

Peer Review Programme 2007

Short Reports



On behalf of
European Commission
DG Employment, Social Affairs and Equal Opportunities

Content

Belgium	
The future of Social Services of General Interest.....	3
29 May 2007	
Malta	
ACCESS: Cottonera Community Resource Centre	6
12-13 June 2007	
Sweden	
Freedom of choice and dignity for the elderly	11
13-14 September 2007	
France	
National Action Plan against Substandard Housing.....	14
27-28 September 2007	
Spain	
Multi-regional Operational Programme to combat discrimination (OPCD)	17
26-26 October 2007	
Ireland	
The NAPInclusion Social Inclusion Forum	20
15-16 November 2007	
Finland	
Active Ageing Strategies to Strengthen Social Inclusion.....	23
22-23 November 2007	
Denmark	
Social aspects of human trafficking.....	26
3-4 December 2007	

The future of Social Services of General Interest

Brussels, 29 May 2007

The Peer Review was held in Brussels (Belgium) on 29 May 2007 and hosted by the Belgian Federal Public Service for Social Security. In addition to the host country, seven peer countries took part: Finland, France, Germany, Italy, Lithuania, Luxembourg and Poland. Also participating were stakeholder representatives from AGE (the European Older People's Platform), AIM (the International Association of Mutualities), Caritas Europe and the European Social Network, together with representatives of the European Commission's DG Employment, Social Affairs and Equal Opportunities.

Long-term care includes a complex array of services, ranging from care for people with severe disabilities, whether at home or in institutions, to personal assistance services such as respite care, day care and increasingly, very active programmes that support families. In some countries, there is a trend towards merging high-level and low-level care. In others, there may be an organisational split between them – for example, intensive care in nursing homes may come under the national health service, while home care may be the responsibility of the social services. Increasingly, the term “long-term care” covers provision for all age groups.

European-level legislation applicable to long-term care includes the rules on competition and state aid, the freedom to provide services, freedom of establishment, public procurement rules and the free movement of persons. In particular, the EU's new services directive has been causing some anxiety. There is also considerable uncertainty over the implications of European Court of Justice rulings. Many of these concerns were expressed by the peer reviewers during the seminar, as they explained their countries' different systems. Will access to quality care services be put at risk by the services directive introducing more competition by reducing regulation, and therefore increasing the role of private enterprises for public services? How can that access be protected for the people who are dependent on these services? How can a balance be struck between on the one hand, accessibility and quality, and, on the other hand financial viability? How can we draw on good practice in each other's countries, so as to ensure that all citizens have access to the services they need? The current feeling is that the provision of care services, and decisions about them, should be as close as possible to the users. The systems underlying care provision vary greatly from one Member State to another, reflecting historical differences but also differing attitudes to choice, competition and social solidarity.

Under the EU's founding Treaty, social services “of general interest” which are of an economic nature are subject to certain EU rules in so far as the application of such rules does not obstruct the performance of their mission. But how should the concept of the “general interest” be defined? While it is a well understood expression in some Member States, it is a concept with which some other Member States have considerable difficulties. The jurisprudence of the Court of Justice is sometimes considered as confusing. Should not political decisions shape the future of SSGI in Europe? So far, in fact, there is very little EU case law on long-term care as such. The current uncertainties stem more from an analogy with rulings on other sectors. One case on which there is a Court decision concerns care homes. They were held to be an economic activity, but the ruling does also recognise that governments can act to restrict the running of private care homes mainly to the non-profit providers.

Commission representatives at the seminar recognised that the application of EU rules raises fears and uncertainties and stressed the need to identify more precisely the issues related to the interaction between EU rules and the provision of SSGI which need further clarity. A stronger information and consultation effort is now under way. On 4 June, a conference will be held on the general topic of social services. It will discuss the results of a Commission study on social services of general interest. A consultation exercise on social services, launched in 2006, had just been completed. Also, the results of a reflection group on legal affairs should assist in improving the quality of the discussion. . A new Commission's Communication, following up to a Communication of 2006 and scheduled for the end of 2007, would clarify the legal issues raised. For the Commission, this is an important time for clearing the way forward and establishing a clearer idea of the direction to be taken, a representative told the seminar. The issue would need to be discussed in greater depth with the Member States and all stakeholders. Currently, social services faced many challenges – social change, for example in the structure of families, as well as issues related to the modernisation, the quantity and the quality of the services on offer. During 2006, the issues involved at the national level had become very clear, as a result of the EU's open method of coordination. So the issue of the care system was now on the table, and questions of legal protection, appropriate financing and quality would need to be tackled. The 2007 Communication would announce an initiative on quality. This would not aim to define quality standards or criteria, but would set out agreed ways of evaluating the quality of social services. It would build on existing initiatives and would support exchanges of good practice among stakeholders and Member States. The Parliament and the Portuguese presidency would be organising a forum on SSGI in September 2007.

Among the main points to emerge from the Peer Review:

- Long-term care services have evolved. In many cases, they now comprise a broader range of services, which have become more complex in response to the expectations and needs of populations.
- This expansion has its price. Some Member States have already substantially increased the public funding of long-term care, and others have plans to do so.
- Long-term care is clearly embedded in the national context, notably national traditions of solidarity and personal services.
- Modernisation of care is driven primarily by the quest for value for money. But the requirement for financial sustainability is balanced by the acceptance that quality should be, and in some cases must be, improved.
- Care is subject to increasingly complex rules, as regards both accreditation and quality assurance. The present mix of public and private markets has also contributed to this complexity. To what extent should there be free competition, and should competition be on quality or on price? These are very complex regulatory questions when it comes, for example, to public procurement.
- One modernisation trend in many countries is that more consumer choice is granted, but this has a number of implications. Again, attitudes to choice are embedded in national views and cultures.

