Social Public Services: Quality of Working Life and Quality of Service

Belgium

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Introduction

After outlining the components of the social security system, the report will examine what different generations of public social services emerged at a time when the State was undergoing major constitutional reforms. These reforms have had a certain impact on the regionalisation of social policies, while the question of the quality and evaluation of the services remains to be addressed.

1. Social security and the health system

Some months after the end of the Second World War, Belgium established an ambitious social security system. The most important part of that system is sickness/invalidity insurance, which covers the cost of health care. It is a social security system that is centralised at State level, with a single fund collecting the revenue. The beneficiaries come under three different schemes, depending on whether they are public servants, private-sector employees or self-employed. Expenditure falls into seven categories (sickness/invalidity, unemployment, pensions, industrial accidents, family allowances, accidents in the workplace and annual vacations) and is managed either by independent funds such as the mutual insurance companies or, exclusively or in a subsidiary manner, by public services. With this system, the State endorsed the role of the mutual relief funds that had been appearing since the nineteenth century by defining the tasks of the mutual insurance companies: on the one hand, they co-manage the compulsory sickness/invalidity insurance and various other components of the social security system and, on the other, they are the "disbursing agencies", i.e. it is they who reimburse households, their members, the cost of the benefits for which they are covered. The Belgian health system is characterised by the quality and accessibility of the care it provides and of its hospitals, achieved via a network of independent general medical practitioners (GPs) and large hospital units that provide mainly specialised care. Based on a philosophy pioneered by Bismarck, the system is financed by sickness/invalidity insurance under the social security system. It is, however, also funded through taxation, which enables virtually all citizens to be covered. Hospitals are required by the statutes to be non-profit-making institutions, which has so far prevented the emergence of a two-tier system in the quality of health care. In theory, patients are completely free to choose their GPs and hospitals. In 1997, INAMI (the *Institut National d'Assurance Maladie-Invalidité*, the national sickness/invalidity insurance institute) had a budget of BEF 450 billion, of which 50% was devoted to 5% of the patients: the redistributive effect of the system is pronounced.

Within this framework, the mutual insurance companies are far more than just funds: they are also providers of services, and arrange or participate in the management of hospitals, pharmacies, social services, sanatoriums, homes, district nurse services, etc. The mutual insurance companies can be grouped into two main types, the socialist and the Catholic ones. Incidentally, there are a large number of them, of all sizes. The mutual insurance companies are not the only health-care providers entitling people to be reimbursed by social security: there are many facilities that come under the control of charities, the local authorities, large companies, etc. and, above all, religious communities, which are the main private provider of social services in Belgium. The whole of the health-care market is covered in this way.

All health-care service providers, usually with non-profit-making association status, come under the aegis of INAMI: financed for each individual intervention or on a flat-rate basis (a given number of workers for a given volume of activity) on the basis of complex

nomenclatures, they are regulated, approved, monitored and inspected. Their services are standardised. Prices may be fixed; in some cases, the provider may ask for more than the normal ("agreed") price, although INAMI's contribution[1] is calculated on the basis of the agreed price. The insured themselves normally have to go through the process of applying to their mutual insurance companies for reimbursement of part of their contribution towards the cost. There are two specific categories of insured on low incomes, known as "VIPOs", whose total expenses are 75% or 100%-covered.

It can therefore be said – somewhat simplistically, admittedly – that a fair proportion of the social policies stem from the universal sickness/invalidity insurance system. They develop within a supervisory relationship vis-à-vis the State which is both overlapping and highly standardised. Over time, the areas in which INAMI is involved have been diversifying, while other branches of social security have been developing this method of operation;[2] furthermore, the types of facility supplied at the initiative of the provider services have become increasingly varied. The most remarkable thing about this supervisory relationship is the scope left for private and/or local initiative. In order to set up a service, virtually all that is needed is to satisfy the criteria governing authorisation of a type of benefit or care for which a supply shortfall is planned.

The relationship between the State (including social security), which formulates social policies, and the "public social services", which represent the practical expression of those policies, is therefore governed by the principle known as "subsidised freedom". Most of the services provided for the population stem from the associative initiative involving recognition and subsidisation. Today, compared with other European countries, this type of State intervention predominates to a considerable extent in Belgium.

2. The alternatives of the 1970s

As in many European countries, the progressive ideological tendencies crystallised by May 1968 were to lead to an overhaul of practices in certain sectors (and the first questioning of the legitimacy of the major established organisations, such as the mutual insurance companies). Belgium saw the birth of medical centres, family planning centres, "street-corner work" and alternatives to psychiatry (outpatient mental health services, day centres, etc.). Later on, in the 1980s and 1990s, as the first lasting effects of the oil crisis appeared, new waves of services emerged, such as "social" estate agents, debt-mediation centres, sheltered housing for people suffering from mental health problems, "*entreprises d'insertion*", or "integration enterprises" (companies offering short-term employment for difficult-to-place unemployed) and enterprises for on-the-job training.

This new generation of services promotes deinstitutionalisation, demedicalisation, collective and community work and the involvement of the beneficiaries. It can no longer be viewed simply as all curative activities involving individuals taken in isolation, as they had previously

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1 Besides social security, other State sectors – which are not necessarily co-managed according to this model – finance associations and reimburse benefits in exactly the same way as mutual insurance companies (apart from the fact that there is no need to be a member). The supervisory model is, as it were, copied. This applies to the *Fonds des Handicapés* (Fund for the Handicapped), the *Oeuvre nationale de l'Enfance* (National Children's Association) and, to some extent, the *Société nationale du Logement* (National Housing Corporation) and provinces or larger local authorities.

2 Such as unemployment insurance, with the *Office national de l'Emploi* (National Employment Office), which supervises the vocational training sector, and the *Office des allocations familiales* (Family Allowances Office), with the *Fonds des Equipements et Services collectifs* (Fund for Public Facilities and Services), which finances day-nurseries.

been regarded by the supervisory State. It ensures recognition for, and introduces in a pronounced manner, the taking into account of the community dimension and of more collective services in social policies, including even social security, the bastion and matrix of the supervisory relationship between the State and associations. This stage of "institutional innovation" has therefore been marked by the appearance of public services in the vanguard of social and educational policies.

Within the framework of subsidised freedom, these alternatives, which were often run along cooperative lines originally, are being established by negotiating – sometimes slowly, sometimes more rapidly, with the State and/or the social security system (INAMI) – recognition of their own methods of operation. This is obviously one of the factors that has led to the present diversity of supply with regard to social services. The density of public social services in different areas and the State's ability to institutionalise them by applying the principle of subsidised freedom are prompting these services to identify and meet very quickly new social demands or to try out the new interventionist philosophies, but the structuring of these new responses will be a slow and non-linear process.

3. Refocusing on the local authorities

Since the inter-war period, each local authority had been managing the granting of welfare benefits in cash and in kind to its residents via *Commissions d'assistance publique* (CAPs, or Welfare Services Commissions). In 1976, the local authorities were merged to form larger entities and one of the fundamental reforms of welfare support was introduced with the establishment of a *Centre public d'aide sociale* (the CPAS, or Public Welfare Centre) at local authority level. These centres, which come under the civil service, grant the guaranteed minimum income benefit ("*Minimex*"), which was introduced in 1974, and to which everyone is entitled on a monthly basis subject to a social services investigation. The *Minimex* is generally half-financed by the local authority, with the remaining half being provided by the federal State.

In principle, those entitled to the *Minimex* must do what they can to occupy their place in society, particularly with regard to the labour market. It is therefore part of the CPAS's tasks to develop the necessary services (guidance, reintegration, rest homes, medical establishments, housing, detoxification), namely a range of public or private services, possibly subsidised by the State, which are accessible to the rest of the population. The CPAS can take the initiative of coordinating the local social services, although there is no obligation for it to do so.

In Belgium, contrary to what the framework of subsidised freedom suggests, the main provider of social services is a public body, the CPAS. In view of its resources and its power of initiative, the local level is the most important level insofar as social policies are concerned. Even if it is underfunded, its effectiveness is not questioned. It should, however, be noted that where the CPAS is faced with an increase in the demands made upon it or its resources are reduced, the associations providing social services play an auxiliary role by assuming some of its activities or functions. Broadly speaking, it is the associations that are often the first to respond to new requirements, even though it is part of the remit of the CPASs to set up the services that are lacking within their territory.

4. Plans for financing associative employment

The late 1970s were to see the introduction of the first large-scale policies to combat unemployment, based on a two-pronged strategy involving the development of vocational

training and the creation of jobs assisted directly by the State. The second part of this strategy consisted of a series of measures known, after 1977, as the *Programmes de résorption de chômage* (PRCs, or unemployment reduction programmes), which had already been preceded for a number of years by a policy aimed at increasing the number of public-sector jobs.

The State intervened in getting the unemployed back to work (100 000 PRC jobs today) by providing some or all of their pay either by "activating" the unemployment allowance or setting up, for instance, interdepartmental budgetary funds for employment. "Through these PRCs, the public authorities offer work to unemployed people by providing some or all of the remuneration of these workers, who are taken on by non-profit-making associations or public authorities. It should be noted that the public authorities have relied very much on the initiatives taken by associative structures [particularly in the social sector] in order to implement these various programmes [cf. subsidised freedom], as it is mainly due to numerous associations, which have developed on the ground many activities of benefit to the community, that tens of thousands of unemployed people have been able to be provided with work again. Incidentally, public support via the PRCs has very often subsequently come to reinforce [or even institutionalise] the activities of associations, which had a pioneering role." (Defourny & Simon, 1997).

Through the PRCs, despite certain unforeseen effects (the lack of job security under certain programmes, the difficulty of finding people with the appropriate backgrounds among the long-term unemployed, the marked politicisation of the system of granting jobs), the associations have been able to extend their operations and make them more professional, stabilise their activities (the State's supervisory relationship referred to above remains complementary and important) and organise themselves collectively into employers' federations and trade union sections. Over a period of some ten years, new occupational and organisational identities have been forged. In Belgium, a distinction is commonly made today between the "associative" sector and the "non-market" sector. The former consists of non-profit-making associations (ASBLs), excluding educational institutions and hospitals, and employs more than 162 000 full-time equivalents, that is 5% of total employment in Belgium. More than 30% of PRC jobs are in the social field (22% in the health sector). The latter "non-market" sector also includes ASBLs, plus hospitals, mutual insurance companies and schools. This part of the economy, which is neither capitalist nor part of the public sector, accounts for 10.5% of employment (338 000 full-time equivalents). It has an increasingly strong identity, particularly at trade union level. For instance, since 1998 it has formally participated in the national consultative bodies (whose decisions may have force of law), alongside management and the unions. It should, moreover, be pointed out that the workers' movements that have been important in recent years have included a wave of major demonstrations by occupations in the non-market sector, in a common trade union front, with, as their first demand, the creation of jobs with a view to improving working conditions and the quality of services.

This profusion and concentration of associative structures, which is due particularly in the public social services sector to the PRCs, goes hand in hand with "pillarisation". There are two major "pillars" running through Belgian society, one socialist, the other Catholic. These are broadly based movements, with many components (trade unions, mutual insurance companies, political parties, schools, universities, banks, social and cultural associations, leisure infrastructure, women's and young people's movements, media, etc.), sometimes closely, sometimes loosely related, or even in conflict. While many of the grassroots associations class themselves as "non-aligned", the fact remains that pillarisation gives order

to the overlapping or even ambiguous relations existing between the world of politics, large organisations and associations.

5. Federalisation and segmentation

In 1970, the way in which Belgium operates politically was changed for the first time because the Walloons and Flemings wanted to organise their respective institutions themselves in a number of areas (particularly economic and cultural). In a lengthy but incomplete process involving four successive revisions of the constitution (in 1970, 1980, 1988-89 and 1993), Belgium became a federal State with an institutional structure of virtually unprecedented complexity. The decisive stage was reached in 1980. While it is not essential to examine in detail the background to these events and the subsequent outcome, two points must nevertheless be stressed:

- there are two types of federated entities: the Communities (Flemish, French and German-speaking), established on the basis of the language group to which Belgians belong; and the Regions (Flemish, Brussels Capital and Walloon), established on the basis of territory. Only the Flemish Community and Flemish Region correspond geographically. None of the other entities can be superimposed on any other;
- the Brussels Region has four parliaments and four executives. The regional parliament and regional executive are bilingual and easy to place. Two others are monolingual and manage matters transferred from the Communities to the Regions. A fourth is bilingual and manages certain other transferred matters.

All this means that it is no longer possible to have a uniform or overall view of Belgium. The country is made up of an astonishingly complex patchwork of institutions and political associations. Matters relating to social policy are organised mainly at regional level, but the community and federal prerogatives remain important. Social security is still homogeneous. For each question arising in a particular place, there are virtually always three or four levels of power, sometimes even five in the Brussels region.[3]

The question of the coordination and integration of services – and of the authorities which they come under or emanate from – arises in an increasingly crucial manner in the debates on social policy. This happens at two levels. Firstly, those working in the field, such as the public social services, have to redefine, in their practical activities, through this new and shifting segmentation, concrete projects which are of necessity transversal. For instance, they are obliged to multiply approvals or even legal statutes. More often than not, these projects cannot be reduced to the facets on view when seen through the distorting prism of social policy. To that extent, they are very difficult to describe and categorise. Secondly, the federated authorities are small and relatively close to the "coalface" which they are responsible for managing. It will be noted that this new scale has a direct impact on the way in which regional and community social policies are being formulated and fleshed out: they are often based on the public initiative of the new services and systems – regional centres for integrating people of foreign origin, local development agencies, local reception and integration services for employment, neighbourhood corporations, local task forces for

[3] With regard to the Brussels Region in particular, the way in which this structure is managed adds to the complexity; there is no across-the-board regional policy plan which the regional authorities could impose on the other levels of power in order to see it through to a successful conclusion (an approach which is, however, more prevalent in Wallonia and Flanders); there is instead a number of different levels of power which, each with their operational capabilities and their plans, consult with one another and formulate a common policy proposal.

employment. There are more examples in Wallonia than in Brussels, and they are sometimes managed jointly with the local associative networks. Subsidised freedom no longer appears to feature prominently in the relationships between the State and associations. Subsidiarity still applies, but seems to be interpreted increasingly strictly, within the framework of "top-down" rather than "bottom-up" arrangements. The effect in terms of politicisation of the public social services in particular is considerable.

