturity, young people within the social protection system often, cease to be a "*CSW concern*" and become a "*NES concern*". In addition also because of years of non-recognition of this problem in social protection and lack of appropriate training and timely preparation for youth empowerment, youth who went through ''*one door*'' out of the system of social protection, very soon entered again through the "*other door*'' into the same system, this time as MS clients.

The Serbian research findings stressed the importance of intervening with appropriate, coordinated multi-sectoral services (in education, employment and social protection) in order to prevent long-term youth unemployment, because the length of time waiting for employment reduces their chances of employment, and even with greater investments (funds, time) much more modest results can be achieved. Improving cooperation between the NES and CSW involves recognizing the needs of client groups that are common to both services in order to develop a methodological framework for the provision of new programmes and services for vulnerable groups of unemployed youth.

There is a real basis for cooperation between the NES and CSWs in dealing with common client groups, due to the reformed organizational and methodological framework in these services. The concept of CM and ECs work is based on identical principles, so it is possible to develop a methodological framework for cooperation in dealing with the clients who appear in both services. Networking at the local level, in the respondents' opinion, is the best way to promote cooperation between the NES and CSW, and other entities that deal with the unemployed.

Although, currently, the co-operation between CSWs and the NES has not been well developed, it is encouraging that NES and CSW representatives have recognized the need to establish and develop mutual cooperation, bearing in mind the common target groups, low-effects of their previous work with them, and a common goal: training and support for clients to gain independence and leave the system.

8.2.4 Position on the "Integration Ladder"

It can be concluded that many of the building blocks that are seen within the European integration models are also present in Serbia e.g., client focus, CMs and EC, ISPs and IEPs, management of cases, comprehensive assessment and profiling systems, some level of

referral systems, some basic levels of multi-disciplinary team working, and cross-sectoral co-operation (mediation of CMs in NES cases of employment for individual, particularly vulnerable cases - clients of CSWs, is good practice in Vranje, Nis, Stara Pazova).

However with sporadic exceptions, within all LSGs involved in the Serbian research, cooperation between CSWs and the NES usually only involves the use of administrative documents from the NES in the CSW, so that unemployed clients can prove their status for the realization of the right to financial benefits.

Accordingly it must be concluded that, generally, the NES and the CSW's real joint activities and projects have been implemented on an ad-hoc basis, depending on the situation and needs, sometimes in response to requests from donors. Cooperation is not continuous or systematic, but is rather left to the initiative and goodwill of individuals who work in CSWs and the NES, or the LSG.

Employees in both services do not have enough information and insight into the methods of work or the existing programmes and services, in the other system. There are no established mechanisms for information exchange. Other forms of cooperation such as public works projects, recruitment fairs and mediation in individual cases are sporadic. In addition to some good experience and the visible success of joint projects in some local areas, problems of sustainability and lack of continuity have been noticed.

In terms of the "Integration Ladder", set out in Chapter 4, while many of the building blocks for an integrated service are clearly in place, for higher steps on the integration ladder to be achieved, these are relatively new practices, and not equally applied across Serbia, and certainly not currently on an inter-sectoral basis, so the current system would be best classified as Level 3: Multi-disciplinary teams of professionals, and in some locations limited to Level 2: ad hoc, limited, reactive co-operation in response to crisis or other pressure.

8.3 The proposed Model for enhanced CSW and NES cooperation

The following sets out the proposed model for enhanced co-operation between the NES and CSW, proposed within the Serbian research study.

8.3.1 Overall objective

The overall objective of cooperation between the CSW and the NES can be defined as "*strengthening and improving the position of vulnerable groups of unemployed youth by implementing coordinated and integrated services from both systems"*.

8.3.2 Specific objectives

The proposed specific objectives are as follows:

- Empowering employees in CSWs and the NES to communicate and collaborate inter sectorally with various vulnerable groups of unemployed young people through targeted and continuous specific and joint training;
- improving access to information within services and towards the community;
- Increasing knowledge through interaction between services, between services and clients and between services and the community;
- Inclusion of new stakeholders and service providers (e.g. educational institutions, NGOs, etc.);
- Building relationships between professionals from different systems by sharing information, knowledge and tasks - experts get together to solve problems; and

- Saving time and budgetary resources by reducing fragmentation and duplication of effort which is invested in working with the same client groups.