- With the increasing range of services comes a trend towards greater coordination between health and social services. This also reflects a more holistic view of care. At the European level, this calls for coherence between policies on health and on social care.
- The financing of long-term care is, in most cases, a co-responsibility of public and private funds - for example through partial coverage. In such cases, the “private” costs are often run up with the same provider which also receives public funds for other aspects of the care. This raises the issue of cross-subsidisation, which may need to be regulated at the national and supranational level.
- Possible new modes of financing include “reverse mortgages”, in which most of a person’s life savings may be spent on the cost of care in old age. Given the current pension reforms, it may be asked whether people will in future still have the savings needed to finance their care.
- Accreditation systems have now become commonplace in countries that are at various stages of developing long-term care as a coherent policy. But in some cases, major ongoing investments are needed before the accreditation requirements can be met by all providers.
- The long-term care sector is increasingly subject to international influences. The availability of comparative and comparable European statistics would be useful in this regard.
- For the quality control of services, methods initially developed in the commercial sector – such as ISO and other quality management standards - are now spreading. So a challenge already exists at the national and local levels: how to regulate quality standards so as to ensure a level playing field within social services. This also applies for Europe as a whole.
- The empowerment of users is one important aspect of quality, and may also call for non-formal quality mechanisms such as an ombudsman or a residents’ council.
- The cross-border hiring of care workers who are from new Member States or even further afield, often without work permits, is partially fostered by systems that promote choice in long-term care – such as voucher schemes or personal care budgets.
- These elements of choice can also promote cross-border movement of care users. For example, people have been moving into Belgian care homes from surrounding countries, where they have received personal budgets for care. This is causing some concern in the countries receiving these cross-border care users.
- Large international companies are now entering the long-term care market in some Member States. Through economies of scale, they may be achieving competitive advantages in public tendering vis-a-vis smaller local providers.

ACCESS: Cottonera Community Resource Centre

12-13 June 2007

The Peer Review was held in Qormi, Malta, on 12-13 June 2007 and hosted by the Maltese Ministry for the Family and Social Solidarity. In addition to the host country, seven peer countries took part: Cyprus, Hungary, Ireland, Lithuania, Portugal, Sweden and the United Kingdom. Also participating were stakeholder representatives from Eurochild and the European Social Network, together with representatives of the European Commission's DG Employment, Social Affairs and Equal Opportunities.

ACCESS is a centre serving the community in Malta's Cottonera area and neighbouring Kalkara. The area is one of the most densely populated in Europe, and has more than its share of social problems. Its inhabitants include a high proportion of unemployed people, early school leavers and households living on social benefits. Grouping a range of different agencies under one roof, ACCESS is a "one-stop shop" for social services.

- The mission is "to be a catalyst for sustainable community development and long-term social change through a genuinely collaborative, participatory, holistic and empowering approach which improves the quality of life for all residents in Cottonera and Kalkara".
- It aims "to enable the development and well-being of the Cottonera and Kalkara communities by: listening to people and assessing their needs and issues; being supportive, inclusive and valuing all service users, volunteers and staff regardless of age, race, religious belief, gender, ability or sexual orientation; working in partnership with others and seeking to build alliances of benefit to the community; delivering quality in all that is done to achieve the best within available resources; striving to remove barriers to participation through ensuring accessibility to services and working with community groups to build their skills, knowledge and capacity, so they can act to address their community needs and issues; planning and evaluating practice and enabling staff to work effectively with the community and addressing the particular needs of children, listening to them and enabling them to have a voice."

ACCESS works under the Ministry for the Family and Social Solidarity, and it has a Board of Directors composed of representatives of the agencies and organisations involved. Its main components are:

- Appoġġ, which runs both the Cottonera Community Services and the Smartkids family and childcare centre, mainly catering for children under 3 years of age;
- the Housing Authority;
- the Day Centre for Persons with a Disability;
- the Department of Social Security, whose regional office is in the ACCESS building; and
- the Employment and Training Corporation, which runs a job centre inside ACCESS. Also recently incorporated into ACCESS is a Computer Technology Learning Centre subsidised by the Ministry for Information Technology.

There is close cooperation with the Foundation for Educational Services and the Cottonera College, which includes all the government-run schools in the area. Cottonera Community Services provides social work support on mental health issues, difficulties associated with ageing, emotional and behavioural difficulties in childhood and adolescence, housing issues, children at risk, and childcare and parenting. It has conducted a wide range of community development projects over the past few years. ACCESS is celebrating its fifth anniversary in 2007.

The peer reviewers heard presentations of ACCESS and visited the centre. They were particularly *impressed by*:

- The shared vision and stated objectives of ACCESS;
- The advantages of grouping different services together inside one building with a fairly open lay-out. As different services are on offer, nobody is stigmatised whereas the juxtaposition of the childcare and job centres, for example, has obvious benefits for parents seeking employment;
- The efforts made to consult and involve the clients; especially the strong involvement of parents in Smartkids was praised;
- The high rate of self-referrals to social services. This suggests that ACCESS succeeded in securing the trust of its clients.
- The decision to extend the ACCESS approach to at least one other area of Malta.

The peer reviewers also made *a number of suggestions*:

- The establishment of ACCESS was not preceded by a scientific analysis of the needs of the area. As it is functioning at present, it gives more the impression of decentralisation of services but not as one which was specifically designed for the area and of its specific needs. A systematic, regularly updated analysis of the problems of the area could be very useful. On this basis one could consider developing further the preventative work at ACCESS.
- Services can be integrated to a different extent (continuum from fragmentation to full merger or from informal to formal integration). In the case of ACCESS the advantages of further integration could be explored (e.g. a more integrated budget, protocols between services as a way of passing on experience to newcomers, appointing one key person to coordinate services to meet a specific user's needs).
- Having more formal arrangements for involving stakeholders (e.g. client satisfaction questionnaires, involving users in the management board) could be examined.
- It could be useful to integrate a number of additional services into the centre, e.g. services for children older than 3 and health services (particularly health visitors).
- Although self-reference is in itself a positive outcome, the lack of formal monitoring and evaluation of the project was discussed during the meeting. It was acknowledged that the first full-scale evaluation of ACCESS is planned by the end of 2007.

Monitoring and evaluation. On this issue the Peer Review greatly benefited from presentations by two co-sources countries: Hungary and the United Kingdom. Both countries - be it to a quite different extent - have Sure Start programmes in place aimed at supporting children and families by improving services in deprived areas. These programmes were examined at the Sure Start Peer Review in the UK in May 2006. One year later, both countries presented evaluation results.

The national evaluation of Sure Start in the UK consists of five components: implementation evaluation, impact evaluation, local community context analysis, cost-benefit analysis and support for local evaluations. From the presentation it became clear that a comprehensive scientific evaluation can produce evidence that is very useful for guiding policy.

The Hungarian evaluation also produced interesting results although it was found that early investment in and planning of data collection is necessary if one is aiming for a thorough comparative evaluation of local programmes. The desirability of performance benchmarking was also discussed. A number of countries gave details of their systems.