6. New active employment policies and community services

Up until the early 1990s, the concept of community services – which aims to develop jobs in service-based activities in order to reduce unemployment among the less well-educated jobseekers – was still unknown in Belgium. It is under this new "top-down" approach, with the creation of casual jobs for those unemployed who are difficult to find openings for, that community services are going to become the subject of a policy. It is the latest generation of assisted jobs – occupational activities provided by the local employment agencies (ALEs), involving nearly 30 000 long-term unemployed, and the "activation" of unemployment allowances[4] (nearly 10 000 jobs at the end of 1998). It is mainly these two schemes which today crystallise in Belgium what can be referred to as community services resulting from new requirements. Here, in particular the importance of the local authority level and the absence of the "social economy" (except as a user of the schemes) will be noted. It should also be pointed out that these schemes - which could shortly be integrated into a generalised system of services vouchers, cofinanced by the State, will soon form the first stage in the emergence of a market-based approach to public social services and community services in general, given that a striking feature since the 1980s has been a twofold trend:

- a public procurement-type relationship does not exist between the State and the public social services. The State and the associations do not have relations where price is the sole subject of the negotiations. What comes closest to it is the massive subsidy for consumption under certain social policies, justified by the beneficiary's freedom to choose the provider of care or services. However, since there is a high degree of standardisation and supervision of the supply of services, even though there is competition on the ground, it is difficult to compare that supply with the public procurement model. Competition tends to be at a more general level, between the pillars: we are dealing with an oligopolistic setup, and the negotiations here are political. This absence of public procurement can probably be explained by the fact that this supervisory and "pillarised" relationship with the State "suits everyone" (it institutionalises the balance of power between pillars), and the combined impact of social security and the CPASs in terms of social cohesion is relatively satisfactory;
- it is 15 years since there has been any fundamental change in the way in which the public social services are organised institutionally and conduct their relations with the State. The possibility of withdrawal of subsidised freedom may even arise. The social services which have to meet the new "community" requirements would also tend instead to become involved in employment-creating policies targeted at the less skilled.

7. The question of coordinating social policies

While we shall be examining in the chapter dealing with the three target groups the sectoral coordination measures, attention must be drawn to the appearance of wider-ranging coordination measures that have been implemented over the past ten years or so, while

[4] For a detailed description of these two policies, see Annex A.

bearing in mind the obstacles to such approaches resulting from the institutional setup referred to above.

At local authority level, one of the prerogatives enjoyed by the CPASs is the ability to coordinate the services provided within their territory. Today, there is no policy for promoting or supporting this function. Progress on the ground is sometimes nonexistent, sometimes very federal in nature. For instance, in Charleroi in the 1990s the CPAS brought together virtually all the services under a broad partnership, and initiatives were taken (HIVA, 1998). Such a situation is very much the exception. It is not uncommon in a town with a population of 50 000 for there in fact to be three associations concerned with social coordination – one based around the CPAS, another, for instance, around a group of associations in the outpatient sector, and a third around one of the "pillars" (Catholic or socialist).

The *Centre pour l'égalité des chances* (Equal Opportunities Centre) – a department which comes under the Prime Minister – has, since it was set up in 1993, started work on coordinating the policies aimed at combating poverty at national level. With its expertise in numerous areas (housing, justice, social security, health, employment, education, family matters, etc.) and by working systematically in close consultation with those operating in the field, it has been able to push through a number of policy proposals and encourage the establishment of certain specialised social services (*Cellule pauvreté* (Poverty Unit), 1999).

Each Region has set up within its administrative organisation a unit which manages cross-disciplinary programmes, generally in collaboration with the local authorities (*Sociaal Impulsfonds* (Social Impetus Fund) in Flanders, *Cellule d'intégration sociale* (Social Integration Unit) in Wallonia, *Délégation aux solidarités urbaines* (Urban Solidarity Delegation) in Brussels). Depending on the circumstances, these bodies have additional functions, such as the coordination of regional policy, policy proposals and the follow-up of pilot projects.

8. Quality of service and user participation

In Belgium, there is very little debate on quality of service as such or identification of the problems involved, and equally little attention is paid to the evaluation of services and of social policies. Even though some politicians, as well as certain services, are beginning to consider monitoring or improving quality and even though there are innovative practices in the field aimed at improving the service for users, it is management and labour, in collective bargaining and the demands put forward by the unions, which have attached most importance to this issue. For them, it is directly related to the matter of working conditions under the watchword of professionalisation (nurses, home helps).[5] Quality of service is, however, viewed as a direct unequivocal effect of the improvement of working conditions of the professional staff and of the amount of employment in the social services. In what respect and how such measures generate qualitative improvements is a relationship which remains implicit.

Three remarks must be made with regard to the evaluation of social policies:

1. within the framework of the regulations under which they are accredited, the inspection services of the authorities check that the services comply with their accreditation criteria.

[5] This approach was particularly evident in the movement which led the non-market unions of all sectors from all over the country to take to the streets four times in 1997-98.

This type of monitoring process focuses primarily on material aspects (size of the premises, equipment), accounting aspects and human resources aspects (qualifications of the staff). It also relates to quantifiable aspects, such as the number and type of services provided, the characteristics of the groups affected and follow-up after catering for their needs;

2. the more qualitative evaluations are not systematic. They are mainly entrusted by the political authorities to university experts or consultancy firms. They are always sectoral ("What is the impact of a particular type of service?", "How coherent is a particular sector?"). Their conclusions are not systematically circulated (at least through formal channels). And it is only very occasionally that their conclusions stimulate debate or policy changes;
3. One well-known exception should be noted. In 1994, the *Fondation Roi Baudouin* published a general report on poverty at the request of the Federal Government (FRB, 1994). This involved work over a long period of time and relied on the participation of associations of a social nature and their users. It gave rise to the establishment of a Poverty Unit within the Federal Centre for Equal Opportunities (see above), which still collaborates with the same organisations. In the wake of this report, the Federal Government gave recognition to and provides subsidies for "associations in which the poor have a say".

Except for the general report on poverty and despite the desire to modernise the public services,[6] little explicit attention was paid to the matters of evaluation or quality in relation to citizenship or the service relationship. This is a paradox which should be underlined, given that in many service-providing associations innovative but not particularly formalised or well-capitalised practices do exist in terms of internal work on quality of service, such as the relational dimension of the services, co-production of the services involving the user, originality of the evaluation methods, ongoing and often informal renegotiation of the standards and internal rules, the collective dimension of the work, redefinition of the division of responsibilities and of the relationship to knowledge and anchoring within the informal networks of those involved within a particular territory.

In many fields, however, there are groups of citizens who organise themselves and put forward demands as action groups, ranging from the homeless to the parents of victims of paedophilia and including young artists, the unemployed and those receiving the guaranteed minimum income benefit. Their demands, mostly based on civic and social rights, range from the most narrowly targeted to the all-embracing. In many cases, they call into question social work. This was the case in particular with the *Comités blancs*, a huge movement which appeared in 1996 following the discovery of the corpses of young children who had been murdered and the abortive judicial inquiries set up to deal with the matter. The expertise, professionalism or oligopoly of many voluntary associations in the social sector was called into question by the demands of this "*Mouvement blanc*". With regard to the latter, a real rift developed concerning the reactions of the various organisations to the questions being asked. Many avoided taking or refused to take a position. Some, however, went to meet the movement, both in terms of this expression of anti-authoritarian sentiments in relation to the injustice and abuse of power and in terms of the emergence of new demands relating to "children's rights".

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[6] The constitutional reform of 1991 was followed by major legislation in the three regions and at federal level concerning relations between the authorities and citizens (Stenmans, 1999).

1. Development of policies and target groups

The three target groups, namely elderly people living alone, young jobseekers and adults with mental health problems, will be dealt with here in that order, with the following items being examined in turn: an inventory of the existing services, the different movements for coordinating the activities and the main public policy issues.

I. Services for elderly people living alone

In 1991, the over-65s accounted for 15% of the national population. The proportion of over-65s was higher in Brussels (17.5%) than in Wallonia (15.4%) and lowest in Flanders (14.5%). More than 70% of the elderly live at home. 64% are women and 46% used to be employed as manual workers. On average, they have one child who is still alive. 60% own their own homes. The average income is BEF 27 600 a month. Of the over-75s, 40% of those living alone at home are widows/widowers or spinsters/bachelors and 32% live with their husbands or wives. In 1992, 18% of the over-65s were classed as invalids[7] or semi-invalids, with, of course, big differences according to age (only 60% of the over-85s are considered to be fit and well (Balthazart, 1996).

1. Inventory of services

The structure of the services currently available to elderly people living alone mainly dates back to the 1980s. Two developments were characteristic of that period: the additional facilities made available in two areas, namely home-based care and services and residential institutions, and the increase in the number of new specialised services. This twofold development was triggered by the budget cuts imposed by the Federal Government in 1984 on the hospital sector, which still accounts for 60% of government health expenditure today. In particular, these cuts resulted in a moratorium on the number of beds, which led to closures, mergers and restructuring. The trend observed during the 1990s, caused by demographic, health and medical factors, shows an increase in the number of people being accommodated in institutions and a reduction in the number of those living at home with someone else, although the latter "life solution" is, as a number of studies have shown, the most satisfactory.

It was estimated in 1992 that the use made of the wide range of services by elderly people living at home was broken down as follows: nurses 19%, family support 17.4%, private cleaning ladies 15.2%, services providing equipment on loan 11.7%, home helps 10.9%. All the other services (meals on wheels, minor domestic work, social service, telephone help lines, etc.) are or were used by less than 10% of the people concerned. Family and friends are also important: in particular for people living alone, it tends to be the family if they have one or more children who are still alive; otherwise, it tends to be friends and neighbours. Since the late 1980s, great emphasis has been placed on coordination between the different services, but the desire to achieve this has been undermined by the considerable amount of overlap between these social/health policies and the job-creation policies for the unemployed, which are supported by the social services as a priority.

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[7] The degree of independence of the elderly and invalids is measured in Belgium on a scale adapted from – although more "tolerant" than – the classic Katz scale. The characteristics taken into account are whether or not the person concerned is continent and whether or not help is needed to wash or get dressed, for moving about, going to the toilet and eating.

2. Diversity of services

There are at least eight possible providers of services – home nursing services, family support services, social services centres, centres for coordinating home-based care and services, local employment agencies, day centres, services centres and residential institutions[8] – and, while there is a wide range of facilities available, this gives rise to numerous problems with regard to coordination. The public authorities have therefore been obliged to make a special effort to ensure greater coordination. The approach adopted in Flanders has been different from that followed in Wallonia.

3. Coordination

With different timescales and rationales, the Flemish and the French-speakers have endeavoured to structure the homecare sector around family support services, with an approach based on coordination, the French-speakers by establishing a model for coordination bringing together three types of services, the Flemish by redefining in a wider manner the specific and complementary aspects of all the subsidised services in question.

In French-speaking areas, the *Centres de coordination de soins et services à domicile* (CCSSADs, or Centres for Coordinating Home-Based Care and Services), which were set up in 1989, are centres mainly concerned with coordinating at least a home nursing care service, a family support service and a social services centre. To these must be added at least four from a range of additional services: meals on wheels, remote biometric supervision, services providing equipment on loan, physiotherapy, dental treatment, upgrading of premises, speech therapy, occupational therapy and chiropody. The care provided by the GP chosen by the user must also be taken into account in this coordination.[9] The main aim is to delay the hospitalisation of elderly people living alone who are ill or invalids by taking their needs into account in a comprehensive manner. Mention must also be made of another integrated care model, usually developed on a community basis and less specifically intended for the elderly. These are the *Centres de santé intégrés* (Integrated Health Centres) and the *maisons médicales* (medical centres), which have in some cases developed innovative methods of financing, with a flat-rate contribution from the user providing access to all the proposed types of care.[10]

In 1998, the Flemish Region, in the wake of its reform of the family support services, adopted a framework decree on homecare (the *"Thuiszorgdecreet"*),[11] which is currently bearing its first fruit. In this decree, the Government recognised the various people involved in the homecare field, laid down their responsibilities, provided for procedures for coordination and collaboration and significantly increased the budgets for this sector. The emphasis was placed on the individual freedom of choice of the elderly people concerned and support for family

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8 For a detailed description of these various services, see Annex B.

9 Decree of the Council of the French Community of 19 June 1989 organising the approval and subsidising of the centres for coordinating home-based care and services (CCSSADs) (MB 04.08.89). This was supplemented by an implementing order of 26 June 1989 (MB 09.09.89). Regulations already existed permitting the recognition of "external" coordination of homecare for the elderly (Order of the Executive of the French Community of 2 July 1987 concerning homecare centres established at the initiative of GPs) (MB 16.07.87).

10 Decree of the French Community of 8 July 1983 on the subsidisation of the activities carried out by integrated health centres (MB 13.08.83). Incorporated in and extended by the Decree of the French Community of 29 March 1993, as amended by the Decree of the Walloon Parliament of 24 November 1994 on the authorisation and subsidising of integrated health associations (MB 27.05.93).

11 Decree of 14 July 1998 on the recognition and subsidising of associations and equipment for homecare support (MB 05.09.98), and its implementing order of 18 December 1998.

and community solidarity. This decree covers family support services, services centres, daycare centres, short-stay centres, adapted support centres and users' and unofficial helpers' associations. It lays down ten common guidelines governing their work (Martens, 1998).

4. Issues involved

Three issues may be identified resulting from the changes that took place during the 1990s:

- the recasting of the relationship between looking after people at home and the institutions providing care and residential accommodation, particularly with regard to the extent of the involvement of the various professionals (GPs, nurses and family support staff);
- the impact upon social policies of the policies to reduce unemployment; the issue of "killing two birds with one stone" from the social point of view features prominently in the field of homecare for the elderly; this consists of using social policies for the benefit of employment policies by means of creating additional facilities through mobilising those who are not in active employment. This issue arises in connection with the *Plans de résorption du chômage* (PRCs, or Unemployment Reduction Plans) and the *Agences locales pour l'emploi* (ALEs – Local Employment Agencies);
- a policy of indirect user participation; the regional and community authorities set up, in connection with the responsibilities which they acquired as a result of the federalisation of the State, consultative bodies for the main social policies; as advisory bodies, their relations with users are highly ambiguous, since they organise services themselves.