8.3.3. Content of cooperation

The content of the cooperation would be:

1. *Clearly defining the criteria and achieving consensus on the priorities in the provision of joint and coordinated NES and CSW services to particularly sensitive groups of clients – to common target groups*.

The common target groups of young people that appear in both systems are young people leaving care, young people in conflict with the law and the community, young people with disabilities, and young MS clients. A protocol between CSWs and the NES should regulate the cooperation between CMs and ECs in working with these groups of young people.

Precise determination of the criteria is important to ensure that young people who need help use support programmes, since they can use them in the best way. It is also very important to operationalise the principle of early intervention in the criteria. Youth who have been in the social protection system for a long time, without parental care, youth with disabilities or in a period of intense growing up and conflicts with the community (such as youth in conflict with the law), require timely recognition of the need for cooperation by the CM. For most young people from these groups, cooperation is greatly delayed, if performed after completing education. Cooperation can be established at the time when people need to opt for a secondary school. Under the new Regulation, the CM together with the young person, other important people and representatives of services makes a plan for the emancipation of the young person before the age of 14. This plan aims to prepare the young person to move from a structured, supervised environment to independent living and acquire life skills that will make this an easier transition. The plan is reviewed every 6 months in order to facilitate the monitoring of achievement and recognition of new circumstances and needs. All these groups require cooperation and coordination between CMs and ECs and the specific level of engagement depends on the individual characteristics of young people.

There is a need to assign a CM to young people using MS. This issue has its own organizational, professional and procedural implications. Current organization of CSWs indicates that the best way forward would be for social workers in charge of material aid to take over responsibility for a number of young MS clients and to introduce mandatory development of individual plans for the activation of this group in the procedure for exercising rights.

In terms of methodology, standardization of assessment for the use of MS on new principles and abandoning mostly administrative procedures requires considerably more flexible criteria for the use of rights and a greater supply of potential services and incentive measures for vulnerable groups of unemployed youth. Young people's trust in the CM in charge is crucial for a successful transition from social welfare to the world of work and a productive life in the community. As research in other European countries has shown, if the procedure is targeted at control and denial of rights to financial assistance, it is difficult to expect an open relationship and active client participation in overcoming difficulties. It is more likely that clients will try to present themselves in a way that they consider to be the best for them - with two possible extremes that are observed in practice within CSW: from denial ("I do not have any problems") to exaggerating the difficulties (''the worse the better").

2. *Providing consistent information to customers and employees in both systems, improved access to information and ways to understand and use them (client information and referral to NES or CSW services).*

Employees in both the NES and CSW offices need complete and current information about programmes, activities, procedures and conditions for exercising the rights in both services. The best way to achieve this is to assign this responsibility for communication and information distribution clearly to someone in the services who will facilitate the flow of information through appropriate channels (periodic meetings of managers and/or staff of the two services, letters, telephone contacts, etc.).

Within the Serbian research study the author identified the processes of reception, first assessment, planning, provision of services and evaluation and revision within both services and defined the points in the process that require cooperation and referral between the services:

CSW	NES
Reception - during which initial information about the user rights can be realised in the CSW and other services, including NES.	*Reception* – again initial information about the services, obligations and opportunities that the client can achieve in the NES and other systems.
First assessment and initial plan– initial insight into the needs, strengths, risks, user motivation, family and environment and arranging access to services, including establishing links with NEC Employment Counsellor. During the first assessment a referral could be made, if required to a more focused specialist assessment usually in other systems, including the assessment of working ability and professional orientation	*Total Employability Assessment* – assessment of employment opportunities, assessment of qualifications for a job and assessment of motivation, family situation, the reasons for difficulties in finding employment.
Individual service plan – including cooperation with other services – service providers – and possible case conference, including NES	

Already in reception in both services, there is an opportunity to inform clients about the rights that can be realised in both systems.

Further in the process, working with the EC or the CM is an opportunity for closer information sharing about opportunities and programmes that are provided in both systems. In the assessment stage it is important to exchange information between services on assessed needs, strengths, risks, client motivation, reasons for the difficulties in finding employment, family situation, and environmental factors. Also, the CM may mediate with the recruitment consultant and refer the young person to the assessment of vocational orientation in the NES.

