

Contemporary issues in the public management of social services in Europe

- 01 | Responding to the economic crisis and austerity
- 02 | Innovation, research and evidence-based practice
- 03 | Working with education, health and employment:
recognising a shared agenda
- 04 | Leadership and management in social services



ESN's working group on Leadership, Performance and Innovation was set up in the wake of the economic crisis in Europe. It brought together senior managers of public social services at local and regional level to evaluate both the impact of and the responses to the crisis, and to explore what this experience might mean for the future of the welfare state and for the leadership and management of social services.

The participating managers came from Belgium, Denmark, Finland, France, Germany, Italy, Romania, Serbia, Slovakia, Spain and the United Kingdom. Over the life time of the group, the members chose to engage with a number of issues which they believed to be critical to the future public management of social services:

1. Responding to the economic crisis and austerity
2. Innovation, research and evidence-based practice
3. Working with education, health and employment: recognising a shared agenda
4. Leadership and management in social services

In their debates, the managers had occasionally invited external experts from national and international agencies including the OECD, Eurohealthnet, the European Commission, and from the UK the Social Care Institute for Excellence

and the National Skills Academy.

Following these meetings, ESN is publishing a series of four public management papers in which we argue why directors of social services, senior professionals, politicians and other stakeholders should address these challenges and suggest how they might tackle them.

The papers conclude with a set of key questions for public managers to help them evaluate their response to the crisis and austerity and think strategically about the future direction and design of services.

The self-evaluation questions are addressed to senior managers working at the local level, but we hope they will be of use to policy makers and public officials at all levels, as well as those working closely with public social services in other sectors.

The European Social Network (ESN) brings together people who plan, manage and deliver public social services, together with those in regulatory and research organisations. We support the development of effective social policy and social care practice through the exchange of knowledge and experience.



The European Social Network is supported by the European Community Programme for Employment and Social Solidarity (PROGRESS 2007-2013). This programme was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields.

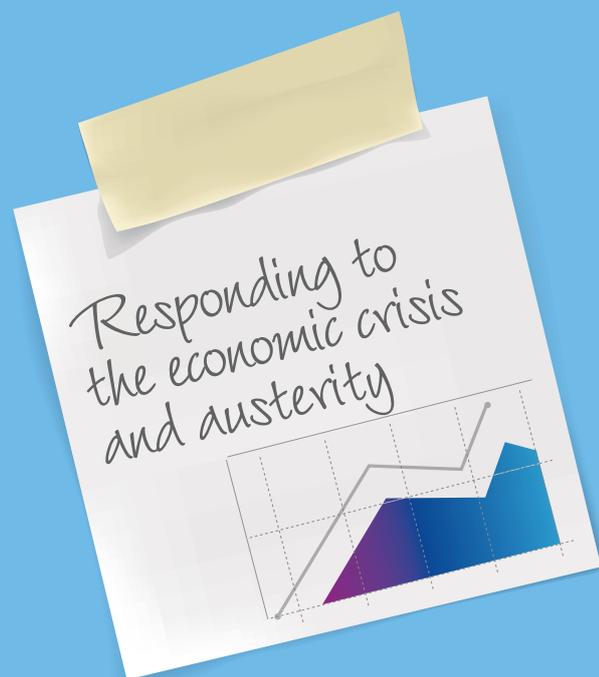
The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries.

To that effect, PROGRESS 2007-2013 aims to:

- provide analysis and policy advice on employment, social solidarity and gender equality policy areas;
- monitor and reporting on the implementation of EU legislation and policies in employment, social solidarity and gender equality policy areas;
- promote policy transfer, learning and support among Member States on EU objectives and priorities;
- and relay the views of the stakeholders and society at large.

The information contained in this publication does not necessarily reflect the position or opinion of the European Commission.

Contemporary issue 1



Introduction and background

Social services are a key investment in human capital, protecting, caring for and empowering people at critical points in their lives. This paper presents insights and lessons from ESN's monitoring as to how public social services at local level have responded to the crisis and austerity since 2009. Its sources are the ESN Recession Workshop in December 2009, the ESN Spring Seminar 2011 in Budapest on 'Innovative responses for challenging times', the ESN working group on Leadership, Performance and Innovation 2012-13, and ESN's visits to Troika programme countries in 2013.