II. Services to assist the young long-term unemployed

The situation of the young unemployed (those under 25) must be examined in the light of how the employment market has developed in Belgium over the past 25 years. From 1975 onwards, unemployment grew, to attain massive proportions within a few years. The first people to become unemployed were workers rejected by declining industries and the less well-qualified young graduates. Since the mid-1980s, a substantial proportion of the unemployed has consisted of the children (especially the daughters) of the economically active working class, which continues to shrink. This includes in particular the generation born in Belgium to the waves of immigrants from Italy and then the Maghreb countries. The geographical distribution of the unemployed is also a problem, since it is concentrated in certain areas which were formerly centres of heavy industry, such as Hainaut, the Liège area, the Brussels Region and eastern Limburg.

In the late 1980s, one unemployed person out of two had been out of work for at least two years and one in four for at least five years. The number of wholly unemployed receiving benefit and looking for work fluctuated around 500 000[12] (14% of the labour force). If all categories are included (those who have taken early retirement, young graduates waiting to receive benefit, those temporarily out of work, part-time workers, those not seeking employment, those undergoing training, etc.), the figure comes to under a million people, for a country with a total population of 10 million.

Today, Belgium is the country with the highest proportion of long-term unemployed (those out of work for more than a year) in Europe, and this also applies to the under-25s. These unemployment rates have remained relatively stable, despite a steady growth of around 2%

[12] For the number of wholly unemployed under the age of 25 receiving benefit, see Annex C.

since 1985 (except for two or three years). The occasional reductions in the number of unemployed are mainly due to the creation of part-time jobs.

1. Inventory of services [13]

There are a large number of social services catering for the needs and demands of the young long-term unemployed in Belgium. In terms of their legal definition, none of these services is intended exclusively for the young long-term unemployed. Where a particular group is targeted, it is generally defined in terms of educational levels or how long the people concerned have been out of work.

These services are for sections of the population which, historically, are a relatively recent phenomenon. At the start of the crisis, these were still mainly general-purpose services providing vocational training for young people, workers and the unemployed. These services were either public agencies which came under the social security system, or schools, or centres run by the unions and management from the major industries. By the late 1970s, a number of more specialised services emerged in the associative sector and these were gradually recognised by the Government and provided with support, particularly under the PRCs and then from the European Social Fund.

The 1990s saw the introduction of arrangements initiated by the public authorities under a programme-based approach: these operate at grassroots level and the methods used normally emphasise the need for coordination and partnership. At a more general level, it should also be pointed out that these services focus on the demand for jobs among the young unemployed. Other areas where assistance is required (such as housing, income, justice, debt, health and culture) are also taken into account by these bodies. However, those services whose activities are based on anything other than employment remain few and far between. A sector has developed over the past 20 years – and gradually become increasingly independent – concerned with integrating people into the world of work.

2. Coordination

Coordination of the integration policies at the level of zones defined as "labour market areas" in Flanders and Wallonia, and at the level of groups of certain local authorities in Brussels, led to a series of initiatives being taken by the public authorities in the 1990s.

In the Walloon Region, *Comités subrégionaux pour l'emploi et la formation* (CSEFs, or Subregional Committees for Employment and Training) appeared. They bring together unions and management and are a decentralised form, at the level of the labour market areas, of the *Conseil consultatif socioéconomique régional* (CESRW, or Regional Socioeconomic Consultative Council). There are ten CSEFs, and they were set up in 1989 under an agreement between the Walloon Region and the French Community, which at the time still shared responsibility for both employment and training. The Walloon CSEFs were behind the creation of certain *Missions régionales pour l'emploi* (Regional Task Forces for Employment), modelled on the French *Missions locales* and *Missions "Nouvelles qualifications"*; one of the first initiatives was launched in Charleroi, with the establishment of MIREC in 1991.

In Flanders, the Subregional Employment Committees (*Subregionale Tewerkstellingscomités*, or STCs) have been operating according to a similar subregional concerted action-based

[13] For a description of the different services, see Annex D.

model since 1979. There are 12 of these STCs (plus one for the Dutch-speakers in Brussels), and they bring together employers' and workers' representatives but also, in a consultative capacity, representatives of the regional employment authorities, the VDAB's subregional department, the local authorities and the associative social services involved in integration.

The local task forces in Brussels bring together, at local authority level, the Walloon CSEFs' responsibilities for coordination/concerted action and the regional task forces' power of initiative.

3. Issues involved

There are eight factors at play that define the trends of the integration policies.

1. The arrangements made under a programme-based approach: the 1990s were characterised in particular by the emergence of initiatives on the ground, taken at the instigation of the public authorities in the field of social policy, either in the form of associations, some jointly managed, or in the form of specialised, decentralised offshoots of public agencies or authorities (HIVA, 1998). These arrangements have objectives formulated in terms of coordination of services on a regional basis which enable the public authorities to go further, particularly in the field of integration, by in fact laying down common operating principles for the various services, including associations. The granting of accreditation and subsidies to the associations is therefore contingent upon their participating in these arrangements. This can be done by signing charters, changes to the laws governing accreditation, or agreements to be concluded with the public agencies, which are essential partners.
2. The search for models involving negotiated integration: the evaluations carried out on the initiative of the European Social Fund show that the public social services operating in the field of training and occupational integration are excessively based on a model of adaptive integration (Carton and Meulders, 1995; Carton and Meulders, 1997). In line with the aim of ensuring equal opportunities on the labour market, this adaptive model involves operations focused on assistance for the person being trained (mobilisation, guidance, acquisition of skills and qualifications, etc.) on the assumption that the "economic structure remains unchanged", i.e. it is postulated that there is "a retrospective adjustment between skills acquired by the unemployed person and skills required by the company". If employment is one of the objectives, improving the relative position of groups with few advantages accentuates the competition between jobseekers. The sector is in fact viewed by private employers as not particularly effective.
3. Selectivity of target groups: a selective approach underlies the emergence over the past twenty years of new integration and training services. The criteria used are defined in terms of educational levels and how long the people concerned have been unemployed, seldom in terms of age.
4. The institutionalisation of integration by economic means: while negotiated integration practices are being developed, at the same time another approach to integration is gaining ground which consists – under the general label of integration by economic means (or by using the "social economy", i.e. the cooperative, mutual and non-profit sector, for integration) – of creating new production activities adapted for the training or involvement of people considered to be ill-equipped to find or hold down a traditional job. Following the example of what has been happening in other European countries, associative initiatives in the social sector started to be deployed on the ground during the 1980s. They gradually gave rise to policies to combat unemployment; new financing

arrangements and new authorisations were then developed, still within the framework of subsidised freedom.

5. The emergence of employers involved in integration: the employers' federations in the socio-occupational integration sector grew stronger as a result of two approaches: firstly, the establishment of a joint industrial council for the non-market sociocultural sector (CP329) and, secondly, the implementation of "pathways to integration".
6. Pathways to integration (*"parcours d'insertion"*): there has been a reorganisation involving a sequential approach to sectoral coordination. It was in 1992-1993 that the Belgian authorities were required to launch policies involving pathways to integration. In the programming documents linking the Regions to the European Social Fund, as from the beginning of 1997 any cofinancing operation under Objective 3 had to be conditional upon participation in such arrangements. All services in the integration sector, whether associative or public, were concerned. The first effects of these measures are only beginning to be felt. They take as their starting point the generally shared view that the training on offer is insufficiently coordinated since it has been built up over twenty years from a sedimentation of measures and innovations, and that the unemployed must be offered a coherent pathway consisting of successive stages through the standardised and modularised facilities that are available.
7. Having a say with regard to citizenship and the place of users: within the various public social services aimed at the unemployed, there are internal practices relating to participation or concerted action which have in some cases existed for a very long time. They vary considerably, but are always subject to the user/service relationship it is being attempted to establish. Two types of participation predominate (Fenaux, 1999): services where the main user/worker relations are conducted collectively, which generally involves extremely flexible services intended to encourage the users to undertake collective projects or to increase their inclusion in relational networks; and services where three areas can be clearly distinguished: individual support, group-based training and participation, where work is carried out involving training, its procedures and guidelines.
8. Quality under tension: a tendency to formalise quality control has started to appear since the mid-1990s in the integration sector. Three types of operator with a close relationship with private firms have in fact adopted ISO standards: public agencies for employment and training, services for continuing education for workers and social enterprises (Van Pachterbeke, 1999), insofar as they have a clientele consisting of firms. These types of standards could easily be extended in future to other services. Meanwhile, the issue of quality has for a long time been present in the work of the associative services, even if it has not been raised explicitly as such. This appears in two of their traditional concerns, aggravated in particular by the launching of the pathways to integration: (a) the tension between integration and selectivity. One criterion for evaluating the services in the field of integration is the success rate in finding jobs for the trainees. Hence a tendency to raise the admission criteria for applicants, a tendency which must constantly be resisted. The organisation of courses in the pathway to integration could transfer this tension to the "support staff" or training forums alone, in the sense that a hierarchy will be established between courses providing for different degrees of integration; (b) the tension between integration and supervision. Here, the link with employment remains crucial but problematic, as the pathways to integration do not provide for any link with the employment policies, which are designed in close collaboration between management and unions. Only the measures to provide employment and integration by economic means in Flanders are part of pathways to integration. Those operating in this field therefore find themselves being afraid to have to apply relegation in integration, or even

outright social control. They are also afraid that these reforms ignore the priority hitherto given to the most vulnerable groups (FéBISP, 1999).

III. Services for people with mental health problems

In the absence of exhaustive epidemiological studies, it is extremely difficult to identify the group we are dealing with here, other than by means of the statistics on the use made of the institutions and services intended for these people (26 261 places available). This obviously gives a relatively distorted picture of the true situation. It is, however, generally accepted that the situation found to exist elsewhere in Europe applies equally to Belgium. The people affected form a nucleus estimated at 15% of the total population, suffering from either chronic or severe psychiatric problems, including pathological conditions such as schizophrenia and psychoses, but also extending to depression and anxiety, and certain forms of dependence on alcohol, illegal drugs or certain medicines. Other indicators point up the variation in the incidence of depression according to people's socio-occupational status; thus the relationship between the suicide rate and socioeconomic integration has been highlighted in the case of Belgium: 56% of attempted suicides and 41% of actual suicides involve people affected by unfavourable socioeconomic conditions. Annual sales of antidepressants on the domestic market in Belgium increased from BEF 1.6 billion in 1992 to 5.5 billion in 1997 (CEFE, 1998).

1. Inventory of services

The services consist of three types:

- the hospital sector, which involves mainly psychiatric hospitals, the psychiatric departments of general hospitals and other residential institutions whose principal tasks are directly related to therapeutic matters in the strict sense of the word (72% of the available places);
- the sector which we shall refer to as *extra muros*, consisting of a limited range of services – principally psychiatric nursing homes (11% of places) and sheltered accommodation (9% of places) – usually intended for people who have completed hospital treatment and normally set up by the hospitals;
- the outpatient sector, consisting of relatively non-specialised services, sometimes very much an integral part of patients' lives.

In 1998, the total budget for the outpatient sector was BEF 3 billion, while expenditure in the hospital and *extra muros* sectors amounted to BEF 21 billion. This shows the disproportion between the three sectors.

Since 1975, there have been fairly major developments in mental health policy, firstly with the creation of mental health services and, secondly, with a policy of hospital reform aimed at reducing the number of psychiatric beds in hospitals.

The creation of mental health services (*"services de santé mentale"*, or SSMs, sometimes referred to as *Centres de guidance* (Guidance Centres)) as they exist today dates back to the time of the major protest movements of the 1960s. They established themselves as an alternative to the dominant asylum and hospital models, to provide a nationwide network of small-scale facilities dispensing comprehensive treatment for people in their home or normal working environment. Because the focus of attention was the environment, the emphasis was placed on multidisciplinary teams and the structuring of cooperation with all the other public

social services. Many services undertake preventive work, with the accent on community health. The support and treatment are provided in the centre or at the users' homes. The mental health services have been recognised and financed since 1975 as an alternative to hospital treatment. The rules adopted since have remained in line with this approach (priority tasks based around treatment and prevention, regionalisation and a multidisciplinary philosophy). As hospitals have been modernised, they have entered into cooperation agreements with these services, in order to shorten the stays of psychiatric patients or obviate the need for such stays, or to see that the patients are followed up. Outpatient treatment of mental health problems is today the responsibility of the Regions. Each formulated its own laws governing the mental health services in the 1990s. So far, these laws are fairly similar and their impact has not yet been systematically evaluated.

While in 1990 the number of patients who had been in hospital without interruption since 1977 still stood at 7 300, a new policy was implemented aimed at creating forms of supported accommodation with a view to reintegration into society and beds in psychiatric nursing homes (MSPs – *Maisons de soins psychiatriques*) by doing away with an equivalent number of hospital beds, even though the psychiatric nursing home bed created "disappears" with the death of the patient. While there was a sharp reduction in the length of the average stay in a psychiatric hospital between 1979 and 1994 (from 180 to 80 days), it is still necessary to exercise caution when interpreting these data, given the capacity-reduction policies carried out during that period. While the sheltered accommodation programme was scheduled to provide 0.4 beds per 1 000 inhabitants, it was Flanders which developed these services the fastest, providing 96% of the scheduled number of beds, compared with 56% in Wallonia (FJR, 1994). In 1993, 71% of the beds in sheltered accommodation were in Flanders: since the number of beds in psychiatric hospitals in relation to the number of inhabitants was far higher than elsewhere, the number of conversions was much greater. In 1993, incidentally, the extent of the existing initiatives was significantly greater in Flanders (52.7 beds on average for each sheltered accommodation unit, on a number of sites, compared with 35.2 in Wallonia and 15.9 in Brussels), with some units containing up to 200 beds. Today (at the end of 1998), Belgium has 3 047 beds in sheltered accommodation (De Galan, 1998), while 4 057 are planned. The maximum stay is seven years. Residents normally live in the sheltered accommodation home.

2. Coordination

In the wake of the 1990 reform, two new instruments were introduced:

- the regional consultation "platforms", consisting of 12 associations bringing together hospital services, mental health services and sheltered accommodation at subregional level. The aim of this measure was to coordinate the provision of care by defining the areas of activity covered by hospitals and by guiding the establishment of new services within the context of the restructuring process. Some of the platforms called upon GPs, patients' organisations or mutual associations to assist them in their work;
- computerised individual monitoring, known as the "minimum psychiatric summary" (RPM). Patients cared for within the hospital structure and in sheltered accommodation are monitored by means of a type of standardised single file, which provides a summary of the state of a patient's mental health and all the treatment he or she has received. The aim of this arrangement is to provide the information required to evaluate the restructuring process that was begun in 1990 and to define new guidelines or initiatives.