During the planning process the CM can assess the need to access an EC to draft a joint or individual plan, especially when it comes to the plan for the emancipation of young people. The EC can also contact the CM for the inclusion of young people to use CSW services; with a CM being assigned to facilitate multi-disciplinary professional team working. An IEP can also be developed as an integral part of the plan of the activation for young MS clients. The division of roles, responsibilities and activities in appropriate time frames is a condition of

successful planning. The multidisciplinary team is actually formed for the specific assessment and planning activities.

Implementation of individual plans - providing services according to plan requires clear coordination. The plan should identify who is the "*key employee*" in charge of the specific case – the CM or EC, or in some cases also the person responsible for a specific programme of support (e.g., a coach for independent living training, foster care counsellor, a mentor from the workshops for training for a profession, etc.). Best practice in the EU shows plans need to contain targets and an appropriate system for monitoring planned activities should be established. Monitoring allows timely notification and response to changes and crisis situations. What is undoubtedly common to unemployed youth are multiple problems and unstable living conditions due to their dependence on social welfare, inadequate living space or homelessness, substance abuse, domestic violence, difficulties about care of children etc. These problems have the potential to jeopardize progress toward set goals, and it is important to recognize them on time, prevent a crisis or mitigate the consequences.

Revision and evaluation – the last phase, when the plan is evaluated and revised, requires cooperation between the CM, EC and other professionals, in order to revise the plan or end work with the client.

Advanced access to information in both services involves:

- Defining information about specific clients that can be used by both services, regardless of the point of entry into the system;
- Defining the ways in which this information is passed on and used; and
- Upgrading and linking of information systems.

A summary of the data collected by CSWs and the NES suggests that services use a number of common data. These are the basic identification data (name, sex, date and place of birth, social security number, address, contact telephone number, nationality, citizenship, language) [79]. Both services collect data on the type and degree of school completion and information on education and marital status. This set of data is already collected on admission or during the initial assessment: this is the basic information that is simply collected. Basic information can be used for common purposes in two ways so as to avoid duplication of information: automatic use of electronic data for use in both services through networking the two information systems services; or a referral form that can be automatically used in both services for further work with the client.

In addition, essential information is needed by both the NES and the CSW to assess the situation, needs, risks, and strengths of the client, environmental and other circumstances that contribute to the creation or maintenance of difficulties or can help to overcome them. Individualized information necessary for evaluation that can be used in both services is related to the following areas:

- basic information about household members, number of members and their age in the light of the circumstances that barriers to employment such as care of children or other disabled family members (disabled, chronically ill or elderly family members);
- data about education and previous employment or work experience (including military service and volunteer involvement);
- data on health and healing in the light of finding a suitable job;

[79] Nationality, citizenship, language are collected in the evaluation forms for the conduct of the case. Forms for the use of MS do not provide such data

- information about special skills, experience, knowledge, skills, ways of making their way in certain situations, skills for independent functioning;
- information about other circumstances that create difficulties or barriers to client employment; and
- data about services and measures the client has already accessed.

This data is collected by the CM or EC during the assessment/interview with the client (in the CSW the interview is also conducted with family members and other important persons) and from existing documentation. Avoiding duplication of data means that the service which represents the "entry point" into the system collects data and presents it briefly and shares it with other services. It is advisable to have a standardized referral form, which would, except for general identification data, have room for a brief description of the abovementioned areas.

Ethical rules and regulations governing the confidentiality of the data require that they share with other services only the information with the purpose of assistance and exercising the rights of clients and to the extent required for the exercise of those rights. The client also needs to be fully aware of the content of the referral and information that is shared between the two services. Good practice requires that the client must read and sign the referral. It is very important that young people maintain control over personal information and circumstances, and have a clear view of the information and the reason why it is being forwarded to another service. It is also important to emphasize that the data used by both services should have the status of an official secret.

3. Development of new services, programmes and measures that promote the employment of vulnerable groups of unemployed young people.