The possibilities of transferring ACCESS or key components of it. The Peer Review first noted that:

- Most participants emphasised the major differences between the participating countries, as regards culture, size, population density, the school starting age and the structural models of how State services are delivered.
- The EU Member States involved are also at different stages of economic development, of service provision and cooperation whereas the integration between services has progressed more in some countries than in others.
- Notwithstanding the differences, all the peer countries are facing similar challenges which need to be tackled. These include growing numbers of lone parents, both inward and outward migration and the training of professionals, particularly social workers.
- It was agreed that a carbon copy transfer would not work, even within Malta. Different areas face different challenges, such as high concentrations of older people or of migrants. The principle established by ACCESS could however be adapted to different situations. The priorities of a particular area need to be identified.

On the issue of integrated services it was stressed that

- Local needs must be thoroughly assessed and identified before a community resource centre is established. On this basis, an action plan should be drawn up, including timescales and specifying who will deliver the key services. The importance of providing holistic services for parents and their children was stressed.
- Innovative programmes must be developed to meet the needs of the community, and especially of vulnerable groups. The communities themselves have therefore to be empowered. Training and stakeholder involvement are particularly important here.
- The “key worker” approach is one successful model where one worker co-ordinates with other services or agencies to best meet a customer’s needs as a type of advocacy service on behalf of the customer. ACCESS could obviously facilitate this approach.

- Service delivery needs to be high-quality and well-paid. Many EU Members States struggle to solve the problems of lack of staff capacity both in numbers and in adequate training.

Quality childcare is another key objective for all participants. Some countries are a long way ahead on this, while others are striving to reach that goal.

- The Smartkids service within AÇCESS provides a very good model of a multidimensional approach to child well-being. The addition and integration of healthcare in a truly integrated service could make that model complete.
- Quality guidelines for childcare have to be established and licensing systems must be in place. Most importantly, inspections and monitoring must be carried out to ensure that quality levels are reached.
- Teenagers should not be forgotten, in particular those who need help with the transition from school to work. The focus should be on the best interests of the child.
- The investment in pre-school facilities does also have a long-term economic pay-off. More funds need to go into childcare in most EU Member States, notably in disadvantaged areas.

A major lesson to be learnt from AÇCESS is that it goes beyond service provision and aims to give tailor-made solutions for the specific needs of the community.

- The community level is the best one at which to tackle the specific needs of service users.
- Quality standards also need to be set, and their implementation must be monitored. Planning needs to specify who does what, as well as the budgets required. EU structural funds are now committed to supporting work on social inclusion.
- The AÇCESS approach reflects a priority that is also found in the EU social inclusion work, namely breaking the intergenerational transmission of poverty.
- Provision has to be made for tackling two issues of growing concern within EU Member States – financial exclusion and over-indebtedness. Employment is the best route out of poverty but poverty is not just financial. The need for adult socialisation and social inclusion is just as great.
- By adding some elements such as healthcare, care after school for children of school age, support for young and long-term care for the elderly, AÇCESS could serve as a model of a holistic approach.

Last but not least, points drawn by Malta from the Peer Review include to:

- Build services for children over the age of 3 into the ACCESS cooperation structure,
- Work more towards having a child/family centre, and
- Possibly bringing in the health services, as advocated by a number of the peer reviewers.

Freedom of choice and dignity for the elderly

13-14 September 2007

The Peer Review was held in Stockholm (Sweden) on 13-14 September 2007 and hosted by the Swedish Ministry of Health and Social Affairs. In addition to the host country, five peer countries took part: Austria, the Czech Republic, Ireland, the Netherlands and Portugal. Also participating were stakeholder representatives from the European Older People's Platform (AGE) and the International Association of Mutual Benefit Societies (AIM), together with representatives of the European Commission's DG Employment, Social Affairs and Equal Opportunities.

1. The policy under review

In Sweden as in most parts of Europe, the population is ageing. Over 17 percent of the Swedish population, or almost 1.6 million people, are 65 years old or older. Between now and 2050, the number of people aged over 80 is likely to almost double. Research and development are needed if high-quality, cost-effective care for the elderly is to be enhanced or even maintained. Recently, the quality of care has been a major topic of public discussion, as has the need for respect and understanding of individual needs. The main elements of the Swedish system:

- The National policy for the elderly, as laid down by parliament, is that older people are to:
 - be able to lead active lives and have influence on society and their own everyday lives;
 - be able to grow old in security and retain their independence;
 - be treated with respect;
 - have access to good health and social care services.
- There is a strong emphasis on enabling older people to continue living in their own homes for as long as possible, even if they are in need of extensive care and social services. Over 90% of the elderly in Sweden do so, and special housing is seen as an option to be used only when all alternatives have been exhausted (mainly in the case of dementia). Grants for the adaptation of housing make it easier for elderly people with disabilities to stay on in their own homes.
- Social care and health care for the elderly are regarded as primarily public sector tasks, to be performed by trained and qualified staff.
- Overall responsibility for care of the elderly rests with the State. However, Sweden's 290 municipalities are responsible for the social services. Health care is run by the 21 county councils. A high level of local autonomy means that structures for the provision and financing of services can vary. The municipalities are responsible for the health care in special housing and in daycare (not for work done by doctors). Half of Sweden's municipalities are also responsible for home health care in regular housing (not for work done by doctors).

- Various client choice models have been introduced by a small but increasing number of municipalities (27 out of 290 by December 2006). They entail opening up all or part of the care to competition. Providers all receive the same payment, except in the case of supplementary services for which the providers themselves set the price. Under the Social Services Act, private providers are subject to the same quality requirements as public ones.
- Incentive grants are paid by the central government to the municipalities and county councils in order to improve the quality of care – with the emphasis on access to doctors, medication reviews, preventive work, dementia care, rehabilitation, diet and nutrition, and the social content of care.