The first comment is that whilst there are similarities in the challenges faced by the various countries, there are also many key differences, as are the opportunities available to reform and improve social services. This paper seeks to provide a wide geographical overview to include the Nordic countries, Central and Eastern Europe and the Southern Member States. It does not claim to offer a detailed comprehensive picture – inevitably, with a focus on the local level, it could not do so.

Social impact of the crisis

The economic impact on people and communities in many countries has been considerable and increased demand coupled with reductions in public expenditure have impacted on social services and their ability to respond – whether in the general social protection system (unemployment, housing and other benefits) or in specialised social work and care services (mental health, disability, homelessness, addiction, etc).

The European Commission and the EU Social Protection Committee have conducted extensive analysis of available data. There is, however, little specifically about the profile of social services clients across Europe, but there is some in relation to poverty and the labour market, i.e. “young adults, inactive or unemployed women, lone mothers, or older working age adults out of the labour market are among those facing higher risks of persistent poverty”.¹ The data also suggests that long-term unemployment has risen strongly among non-EU nationals and those with low educational attainment.²

The EU-funded independent network of social inclusion experts³ notes some other social impacts of the crisis, often related to the worsening job situation. They found that income inadequacy and indebtedness were rising due to unemployment and the cost of living (e.g. energy, housing, food) and that there were reductions and increased conditionality in income support. Housing is also a growing concern, given a rise in housing costs and a shortage of social housing, alongside a rise in homelessness. An increased risk of “severe” poverty was also reported, especially among migrants, the Roma population and homeless people.

ESN members at local level report much higher demand for welfare benefits and social services, citing job loss and inability to meet housing costs. In the countries worst affected, municipalities and NGOs have set up food banks or soup kitchens to feed the hungry. Other service responses may include increased counselling for depression, anxiety or other mental health problems, and there had been some reporting of a rise in child protection concerns.

¹ Employment and Social Developments in Europe 2012 (p14):

<http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=7315>

² EU Employment and Social Situation Quarterly Review – September 2013 (p28):

<http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=1974&furtherNews=yes>

³ Presentation to ESN working group on leadership, performance and innovation, May 2012

From Latvia to Spain and Iceland to Greece, there are new clients, including the middle-class, who had not previously sought the help of social services. At the same time, users of social services – people with disabilities, those with a mental illness, frail older people, vulnerable children and families, among others – still need care and support.

Most European countries are also facing rising needs for care and support from frail older people, though active retired people also make a major contribution as both family carers and volunteers. Local and regional authority departments and agencies for social services therefore potentially face a triple challenge:

- Rising demand as a result of demographic ageing
- Rising demand as a result of the economic crisis
- Decreasing resources in absolute or relative terms in relation to rising demand

Despite, or even because of, the negative impacts on people's income and wellbeing, social protection is still making an important difference:

“Social protection benefits have generally significantly helped cushion the effects of the income shocks on households from the economic crisis.”⁴

On average across the whole EU, social transfers (excluding pensions) reduce poverty by around 37% (as at 2009).⁵ The rate of poverty reduction by social transfers appears to have declined since the crisis. In 2008, social transfers reduced poverty by 8.8 percentage points; in 2012, this had declined to 7.9 percentage points of reduction. In the new Member States the rate of reduction was 8.9 ppts in 2008, only 6.9 in 2012; in the Eurozone 8.1ppts in 2008, 7.8 ppts in 2012.⁶

Impact on local public spending

Analysis shows that EU-wide average subnational social spending rose by a dramatic 9% in 2009 (compared to 2008), then more slowly (+1.2%) in 2011.⁷ This sharp increase is associated with rising unemployment, increased entitlement to housing and other social benefits, and rising demand for advice and support on debt, housing, mental health, work and so on.

There is wide variety of situations within and between EU Member States. On the graph below, there is no clear grouping of countries differentially affected by the crisis. Portugal's municipalities were among those that had no choice but to respond to the crisis with emergency social aid, therefore increasing spending. At the bottom of the table, Romania and Latvia experienced dramatic cutbacks in social spending at county and municipal level, mostly in the form of reduced staff pay and welfare benefits. Alongside the crisis, one has to consider that municipalities' competences in social spending are growing (e.g. Greece, Netherlands, Lithuania). This reflects citizens' expectations: if there are social problems, including emergency help and assistance from local municipalities, whether they have responsibilities for this or not.