Well designed and effectively implemented cooperation between the CM and EC at different levels of client assessment, planning and service implementation alone are not sufficient to improve the position and the successful inclusion of vulnerable groups of unemployed youth in the world of work. Besides many similarities among the observed groups of young people, there are serious differences in the difficulties they face, needs they have, and obstacles they must overcome. There is a need to create/adapt programmes that will better respond to these specific needs and increase competitiveness in the labour market for young people who have not finished primary school, young parents who are material assistance clients through several generations, those who are leaving care or people with certain kinds of disability.

Programmes can be developed at the central level, and implemented at the local level, according to the characteristics, resources and priorities of certain LSGs and regions. For each of the programmes it is important to determine the target groups and precisely define the criteria for participation in the programme. The complexity and length of the programmes depend on many factors - specific targets, coverage of targeted changes, kind of activities that are conducted and the availability of resources. Sustainability issues are essential - in Serbia over the past few years several promising programmes were initiated but not sustained.

Evidence to date shows that to help clients overcome the problem of exclusion from the labour market, any social assistance should be linked to employment activation programmes and other forms of support, for example, a flexible approach to solving housing problems, family relationships, guidance, etc. It is unlikely that stopping receiving MS for a period of three months during one year and accounting earnings "missed" can promote permanent employment. This measure actually directs clients to a short-term informal employment during the break in receiving MS and one-time payment assistance.

A significant range of measures and programmes related to child protection, the education system and vocational rehabilitation is also significant in order to stimulate the inclusion of marginalized groups of children and young people into society and poverty reduction.

4. Improving communication through hierarchical levels of inter and intra-organizationally.
The basic meaning of the establishment of the cooperation protocol at different levels is exactly the definition of content, methods, actors and time frames of communication between the two systems.

Communication between services can be improved by carefully designing and implementing cooperation programmes. Implementation should include all relevant levels of employees in getting to know each other and exchanging information. Joint meetings and training at local and other levels are a necessary starting point for improving communication. It is very important to ensure the flow of information within the services, because only in that way can a broader participation of staff and sustainability of cooperation be provided.

8.3.4 Levels of cooperation

In terms of developing an integrated model between the NES and CSWs four interrelated levels of cooperation can be distinguished: Republic level; cooperation at the community level; level of services, cooperation between the NES branch and local CSW; and CM-EC level. Each of the proposed cooperation levels is characterized by common tasks or fields of activities that can contribute to an integrated model of services.

8.3.4.1 Republic Level

The following sets out the proposed areas of co-operation at the Republic level:

1. Passing "roof" protocols on cooperation at the level of line ministries

A national protocol is required to provide a framework for expanding cooperation between the NES, CSW and other relevant participants at the local level and to ensure cooperation is sustainable. This is seen as important given that the NES is a Republic institution, and CSWs more locally focused. As a consequence CSWs have greater autonomy in planning and implementing work plans and more autonomy to cooperate with LSGs, while the NES cannot formalize the cooperation without the initiative and the approval of the Ministry of Economy and Regional Development.

2. Including other participants at the national level

Successful cooperation between CSWs and the NES in terms of encouraging employment or social inclusion of excluded young people requires the participation of other ministries including: Ministry of Youth and Sport; Ministry of Public Administration and Local Self Governments; Ministry of Education; and Ministry of Health, and also Standing Conference of Towns and LSGs in order to have a multi-sectoral approach to the design and implementation of the programmes.

3. Completing the legal framework

The new law on social protection should enable cooperation between the two services in the employment of young people who are clients of both systems. If some legal provisions do not sufficiently provide conditions for appropriate support and activation of young people, there is a danger that the problems of unemployment, poverty and marginalization of young will become deeper, more complex and even be handed on to the next generation. In

accordance with the strategic goals, it is necessary to create a legal framework that enables greater flexibility of NES programmes at the local level, in order to respond effectively to local employment needs**.**

4. Development and networking of information systems is a prerequisite for efficient and transparent operation of both services.

8.3.4.2 *Level of Community*

5. Developing programmes at the Republic level, with built-in local flexibility, based on reliable data and adaptable to local conditions and client groups

Significant regional differences in economic development, type of economic activity, job offer, ethnic and age structure of population indicate the need to adapt national level programmes to local needs and circumstances. Careful evaluation and determination of priority target groups of socially excluded young people requires reliable data from the field and the local knowledge of the situation and available resources and needs in order to choose the right measures.