2. Key lessons and aspects of transferability

What can be learnt from the Swedish experience, what parts of it might be transferable to other countries, and what lessons can the Swedish hosts draw from the Peer Review? Among the key points that emerged:

- A precondition for real choice by consumers is full information about what is available. But complete information about care for the elderly is also very complex. “One-stop shops” could draw the information together and help users and their families to arrive at a choice.
- Staying on at home is many elderly people’s preference, but for others “home” may have negative connotations – due to bad social or housing conditions, for example. In these cases, they may prefer residential accommodation, because it provides more safety and security. The participants praised the way in which Sweden strikes the balance between care at home and residential care.
- Dignity is a very important issue in care for the elderly but it is also a difficult concept to grasp. There was a general agreement on the need to examine this issue in more detail in the future.
- While it is important to have some practical form of needs assessment, this must be related to the care that is provided afterwards. It was noted that universal access to services is a major Swedish achievement. If people are assessed and are found to be eligible for services, then the services must be required to accept them.
- Quality must be measured if it is to be achieved. There have to be quality indicators, and it was suggested that these might be set at the European level. It was suggested to rely on dignity and human rights in defining good quality of care.
- A sufficient supply of well-qualified staff is essential. However, working in long-term care often has a negative, low-status image which must be upgraded. Good pay is an important part of this, but so is good training.

- The right balance between central direction and local autonomy in care provision needs to be struck. It was felt that countries could usefully examine this question together.
- The Swedish use of private providers was of great interest to many of the participants, as in most other countries, there is under-provision.
- Informal care provides a substantial part of the coverage in many European countries. But often there is simply no alternative. This is a challenge for the future, because family structures are weakening and people often live far away from their elderly relatives. Informal care must be supported in such a way that it corresponds to people's choices and is a realistic option. Some countries have a strong history of formal care, and some of informal care. Mutual learning could take place at some point between those two models. However, it may be that the balance will need to be different in different cultures.
- Personal budgets could be an interesting complementary instrument between formal and informal care. Personal budgets allow individuals to use an (virtual) account to buy care, employ care assistants or pay for personal services suited to person's needs.
- The usefulness of linking health services with social services was recommended to Sweden for consideration. Furthermore, the provision of health services and social services should not be split between county and municipal level.
- The financial sustainability of care services, and the implications for the future of the welfare state, has been well studied in Sweden, and participants have been able to draw valuable information from those analyses.
- The use of technology in care services is being studied in a number of the peer countries, and indeed in EU-supported projects, and this information could be shared.

National Action Plan against Substandard Housing

27-28 September 2007

The Peer Review was held in Paris (France) on 27-28 September 2007 and hosted by the French Ministry of Housing and Urban Affairs. In addition to the host country, six peer countries took part: Belgium, Denmark, Latvia, Luxembourg, Malta and Romania. Also participating were stakeholder representatives from EUROCITIES and the European Federation of National Organisations Working with the Homeless (FEANTSA), together with representatives of the European Commission's DG Employment, Social Affairs and Equal Opportunities.

1. The policy under review

Le logement indigne (literally, "unworthy housing") is the usual French term for substandard housing. It implies that a decent dwelling is seen as a basic human right in France these days. In fact, a statutory right to be housed was introduced on 5 March 2007. Legally, the health, safety and dignity of the occupants are the main criteria on which the fitness of housing is judged. French laws on housing were substantially updated in 2000. At the same time, an action plan for the gradual elimination of unfit housing was launched. This went nationwide in 2003, and forms part of France's National Action Plan for Social Inclusion. The housing action plan has been recognised as a priority and has also been integrated into several other inter-ministerial work programmes. The methods for achieving the objectives were defined by two national plans in 2004, "National Environment and Health Action Plan" and Plan for Social Cohesion, while the law of 2006 made unfit housing a compulsory topic within programming documents on:

- Local housing programmes (PLHs) drawn up by groups of municipalities. PLHs must pinpoint the location of unfit housing and, on that basis, define the objectives, priorities and means for remedying the situation.
- Delegation of housing finance: a group of municipalities or a *département* (the approximate equivalent of a county or province) can ask the State to delegate to it the distribution of public housing aid - for both public and private buildings, when renovated - on the basis of a six-year covenant.
- *Département*-level action plans on housing for vulnerable households (PDALPs).

The main work methods and powers include:

- Preliminary mapping of unfit housing, providing a *département*-level cartography of areas which might be at risk.
- Administrative policing. The authorities can oblige owners to carry out essential work. Targeted expropriations are possible. The occupants' right to temporary or permanent rehousing is guaranteed.
- Public financing for accelerated remediation of unfit, unhealthy or dangerous accommodation.
- Increased subsidies to both owner-occupiers and landlords, for necessary repairs.

- Grouping of housing refurbishment operations with other structural work, such as urban renewal.
- Coordination of the services concerned, by the *préfet* (the State's representative in a *département* or region), and the establishment of local work programmes and local work tools.
- Cooperation between the State and the municipalities or their groupings in areas where substandard housing is particularly widespread.
- Partnerships with other actors in housing, health, social inclusion, justice and the police – notably in order to combat exploitative landlords (the “sleep merchants”).

2. Key lessons and aspects of transferability

After seeing various types of housing action at first hand, the peer reviewers discussed what aspects of the French policy might be transferable to other countries, and what other lessons might be learnt. Among the key points:

- There is a clear concern to improve housing conditions throughout the EU. However, national conditions, systems and starting points vary considerably.
- France's emphasis on the preliminary mapping of possible substandard housing was generally admired. Some peer countries felt that it could usefully be built into their own practice.
- The Danish system of administrative registers containing detailed information on all dwellings that is constantly updated (changes or renovations have to be notified by the owner) attracted attention.
- A full legal toolkit is needed to tackle substandard housing. In France, some existing laws were upgraded, and after that some additional ones were brought in to complete the legal toolkit for the ambitious but successful French programme. Naturally, the legal provisions then have to be implemented in practice. This is not always the case in some countries.
- A small set of basic housing standards is useful. However, these will vary from one country to another in line with differences in income levels and culture.
- The French policy contains a number of provisions aimed at supporting tenants that in the short term can be negatively affected by measures against substandard housing that could inspire other Member States (e.g. legal provisions aimed at safeguarding the tenant's interests in her/his contractual relationship with the landlady/landlord, the provision of temporary accommodation, suspension of rent payments, counselling ...). If this kind of measures is to be fully effective it needs to be supported by the provision of adequate resources.
- Public sector housing has an important role to play in improving housing quality. While home ownership may be desirable in itself, it does not necessarily guarantee that owner-

occupiers can afford to maintain the housing stock in good condition. This is particularly the case in the less prosperous EU countries.