3. Issues involved

While mental health policy is involved in the socio-occupational integration policies, it nevertheless remains dominated by the continuation of a restructuring policy; the problem of financial accessibility to sheltered accommodation was highlighted when the Flemish Government proposed an explicit policy of quality improvement.

Opening up to the field of socio-occupational policies: sheltered accommodation and the mental health services – either by developing community mental health practices or endeavouring to improve the discharge rate for patients being cared for in institutions – developed initiatives in the field of socio-occupational integration. Thus, some set up enterprises for training through work, OISPs, social workshops or occupational care centres.
At the end of 1998, the Federal Government adopted a range of measures to relaunch and consolidate the restructuring process embarked upon in 1990. In addition to a series of measures intended specifically to organise care within a hospital environment and the maintenance of the possibilities for voluntary conversion into beds in both sheltered accommodation and psychiatric nursing homes, the eight new ministerial decrees of 4 December 1998 introduced the concepts of network, care "circuit", hospital "referent" for the continuity of care and target group (De Galan, 1998).

An explicit policy of quality improvement was formulated by the Flemish Parliament and embodied in a decree[14] on quality in the care services. It is only today that the text in question is about to enter into force. Initially, it will cover general hospitals, psychiatric hospitals and the mental health services. It will subsequently (by the end of 1999) be extended to the other services in the health field, including the home help services (Demeester, 1998a).

Finally, a general problem of financial accessibility to accommodation arises (CNEH, 1996). In fact, for the last ten years or so, users leaving hospital establishments have been dealt with in one of two ways. The less well-off tend to a greater extent to be dealt with in the psychiatric departments of general hospitals and, upon being discharged, to be accommodated in psychiatric nursing homes. On the other hand, a much larger proportion of those who are better-off are cared for in psychiatric hospitals and sheltered accommodation. It will therefore be noted that the care available – as a result of the criteria governing access to the different types of service – leads in a selective manner to "chronicisation" of psychiatric patients.

[14] Decree of the Flemish Parliament of 25 February 1997 on total quality management in medical establishments (MB 09/04/97).

2. "Good practices"

Introduction

This second part of the study presents nine initiatives which can be regarded as having developed innovative or good practices within the context of the public policies that have been deployed in respect of the three target groups. The order in which they will be presented follows that used in Part One: measures directed at elderly people living alone, those aimed at young people looking for jobs and, lastly, those concerning people with mental health problems. In the Belgian context, we have systematically selected one initiative for each of the country's three regions, which are presented in the following order: Brussels Capital Region, the Flemish Region and the Walloon Region. In order to standardise the presentation of these initiatives, seven dimensions have been examined: the origin of the initiative; the number of workers and clients, and the budget; the definition of the target group(s); the aims and characteristics of the service; employment characteristics; quality and the evaluation undertaken within the service; the outlook, according to whether the scheme is limited or according to its degree of transferability to other contexts. Two initiatives – *Vitamine Werk* in Antwerp and SIAJeF in Liège – are described[15] in detail in Part Three in the form of case studies.

I. Elderly people living alone

1. *Centrale de Services à Domicile* (CSD, or Centre for Home-Based Services), Brussels
   Rue Saint-Bernard 43, 1060 Brussels

1.1. Origin of the initiative: the association was established in 1983 following the closure of a hospital (the *Clinique E. Clavell*) as a result of the desire of a number of redundant workers to recreate their employment (conversion unit). The association, which has "asbl" (non-profit-making) status, has grown considerably over the past ten years, both in terms of the number of services offered and the size of its staff.

1.2. Number of workers and clients, and budget: the staff numbers 300 (22 nurses, 24 nursing auxiliaries, 6 social workers, 116 family support staff and 39 home helps; there are 13 administrative staff, including 1 director, who is assisted by 5 coordinators; there are 6 telephonists and 1 accountant). In 1998, services were provided for 1 182 patients (45% living alone; 66% over the age of 75); 72 291 meals on wheels were distributed over a period of a year. The budget receives 70% of its funds from the public authorities[16] and 30% from beneficiaries' contributions. Out of a total budget of BEF 316 million, staff costs account for BEF 253 million.

1.3. Target groups: elderly, sick and handicapped people living alone in the Brussels conurbation (19 local authorities).

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[15] These two initiatives are presented in accordance with the criteria used in Annex E.

[16] At federal level, the CSD is recognised and subsidised under the social security system (sickness and invalidity insurance), generally for each intervention, and at a flat rate per day for patients who are difficult to treat or receiving specialised treatment. In this context, it is covered by all aspects of social legislation, some of the incentives for taking on unemployed people, rules concerning the exercising of medical and paramedical professions, etc. At regional level, the CSD is accredited as a social services centre and "centre for coordinating home-based services and care". It is subsidised for each hour of time spent helping people.

1.4. Aims and characteristics of the service: the CSD is an extra-hospital structure aimed at shortening, or avoiding altogether, hospital stays AND a structure providing non-residential home-based support (nursing care, physiotherapy, cleaning, meals on wheels, remote surveillance, childminding, social services, psychological support). Without this type of service, the beneficiaries of this type of support and services would have to be cared for in hospitals or residential institutions. The CSD therefore meets the demand for independence, in their daily life at home, from people who are generally in a very precarious situation (usually elderly people). Its services are provided free of charge (paid for by social security) or require a contribution from the beneficiary, although this is lower than the cost price. The CSD's activities should therefore be seen as opposing the strong trend which links low incomes and the length of stays in hospital; the CSD is not, however, involved in developing a health or community services project, but tends to operate on a "controlled market" basis. With regard to its meals-on-wheels activities, it performs a task that is in fact the responsibility of the CPASs, which run the welfare services at local authority level but, because they are underfinanced, are generally speaking no longer able to meet demand.

The CSD is characterised by its multidisciplinary approach: it groups together within the same organisation a wide variety of home-based support and care activities. It has been taken as a model by nine other organisations in French-speaking Belgium. The service operates 24 hours a day, seven days a week, without using external staff, even though this type of organisation generally relies on subcontracting and makes wide use of temporary staff and people working on a self-employed basis.[17]

1.5. Employment characteristics: the CSD employs approximately 300 people. It is difficult to estimate the precise number, as it fluctuates according to individual working hours (which are managed flexibly) and the complex procedures involved in organising the jobs to be done to service a fluctuating client base. A total of 70% of those on the payroll work full-time; the others work between 15 and 38 hours a week. For many home helps, and family support staff in particular, the CSD benefits from employment-support measures (reduction of social security contributions for the employment of people without jobs); some fifteen people – especially in supervisory functions – have assisted-employment status (subsidised contractual staff). The home helps are recruited on the basis of the unsolicited applications received by the CSD; for jobs which require greater skills, the CSD advertises the vacancies in the press. Some ten family-support staff are recruited every year under a training scheme jointly organised by the CSD for women who have been out of work for a long time.

The CSD complies with the standards defined by the two joint industrial councils which it comes under (family support and homecare). The nurses are relatively well-paid compared with the norm for unsociable working hours (nights and weekends); this advantage is due to the fact that recruitment was difficult a few years ago. With regard to the trend in job numbers, there has been a decline in the number of nurses in recent years but a significant increase in the number of family-support staff. Both trends seem to have stabilised over the past two years. Every month, management and the staff representatives meet within the

[17] In 1998, the CSD took over an activity which had previously been subcontracted, i.e. the preparation of meals delivered to people's homes by the cooperative *Panem et Laborem.* It took part in a partnership with local operators working in the occupational integration field in order to launch this enterprise, which since May 1998 has been providing permanent employment for four poorly qualified people. Using the services it supplies to the CSD as a springboard, this enterprise is set to develop its activities by taking on other clients and to increase the number of jobs it provides.

framework of the works council, which deals with all matters relating to the status of workers, working conditions, pay, etc.

The CSD is divided up into departments which bring the staff together either according to job category or according to job category and geographical area. The staff in each department meet every week, mainly in order to coordinate their various operations for the different beneficiaries.

The CSD does not promote employee participation in the management and development of the association; staff management is relatively "directive" and operates within a pyramid structure. "Internal communication" does not appear to be structured: the experience of the workers in the field is not "relayed back", either via the hierarchical channels or by other means.

1.6. Quality and evaluation:

- The crucial criterion is the ability to respond to demand 24 hours a day or the criterion of availability: the coordination and management of the different services in-house and the fact that, geographically, the area is divided into two (East/West Brussels) increases the ability to respond rapidly to demand, in a comprehensive, appropriate and structured manner.
- The arrangements offer a range of services to those prescribing care – from the medical to the social – without claiming to provide preventive or curative treatment, but by means of action to complement the front-line healthcare.
- In this connection, the CSD can be viewed as an "indicator of social determinants". Thus, for one of the association's managers, the benefits are twofold: "for the worker, experience shows that he or she finds – through the assistance that he or she provides through his or her job – recognition, or even the possibility of social reintegration. For the user, we note a new profile of requester of assistance, requiring a more specific and more sustained approach, taking account of new and growing problems: pauperisation, mental health, alcoholism, drug addiction, palliative care and Aids are just some of the phenomena which are no longer isolated or uncommon events for the carer, the helper or the social worker". This new order stresses the importance of working in a network and "the institution therefore positions itself as an instrument of partnership by deliberately seeking the support of institutions and services specialising in these different fields". These forms of cooperation apply equally to the "monitoring" of the user and to the "continuing education" of the staff.
- The CSD does not expend any energy in passing on the benefits of its experience to the outside world: it should, incidentally, be noted that it finds it extremely difficult to talk about itself, even in purely descriptive terms.
- While it is in contact with more than 5 000 beneficiaries a month, it is difficult to go any further in estimating the impact from the point of view of the public: the CSD does not process the data it accumulates on the recipients of its services.

1.7. Outlook: the CSD has been in existence for 15 years and spawned nine other initiatives in French-speaking Belgium. It does a great deal of work with its nine counterparts, on technical and logistical matters (e.g. the establishment of a common integrated IT system). The CSD participates in bodies for local coordination of those involved and in two regional advisory councils which bring together services, representatives of the beneficiaries and politicians. It is interesting to note that the CSD is typically a result of the supervisory system

of relations between public authorities and initiatives concerning community services. It is, moreover, financed to a considerable extent by the social security system (sickness/invalidity insurance) within a framework governed by very strict and precise standards and controls. With the partnership that gave rise to the cooperative for preparing meals for delivery to people's homes, it has, however, been developing its activities through a different relationship with the public authorities – one which consists of subsidising employment for the benefit of specific groups of unemployed people. This is the framework of the "integration enterprise", one of the latest manifestations of the integration policies in Belgium and the Brussels Region.

2. *Ten Hove*
Begijnhofdries 15, 9000 Ghent

2.1. Origin of the initiative: the *Ten Hove* Services Centre was set up on 13 February 1973 by the Ghent CPAS (public welfare centre). It was the first services centre for the elderly in Flanders. At that time there was no special legislation in this field. The CPAS has a total of eight services centres. These are grouped together under the special committees for services centres (BCD – *Bijzondere Commissies voor Dienstcentra*). *Ten Hove* is also a member of the Flemish Federation of Services Centres (VVDC). The different centres each have their own area in which they provide services.

2.2. Number of workers and clients, and budget: there is a staff of 11 (five with a permanent contract and six with a temporary contract), comprising one manager/coordinator of the centre (who is an occupational therapist), one full-time and two part-time employees who carry out administrative tasks, provide reception services and look after the accounts, two domestic staff for taking care of the premises, one instructor under an Article 60 contract, one social worker and three family support staff. Some 3 000 senior citizens use the services of *Ten Hove* on a regular basis. Half of them come from the area in the direct vicinity of the services centre. The budget totals BEF 12 million, of which BEF 8 million goes on wages. The remainder is spent mainly on maintaining and renovating the buildings.

2.3. Target groups: occupying a number of buildings in a corner of the magnificent Beguine convent in the old town centre of Ghent, the Centre deals with "active senior citizens" but also people over the age of 80 who, with the passage of time, become increasingly dependent.

2.4. Aims and characteristics of the service: the Centre pursues the following objectives: people must be able to remain in their familiar environment for as long as possible; social contacts are vital; senior citizens must be able to lead an interesting, active and varied life; and lastly, they must have a greater say. The Centre pursues these objectives within the framework of its two tasks: sociocultural activities and providing care. However, these two aspects are not dealt with separately. Insofar as possible, *Ten Hove* tries to leave all initiatives in the hands of the senior citizens.

The work of *Ten Hove* is two-fold: a choice of sociocultural activities and the provision of a range of services. There is, however, considerable overlap between the two types of activity. Informative and recreational activities may indeed be proposed, but they must also strengthen the social networks. The sociocultural dimension therefore contributes towards attaining the Centre's objectives in terms of care. The services provided are divided into internal and external services. Internally (on *Ten Hove*'s premises), the clients can decide how they are going to live, what they are going to eat, etc. The range of sociocultural activities is very wide

and includes language courses, dancing lessons, yoga, gymnastics, photography, painting, talks and guided walks. The Centre also organises pottery and painting workshops. *Ten Hove* has a library and a place where people can meet. Certain sociocultural activities are intended specifically for people who are very lonely and withdrawn and do not like to leave their own home. Teams of volunteers identify these people and come specifically to pick them up at home. The main aim is to ensure that these groups are still able to take part in an activity, as the elderly receive visits from many people who look after them, but have virtually no active social life any more. In order to contact the public, the emphasis is placed on publicity campaigns. *Ten Hove* distributes prospectuses presenting its activities and publishes a newspaper, available on subscription, which outlines the programmes of activities of all the day centres in Ghent.

Volunteers systematically visit all the elderly people in the area in order to keep them informed of what is on offer at *Ten Hove*. The purpose of this approach is also to prevent people from becoming increasingly isolated. A short questionnaire makes it possible to record their situation in terms of mobility, housing and the need for support and social contact. It is above all the last of these points which is important for *Ten Hove*, which regards those people who have the least social contact as a priority risk group. If the person concerned so wishes, the volunteer will drop by again several times a week. With this type of approach, *Ten Hove* tries not to impose itself upon people: the initial contact is announced by letter. And the people in question are able at any time to say that they no longer want to use the Centre's services.