6. Development of various systems of support at the local level

Legally LSGs are tasked to develop programmes and services in the field of social protection. In order to make services available to socially excluded individuals and groups it is necessary to carefully create, implement, monitor and evaluate programmes that meet the real needs of people.

8.3.4.3 *Level of Service* (NES and CSW)

7. Conclusion of the Protocol on cooperation at the local level

A Protocol is the basic document which defines the role of both parties in achieving a common goal - the employment of risk group clients. It is necessary to define ways of communication between CM and ECs, Directors of CSW and NES, and the types of information that are shared and the ways of jointly utilising this information, as well as joint activities and programmes.

8. Continuous exchange of information

A timely and uninterrupted exchange of information on current activities, programmes and services, for timely information and referral of clients, enabling them to exercise certain rights and services in the NES or CSW. It is necessary to ensure that information should be timely available to executives at different levels of the system - managers of services, CM and ECs.

9. Development and implementation of joint activities in the Plans and programmes of services

When the activities are defined in annual operational work plans, it is possible to inform all interested parties and timely commit personnel, temporal and material resources for the needs of cooperation.

10. Participation in the work of the Local Employment Council

If both services participate in the work of the Council, it is possible to influence the employment policies of the LSG and create programmes that can encourage the employment of vulnerable groups of young unemployed people.

11. Joint education and training

Joint information, education and training activities allow assessment of the similarities and differences between the two services and represent an opportunity for exchange of information with regard to current programmes and working methods and difficulties in their implementation, and joint problem solving.

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Joint educations are the basis for joint action on common tasks, facilitation of programme implementation at the local level and adjusting the characteristics of unemployed youth to the existing resources in specific communities, including the current resources of the local NES and CSW. Education should be directed to the following areas:

- exchange of information on the objectives, mandates, programmes of work and procedures of the service;
- development of sensitivity to the needs and problems of vulnerable groups of young people and fighting prejudice;
- skills and principles of motivating interviews and activation of client;
- steps in cooperation and information exchange procedures;
- use of information technology in cooperation;
- assessment of factors that affect employment;
- cooperation in the assessment, teamwork and development of individual plans; and
- ethical practices and resolving ethical dilemmas.

8.3.4.4. Level of CM and Employment Counsellor

12. Client training and education programmes.

Training in specific knowledge and skills that can help young people gain employment and become socially included. It is important for the CM or EC to assess the specific knowledge and skills needed by young people and to develop/adapt training programmes to meet these needs. Training can be either individual or group.

Training that is conducted within the NES includes training for writing resumes, self presentation skills, maintaining contact with potential employers, assertive behaviour etc. The social protection system can provide communication skills training, daily care, improving self-esteem and self-efficacy, decision-making and problem solving, improving parental skills and motivation for treatment of abuse of psycho-active substances. Both CMs and ECs may use programmes from the other systems for the training of unemployed youth. There are primarily functional literacy programmes, completion of primary schooling, training for certain occupations, retraining and additional training, courses etc.

13. Professional orientation of youth in the system of social protection, cooperation in developing plans for the empowerment of young people leaving social welfare.

Timely professional orientation is crucial for successful further education and empowerment of children in institutional and foster accommodation and children with disabilities. Timely inclusion of ECs in drafting a plan for emancipation can significantly extend the possibilities of young people in early independence, which prevents the effects of long-term unemployment.

14. Cooperation between CMs and ECs in the construction of plans for CSW clients, i.e. individual employment plan.

This cooperation has the potential to ensure that the plan includes activities to increase the motivation of clients to work, but also knowledge and skills that the client needs to acquire in order to be included in the sphere of work as soon as possible. The different tasks and objectives of the two services suggest the need of making two separate plans that overlap in certain segments. In addition to the active participation of clients, it is important to ensure cooperation and exchange between CMs and ECs in the planning of joint or complementary activities and agreement on mechanisms for monitoring and evaluation.