⁴ Employment and Social Developments in Europe 2012 (p15):

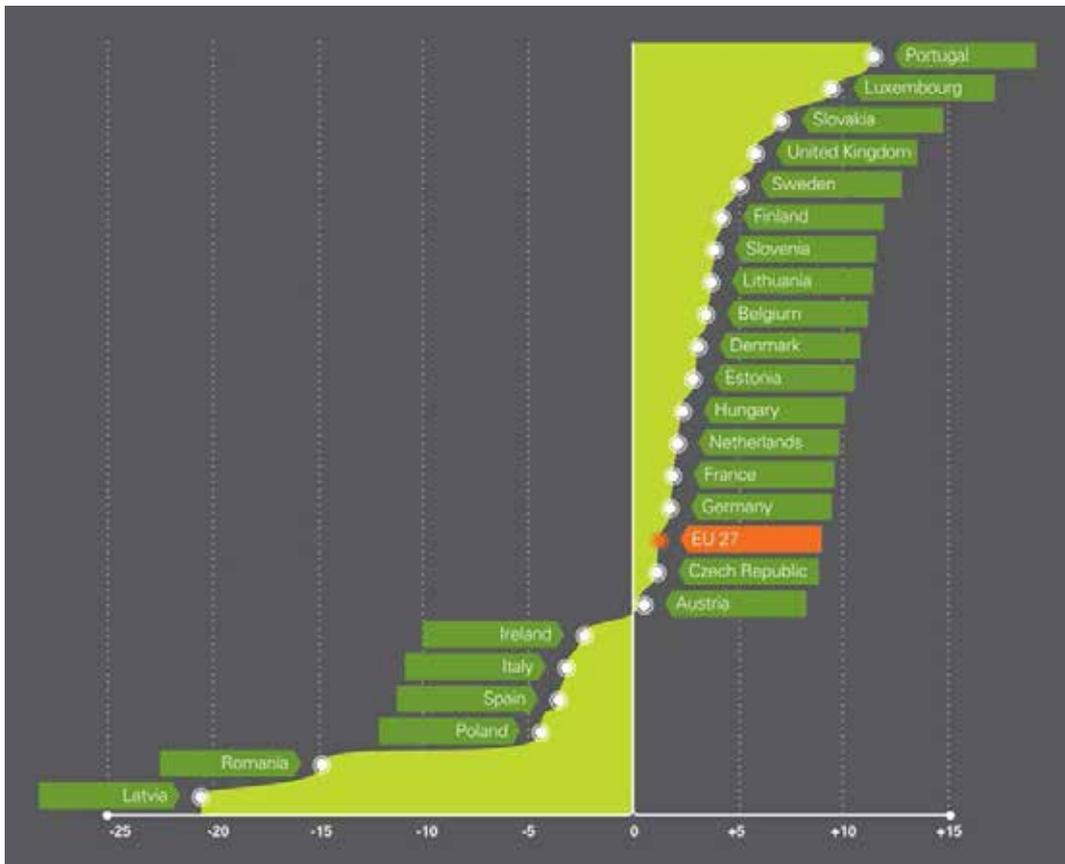
<http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=7315>

⁵ Graph from ESDE 2012:

http://ec.europa.eu/employment_social/empl_portal/publications/Esde2012/Chap3_Chart-38.gif

⁶ Eurostat, ESN research

⁷ Council of European Municipalities and Regions (CEMR) and Dexia Crédit Local: <http://www.ccre.org/en/actualites/view/2268>



Graph 1: Change in subnational public social services expenditure in 2011 (% by volume vs 2010)
Adapted from CEMR/Dexia “Subnational public finance in the EU”, available at www.ccre.org

Responses: cost-containment and innovation

In response to the crisis, we can see a mixture of short-term cost-control measures and strategic choices about the design of services in the public sector. In a survey of ESN members in May 2011, the following were the most widespread measures:

- A reduction or ending of staff recruitment
- Users required to pay (for the first time) or pay more for some services
- More services ‘outsourced’/‘contracted out’ to reduce costs
- Some staff being made redundant
- Social services staff facing pay cuts or reduced pension entitlement

Three out of five of these measures concern human resources, since this accounts for around 80% of a social services⁸ budget at local level. Those already using services are increasingly being asked to pay more – this particularly affects older people with care needs and their families.