Ten Hove also tries to work on the problems involved in intergenerational relations. Discussions are regularly organised with young people. During a children's books week, elderly people turned up to tell children stories.

Ten Hove also participates in informal initiatives in collaboration with local community centres in the town centre of Ghent. These initiatives should be seen in the context of the projects undertaken by the Social Impetus Fund (the Flemish Region's SIF). The collaboration is very intense. The community centres are on a small scale, with a clearly defined field of activities within the neighbourhood, and react rapidly to local needs. They send people to *Ten Hove* and alert the institution if an elderly person becomes lonely. They also collaborate in resolving certain problems specific to the neighbourhood or in local artistic and cultural projects.

Ten Hove is also part of the "social coordination" which comes under the CPAS's social service. Finally, the Centre has a seat on the town's senior citizens' council and takes part in numerous projects initiated at provincial level.

2.5. Employment characteristics: the main function of the staff is to provide support. One of the main tasks is to listen out for "the signals" and to react as quickly as possible. The philosophy of the Centre is not to consider people as objects of care. People must remain in control of the situation whatever the circumstances. "This is what is referred to as the "competence" model. In practice, it means letting people do for themselves what they are still able to do and helping them out if necessary." "Originally, the volunteer senior citizens were a great help to the professional staff. Now the reverse is the case: the staff support the work of the volunteers." The senior citizens are not only regarded as a target group, but also as vehicles for attaining certain objectives. *Ten Hove* currently operates with around 150 volunteers. It proposes voluntary work tailor-made to suit the individual. If someone is

free on certain days and wants to do something in a particular field, the Centre looks for what it can offer that person. From then on, the person concerned enjoys a high degree of responsibility in what he or she does. For instance, the people looking after the bar are also fully responsible for it. "We've noticed that if people are given responsibility, they accept it and there are no abuses. We have the impression that the more rules are imposed, the more people will look for ways to get round them. I believe in clear agreements, not in excessive regulations." The volunteers do not have a contract. They work on the basis of mutual trust. The participation therefore consists mainly of involving the users as volunteers, taking on varying degrees of responsibility in the development, evaluation and coordination of the activities or in carrying out tasks associated with the community aspects of the Centre (manning the lines, the bar, library, etc.). Voluntary work is promoted as such by the organisation.

2.6. Quality and evaluation: the *Ten Hove* team does not believe in excessive formalisation of quality control. The actual quality of the sociocultural activities is mostly monitored by contact persons. One contact person (a volunteer) is appointed for each area of activity. There are five areas of activity: creative, movement, education, recreation and social service. The contact person is responsible for a group of participants. He or she must see to it that everything runs smoothly by welcoming newcomers, providing information and dealing with any complaints. Twice a month, the Centre organises meetings referred to as "advisory committees" with the five contact persons. These advisory committees in turn have various working parties. For instance, a separate working party for the library comes under the committee. A member of the staff always sits on the committees and the working parties. The contact persons take part in the evaluation and planning of the activities. These meetings also tackle all the problems and difficulties encountered. The Centre's Director believes that this works relatively well, as communication is fairly open. The participants have become very demanding and, if they consider the quality of the activities to be unsatisfactory, they are much quicker to point this out. In the past, the people concerned were looking mainly for social contacts. Today, people want to learn something and aspire towards better-quality activities. A professional approach must therefore be adopted towards them. While the facilities offered must always be flexible, great importance is attached to intuition, and *Ten Hove* does not have formal rules for measuring the quality of the services it provides. Apart from the professionalism of the sociocultural facilities offered, quality implies for *Ten Hove* that the elderly volunteers should have lots of responsibility. People must be able to express themselves and have initiative. All the activities must also contribute towards strengthening social relations. The sociocultural facilities provided cannot therefore be purely recreational. People must also be drawn out of their isolation and be made to feel stronger. The Centre endeavours to attain this objective in particular through the contact person, who arranges things so that people learn to get to know one another better. The contact person looks out for whether certain people are staying away, finds out why and asks whether they perhaps need assistance. Sometimes, it is the group itself which will deal with the problem by visiting the people concerned. The contact person is therefore a crucial link in developing social networks. Obviously, not all groups are involved in such an approach to the same degree.

2.7. Outlook: the work done by *Ten Hove* combines two aspects – a choice of sociocultural activities and a range of services – which overlap to a considerable extent. *Ten Hove* has been a pioneer in this field, as the new Flemish decree on home-based support has explicitly adopted this idea as one of its objectives.

3. *Aides familiales du Centre, de Charleroi et de Thudinie* (the Centre, Charleroi and Thudinie Family Support Service), Charleroi Section
Boulevard Tirou 167, 6000 Charleroi

3.1. Origin of the initiative: the Family Support Service (*Service d'aides familiales* – SAF) is inspired by Christian principles. In Charleroi, it was established after the Second World War on the initiative of a religious community in Gilly, a district on the outskirts of the town. Over the past 25 years, it has undergone a number of administrative reforms, which have endeavoured to deal with the succession of financial difficulties typically encountered by this type of service. In the 1970s, it was taken over (that is, supported and directed) by *Vie Féminine*, the Catholic movement for continuing education for women, as a result of which it still retains the everyday name of *Service d'aides familiales de Vie Féminine*. In 1985, the Christian mutual associations became involved in running the service and, since 1 January 1999, have taken over the management entirely, together with the ownership of its assets. The service is today integrated into an umbrella organisation, which also includes two other services operating in neighbouring areas (Lobbes and La Louvière). Together with the Christian mutual associations' nursing service and social service, the Family Support Service set up in 1989/1990 a Centre for the Coordination of Home-Based Support and Care (*Centre de coordination d'aide et de soins à domicile* – CCASD) in the form of an association involved mainly in two activities, namely the coordination of services and the organisation of a network of voluntary support for users (the second function is due to be transferred shortly to the mutual associations' own services).

3.2. Number of workers and clients, and budget: the service comprises mainly family support staff, home helps and home nurses, plus some social workers and administrative staff, i.e. a total of just over 90 employees. In 1998, the SAF was in contact with 381 users. The family support staff were involved in more than 350 of these "cases". Of these 381, 119 were "closed" and 161 "opened" during the year. As at 31 December, 262 cases were being dealt with (220 as at 1 January). Of the 381 people who received assistance, 104 were men (including 34 living alone) and 277 women (including 156 living alone); 314 were over 50 years old and 97 over 80. The SAF's annual budget exceeds BEF 100 million.

3.3. Target groups: elderly people living alone; one third consists of people who are seriously disabled or handicapped when they leave hospital.

3.4. Aims and characteristics of the service: in addition to the family support, home help and home nursing services, the SAF provides access to the services offered through the coordination in which it is involved, comprising mainly nurses, "technical assistance" (loan of equipment, delivery of meals from the CPAS or private caterers, remote surveillance 24 hours a day) and a network of volunteers, used mainly for journeys requiring a car, for medical or administrative purposes. The SAF's clients are spread over four districts of the conurbation. Four female social workers are each responsible for one district and therefore head up a multidisciplinary team, coordinating the various services for each user. For each district, teams of women with different statuses, jobs and functions collaborate on the tasks undertaken in the users' homes. This is what the service describes as a "multidisciplinary" approach: problems therefore arise within these teams in terms of differences in status (pay, etc.), which are superimposed on the differences in terms of jobs (between family support staff with a strong status on the one hand, and home helps and home nurses with a weaker status on the other). This multidisciplinary approach exists at various levels (team meetings, coordination meetings). The services are relatively integrated: it is up to the district social

worker to ensure continuity of the coordination. To achieve this, it has an essential tool: a file, in paper form, for each user. The professional staff who work in users' homes complete a logbook each time they visit. This logbook is available to all those concerned, including the doctors and the family. In order to improve the use of this logbook, the SAF's workers receive special training on the types of entry they should make.

3.5. Employment characteristics: as the services provided are subsidised on an hourly basis, employment at the SAF has grown in line with the level of its activity. Today, the staff consists of 48 family support personnel (34 full-time equivalents), 20 home helps (12 full-time equivalents), 12 home nurses (6.4 full-time equivalents), 4 social workers (3 full-time equivalents) and 3 full-time equivalents for the administrative and managerial functions (shared partly with the other two SAFs grouped together under the umbrella association). This makes a total of 90 people (58.4 full-time equivalents). It should be noted that for the three manual worker functions, the more the job differs from that of the family support staff, the more it is organised on a part-time basis. All employees engaged in operational tasks (manual workers or front-line staff) are women. Apart from the home nurses, the home helps and some family support personnel, all staff are employed under the traditional arrangements. The home helps and home nurses were taken on – more recently – under three types of arrangement, i.e. under two plans to reduce unemployment (including the PTP) and under the "*Maribel social*". The family support staff have permanent contracts. The home nurses and home helps employed under the *Maribel social* are on slightly lower pay scales. Those employed under PRCs are paid even slightly less. With these jobs, in addition to the differences in pay, there are also differences with regard to the number of hours worked each week and the length of the contracts.

3.6. Quality and evaluation: the SAF arranges things so that the users' "files" are managed on a collective basis, which means in practical terms that three or four members of staff, for each category of work, are in contact with an individual user, and not a single "case officer", as happens in other SAFs. Relations between the users and the members of staff, and likewise the internal organisation of the service, are governed by this arrangement. The management does not have information available on the number of users who have recourse to two or three of the services at the same time. At most, it knows, through the CCSAD in which it participates, that 370 of the 381 users in 1998 had recourse to two or more types of professional staff, not including doctors but including non-CCSAD staff. With regard to the processing of the statistical data, the service produces a relatively limited amount of information about itself. It does not, for instance, use periodic performance indicators or undertake any matching of significant data.

The question of the quality of the service and of evaluating quality, from the point of view of patient satisfaction, has – according to the management – "been a major concern for three or four years, but nothing concrete has yet been achieved towards that end". The problem which seems to be most intractable is that of finding a method of evaluation which does not suffer from bias as a result of the asymmetric relationship between the service and the users in terms of loss of autonomy. At present, a minimal amount of follow-up is provided by the SAF's social workers. They undertake "review visits" to people's homes if they consider it necessary to reassess and change the way in which people are being dealt with. For users who stop using the SAF's services, the social worker also undertakes a retrospective "evaluation visit". Insofar as the management is concerned, the service has been unable to make progress in terms of quality evaluation because demand has been at saturation point.

A number of questions arise with regard to the working conditions of the professional staff and the relationship between these conditions and quality of service. The three most important aspects are working hours, securing the loyalty of users and "medicalisation".

Working hours: the tendency among hospitals to send their patients home quickly tends to exacerbate and complicate the circumstances under which the SAF's staff have to work. The workload increases and efforts become fragmented. In terms of how they view their jobs, the ideal for home helps is to provide support for people in a way which fits in with their own time – to drop by for half a day from time to time, rather than twice a day for half an hour each time. The relational aspect of the work, regarded as rewarding, is overshadowed by the material aspect, which is more stigmatising. Particularly as this division of services – and the resulting difficulties faced by home helps in managing their time (rapid increase in the proportion of working time spent travelling, etc.) – goes down badly with the users, who are very particular, especially where home helps are concerned, about aspects of their home environment and remembering where things go, as well as with regard to punctuality. Under pressure from the family support staff and the users – and in view of the fact that the "marginal rate of return" on the subsidies is greater the longer the time spent in a particular home – the service is currently trying to reverse this trend. These efforts are perceived as a desire to resist the imposition by the hospital of its way of dividing up the work.

Loyalty: the users nearly always prefer to deal with a single family support worker rather than a team, even a small one, within which the home visits are organised on a rota basis. Opinions among the home helps are divided on this matter, between a desire to meet that demand and a desire to develop a collective work space (which also enables them to distance themselves in terms of relations with the users). Many home helps in fact find it difficult to maintain relationships with users in which they have invested too much emotionally, especially when their work tends to be divided up into smaller jobs. In this respect, a contradiction therefore arises between the quality of the work provided and user satisfaction.

"Medicalisation": tension arises with the request from doctors and hospitals that family support staff be entrusted with tasks normally reserved for nurses (dressing of wounds, etc.), as both the medical and nursing world is perceived as rewarding and attractive, but medicalisation runs counter to the versatility and social dimension that are an integral part of the identity of the family support staff.

3.7. Outlook: the service must face up to a major dilemma: the demands being made upon it would, if the resources were available in terms of subsidies, enable the level of activity to be doubled, despite the existence of two other SAFs in the same area. Since September 1998, for the first time in the history of the service, the number of new requests for assistance has been increasing steadily every month. This overloading of the facilities has numerous effects upon the quality of the service: an increasing number of requests are being rejected (the criteria used for rejection apply to people who are only seeking assistance with household chores and those who have only suffered a slight loss of independence); there is an increase in the workload of front-line professional staff, segmentation of working hours, etc.; it is also found that the preventive aspect of the service is disappearing, as it is gradually concentrating on the most acute cases; it is impossible to coordinate with the ALE (non-professional) staff, whom the people whose requests are rejected turn to.

Plans to develop the service are therefore limited, as the first item on the agenda is to cope with the surplus demand. The outlook is twofold: either to complete the process of

administrative reform already under way (centralisation of the administrative functions of the three SAFs that are grouped together, changes to the organisation chart involving lengthening of the chain of command, transfer of certain services to the mutual insurance system, etc.) and, in particular, to reorganise the internal circulation of information; or to computerise the follow-up of cases by the social workers in order to be able to comply with the new regional standards in terms of progress reports.

II. Measures to help the young long-term unemployed

4. *Mission locale d'Ixelles pour l'Emploi et la Formation* (Ixelles' Local Task Force for Employment and Training)
   Rue d'Alsace-Lorraine 24, 1050 Brussels

4.1. Origin of the initiative: established in 1993, the *Mission locale* was a local authority initiative taken within the context of the regional integration policies. Before it actually opened, the CPAS and the associative services working in the integration field were involved in setting it up. It has non-profit-making association status.