Substantial changes in the level of cooperation between NES and CSW is possible if we recognise the real need for assistance and support to socially excluded unemployed young people and provide access to real jobs for which there is a demand on the labour market. Without the development of economic measures that create new jobs, special incentive measures of social policies and programmes that are tailored to the needs of specific target groups, it is difficult to expect the situation of the unemployed youth to improve just because of successful cooperation between CSWs and the NES. Moreover, any existing cooperation will prove untenable, because it does not lead to the expected outcomes, despite all the effort and commitment of professionals. In addition to the development of programmes that are tailored to specific vulnerable groups of young people, changes at different levels of the system are necessary to provide an efficient model of integrated services between the labour market and social services.

8.4. Comments on the proposed model

The proposal is to apply the workflow model where the NES and CSWs have shared clients, namely young people accessing MS, young people leaving care (foster care and residential institutions), young people in conflict with the law and the community, and young people with disabilities.

We agree that the starting point is joint training and information sharing events between the NES and CSW, to raise awareness of new methods, procedures and conditions for exercising rights in both services, and also importantly to allow the professionals in the service to contribute to the design of the integration model that will be piloted. We also agree that people should be identified within both services, whose role it is, on an on-going basis, to formally share information on changes made within services. Informally of course this will happen between the CM and EC once the model begins to operate.

We agree with the need for both a national and local protocol and the need to determine precise criteria. We also strongly support the idea of early intervention, as a method of problem prevention, for young people leaving care, young people in conflict with the law and the community and young people with disabilities, and definitely for intervention to start before they complete their education.

The role of the CM and EC is of course most critical. In the most successful European models CMs and ECs have developed advanced assessment and mentoring skills in terms of their work with their clients. It is important that training is focused on developing these skills among CMs/ECs, along with conflict resolution, moderation techniques, conducting interviews, and guidance methods and skills that enable them to motivate, and engender a desire in their clients to seek and accept employment. The most effective CM/EC models have been tailored to the needs of the clients and have included more regular and open access to CM/EC –often with the decision about how frequently, when and where to meet clients being left to the discretion of the CM/EC with CM/ECs often delivering outreach services. Evidence shows that the greater the level of flexibility given to CMs/ECs the better able they are to fulfil their role and the needs of their clients. The form of contact is also more open – phone, E-mail, text messages, as well as the more predominant face to face contact. Their role in evaluation and determining future development within the services is

paramount. It is also critical that CMs/ECs allocate sufficient time within their work schedules to network, develop contacts, and gain in-depth knowledge about other services - to enable them to become the system experts who know about interconnectedness and interdependencies of services. Research shows that the better their networking capability the more effectively they work with clients. In this way they are more able to bring together, or refer clients, to services (complimentary e.g. labour market skills or specialist e.g. coping skills) that best meet their needs. These other services can be both mutually supportive and contractual. More successful models also include the CMs/ECs advocating directly with employers.

As well as the CM/EC we believe the three groups (young people leaving care, young people in conflict with the law and the community and young people with disabilities) would be best served by a multi-disciplinary professional team approach that includes a CM (the lead key worker), the young person, an EC, main carer, main teacher, family member and, if required, medical professional, and others as required. This team would work on an out-reach basis, meeting with the young person in their own environment and would involve a joint assessment process and the development of one individual service plan – which is owned by the client – and for them more manageable than several separate plans. Experience is already available within the social protection system in terms of emergency mobile teams that combine professionals from the social welfare system and police etc and work on an outreach basis. The role of the CM as a mentor is critical to these young people, as are sustained active follow-up even after a positive outcome has been achieved, and very frequent contact (6 months reviews is not EU good practice if real sustained outcomes and enhanced CM – client relationships are the goal).

The other critical factor is that each of the multi-disciplinary teams should know the working methods, programmes and services etc of each other service. Considerable investment should go into jointly training and supporting these teams in terms of: effective team working; establishing clear roles and responsibilities; clear simple communication; managing conflict; developing motivational and mentoring skills; understanding the central role of the client; case management etc. In a level 4 “Integration Model” they should not be limited to national programmes/services but focused on the clients and linking processes and services to them. In addition there are already young people who have successfully completed the transition from structured supervised environments to independent living and their role as potential mentors, in support of the client and the work of the multi-disciplinary team, should not be undervalued.