⁸ This percentage may be lower where a social services department at local level is responsible for welfare benefits besides specialist social work and care services

Alongside these cost-control measures, strategic innovations are being made in service management in the following areas:

- Looking after and investing in **staff**: if the staff are valued, consulted and trained, they can help managers and politicians take better decisions with better information. If they feel that they have been involved in decision-making, they are more likely to embrace change.
- Developing **managers**: if social services are to work well, there should be well-trained managers at all levels including the front-line, capable of supporting professionals, ensuring that clients' needs are met, that resources are best used and promoting cooperation with colleagues in other parts of the welfare and health system.
- **Greater participation** of service users, carers, relatives and communities: asking users what help and support they need to maintain independence or otherwise be well cared for. Promoting generally a 'shared care/assistance relationship', including their evaluation of the service received.
- Valuing family **carers and volunteers**: it is estimated that about 80% of care needs in Europe are met by informal care, representing a huge human resource.
- Transforming services to be more based on **prevention, rehabilitation and independent living** in the community than in institutions or hospitals.
- **Coordination/integration** across public services in order to avoid duplication of tasks and share back-office functions such as human resources and information technology provision.
- Greater use of electronic systems and welfare **technology** to manage case-load and monitor expenditure/income in detail and better inform and empower service users.

Local case studies on economic sustainability tend to be quite complex, as a variety of factors are at work, including budget deficit/debt, service design and organisation, changes in legislation and roles, local economy and local politics.

The following have been simplified for the sake of brevity but the full presentations are available upon request:

Reykjavik Iceland <i>Welfare service</i>	A strategic action plan was put in place in October 2008, to increase cooperation between the state and NGOs, and improve access to social and psychological counselling and other public services. It also sought to streamline and prioritise operations and many 'easy wins' in efficiency measures were made in the immediate aftermath. Service users were consulted on how to better utilise funds and develop a more responsive system. ⁹
London Borough of Redbridge United Kingdom <i>Long-term care</i>	Greater use of rehabilitation post-hospital for older people to get them living independently again/changes to eligibility criteria – some people have to pay more. Budget is rising but the services have to be more efficient because of the rising number of clients, mostly older people. ¹⁰
Horsens Denmark <i>Mental health and intellectual disability</i>	Moved model of care from group homes with permanent staff to living independent in flats, staff on call, activity centre, safe house for crisis. Saving about 10% in annual costs but spending actually went up on mental health and down on intellectual disability. ¹¹

⁹ Stella K. Víðisdóttir presentation to LPI working group, May 2012:

http://www.esn-eu.org/userfiles/Documents/Projects_LPI/Meeting_2/StellaKV_Reykjavik.pdf

¹⁰ John Powell presentation to LPI working group, February 2012:

http://www.esn-eu.org/userfiles/Documents/Projects_LPI/Meeting_1/JohnP_Redbridge.pdf

¹¹ Cate Haertvig Kristensen presentation to ESN Spring Seminar 'Innovative Responses for Challenging Times', May 2011:

<http://www.esn-eu.org/get-document/index.htm?id=515>

City of Offenbach-am-Main Germany <i>Active inclusion</i>	Greater use of client-to-client counselling or group counselling instead of professional-to-client counselling. This was among the measures that allowed the city to cope with a 15% budget decrease from 2010 to 2011. ¹²
Hämeenlinna Finland <i>Long-term care</i>	Hämeenlinna has transformed its administrative structure to be based on a life-cycle approach: services are grouped in three departments: children & youth; health & wellbeing; elderly care. This means that different services are better coordinated and can be accessed more easily by the same individual. In long-term care, the city expanded community care capacity by introducing housing with care services. This resulted in a decline in the volume of use of 24/7 hospital care, resulting in a 10% reduction in monthly expenditure on elderly care. ¹³
Bolzano Italy <i>Systems management</i>	The City Agency for Social Services has introduced the 'Balanced Scorecard' management model to improve its service and financial management in response to budget pressures. The Balanced Scorecard is ultimately about choosing measures and targets, then tracking progress towards the targets. Targets can relate to service quality ('what are we achieving for service users?'), financial or internal processes. ¹⁴
Galicia Spain <i>Developing community services</i>	Budget cuts were so "swift and severe" that there was no time to reorganise and adapt services. The volume of recipients of the region's social integration and home-care allowances rose in spite of cuts to the amounts of the benefit. Overall, cash benefits have been preserved or slightly increased, whilst preventive social work and counselling services have been cut. Some efficiency measures have been introduced to improve case-work data management, financial management and inter-service cooperation. ¹⁵

In economic crises, leaders and managers face demands to reduce costs quickly, but changes in a service structure cannot rapidly be translated into action. Yet it is precisely these strategic structural reforms – for example, in moving from long-term institutional care to prevention, rehabilitation and independent living in the community – that will produce sustainable savings as well as a better quality of life. To achieve this change, however, there is typically a need to make new investments before closing old services and this will take several years for the savings to be realised.