- **EU partnerships to combat substandard housing.** During the Peer Review, the idea of establishing a European network on the substandard housing issue was discussed.
- As the present seminar concentrated on tackling the existing problem of substandard housing, a future meeting might focus on prevention.
- **Housing issues should be mainstreamed into social inclusion policy,** at the national and European levels. Housing is relevant to all social inclusion topics. Within the EU social inclusion strategy, housing could be a subject for special focus during one year.
- Social inclusion concerns should always be taken into consideration when decisions are made on housing policy issues.
- There is a need for tools to evaluate the economic, social and health effects of public policy interventions on housing. This is particularly the case for public subsidies paid to the private sector or private individuals. For example, subsidising the building work needed to enable elderly people to stay on for longer in their own homes can be expensive, but it produces savings elsewhere. Evaluation tools could usefully be developed at the European level.
- A good social mix in housing is vital. Ghettos, whether on the basis of income, class or ethnicity, are to be avoided. One policy tool for promoting a good mix is to ensure a wide geographical distribution of social housing.
- For environmental reasons, **sustainable housing** is now part of EU policy. It should be promoted at the national and local levels, but this involves human factors as well as technical ones.
- In many EU Member States a policy **shift from demolition and new building to housing remediation,** where possible (and it is not always possible), has taken place. This is for social reasons as well as economic ones. Europe's urban communities have developed over hundreds or even thousands of years. Preserving local identities and solidarities can lower crime rates, reduce isolation and promote social inclusion.

Multi-regional Operational Programme to combat discrimination (OPCD)

25-26 October 2007

A Peer Review meeting to examine Spain's Multi-regional Operational Programme to Combat Discrimination (OPCD) took place in Córdoba on 25-26 October 2007, hosted by the Spanish Ministry of Labour and Social Affairs and the Autonomous Region of Andalucía. Together with the host country, representatives from seven peer countries were present: Bulgaria, Cyprus, Germany, Greece, Finland, Malta and Slovenia. The European Network Against Racism (ENAR) and the European Anti-Poverty Network (EAPN) took part as European stakeholder organisations. Representatives from DG Employment, Social Affairs and Equal Opportunities of the European Commission also contributed to the Peer Review.

1. The policy under review

The Spanish economy has been undergoing a period of strong growth, and overall unemployment levels have fallen dramatically, from 24% in 1994 to 8% at the present time. This means that the focus has shifted from employment services for the general population to services targeting those who face specific obstacles to getting a job. Access to the labour market is important since 35% of unemployed people are at risk of poverty or social exclusion. A good quality job with adequate wages can lift people out of poverty.

Spain's Multi-regional Operational Programme to Combat Discrimination (OPCD) aims to help sections of the population furthest away from the labour market and most at risk of discrimination. This includes women, single parents and young people, Roma and other ethnic minorities, disabled people, immigrants and returning emigrants, prisoners and ex-prisoners, drug abusers and homeless people. The Peer Review meeting examined the activities and achievements of the OPCD during the 2000-2006 Community funding period.

- Spain has a highly devolved administrative structure, with autonomous regions exercising power in many policy areas. Nonetheless, the OPCD is a multi-regional programme, operating in all the regions except Cantabria. This is important in creating economies of scale and ensuring a consistent standard of provision.
- The OPCD is managed by 12 entities: six national public bodies, and six non-governmental organisations (NGOs) active throughout Spain; a key feature is the role played by the NGOs in Programme management as well as delivery. These NGOs - Caritas, the Red Cross, the Luis Vives Foundation, ONCE, the Roma Secretariat, and Diagrama – are responsible for planning, managing and delivering services; the Luis Vives Foundation has overall responsibility for co-ordinating the actions of the NGOs, through the mechanism of a global grant, and a key role in capacity-building among the NGOs engaged in managing and delivering the Programme.
- The approach is largely through individual inclusion itineraries, tailored to the circumstances of the client and combining the appropriate combination of services including health care, education and training, employment advice, childcare etc. The

Luis Vives Foundation also manages a Global Subsidy scheme to support NGOs.

- The programme receives financial support from the European Social Fund (ESF) and the European Regional Development Fund (ERDF). In 2000-2006, the European Social Fund contributed €343 million to a total budget of €539 million, covering both Objective 1 (with per capita GDP below 75% of EU average) and Objective 3 regions.
- Spain's OPCD is the only ESF-funded Operational Programme dedicated specifically to fighting discrimination. Projects not only target the groups at risk of discrimination themselves – empowering people through training and support, for example – but also carry out awareness raising among employers and the general public.
- Results show that in 2000-2006 the programme benefited some 230,000 people, around half of them women. Of these, 26% took up education or training courses. The total number of jobs obtained was 103,291 (but note that on many occasions, the same person may have held various jobs throughout the seven years of the programme).
- The scale of the OPCD, coupled with its focus on fighting discrimination, its target groups and method of delivery through NGOs, make it a unique model within the EU.
- The work of the OPCD will continue through a new multi-regional programme during 2007-2013.

2. Key lessons and aspects of transferability

On the second day of the Peer Review, participants divided into two working groups to discuss the main lessons from the Spanish example, and identify aspects that could be transferred to their own national circumstances.

A number of the participants highlighted similarities of approach in their own countries, for example the focus on vulnerable groups, support for women and work/life balance initiatives, and 'bottom-up' policy development for local needs. However, some of the main differences derived from the fact that Spain is a large country with a decentralised system of government, whereas some of the peer countries are relatively small, and from variations in the strength of the NGO sector, which in some Member States lacks the capacity to take on such a managerial role.

- Activities to raise awareness of discriminatory attitudes among employers and other labour market actors were identified as widely relevant.
- The proactive approach to Roma people, encouraging empowerment and initiatives from within the community, so that individuals become more active in society and develop skills and confidence, was of special interest to countries with significant Roma populations.
- Participants were impressed by the 'one-stop-shop' system of comprehensive and integrated care. In peer countries where employment and social services work independently of one another it is often difficult to achieve a holistic response to the

needs of people with multiple problems. They all recognised that special efforts are needed to achieve inclusion for vulnerable groups.