If the pilot evaluation shows that the integrated model should be further rolled out to other LSGs then the multi-disciplinary team members themselves should play an active role in this roll out process. This was a model that was used when case management and professional supervision models were introduced in all CSW in Serbia, with CSW staff who had been involved in earlier piloting phases, trained to roll out the new working methods to other CSW. The added value of this approach was the peer review and peer problem solving that went hand in hand with the training process, as well as the informal networks that were established.

In terms of young people who are users of MS, we would agree the need to assign them a CM and for the CM and EC to work together to develop a joint IEP/ISP – if appropriate. The level of complexity that these clients encounter in their everyday lives, beyond just needing to find a job, will determine who from the CM or EC is the most appropriate Key Worker. The critical issue here is to partner CM and EC well – these relationships function well because these two individuals “*get on together*” as well as each having something to contribute professionally. Many of these people may already have randomly found themselves working together in the past, and worked well together, on specific cases. It goes

without saying that these CM/ES would also require substantial training, as above, and would also need to call on other professionals from the education, health sectors etc.

We also support that participation in the pilot, by the young person, and arguably even the CM and EC, should be voluntary, so considerable effort also needs to go into developing material to explain the purpose of the pilot to potential young people, CMs and ECs. If the new approach is good enough, word of mouth will bring other young people to the pilot.

The research also shows the need for information and promotion campaigns within the pilot areas. This is to both raise awareness of the rights to services for young people who are socially excluded and unemployed (e.g., vocational training for the disadvantaged), and to promote changes in the new working methods and the cooperation models between the services.

We agree with the value at the reception stage of a single door approach so that wherever the client enters, they get information on both services. This will require that simple clear material be produced which can be explained to the client.

We also support the need to share information at the assessment stage and think that the pilot should test joint referral forms, shared "case files", joint assessment processes and joint IEPs/ISPs, and case conferences. We do not believe that any of these new working methods within the pilot, needs to be over complicated. Resulting plans need to be fully owned by the client, set targets and outcomes etc, and to be effectively monitored.

The proposed workflow model ends with revision and evaluation. We would propose that an extra stage be added which is based on active follow-up. Work in other countries has shown that active follow up of clients is required, in some cases several years after the service has been provided, in order to ensure that the outcomes of the services delivered are sustained. The Serbian research bares out the need for earlier commencement of work with some young people (as a form of prevention) and the need for longer term follow-up e.g., in the work of the CMs with young people leaving residential care and fostering, both in terms of their stay in half-way houses and their ability to sustain employment. The value of using this follow-up support as a tool for evaluating what has worked and not worked for different clients and as a way of revising processes and adapting programmes should not be undervalued. As the report indicates 1 year is too short a period for this follow-up, which should be between 3-5 years.

Any pilot needs to be thoroughly evaluated from the point of view of both clients of the services, professionals delivering the services (CM, EC and other professionals) and other partners/stakeholders involved in the broader delivery of the service. It is important to begin to collect real empirical evidence with regards to "*what works for whom and why*".

The report makes the point several times about the need to develop new programmes and services. Developing new programmes/services takes time, so during the initial phase of the piloting, information should be carefully monitored and analysed on what existing services/programmes young people are accessing and whether the desired outcome of the service, which should be clearly articulated in their IEP or ISP, were met. This will enable clear identification of what works for whom and under what conditions Together with the mapping of services this is an effective tool for identifying gaps in service provision, and how current programmes/service should be adapted to better address the needs of young people and what new programmes and services need to be developed. Views from both the client, CM/EC and service provider should be collected – so that adapted/new services will be evidenced based. At the moment there is no clear evidence to say how services should be adapted or what new services are needed. It may be worth considering employing a Serbian research company with the capacity to undertake this more empirical research and to design

this work in the very beginning of the process. We strongly recommend that once the pilot sites are selected, a control group which statistically differs only in regard to their not participating in the new model, is selected and monitored in order to assess the results of the pilot. This control evaluation work needs to be very carefully designed and clear evidence collected either to justify or caution against further roll out and/or amendment of the cooperation model.