Measures taken and policies made by social services vary between local and regional authorities within and between countries and year on year. They may be influenced by changes in government legislation, economic factors, demography including ageing and migration, long-term trends in social work/care methodology, human rights, and pressure from user groups, besides other factors.

'Economic Adjustment Programme' countries

ESN's visits to Greece, Ireland and Portugal reveal that a high price is being paid now by instituting cuts quickly and indiscriminately to social protection systems that were already underdeveloped. The Commission's country reports¹⁶ on structural reforms in countries with 'economic adjustment programmes' agreed by the Troika¹⁷ and the governments do not appear to impact on specialist social work and care services. Rather, they focus on welfare benefits, employment services and health systems.

¹² Matthias Schulze-Böing presentation to ESN Spring Seminar 'Innovative Responses for Challenging Times', May 2011: http://www.esn-eu.org/userfiles/Documents/News_Presentations/Improving_synergies_and_increasing_productivity_in_active_inclusion.pdf

¹³ Jukka Lindberg presentation to ESN working group, March 2013: http://www.esn-eu.org/userfiles/Documents/Projects_LPI/Meeting_4/Lindberg_Ham_FI.pdf

¹⁴ Dr Bruno Marcato presentation to LPI working group, March 2013: http://www.esn-eu.org/userfiles/Documents/Projects_LPI/Meeting_4/Marcato_Bolzano_IT.pdf

¹⁵ Carlos Santos Guerrero presentation to LPI working group, March 2013: http://www.esn-eu.org/userfiles/Documents/Projects_LPI/Meeting_4/SantosG_Galicia_ES.pdf

¹⁶ http://ec.europa.eu/economy_finance/assistance_eu_ms/index_en.htm

¹⁷ The Troika of international lenders: the European Commission, the European Central Bank and the International Monetary Fund

In these countries, austerity measures and rising client numbers risk a move away from an enabling and empowering approach towards a traditional model of welfare assistance and emergency support, based on benefits and food banks.

Ireland

Successive agreements between the Irish government(s) and the Troika have included major reductions in staff salaries and pensions in the public sector, besides an extensive on-going reform of welfare spending to promote synergies with employment activation. ESN members from Ireland point to the 'employment control framework' as having the most significant impact on social services.

This moratorium on recruitment and promotion in the public sector was first put in place by central government in 2009 to help stabilise health (and social care) spending, which had been expanding rapidly. Staff spending accounts for around 85% of the annual expenditure of the Health Service Executive – the national agency for health and social care. Its 2013 budget is set at €13,404.1 million, a reduction of €3,300 million (22%), compared with 2008. There are positive reforms in several areas, but the principal challenge will be having the right staffing mix and volume to deliver strategic change and operational delivery to meet people's needs.

Greece

With high levels of unemployment, increased taxation, rising prices and cuts (circa 60%) in government funding of social welfare programmes, the future still looks bleak. The public sector cannot hire new personnel to replace those leaving through early retirement, which is accelerating due to fear of worsening pension schemes. Following various scandals in mental health services, the government has embarked on a programme of psychiatric hospital closures, but it risks being derailed by underfunding and an imbalance between specialist and community services.

For the future there is also a need for a stronger network of integrated child mental health service networks involving schools, social services and other stakeholders. There have been a number of reforms to local government, reducing the number of authorities and improving their capacity to manage complex services within a more decentralised framework. The overall need for a more socially and economically sustainable, community-focused health and social service is pressing with, for example, an above-average number of specialist physicians compared to other European countries, but with relatively few working in community-based healthcare.

Portugal

The news that 900 social canteens have been established in schools and other settings brought the scale and depth of the social emergency into sharp relief. It became clear that austerity programmes had resulted in a drop in quality, in tightening eligibility criteria and increases in the number of occupants per room in residential care. There is a risk that these measures will engender a return to a traditional model of welfare assistance, rather than a strategic one focused on developing people's skills and potential.

The residential provider driven model of care predominates in disability, elderly and child care services. The institutionalisation of children is recognised as a challenge and the country lacks a well-developed foster care system – there is insufficient training and support for foster parents. Political and constitutional uncertainty over budget control measures make this a terribly difficult environment in which to plan for the future, but structural issues are becoming understood and the need for reform recognised. ESF funding 2014 + will in part be used to promote alternative family-based care for children.