- From an organisational point of view, the way Spain manages to bring together the national and autonomous regional levels of government within the OPCD was of special interest to countries with similarly devolved administrations, such as Germany. Promoting such cooperation in joint programmes was identified as a transferable element.
- In countries that do have a strong NGO sector, there was much interest in the possibility of giving NGOs more responsibility for service management and delivery, or involving them in consultation and planning at local as well as national level, although this would have to be assessed in the context of existing procedures such as tendering requirements. Furthermore, outsourcing service provision to NGOs should not allow public authorities to shirk their ultimate responsibility for social welfare. Elsewhere, options for strengthening NGOs through legislation, capacity-building or cooperation were suggested.
- There was general support for the need to reduce bureaucratic obstacles that discourage or prevent vulnerable people finding solutions to their problems, and approval of the bottom-up approach for successfully tailoring services to local needs.
- Stronger networking between public and private sectors and different levels of government was identified as a widely transferable element.
- Some participants suggested the Spanish example could best be transferred to urban communities, although others felt some elements would also be relevant to rural environments.
- A number of participants emphasised the need for more comprehensive monitoring and evaluation of activities, to provide a better assessment not only of the number of people using services, but how successful they are in both obtaining and staying in work.
- Overall, the participants were deeply impressed by the Spanish model, and the European stakeholder representatives in particular welcomed the OPCD as an outstanding example of the role of NGOs, for example in helping authorities to move from policy decisions to successful implementation.

The NAPInclusion Social Inclusion Forum

15-16 November 2007

The Peer Review was held in Dublin (Ireland) on 15-16 November 2007 and was hosted by the Irish Ministry of Social and Family Affairs. In addition to the host country, seven peer countries took part: Belgium, Bulgaria, France, Hungary, the Slovak Republic, Spain and the United Kingdom. Also participating were stakeholder representatives from the European Anti-Poverty Network and ATD Fourth World, together with representatives of the European Commission's DG Employment, Social Affairs and Equal Opportunities.

1. The policy under review

Social inclusion receives high priority in Ireland. A special Cabinet Committee chaired by the Taoiseach (Prime Minister) develops policy in this field and monitors its implementation. In 1997, Ireland was the first EU country to adopt a National Anti-Poverty Strategy. This currently sets targets for income adequacy, education, employment, housing and accommodation, health and combating urban disadvantage and rural poverty. The present NAPInclusion (2007-2016) adopts a lifecycle approach, the key groups being:

- children;
- people of working age;
- older people;
- people with disabilities.

The Community and Voluntary Pillar has social partner status in Ireland, but it is recognised that this pillar does not speak for everyone in the community and voluntary sector, nor for all people living in poverty. So the Social Inclusion Forum (SIF) was established to give people and organisations who are not involved in the social partnership process, as well as local government representatives, a space where they can meet together with senior policy-makers and departmental officials to discuss the development, implementation and review of anti-poverty policy. Held annually, the first three SIFs were attended by 200-300 people. The peer reviewers were among those taking part in the fourth one, held on 15 November 2007.

The Social Inclusion Forum is divided into:

- plenary sessions;
- roundtables;
- workshops.

The first plenary hears inputs from high-level keynote speakers, including the Minister of Social and Family Affairs. During the roundtables, participants are assigned to small groups. They are asked to respond to a number of written questions and to provide brief feedback to the second plenary. The subsequent plenary discussions are recorded and later transcribed. Participants can then choose to attend one of a number of themed workshops (e.g. on children, older people, people of working age, integration of migrants). These feature inputs from experts, to which the participants can respond. Detailed notes of each workshop are taken by rapporteurs. A final plenary session of the Forum includes feedback on key points from the workshops, an overview of the day and a panel discussion. A detailed report of each Forum is published, which are

available at www.nesf.ie. The SIF and the various consultations surrounding the NAPinclusion have been used by the Office for Social Inclusion to identify both existing social inclusion issues that might not be adequately addressed and new, emerging policy issues that need to be planned for.

2. Key lessons and aspects of transferability

After attending the SIF, the peer reviewers discussed the lessons that might be drawn from it and the possibilities for transferring some aspects to other countries. Among the key points raised:

- Dialogue on social inclusion must be continuous. The preparation, resources and capacity-building that go into the SIF stimulate a whole chain of smaller events. The idea of using a national forum to catalyse smaller-scale, more local activities on social inclusion might well be transferable.
- Joint ownership of the forum is important. If government and NGOs are jointly responsible for the invitations to the event, this might help to achieve a productive balance. It was suggested that the time allocated for the various participants in the forum might be shifted more in favour of grass-roots speakers.
- In Ireland, there is strong recognition of the role of civil society within social dialogue. This is not the case in all the peer countries. Ireland's official treatment of NGOs as full social partners is unique. Furthermore, the importance of encouraging the widest possible participation was stressed – for example, by reimbursing expenses and providing childcare facilities at forum venues.
- The quality of participation is equally important. Capacity-building is here a key issue – for people experiencing poverty, and their representatives, but also for government officials, social workers and other participants.
- There is a need for feedback on the results of people's participation and on what has been achieved since the previous SIF. At each SIF, there could be reporting back on the progress achieved on a number of key points from the previous forum. Another suggestion was that participants be sent a table showing the progress made on each issue.
- As regards the people participating in the forum, a distinction needs to be made between people experiencing poverty, those that represent them, and those that provide services to them.
- It is also important to ensure that NGOs participating in the forum process are representative and cover the whole spectrum of social actors.
- Social inclusion policy is multidimensional. There is therefore a great need for coordination, which is sometimes difficult to achieve. The SIF is unique, but some peer countries have structures with a similar function. Others, though, are still considering how to involve the social actors in the process.

- Strong and high-level political commitment is crucial to the SIF process. It is important that high level policymakers participate and that the results of the forum are presented to a group of senior officials.
- Information, consultation and participation are key to successful social inclusion. The Irish policy is a good example of how to achieve these aims.
- It is important that the type of language used in events such as the SIF should be close to that of the people participating in them. Jargon and long strings of initials should be avoided, as should the temptation to rewrite people's contributions to forums. The Irish practice on this is exemplary: SIF reports preserve contributors' original formulations – often in direct quotes.
- At participatory events like the SIF practical arrangements are very important. The peer reviewers particularly appreciated that participants in working groups were seated around round tables with a facilitator being present to lead the debate. This invited equal participation of everyone. Another important consideration is that enough time needs to be available to allow for a real exchange of ideas.
- Policy impact assessment is an important part of policy development. The tools used by Ireland to measure that impact merit further examination by peer countries.
- Social inclusion is a long-term process. It therefore requires a lot of effort, resources and continuous commitment.
- A number of peer countries suggested that the EU has played an important role in promoting participation of stakeholders, including people experiencing poverty and social exclusion in the preparation, implementation, monitoring and evaluation of the National Action Plans on Social Inclusion. In this respect, over the years, substantial progress has been made. However, as was pointed out in the Joint Report on Social Protection and Social Inclusion 2007, there is scope for further improving the quality of the participation, not least in the implementation and follow up phases. This Peer Review contributed to further reflection on what quality of participation is. Its results could feed into the preparation of the next round of national action plans on social inclusion 2008-2011 and of the European year 2010 of Combating Poverty and Social Exclusion.