We feel it is important that, even within the first phase of piloting, where the model is primarily limited to more effective cooperation between the NES and CSW in terms of their existing clients, that the existence of other services for young people in the community be mapped. We would recommend that this may best be achieved by piloting in an LSG which already has a youth office, youth strategy and where a service mapping exercise may already have started. In this way these two reforms can be effectively linked together.

The model proposed between NES and CSW is more advanced than a simple signposting or referral system, but outside of these two services opportunities for more effective signposting and referral to other services should be identified and, over time, these more passive signposting and referral "*partners*" incorporated into a more developed and structured network of services.

It is important that, within the pilot areas, these new models of cooperation be linked into other on-going reform processes, e.g. Local Employment Councils, Social Policy Planning Councils, development/implementation of strategies for Youth and Social Policy etc, and the resulting institutional structures established in the LSG e.g., youth offices of social service departments etc. The role of the LSGs is critical in many of these other reform processes so their active involvement and support of the NES and CSW co-operation model should be encouraged. This also implies enhanced coordination among services when preparing work plans for services and activities. These other reforms and the model for enhanced cooperation between NES and CSW may even, over the short-term, progress in parallel, especially during the period when the ground work in being laid in the pilot sites to develop the enhanced cooperation model e.g. initial joint training of CMs/ECs. However they are mutually supportive and should eventually be formally linked.

It is important that the pilot be properly planned. It needs to pilot mechanisms, tools and processes and clearly establish any costs associated with implementation and possible roll out. The output of the pilot should include: model protocols, training programmes, trained trainers, guides, model referral systems, joint assessment systems (focused on the capacity of young people), joint service plans, shared data systems, manuals, models for running "*single entry"* systems, evaluation reports, beneficiary assessments etc that support further roll out. Trainers should be drawn from the CM, ECs and other professionals who have implemented the model with in the pilot LSGs, who should participate in the further roll out. This model was very successfully applied during the roll of out of the - managing the case - system in all CSW in Serbia. The pilot should also be able to clearly identify: the most appropriate existing services; gaps in existing services; and where existing services need to be revised.

As a last point, while the client groups specified above represent an obvious starting point in the short to medium term, in the longer term attention also needs to be given to young people who are currently not accessing any of these two services, and are not in education, training or employment, who are also vulnerable – the NEET or "*status zer0*" group. Once the pilot sites are identified we would advise that more research be undertaken to better understand: how many young people are in the LSG; how many are in employment, education, training or unemployed (registered or not).

8.5 Criteria of selection of appropriate pilot sites

As the proposed model is new to Serbia it is important that the pilot LSG sites are carefully selected. We would propose the following criteria - LSGs chosen where:

- The CSW is fully implementing the new Regulation on managing the case, the number of professional employees is over 11 and there is a CSW service for children and youth;
- Cooperation is already developed between the CSW and NES, and a strong relationship is developed with the LSG. The Serbia report mentions that Paracin has developed cooperation between the CSW and NES on a local level through SIF and the Ministry;
- LSGs themselves priorities youth as a key client group, either through the Local Employment Council, Local Youth Strategy or Local Social Policy Plan;
- An LSG where the Local Employment Council is active;
- An LSG that has a youth office established or in the process of being established (with a youth strategy and if possible on-going mapping exercise);
- There is already a developed network of local services for young people, outside of the work of the CSW and NES. The Serbia report refers to Stara Pazova as having a developed network of services at the local level;
- An LSG where the programme public works has been implemented successfully; and
- An LSG with some level of new job creation. According to NES respondents, the differences in new job offers in some regions also contribute to the differences in the dynamics of the employment of young people. The number of unemployed youth in Stara Pazova has halved in the last 5 years because 3 industrial zones have been developed in this region - Nova Pazova, Krnješevci and Volujsko polje.

This is in order to ensure that the pilot is built on a foundation that enables it to add value and hopefully achieves results, but that also enables the maximum to be achieved from its implementation in terms of lessons learning, establishing clear messages on the preconditions that need to be in place to support rolling out, and maximising the possibility of quality tools, manuals, protocols and procedures being developed that can support further rolling out, following piloting.

We believe that selecting the pilot sites in this way will also enable an easy transition to Level 4 on the “Integration Ladder” in the medium term.

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