Emerging welfare states: Central and Eastern Europe

The impact of the crisis has been quite a different story in the countries of Central and Eastern Europe, because these welfare states are still being built and consolidated. It remains difficult to present a comprehensive overview, but there are indications of severe salary reductions for public sector staff in the Baltic States and Romania. Here are some specific commentaries from members in the following countries:

Latvia¹⁸

Latvia was hit severely by the crisis in 2008-09, when the employment rate rose from 7% to 15.3% and GDP plummeted by 18.4%. At the local level, in 2009 Riga City Council allocated means-tested housing benefit to an additional 900 inhabitants in a single month – October 2009 – taking the total to 11,546 recipients. The number of recipients of housing benefit grew by 9% in 2009 compared to 2008. Meanwhile, the city had to cope with a decrease of state subsidies by 24%.

The city's strategy was to focus on basic municipal responsibilities, to stop all capital investment except that required to take up EU funds, and to reduce staff salaries by 20% in most cases but to maintain previous level of social assistance and social services. It also foresaw an increase by 20% of the number of benefit recipients. 2010 saw a continuing reduction of state social budget revenue with fewer taxpayers as a result of unemployment and emigration of inhabitants.

The biggest impact of the crisis was seen in 2010 and 2011 when the number of social assistance benefits receivers increased to 10% and 12% of Riga city inhabitants (between 72,000 and 82,500 clients). Things started to improve in 2012 with a slight decrease in the number of social assistance receivers effectively just returning to how it was in 2010 (10% of inhabitants, or around 72,000 clients). From 2012 to 2013 there was a steady decrease in the number of social assistance receivers as their benefits have been reduced. In terms of reforms, Latvia has also just embarked on a de-institutionalisation strategy using ESF funding with the ambition of transferring 1,000 persons from institutional settings into community-based alternatives.

Slovakia¹⁹

Reforms in Slovakia introduced since the mid-1990s focused on decentralisation of responsibilities for social services to regions and municipalities, and the deinstitutionalisation of care and diversification of service providers. Since municipalities were not fully aware of what expenditures their newly acquired competencies would require, they soon found out that they did not have adequate resources to manage social services.

Following strong lobbying, the law was changed in 2011 to introduce some choice of providers for users and equal access to public finance for all providers. However, weak legislation and the lack of influence by people needing social services has meant that there are practically no sanctions for non-delivery of social services, so many municipalities simply do not implement service choice or even fail to provide community-based social services at all.

¹⁸ Martins Moors presentation to ESN Recession Workshop, December 2009

¹⁹ Michaela Sopová presentation to LPI working group, March 2013:

http://www.esn-eu.org/userfiles/Documents/Projects_LPI/Meeting_4/Sopova_Brat_SK_gen.pdf

Slovenia²⁰

Slovenia's government began to implement austerity measures following elections in early 2012. State investments have practically been halted, while public sector salaries have fallen by 2-8%. This has mostly affected education and, less so, social protection, as this sector already had the lowest salaries in the public sector. Social protection in Slovenia was reported to be working well in general, but there were concerns about the low number of employees in social and health care compared to the EU average.

The government recently introduced reforms to centralise public cash benefits in the Centres for Social Work, to improve efficiency and access. A further reform will now reorganise the 62 Centres for Social Work, establishing 15 regional centres, with the remainder becoming branch or local centres. Back office functions including accounting, legal, administrative, personnel and training will be integrated with customer services moving closer to the user (if necessary, with additional offices in the field and adapted working hours). There is also a plan to introduce User Councils in the 15 new centres, to involve users in the design and implementation of services.

Because of the freezing of service prices, many homes for the elderly are barely able to break even and due to a lack of money in municipal budgets, with reduced subsidies for home care, users have had to pay more or cease to use the service, in one area by 46%. Non-governmental organisations are in the most difficult situation because the state has reduced their funding.

Serbia

In 2005, the Government of the Republic of Serbia adopted the Strategy on the Reform of the Social Protection System. The aim was to modernise the social protection system, which was still reflecting the trademarks of the socialist (communist) system of ex-Yugoslavia. The Strategy foresaw a number of new laws, including the Law on Social Protection, because the existing one from 1991 was outdated. However, the implementation of the Strategy stalled because of the restricted funding brought about by the economic crisis in 2008. It was not until 2011 that the new Law was finally adopted by the National Assembly (parliament).