4.2. Number of workers and clients, and budget: the *Mission locale* employs 24 people full-time – 7 for reception/guidance, coordination and administrative functions (some financed as subsidised contract staff) and 17 under the social economy project (SET), i.e. 2 under CPAS Article 60 contracts, 3 as ACSs and 12 others as PTPs. In 1998, it dealt with 3 000 people, mainly those wishing to obtain specific information concerning the local vocational training facilities or a particular item of the unemployment rules affecting them. A total of 858 remain as "open files" (see below: reception and guidance). The annual budget was BEF 9.5 million in 1998, not including the social economy project (the latter amounted to nearly BEF 16.2 million for 1997-98).

4.3. Target groups: anyone looking for a job.

4.4. Aims and characteristics of the service: the Ixelles *Mission locale*, together with that of Etterbeek, coordinates the activities of 30 or so services spread over six local authorities. These services are brought together under a *"Commission locale de concertation zonale"* (Local Committee for Concerted Zonal Action), which is directed by the two *Missions locales*. The *Mission locale d'Ixelles pour l'Emploi et la Formation* develops its activities on the basis of five focal points (local coordination; the establishment of schemes combining work and training; reception and guidance for jobseekers; measures to encourage the search for employment; and the launching of new projects, particularly those concerning the social economy), four of which are directly concerned with providing front-line services.

The coordination activities consist mainly of identifying new requirements, new target groups, job-creation opportunities and demand for jobs; the establishment of partnerships for the launching of new services or new projects; the creation of information facilities for the local social services; the exchange of experiences and methodologies; the drawing-up of agreements.

The establishment of schemes combining work and training for poorly qualified young people, leading directly to employment. Its role therefore consists of: identifying job opportunities, negotiating with employers an area of recruitment requiring customised training to be set up and persuading them to give priority to those who have completed this

type of training when filling the vacancies, drawing up the specifications for this training and finding the services which will be able to provide it, securing the funding for setting up the schemes, sealing the operation by means of bilateral agreements with all the parties involved (particularly with regard to the in-house training periods and the status of the trainees), recruiting prospective trainees and providing them with support during the training and then with follow-up.

A large part of the work of the Ixelles *Mission locale* involves fielding inquiries and providing guidance. The difference between the two types of activity is theoretical rather than functional: the desks are manned by a single department on a day-to-day basis and anyone looking for a job can come and obtain information on any matter to do with employment, training or unemployment.

Several times a year, the *Mission locale* offers modules known as *"Ateliers de recherche active d'emploi"* (Active Job Search Workshops), arranged and financed by Orbem.

Since the summer of 1997 it has been running its own business, which provides training and jobs for a year (renewable) for poorly educated unemployed people. The initiative consists of the creation of SET, a small firm for painting buildings.

4.5. Employment characteristics: the main feature with regard to the trend of employment is the high turnover of workers over the past two years, i.e. since the *Mission locale* has been managing its own projects, set up in collaboration with other services. Some of its staff follow the projects once they have become independent of the *Mission* or change employer (from one partner service to another) for administrative reasons. The *Mission locale* therefore currently has a very young team.

4.6. Quality and evaluation:
The quality of the schemes combining work and training is generally evaluated on the basis of three criteria:

- the number of trainees taken on by the company itself, which denotes the importance attached to the operation by the employer;
- the number of trainees who obtain a job (again) following the training, which denotes the extent to which the training has improved their position on the labour market;
- what becomes of the trainees who fail to find a job following the training or give up the training before it comes to an end.

The Ixelles *Mission locale* does not give priority to the establishment of these schemes combining work and training, preferring to entrust the launching of new training activities to the institutions and services it is involved in coordinating.

With regard to guidance, the *Mission locale* has devoted considerable energy and imagination to looking for non-objectivising formulas for evaluating this aspect. Thus, its professional staff are regularly invited to work on accounts of the paths taken by users which illustrate their practice, accounts in which the question of the impact of the guidance is dealt with. A play and a video have also been produced on this subject and presented to a wide audience. The evaluation of the guidance enables a number of quality factors to be identified: the ability of the professional staff to listen, built up by specific training; self-appraisal organised by peer review or supervision; organisation of the work to encourage the accessibility of the

service and availability of the staff (a user must always deal with the same member of the professional staff; the time devoted to the user by the professional must be able to be very variable at different stages of the guidance, etc.); the extent to which the professional staff have mastered a number of technical information tools (collection of documents, guides concerning the labour market, etc.) and a wide and varied network of partners and services which offers the widest possible choice of specific areas into which the users can be channelled, by providing them with all the information they need to take part in such choices.

One should also note here the impact which the formulation and formalisation of what is being done within the organisation and in the service relationship itself can have on the quality of the service, since such a result appears to be a necessary condition for progress in terms of quality of service. In addition to such a perspective which runs counter to objectivisation, precise statistics are kept concerning reception and guidance.

4.7. Outlook: in terms of quality of service, it should be noted that a problem has arisen over the past year and a half concerning the growing number of users who have been participating in socio-occupational integration schemes under duress (participation as laid down in the rules in order to retain entitlement to unemployment allowances, or as an alternative to a prison sentence). The service relationship, especially its major component, namely the trust between user and professional, particularly in the case of guidance, is called into question in this type of situation. The *Mission locale*, together with the other social services in the field of integration in Brussels, have already devoted two days to working on this question, without a common position or attitude emerging. The problem of duress has already arisen in a similar form insofar as the *Mission locale* is concerned: in 1994, with the local office of Orbem, it moved in next to the local unemployment office – the place where all the unemployed jobseekers within the local authority come twice a month for verification of their "availability on the labour market" – in order to become more visible to its target audience. This choice of location has now been shown to have had an unintended effect, as a result of which the *Mission locale* will soon have to relocate: like the local "signing-on office", it is regarded by the unemployed as a humiliating place as it provides them with their first taste of constraints and checks – which seems to put off some of its target audience.

5. *Vitamine Werk*
   Biekorfstraat 20-24, 2060 Antwerp
   See case study or Annex E.

6. *Siboulot* (*Mission régionale pour l'Insertion et l'Emploi à Charleroi*)
   Rue de Trazegnies 41, 6031 Charleroi

6.1. Origin of the initiative: a local branch of MIREC, which was itself established as an association, *Siboulot* is an information and vocational guidance service situated in Dampremy, on the outskirts of the Walloon town of Charleroi. It was set up in December

1996 by the *Mission régionale pour l'Insertion et l'Emploi à Charleroi* (MIREC, the Regional Task Force for Integration and Employment in Charleroi).[18] *Siboulot* was launched within the framework of MIREC 21.[19] During the period 1997-1999, MIREC and the CPAS have been responsible for the social aspects of the URBAN European programme in Dampremy. MIREC is required to develop activities to promote access to employment, CPAS community action. MIREC and the CPAS were therefore provided with funding for at least two years. They each decided to open a decentralised office in Dampremy: the *Centre de resources communautaires* (Community Resources Centre – CRC) for the CPAS, and *Siboulot* for MIREC.

6.2. Number of workers and clients, and budget: the team consists of three full-time staff (2 social workers and 1 secretary); in 1998 there were 1 064 visitors for 157 new files; 264 new users in 1997 and 214 in 1998; 88 training places provided in 1997. In addition to the post seconded by the public agency for employment (Forem), *Siboulot* operates on the basis of a cofinancing operation between the Walloon Region and the European Social Fund under the Urban programme. Its budget stood at BEF 12.3 million in 1998.

6.3. Target groups: the general public, although the emphasis is predominantly on the marginalised and isolated. The association is located in Dampremy, a relatively poor, closed-in town with 7 000 inhabitants. Today, the majority of people living here – one of the areas inhabited by those who used to work in the old heavy industries in Charleroi – subsist on various types of social security benefits. The local economy is weak, community life virtually nonexistent, the housing run-down and there is a widespread feeling of insecurity.

6.4. Aims and characteristics of the service: in November 1995, a MIREC social worker moved to Dampremy in order to be available there on a regular basis and to organise group work focusing on information on training and employment, for young people between the ages of 18 and 25. Three points emerged from these activities: MIREC failed to identify correctly the type of people it would be dealing with in Dampremy; its activities were poorly attended; it had few training opportunities to propose where the selection criteria for admission were suitable for people whose confidence had been so undermined with regard to the employment market. When it opened, one year after the social worker had moved in to be on hand, *Siboulot* was intended to address these problems. It was set up in collaboration with Forem, the regional public agency for employment, which enabled it to place an emphasis on direct information on job vacancies. Right from the word go, it relied on accessibility. It was

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18 MIREC is an organisation which occupies an important place in Wallonia: it was established in 1991 in order to implement innovative cooperation measures for vocational training and occupational integration in the Charleroi labour market area. To achieve this, it brings together under its auspices unions and management, public agencies for employment and training and local authorities. MIREC maintains links with Walloon political circles (the regional minister for employment and training, and the current presidents of the two majority French-speaking political parties are directors). In 1994, the MIREC experiment was extended throughout Wallonia: today, there are eight regional task forces, which are recognised and subsidised along the same lines by the regional authorities.

19 MIREC has developed a varied range of services, as a result of which it is a well-established organisation within its area of operations. It is made up of two main departments:

- the first (MIREC DEFA) focuses on arranging schemes combining work and training for poorly qualified unemployed people;
- the second (MIREC 21), which has expanded considerably since 1996, brings together a number of services, usually organised as pilot or research projects, with the emphasis on helping to set up one-man businesses or small social-economy enterprises on the one hand, and taking initiatives to stimulate local development on the other.

designed as a meeting place – a friendly environment, where people would be welcomed over an informal "biscuit and cup of coffee". The aim was to put forward a quality of relationship which would stand in stark contrast to the bureaucratic and stigmatising structures – which are generally in the public sector (Forem, the CPAS, local authorities, etc.) – responsible for employment matters in relation to highly vulnerable people. *Siboulot* also likes to think of itself as adaptable: its programme of work enables it to conceive of and launch new ideas in a flexible manner, to seize opportunities that arise within the local context, by exploiting the considerable room for manoeuvre it enjoys compared with its umbrella organisation MIREC. It has deliberately chosen not to be tied down by a timetable with quantitative targets, so that it can develop its activities to the greatest possible extent in the longer term. *Siboulot* differs in two ways from the front-line services of the same type encountered in Wallonia: it has a job vacancies bank made available to its users; and it sees its activities in terms of local development and therefore stresses the need to mobilise its users.

6.5. Employment characteristics: the association has two social workers and one secretary, all full-time. Added to these, there is a project officer from the MIREC management staff. In his view, "it is the human qualities of the people employed, including their political activism, which contributes towards *Siboulot*'s quality". The family atmosphere and fact that the staff are good listeners – hence the ability to respond to demands relating to identity in addition to those linked solely to conditions of economic survival – which provide the service with a "comparative advantage", in fact require considerable personal involvement on the part of the professional staff. This way of operating is facilitated by the youth and flexibility of the service – which is described as a "project" – and by the importance attached to working on a collegial basis.

6.6. Quality and evaluation: *Siboulot* endeavours to involve the people it is dealing with in local community issues, such as the preparation of a site for the renovation of public areas (park and water tower). In collaboration with the CPAS projects under Urban, it is gradually undertaking activities in the community field, with a view to local development through opening up the district. *Siboulot* is also closely involved with certain other MIREC projects: it is taking part in a network in which people in employment sponsor those looking for jobs, it channels its users towards the MIREC schemes that combine work with training and it will serve as a place of recruitment for a pilot project undertaken by the *Groupement d'entreprises pour l'insertion et la qualification* (GIEQ, the Business Consortium for Integration and Qualifications). An external evaluation indicates that users are satisfied with the quality and impact of the follow-up; it shows, however, that *Siboulot*, because of its reputation and image, both among the public and among other social services and institutions, fails to reach the most marginal or isolated sections of the population: it is seen as a facility intended for people who have been poorly educated but are included in networks of social relations and are considering occupational integration. To target more difficult sections of the population – particularly young people between the ages of 18 and 25 who have never worked – would mean, according to this evaluation, that *Siboulot* would have to specialise in finding or creating more specific jobs and hence in applying new methodologies.

MIREC underlines *Siboulot*'s importance by emphasising its impressive record, giving the meagre resources available, in getting people back to work. *Siboulot*, for its part, stresses that even if it is working with a view to finding employment again for its users, it is a front-line service, which above all is supposed to provide information and guidance, quite apart from any quantitative objective.

Siboulot undertakes self-appraisal by collecting statistics (although this operation is minimal) and through its collegial organisation, and this includes looking at the medium-term development aspect. Its staff also participate in various seminars and working groups organised among those working for MIREC. There is no emphasis on the drawing-up of descriptions of its practices by the team, given that these practices have been built up in a relatively empirical manner rather than developed on the basis of a strict methodology. Those aspects to which thought is being devoted relate more to the relationship between *Siboulot*'s position, its own context and its objective of participation in local development.

6.7. Outlook: with regard to its objective of local development, *Siboulot* has sought to nurture independence between four aspects: the quality of the service relationship which is at play in terms of providing information and follow-up; the resulting mobilisation of the users; the partnerships and collaboration in which *Siboulot* is involved; and the actual triggering of a new impetus for local development in Dampremy. This interdependence could be transferable to other similar urban contexts.

The question of the quality of the service raises the matter of the length of the experiment: this is a big problem, as the European cofinancing under the Urban pilot project runs only until the end of 1999. The project manager is therefore devoting much of his energy to this problem: the solution currently being considered by MIREC is to transform *Siboulot* into a CLAIS,[20] a type of structure which is very well financed by the Region. For the person in charge of *Siboulot*, this is not the ideal solution: the CLAISs are something that look good on paper and are put into effect in a uniform manner with partners outside MIREC; *Siboulot* is different because of its empirical, bottom-up nature. "You cannot decree that people should be made to work together". This person also remarked that the CLAISs are based on partnerships that have to be established, "not on the public": "a person from MIREC working for a CLAIS never meets the public", which is not the case for *Siboulot*'s staff. Other limitations have been identified: the development of projects aimed at local development comes up against an extraordinary level of compartmentalisation between the different "*échevinats*" (deputy burgomasters) on the local council; it also has to set its sights lower, given that right from the beginning it has not relied sufficiently on mobilising the wealthier sections of the local population. The experiment should therefore retain its flexible structure, in order to remain consistent with the changes it is helping to bring about within the local environment.