Active Ageing Strategies to Strengthen Social Inclusion

22-23 November 2007

The Peer Review was held in Helsinki (Finland) on 22-23 November 2007 and hosted by the Finnish Ministry of Social Affairs and Health. In addition to the host country, eight peer countries took part: Denmark, Estonia, Germany, Hungary, the Netherlands, Norway, Romania and Slovenia. Also participating were stakeholder representatives from AGE – the European Older People's Platform, together with representatives of the European Commission's DG Employment, Social Affairs and Equal Opportunities.

1. The policy under review

Finland ranks fourth in the EU in terms of older workers' total employment rate, which has increased by 17 percentage points since 1995. That is the most rapid rise in the EU. A major factor in this success is the implementation of substantial active ageing programmes. Active ageing policies set out to modify the behaviour of individuals, firms and the society in four steps:

- Health: maintenance of social, mental and physical capacities
- Maintenance of occupational capacities
- Valuing of older workers: maintenance of attitudes and motivation
- Workplace organisation and well-being at work.

At the end of the 1990s, Finnish society became aware that it could no longer afford to pay for the generous early retirement schemes then in place.

The Finnish Institute of Occupational Health (TTL) first launched the *Finn Age, respect for the ageing programme* (1990-1996). This was aimed at maintaining older workers' productivity by promoting their health and ability to work. Rehabilitation became a central element of occupational care.

The *National Programme on Ageing Workers* (1997-2002) was implemented jointly by several ministries, in cooperation with the social partners, the TTL and the social insurance and pension institutions. €4.2m were allocated for the five-year programme, which received support from the European Social Fund. The objective was to strengthen the status of ageing people in the labour market and improve their opportunities to stay in work. The programme mainly involved information and campaigns. According to its final report (2002), it succeeded in four areas: promotion of work ability, measured by the national Maintenance of Work Ability Barometer, and of adult education; increasing the opportunity to work, measured by the decrease in the employment rate discrepancy between ageing and all workers; increasing employability through the promotion of social capital maintenance; promotion of the research on employability and rehabilitation. The programme was prolonged by the *Well-Being at Work Programme* (2000-2003), which focused on improving working conditions throughout people's careers, so that they are able to work longer.

Other relevant programmes include *Veto* (2003-2007), which is the national programme for increasing the attraction of working life, achieving a high employment rate, increasing the number of hours actually worked hours and reducing sick leave absences; *Tykes*, the national workplace development programme; the research programmes *Kesto* and *Kaiku*; the *Noste* programme to improve adult education and skills; and the *Motivo* and *Evita* programmes introduced by pension insurance companies to give employers incentives for action in favour of longer careers. These programmes include advice and training seminars both for human resources managers and for trade unionists.

2. Key lessons and aspects of transferability

The peer reviewers discussed the lessons to be learnt from the Finnish experience and the possibilities for transferring some aspects of it to other countries. Among the key points:

- Social inclusion and employment policies promote active aging. It has an important part to play in ensuring the sustainability of pension systems, healthcare and social protection. Sometimes reaching the goals can be fairly challenging.
- Not all tasks are suitable for older workers. Changes in work organisation and careers evolution are needed in order to promote active ageing. Early retirement may have to be retained for some categories of blue-collar worker in physically demanding jobs. However in general the peer countries are in the process of postponing the retirement age. A flexible retirement age is being introduced in Finland. It has also been adopted in a number of peer countries and many others have similar plans.
- Educational provision for retirees is an important part of active ageing. Training is needed to help older workers adjust to changes in the labour market. Lifelong learning has an important role to play in increasing the labour market participation of older workers. For instance the Slovenian Third Age University offers educational opportunities to retired people.
- The Finnish model focuses also on the improvement of working conditions, and more particularly on occupational health and safety, as a way of helping people to work longer. Slovenia's competition for awards to companies 'Best Practice in Health and Safety at Work 2007' pursues the same idea. Besides, the Finnish approach seems less concerned with training, with adaptation to new technologies or new jobs for workers issued from declining sectors.
- The Finnish active ageing strategy does not address directly the issue of long-term unemployment, although first steps have been taken to tackle the problem (creation of Duuri network and similar initiatives). Finland is open to other countries' examples, notably the activation measures used in Denmark and the Netherlands.
- Older people have much-needed knowledge and skills, and should therefore be provided with incentives to return to work or stay in work. Through Germany's 'Initiative 50plus', for example, in-company training for older workers is supported, besides other measures. In some countries, those receiving pensions, incapacity benefits and other payments are not allowed to work. This could impede active ageing strategies. On account of this some peer countries, e.g. Estonia, Denmark and Slovenia, offer the possibility to retire later in return for a higher old age pension then. The Netherlands allow income tax deduction for older people in employment.
- There is a need for greater awareness of active ageing strategies, on the part both of employers and of employees. This is particularly the case in SMEs. Proactive measures and campaigns should be preferred to passive transfers of income to employers and employees, although financial incentives have a part to play in promoting active ageing. The Romanian national plan for fighting against discrimination (2002-2006) which incorporates prevention and action regarding age related discrimination is one example. In October 2007 the Norwegian government launched a campaign aiming at changing the

employers' attitude towards and knowledge of older workers' resources, working capacity as well as working ability. Another activity is the Slovenian action plan of active ageing in the field of labour market and employment set up by the Ministry of Labour, Family and Social Affairs. Self-help groups can be given greater responsibility within active ageing if they are provided with a budget. Legislation against age discrimination can play an important role in changing employers' attitudes. Building a consensus on active ageing also entails increasing the financial literacy of the population as a whole. This need will be addressed in the European Commission's work programme for 2008.