The Law on Social Protection introduced substantial reforms of the Social Welfare Centre – a key state institution responsible for assessing the social needs of citizens. In addition, a number of administrative procedures were abolished and there were plans to increase the number of social workers. However, the financial arrangement between the Republic of Serbia and IMF prohibits new employment in the public sector. Furthermore, most of the regulatory frameworks are not harmonised with the new Law. In fact, this delay is intentional because additional funding by the state would consequently then be needed.

On the other hand, the new Law delegated home-care services to local government. However, because the budgetary means to fund these services had not been secured by the state, local authorities with low income have either stopped funding these services or have decreased them significantly. In order to compensate the lack of budgetary funds, some local authorities and social protection institutions have sought alternative financing through projects financed mostly by the EU, but this is neither enough, nor is the personnel of the majority of these institutions competent in the field of project management.

²⁰ Miran Kerin presentation to LPI working group, March 2013:
http://www.esn-eu.org/userfiles/Documents/Projects_LPI/Meeting_4/Kerin_SI.pdf

European policy context: social investment

The European Union is monitoring social protection spending through the European Semester for all Member States, as well as intensively in certain countries under the Economic Adjustment Programmes. The Commission recommended in 2012 and 2013 that governments should give priority to adequate and affordable social services in the context of tackling unemployment and the social consequences of the crisis. Its Social Investment Package (SIP) of 2013 contains proposals on a range of areas to encourage investment in human capital and promote measures “strengthening people’s current and future capacities”. Its three headlines are:

- Increase the sustainability and adequacy of social systems through simplification and better targeting
- Pursue activating and enabling policies through targeted, conditional and more effective support
- Promote social investment throughout the life-cycle

ESN’s public management group sees the SIP as adding European legitimacy to arguments for reform and development in social services, and makes a good case for investing in people’s capacities rather than in building ‘one-size-fits-all’ services. However, they recognised the challenges of securing funding for preventive programmes when there is so much pressure on basic benefits and services. They also stressed the urgency of new social investment in countries such as Greece, subject to the EU/IMF programmes, and Italy, where the North/South divide in welfare development is so dramatic. In addition they saw positively the emphasis on EU Structural Funds to develop community-based services and labour market integration opportunities.

Although EU policies such as those outlined in the Social Investment Package are not binding, they can provide valuable political legitimacy for much-needed reforms at local, regional and national level. It is also important for public managers to be aware of the wider context beyond their own municipality and region – and even outside their own country across the rest of Europe.

Conclusions for public managers

Public managers of social services are confronted with the triple impact of increasing needs arising from (1) demographic ageing, and (2) the economic crisis, which also leads to (3) shrinking resources. Managers in Northern Europe will be facing different sets of circumstances to their counterparts in Southern Europe; those in Central and Eastern Europe will be working in different conditions again. There are also divergences in societal challenges and financial resources in urban vs. rural and small vs. large municipalities.

In whatever circumstances you are operating, the ESN public management group advises that there are a number of key questions for public managers in social services to consider in light of the impact of the economic crisis:

1. Do you have the instruments to monitor the impact of the crisis on those currently using social services and on the wider population?
2. Are you maintaining the coherence of your service strategy even in changing circumstances?
3. Are you able to shift your services towards a social investment approach that favours a person-centred and community-based model?

A call for reflection, learning and action

We are sharing this paper and others in the series with senior managers working at the local level, but we hope they will be of use to policy makers and public officials at all levels, as well as those working closely with public social services in other sectors.

We would therefore like to hear from you as to your experience and knowledge of this issue and your viewpoint as to the three questions we pose – and especially as to how to transform service rationing into social investment. Please get in touch via info@esn-eu.org or join our discussions on ESN's LinkedIn group *Social Services in Europe*.

Supporting public managers – new ESN peer learning programme

ESN will be launching a programme of peer visits for ESN members who are public managers of social services. You can apply to be visited by a fellow public manager from another country, or to visit a colleague – or both. Please contact info@esn-eu.org if you are interested in this opportunity.

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European Social Network
Victoria House
125 Queens Road
Brighton BN1 3WB
United Kingdom

Tel: +44 (0) 1273 739 039
Fax: +44 (0) 1273 739 239
Email: info@esn-eu.org
Web: www.esn-eu.org