III. Measures taken to help people with mental health problems

7. "*Le Méridien*" mental health service
Rue du Méridien 68, 1210 Brussels

7.1. Origin of the initiative: *Le Méridien*, a non-profit-making association set up in 1989, was part of the mental health service of a university structure (UCL – *Université Catholique de Louvain*) developed on three sites, including the one in Saint-Josse where *Le Méridien* is located. It was independent administratively and financially and kept separate accounts. As from 1 January 1997, it was agreed that the UCL mental health service would no longer provide financial assistance for *Le Méridien*, particularly insofar as staff costs were

[20] These *"Centres locaux d'appui à l'insertion socioprofessionnelle*" (Local Centres for Supporting Socio-occupational integration) have been set up since the summer of 1998 and group together at district or local authority level as many social institutions and services as possible. Together, they provide ongoing information and vocational guidance, compare and coordinate their educational practices and seek to launch initiatives that can be combined with these efforts with a view to local socioeconomic development.

concerned. The service was, though, also supported by the French Community Commission under budget article 33.06 (subsidies for original studies and initiatives concerning mental health). Since 1997, it has acquired the status of and been accredited as a mental health service within the meaning of the Decree of 27 April 1995.

7.2. Number of workers and clients, and budget: the team consists of 20 staff, viz. 3 psychiatrists, 2 child psychiatrists, 9 psychologists, 2 speech therapists, 3 social workers and 1 secretary, directed by a doctor/psychiatrist (responsible for running the medical and clinical side of things) and a psychologist (the codirector, who is responsible for institutional and administrative coordination). The number of people dealt with[21] varies from year to year between 4500 and 6000 (with an average of 500 new cases being taken on each year). The association's budget totalled nearly BEF 11 million (67% subsidies).

7.3. Target groups: the service is based in the *commune* of Saint-Josse, in the centre of Brussels. This district has a multicultural population (Turkish, Moroccan, African). The long-established Belgian population is mainly elderly and living in a precarious socioeconomic situation. The fact that such diverse populations – from working-class backgrounds – are living together in close proximity quite often gives rise to problems. The service, taking account of the many cultural aspects at work in the lives of these different social groups, proposes specific resources to dovetail with, or even draw on, the support available from the patients' immediate circle – the extended family, neighbours, the community, the church, "traditional" carers, etc.

7.4. Aims and characteristics of the service: in its activities, the service aims as much to strengthen the community medico-psycho-social network as the social support for the patient. With that in mind, the mental health work seeks not so much to eliminate the symptoms as to examine the interactions which enable sense to be made of them. This approach aims to "facilitate the process whereby people come to terms with their difficulties and their ability to take their place as individuals" within the framework of a multidisciplinary team operating as a forum for exchanges, but also for working out solutions. The clinical activities – which are central to the operation – are therefore supported by theoretical work based on a psychodynamic view of the psyche which includes an analysis of the context and examination of the interactions with other people involved. The dual nature of this work – clinical and theoretical – aims to "better identify the processes – associated with the social perceptions of the people involved – whereby certain families become discredited" and to "rethink the measures for preventing this and for promoting mental health" in order to "develop the aspects which will enable an individual or a community to regain – by talking – knowledge of themselves and those around them by strengthening one another's allegiances". While the service deals with all types of problems and people of all ages, the emphasis is, however, on collaborating with the different partners in the local network (medical centres, local social services, local schools and the psycho-medico-social centres concerned, the police, the ONE consultations, the CPAS, etc.). Based on support for young people and families living in extremely precarious circumstances, an approach has been developed involving action via a network which, in addition to the person concerned, also brings together the different people working in the medical and social field. The network-based approach is applied at various levels: the partnership with other professional staff based on clinical situations; the

[21] Characteristics of the patients: sex: 52.6% female and 47.3% male; age: 80% under the age of 40 (with the 20-30 age group accounting for a quarter and 2% of the patients being over 60); origin: 54% are resident within the area where the service is located, 93% of patients are resident within the 19 local authorities of the Brussels Capital Region; nationality: 40% are of foreign nationality.

partnership based on projects located in other local authorities within Brussels (Forest and Anderlecht), in order to assess their feasibility (reintegration work in collaboration with the district's local employment task force); the partnership with other institutions in order to support their activities (supervision); the partnership based on the theme of "mental health and poverty" with associations involved in community health work (*Le Pivot* in Etterbeek, *Cureghem* in Anderlecht). The team has also set up a project to "promote community mental health", aimed at strengthening community solidarity through work with individuals and groups. The networks for exchanging knowledge pursue the same objective. Two people in the team look after the French-speaking coordination of this project, the aim of which is to promote the emergence, within groups of people, of knowledge, know-how and the exchange of these components. The team has also established working relations with colleagues from other countries (Rwanda, Benin, Nicaragua and Guatemala). These exchanges deal with topics such as community mental health, helping the victims of war, mental suffering associated with cultural change, the organisation of health care and project-based research into mental health.

7.5. Employment characteristics: while the team consists of 20 people, the composition of the staff is broken down as follows: subsidised salaried staff (1.5 full-time equivalents); salaried staff employed under agreements (3.5 full-time equivalents); staff with self-employed status (1.8 full-time equivalents). This makes a total of 6.8 full-time equivalent staff, working 261 hours in all. After deduction of the amount of time spent on secretariat and coordination functions, only 5 full-time equivalents are devoted to clinical, preventive and research activities. This situation shows that the team paid out of the structural appropriation (the subsidised salaried staff) accounts for 22% of the total and has a direct impact on the work, by affecting the type of tasks to be taken on: "we can only get away with a few unremunerated activities; we have the feeling that we are no longer able to fulfil our role with regard to prevention or the accessibility of treatment, particularly where consultations are not paid for. We are also limited with regard to working in a network, which implies meetings, consultations with the other parties and institutions involved, etc. We are almost prevailed upon, against our will and for want of adequate means of action, to have to operate on the basis of 'productivity' and 'cost-effectiveness' for a major part of our work, to analyse or even institutionalise problems which could be taken care of using more flexible means." Thus, while staff resources are varied in terms of expertise, the proportion of salaried staff is very low (less than 25%); the service's resources for meeting its objectives are very dependent on external agreements.

7.6. Quality and evaluation: the association evaluates its work on an ongoing basis with reference to three criteria:

1. the extent of the relationship between clinical and community work, implying that the social link and sense of belonging to a community are regarded as constituents of mental health. This means that the link between the field of action (laying down the limits geographically and in terms of partnership with the other parties involved) and the accessibility of treatment (the average financial contribution amounting to BEF 100, within a scale ranging from zero to BEF 600) must be clearly defined and ethical, and technical problems in differentiated areas must be clearly set out. Thus, "what is said in psychotherapeutic work or in the community context is different. The concepts of processes, a "changing" framework, suffering events to be viewed as problems, reintegration into one's personal and collective history, etc. are to be found to varying degrees in the two forums for discussion. However, psychotherapy work requires

privacy: what is said and recorded in that context is done so in confidence and subject to the discretion of the therapist. Conversely, community work requires discussion, conflict, consensus and the swapping of experiences ….";

2. the identity of the association staff as citizens. While each member of the association staff regards his or her work as an extension of the technical skills conferred upon them by their vocational training, professional expertise is not enough to define commitment in mental health centre practice; entrusted with its task by the public authorities, the service "works within the town" and the association staff's status as citizens is present in the relationship with the consultants "neither above the law, nor guardians of the law". This citizen status implies on the part of the association staff work that will "relate the paths taken by everyone socially and psychologically" in order to "see how some people's problems echo the difficulties of others";
3. with regard to training, various seminars are organised within *Le Méridien*: "Pathological conditions linked to cultural change", reserved for the service's clinicians; "Treating people well", which brings together magistrates, psychologists, delegates from the *Service d'Aide à la Jeunesse* (Youth Support Service) and works on the reactions of the staff involved when faced with abusive families and on collaboration between the parties involved; the "community" seminar, which provides, once a month, the opportunity to share community mental health experiences and concepts.

   User involvement is mainly defined in terms of opportunities for discussion and for developing a body of collective knowledge based on everyone's life experiences. With regard to clinical practice, the consultants of *Le Méridien* often raise many issues; retained by a number of different people, the consultants urge that the place of each of those involved and the limitations of that place be specified, both within the *Le Méridien* team or within the wider context of the network of people involved. Conversely, this cannot be done "without renouncing the status of object of care, of passive consumer of the system of care", an excessively reparative view of action in the field of mental health which neglects the dimension of the individual in his or her relationship of exchanges with his or her peers. This leads to reconsidering the social link and the sense of belonging to a community as crucial constituents of mental health. With regard to community work and the network for exchanging knowledge a family can, thanks to the creation of clearly differentiated areas, restructure itself as a family while at the same time authorising the individuation of its members; community work tries to bring together the local inhabitants by seeking with them to recreate or develop the social fabric as a social prop; the work of the network for exchanging knowledge implies that everyone who participates in this is invited to develop some form of knowledge and to share it with others.

7.7. Outlook: *Le Méridien* is an example of a project-based structure. Nevertheless, the fact remains that there is a disparity between the resources in terms of (paid) staff, the type of consultations (mainly individual) and the work in networks (5% of the association's activities), with the effect of limiting the link between the territory and the accessibility of the care. It has also been noted that there is poor structural stability of staff resources, with heavy dependence on agreements. The transferable nature of the practices developed involves a strong link between theoretical work, clinical practice and inclusion within a territory, a great deal of consultation within the team (different meetings and seminars), with continuous work to inform the team about the projects and on evaluating those projects, the retaining of consultants based on the dual model of "consultant responsibility/citizenship of the party involved", a definition of quality based on three aspects (working in partnership, identity of

the party involved, work involving training on and thinking about social problems and the practices of the parties involved), the development of project-based research on the difficulties arising in the encounter between front-line workers and "beneficiaries" (in relation to the limited data in Belgium on mental health problems corresponding to a given situation).

8. *De Moester* (The Kitchen Garden)
Putstraat 16, 9000 St-Denijs-Westrem

8.1. Origin of the initiative: *De Moester* is a day centre situated in Saint-Denijs-Westrem, on the edge of the city of Ghent, in the province of Eastern Flanders. This day centre has existed since 1995. It occupies a farmhouse located in grounds of just over six acres and accepts people who cannot follow a normal training course or do a conventional job. It is part of the association "*Hand in Hand*", which was set up in 1976 with a view to providing a place where adults with psychosocial difficulties can stay or live, in order to enable them to take charge of their reintegration into society. It was initially a voluntary organisation, consisting of parents faced with this type of problem. Since 1990, *Hand in Hand* has been authorised to provide 16 Sheltered Accommodation places, divided up between three houses. The association has recently become involved in providing psychiatric care at home (some 10 places).

8.2. Number of workers and clients, and budget: the staff is on secondment from and paid by *Hand in Hand*. The members of staff therefore do not work solely for *De Moester*. There are seven of them, including a coordinator, as well as some volunteers. *De Moester* takes about 40 people every year, with an average of 10 to 15 users a day. In the summer the number of participants increases, as the centre is able to accept a bigger group given that there are many outside activities. However, the maximum capacity of the centre is about 20-25 people. *De Moester* does not receive any subsidies. Up until now, there still have not been any subsidies for day centres. The operating costs amount to approximately BEF 600 000 a year; this sum comes from donations. *Hand in Hand* has a long tradition of regular sponsors. Some activities are self-financing, but others, such as looking after the animals, make a substantial loss, although they represent a powerful attraction (as the users are never obliged to come to *De Moester*, there must be something to offer them). The non-profit-making association is based on the principle that *De Moester* will always run at a deficit. It does not expect very much in the way of any forthcoming subsidy. "In view of the cuts in the sector, it will probably only be a very small amount."

8.3. Target groups: *De Moester* is aimed at people in the Ghent region who are experiencing difficulties of a psychosocial nature. These are people who are staying in psychiatric hospitals or living in sheltered accommodation or at home. They arrive at the centre via the Sheltered Accommodation structures, via associative institutions but also by word of mouth. The users are often people who have already undergone many types of therapy. *De Moester* also takes people who have serious problems associated with alcoholism. The centre does not operate a policy of selection upon entry. Anyone who applies is welcome. It is not necessary to complete a form or provide a file. *De Moester* works on the principle that, in view of the type of supervision and organisation, people will be bound in the end to explain themselves how they have got where they are.

8.4. Aims and characteristics of the service: *Hand in Hand* does not, as a matter of principle, consider its residents as patients suffering from an illness, but as people, with their own abilities and aspirations. The concept of "rehabilitation" plays a crucial part in the association's approach: it is not a matter of providing therapeutic treatment, but of supporting

the person concerned through the presence of an ally who places himself on an equal footing. It is this philosophy which has also been applied by *De Moester*. This service offers various activities: looking after the farm animals, working in the vegetable garden or ornamental garden, the bakery, the kitchen, working with wood, taking part in cultural activities, talking to one another, drinking coffee, resting, proposing new activities oneself. The users are never obliged to participate in an activity. No programme is foisted upon them. They decide for themselves how they are going to spend their day. They can ask for help in resolving various problems of a practical nature, such as looking for new accommodation, moving house, etc. *De Moester* tries to encourage users to become as involved and independent as possible. That is why the dividing line between staff, volunteers and users is not always clearly defined.

8.5. Employment characteristics: the non-profit-making association *Hand in Hand* benefits from 2 posts within the framework of its recognition as Sheltered Accommodation. It also employs 8 people with PRC status, viz. 7 white-collar workers (instructors, remedial teachers, one employed under A1 status and the others as A2s) and one manual worker (a general handyman). The association deliberately chose not to take on people with medical training. It is important for the staff to be able to feel at home with *Hand in Hand*'s philosophy. The staff of *De Moester* are seconded from *Hand in Hand*, involving in this case one of the two subsidised posts and four PRC staff, plus one part-time person from *De Wende*, another Sheltered Accommodation institution which collaborates with *De Moester*. The day centre also has one member of staff employed under Article 60 (via the CPAS). The main task of the staff is to be present alongside the users, to provide them with support when necessary. The staff may never take an activity in hand, such as taking on the job of cook or ensuring that visitors are looked after. It is the users who must carry out this type of task. The staff are constantly moving around and looking to see whether everything is going well. The staff is very much involved. Overtime and evening work are inevitable. An effort is, however, made to ensure that this work is compensated for in the form of additional holidays. The volunteers play an important role at *De Moester*. At present, three volunteers are working there on a regular basis. They are able to concentrate on a specific type of activity. For instance, one of them comes to work for a few days in the bakery; another organises the vegetable garden. The involvement of these volunteers guarantees that the activities will continue and survive. This enables the staff to devote more time to their support task. The centre mainly calls upon older volunteers because they stay longer and this continuity is important. Since the centre takes people who have many, serious problems, it is preferable for the volunteers to have some experience of life and a certain ability to put events into perspective. The volunteers currently consist of a retired person, a father and a part-time worker.