- The Finnish strategy combines individual attention with a holistic, integrated approach. This formula should be applied in other countries. One important lesson from the Finnish experience is that active ageing programmes should be launched before pension reform, not after. The Finnish strategy is a way of reassuring workers that they will not be left alone to face the social and economic consequences of ageing.
- Some peer reviewers wondered whether the multiplicity of programmes within the Finnish model adds to the efficiency of the reform. The Finnish participants pointed out that the present multiplicity is a sign that various ministries, agencies and insurers all take a strong interest in the active ageing strategies and feel ownership of them. It also reflects a consensus and promotes communication and coordination. However, it is not yet known to what extent this multiplicity will be maintained in future.
- Finnish active ageing strategies are based on a consensual social model and a strong social protection system which have taken decades to build. They are therefore not immediately transferable to other peer countries. A number of peer countries (e.g. Denmark, Norway, Romania) foresee in their policy the involvement of social partners through various tools such as tripartite agreements.
- Nevertheless, peer reviewers felt that the contact and coordination between ministries and between social partners in Finland on the question of active ageing could usefully be emulated in other countries.

Social aspects of human trafficking

3-4 December 2007

The Peer Review was held in Copenhagen (Denmark) on 3-4 December 2007 and hosted by the Danish Ministry of Welfare. In addition to the host country, five peer countries took part: Greece, Latvia, Norway, Poland and the Slovak Republic. Also participating were representatives of the Nordic Council of Ministers and of the stakeholder organisation Samilia Foundation, together with representatives of the European Commission's DG Employment, Social Affairs and Equal Opportunities.

1. The policy under review

Denmark has had two action plans - the 2002 Action Plan to Combat Trafficking in Women (and its 2005 appendix concerning children) and the 2007 action plan that was issued in March 2007. The first action plan focussed solely on women who had been trafficked for sexual exploitation and included a wide range of initiatives, while its appendix contained a number of measures aimed at raising the level of preparedness for the trafficking of children into Denmark. An evaluation in October 2006 concluded that the first action plan had had a positive impact. However, more coordination was needed in some respects, notably as regards social organisations and social work. Action on trafficking should also be coordinated with ongoing initiatives concerning Danish and foreign prostitutes, the evaluation said. And it called for greater international cooperation.

In response, the Danish government drew up the new action plan, which will run up to and including 2010. It focuses on four areas:

- Strengthening investigation, so that ringleaders are identified and punished.
- Supporting victims by improving social services in Denmark.
- Preventing human trafficking by limiting demand and increasing the population's knowledge of the issues involved.
- Preventing human trafficking by improving international cooperation, including preventive work in the countries of origin.

Among the main current and new initiatives:

- All trafficked people, regardless of the purpose for which they have been trafficked, are now entitled to support and help while staying in Denmark.
- Victims of human trafficking are to receive help when they return to their countries of origin. For this reason, the repatriation process has been improved. Notably, victims of human trafficking can now stay for a period of up to 100 days before leaving the country (the "reflection period").
- Attention has been refocused on international efforts, including preventive social measures through the EU.
- Action will have a greater geographical spread in order to reach more trafficked women.

- A national Anti-Trafficking Centre has been set up to coordinate all relevant initiatives and centralise knowledge.
- Meeting places are being established, where victims of trafficking can speak with social professionals and meet other women in the same circumstances. The trafficked women will be offered legal and social counselling along with basic healthcare.
- A 24-hour hotline has been set up for victims of trafficking.

2. Key lessons and aspects of transferability

The peer reviewers looked at the lessons to be learnt from the Danish experience and the possibilities for transferring some aspects of it to other countries. Informed discussion was facilitated by the presence of experts from European countries of origin, transit and destination for trafficking victims. Among the key points raised:

- The Peer Review dealt mainly with the biggest group of currently identified trafficked people – women who are forced into prostitution. However, it was recognised that people of both sexes, including minors, are trafficked for a wide variety of purposes, including many types of clandestine employment.
- Victims of trafficking originating from the EU 10+2 are now EU citizens and hence, in some EU countries of destination, they are no longer protected by the anti-trafficking legislation since the latter concerns migrants only.
- Within the EU, trafficking might affect more the countries that have not yet completely opened their borders to legitimate workers from the new EU Member States.
- Trafficking also takes place within countries.
- Denmark's "reflection period" of up to 100 days before trafficking victims are returned to their countries of origin was welcomed, and this practice might be transferable to some other EU countries. However, some participants also felt that victims of trafficking should be entitled to access the reflection period without any conditions and restrictions and should receive a right of residence in the countries to which they have been trafficked.
- Due to the criminal legal definition of trafficking, the EU lacks a unified and consistent approach to the social dimension of anti-trafficking policies. It was therefore suggested to integrate the policies of social inclusion into the existing criminological approach to combat trafficking in all EU Member States.
- Danish action on trafficking includes public awareness-raising campaigns, notably to address the need to establish social inclusion mechanisms to enable national and foreign prostitutes to be in fully control about their living and working conditions. Such campaigns could usefully be introduced in other countries. It was also suggested that an EU-wide publicity campaign on the realities of trafficking be considered.
- If outreach to trafficked women is to be effective, assistance and law enforcement need to be kept separate. In particular, the granting of residence rights, including the access to

asylum procedures, should not be made conditional upon a victim's giving evidence against traffickers.

- Before returning a trafficked woman to her country of origin, a comprehensive risk assessment should be conducted that includes all aspects of the threats to human security. But strict data protection should be applied, in order to ensure confidentiality and avoid creating further risks.
- In the countries of origin, poverty is a major factor in human trafficking. It also means that trafficking victims who are sent back to countries outside the EU may make further, often successful, attempts to re-enter the EU illegally. So action to reduce poverty both within the EU and globally will also help to avoid forms of re-trafficking.
- Denmark's "social assistance" approach to victims of trafficking was welcomed. However, if trafficking victims are equipped with new skills, such as vocational training and language courses, their chances of being accepted back into society are increased. In this connection, the Norwegian experience of training trafficked women as beauticians was noted with great interest by the other peer countries.
- Relevant cultural factors within some ethnic minorities need to be taken into account. However, this must be done in a highly sensitive way which avoids stigmatisation.
- In many EU countries, trafficked people who are assisted and supported within the asylum-seekers regimes are not allowed to engage in paid employment. They risk to return to their respective countries of origin without any financial resources. Moreover, many EU countries lack an institutionalised mechanism that guarantees the compensation and remuneration of trafficked persons for the labour and services they were forced to perform. The loss of earnings may be considerable. In addition, the question of financial support and accommodation for trafficking victims needs to be addressed.
- Some persons trafficked for sexual purposes may not regard themselves as victims. Help should be offered, but should not be imposed upon those who make it clear that they do not want it.