8.6. Quality and evaluation: while the centre's staff and volunteers in fact have the impression that, thanks to their stay at *De Moester*, some of the users will find it easier to dare to go into the outside world or apply for a job, "we don't dare provide any figures". Besides, the part played by *De Moester* in cases where successful results have been achieved will never be able to be measured with any degree of accuracy. Be that as it may, the process is generally a long-drawn-out one. The centre manages to keep in contact with people who no longer come to *De Moester*, but there is no systematic follow-up. Users are not assigned to a particular member of staff. They go themselves to the person with whom they feel most at ease. The staff also try to ensure that the clients help one another. For example, if someone has failed to turn up for a while, it is proposed that a volunteer phone the person in question to ask him if he or she is coming back. The principles of user involvement are as follows: users are free to participate in the activities; there should be equality between users, the centre's staff and the volunteers; and the "client" should be seen as the employer. *De Moester* refuses

to measure the quality of the services it provides on a quantitative basis. Quality is perceived primarily in terms of user satisfaction and on the basis of users' reactions. As the work is carried out in small groups, the interactions are so obvious that the staff know immediately if there is a decline in quality. Furthermore, one of the objectives is to get people to express themselves. They are therefore encouraged to be open about anything which they find annoying. In this way, anything which is not right is discussed straight away. In that sense, the success of the participation is a major quality criterion. *De Moester* would like to extend this participation considerably, as the centre is keen to take decisions on an equal footing with the users. Even if this way of running things sometimes leads to poor solutions, "we have to live with that", explains the coordinator, as the staff are encouraged to take risks in this area. This approach is not without its problems, but it is always instructive. *De Moester*'s support and activities must be integrated into the users' everyday lives. They must not have the feeling that they are coming to a place to be helped. The centre refuses to consider the users as "patients" or as people who are different from anyone else. That is why it is important for the dividing line between users, volunteers and staff to be a fine one. Everyone behaves in relation to everyone else as though they are on an equal footing and is regarded as a "collaborator". During the activities, it is not easy for outsiders to determine who belongs to which group. It is not for *De Moester* to set the objective that the user is to meet and the timescale for doing so. "It is the client who is our employer; we await his or her demands". Reintegrating people into society is not a quality criterion for *De Moester*. The centre's approach is not based on an ideology of curing consisting of getting people back on to their feet again and sending them back rapidly into society. If the user opts for that objective, the staff will do everything they can to help him achieve it. If he or she fails to do so (for instance, if he or she is unable to cope with the stress), he or she is still welcome. People can go away, come back and leave again. There is no pressure. It is very important for people to feel reassured.

8.7. Outlook: the structure is light-handed and open (no principle of selection) and operates according to the principle of equality between users, staff and volunteers and complete freedom to participate in the activities organised around the farm. *De Moester* has no political agenda. Its approach is not anti-institutional. It regards itself more as an additional facility for people who have had enough of therapy. *De Moester* does, however, acknowledge the fact that the existence of institutions with a therapy-based approach is equally necessary.

9. *Service Integré d'Aide et de soins psychiatriques dans le milieu de vie* (SIAJeF, the Integrated Service for Psychiatric Support and Care in the Community)
   Rue Maghin 18, 4000 Liège
   See case study and Annex E.

3. Case studies

I. *Vitamine W* [22] (Vitamin W)

Biekorfstraat 20-24, 2060 Antwerp

Introduction

Vitamine W was set up to deal with the problem, in the Antwerp integration services, of the lack of coordination between different projects intended for specific groups of poorly educated unemployed people. This association has pioneered subregional coordination at the Flemish level and can be defined as a laboratory for pilot projects,[23] with regional and federal policies being inspired by some of the projects, since the association combines, within the same organisation, the functions of federation of services, local coordination and provider of its own services. It serves as a model for coordination and integration in Dutch-speaking Belgium in the field of providing access to the labour market.

As a federation for all the services operating in this field, *Vitamine W* is constantly initiating collaboration. In addition to its own projects, it in fact brings together twenty other departments in Antwerp. The collaboration and coordination were not solutions dictated by the circumstances but, right from the outset, the expression of a deliberate desire – "bottom-up" – to seek solutions together. Since *Vitamine W* came into being, a series of political initiatives have emerged aimed at coordinating those people working in the integration field in the public and private sector at subregional level. Owing to its position, *Vitamine W* was, right from the word go, at the centre of all these new arrangements in Antwerp. For instance, when in 1998 the Flemish vocational integration authorities had to adopt an approach based on "pathways to integration", the regional Government asked those operating in the different labour market areas to coordinate with one another in the form of "consortiums" operating according to specific procedures. It is *Vitamine W*, as a federation, which houses the Antwerp consortium. Formulating strategies for coordination and collaboration, *Vitamine W* very soon initiated new projects, usually in collaboration with its members. Today, the level of its own activities is impressive. As a sign of this, it is often difficult to put these two functions into perspective. Rather than dealing with them in general terms, we have chosen to concentrate on the setting-up and bringing-together of *werkwijzers*, which provides a perfect illustration of the forces of coordination/integration at work here.

1. An evolutionary mechanism concentrating on managing the pathways to integration

During the years preceding the establishment of *Vitamine W* in 1989, a number of projects in the field of employment had been launched by community centres, sociocultural organisations, youth movements and other associations. These projects were justified by the fact that the Flemish authorities responsible for training and finding jobs for the unemployed (the VDAB – *Vlaamse Dienst voor Arbeidsbemiddeling*, the Flemish Service for Employment Mediation) were unable to deal in a targeted manner with the problem groups. These various initiatives were therefore combined and gave rise to *Vitamine W*. The association was immediately entrusted with three tasks: to coordinate collaboration between all the existing initiatives, to represent that coordination vis-à-vis the authorities and to identify and develop new projects. Its work expanded with people who have the least to offer on the labour market,

[22] W for "Work".

[23] A parallel can be drawn with the position occupied by MIREC in the Walloon Region (see example 6 – *Siboulot* – in the second section of Part Two (initiatives with regard to the young unemployed)).

namely the poorly educated long-term unemployed. *Vitamine W* developed an individual approach to this group of people and groups with specific problems, such as young people, immigrants and single mothers. From the very outset employment was the priority, active involvement in the community and housing being regarded as secondary activities. However, *Vitamine W* is aware that great attention must be paid to these related aspects in order to attain the objective it set itself with regard to employment. Over the years, the association has undergone a profound change. The emphasis has increasingly been placed on advice and consulting. The association is also increasingly approaching employers.

Vitamine W has also changed considerably in terms of its size. The association started up in the late 1980s with a single employee. Today, it employs 170 workers. By the year 2000, that number is expected to rise to 200. Approximately half the staff are people belonging to the target group. This year (1999), *Vitamine W* is operating with a budget of BEF 220 million, the bulk of that amount coming from subsidies. Over the past few years, the association has been dealing with nearly 3 000 unemployed people a year.

This development in terms of the functions carried out by and the size of the staff has endeavoured to meet objectives that will provide a greater understanding of the problems encountered by those people – many of whom are young – who are virtually devoid of the ability to develop strategies for seeking employment. It has done so in three ways:

1. The integration of new services: the aim of identifying new requirements and new problems specific to certain groups and to provide innovative responses to those requirements and problems, while at the same time being, from the outset, a force to be reckoned with both for the local authorities and also management and unions and the other social services in Antwerp, give *Vitamine W* considerable room for manoeuvre with regard to starting up or integrating new services. These services are very often characterised by the fact that they bring to bear new concepts of occupational integration, such as integration negotiated with the employers, integration by economic means and integration involving temporary work.
2. Subregional coordination: the desire for coordination is particularly marked and goes back a long way in Antwerp, but the precise organisational arrangements have had to fit in with those imposed by the regional authorities.
3. The modernisation of the management and development practices and models, including the management of the pathways to integration (*trajectbegeleiding*). Experience has taught the *Vitamine W* counsellors that some jobseekers must be offered a complete package, which can be broken down into four stages: guidance (looking for what the jobseekers want to do and are capable of doing; then seeing to what extent they can become integrated into the labour market, given that some do not need any additional training); training or work experience; finding jobs or counselling; and follow-up. A pathway does not have to be any longer than necessary: it can end at just the first stage. However, given the type of people *Vitamine W* is dealing with, it often lasts for longer than a year. While this approach to the pathways to integration does have effects upon the way in which things are organised and run internally (examined below), it must also be seen, given an association the size of *Vitamine W*, as an expression of the fact that it must find, from within, an alternative way of striking the right balance between supply and demand insofar as work is concerned. The strains of the labour market are therefore replicated and felt within the association and reflect the decisive pressure of the organisational changes undergone by *Vitamine W*. In addition to what has been said above, it must be stressed that most of *Vitamine W*'s initiatives have been established in

collaboration with other services capable of meeting the requests and requirements of users that are not directly related to socio-occupational integration. It is in this way that the question of "multifaceted needs" has been addressed.

2. The activities of the *werkwijzers*

This approach is illustrated by the *werkwijzers*, centres located in seven districts of Antwerp which provide guidance on employment matters. The first was installed in 1994 within the framework of BOM (*buurtontwikkelingsmaatschappij*, the neighbourhood development association) and applied itself to identifying gaps in social networks at all levels and to proposing solutions for filling those gaps. This led to the creation of the "*woonwijzers*" (centres with the task of facilitating people's access to information on housing), the "*cultuurwijzers*" and hence also the *werkwijzers*, which can be defined as places within the locality where the residents – who have little contact with the traditional services – can be provided with information on employment opportunities. BOM subsequently set up two additional *werkwijzers*. A fourth was established under the umbrella of another organisation, the *Buurtwerk Posthof*. *Vitamine W* set up three *werkwijzers* based on the same model. In the end, seven *werkwijzers* were established within three different organisations. Since 1998, *Vitamine W* has been grouping the seven *werkwijzers* together within a department set up within its organisation. The *werkwijzers* deal with nearly 2 000 people every year. This figure is based on 1998, when all the centres were running flat-out. It refers only to people who have in fact embarked upon the guidance process. People who made a single visit are not counted (for instance, people who came to consult the WIS computer[24] or to ask for a telephone number). Generally speaking, the people concerned are difficult to find jobs for. The criteria concerning the public financing of *werkwijzers* are based on ethnic origin, age, sex, how long the people concerned have been unemployed, namely the most extreme criteria for discrimination in recruitment.[25]

3. Clientele

While *Vitamine W* as a federation deals with between 2 500 and 3 000 people a year (in 1997 the number was 2 637), the breakdown of all the participants for that year was as follows: 60% men and 40% women; 52% of Belgian extraction and 48% other nationalities; a third under 25 years old and two thirds over 25. One thing should be noted here: it is not possible to describe in any meaningful manner *Vitamine W*'s overall clientele, given the variety of services it provides and hence the variability of the criteria governing access to these different services; some people come to the association for just a few days, others the whole year round. This difficulty can be explained by the fact that since the late 1980s there has been a tendency in the occupational integration field to categorise the "stock" of unemployed people according to administrative criteria which correspond to statutory definitions of criteria governing access to different circuits for occupational integration. *Vitamine W* is therefore not totally at liberty to select its audience but must, on the contrary, take account of numerous administrative constraints and pre-established channels through which the applicants are sent to it.

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[24] Terminals installed by the regional public agency for employment (VDAB), which provide direct access to the databases of job vacancies and applications.

[25] According to these strict criteria, which were imposed by the European Social Fund, the *werkwijzers* may not normally provide assistance for people with higher educational qualifications, unless, for instance, they are severely handicapped by the fact of, say, being immigrants and falling into the category of long-term unemployed. Immigrants are a difficult group to find jobs for.

What is remarkable is the fact that *Vitamine W* employs 170 people (including 23 in the *werkwijzers*), of which 80 come from the target group and work in the training workshops or social economy enterprises, particularly under the PRCs. These are nearly all manual workers. Half of them have a permanent contract (in a social workshop, as the likelihood that they will one day have a job in a "normal" company is remote). The other half have contracts lasting 12 months maximum. The aim is for them in due course to obtain a normal job.

In order to carry out its tasks, the association had a budget of BEF 112 760 834 in 1997, of which 81.1% came from subsidies from the local and provincial authorities, the Flemish Region, the Federal Government and the European Union. Actual turnover amounted to BEF 17 917 028. The *werkwijzers* have (for 1998) their own budget of BEF 60 million, with the revenue consisting entirely of grants.

4. Quality of the service

Vitamine W can be defined as an association with a structure similar to that of a medium-sized enterprise, with a management, considerable division of labour, organisation in units and ongoing monitoring of the tasks. The way in which the work is organised has evolved with time and therefore become much more professional, with activities being diversified. This diversity has come about because of the association's objectives, which are based primarily on an approach defined in terms of projects linked to one another according to a fairly linear sequence involving a series of selections.

1. The projects

The projects can be divided up into four categories:

1.1. Counselling: improving the accessibility of the training and the facilities for obtaining jobs for groups that are difficult to reach. This work is carried out mainly by the seven *werkwijzers*.

1.2. Training: for four to eight months, those undergoing training acquire technical skills and learn attitudes to work. Training is offered in, for instance, welding, electricity, office work and homecare.

1.3. Training workshops: the emphasis is on the individualised learning of attitudes to work and the acquisition of basic knowledge. Training work projects are offered in the following fields: construction, cleaning, renovation work and maintenance techniques.

1.4. Social economy: some people cannot find work because they fail to offer what the labour market requires. On the other hand, they manage to adjust in an environment where support is provided. The projects take the form of small enterprises, such as a recycling centre, social workshop, office.[26]

Some of these projects were set up by *Vitamine W* itself, while other initiatives were taken within the context of the association of all the partners in Antwerp under the federation led by *Vitamine W*.

2. New activities have been developed within *Vitamine W* following on from these projects.

[26] For a detailed description of these activities, see Annex F.

2.1. Consulting: this involves the development of projects in companies. The main aim is to help firms fill job vacancies as best as possible.[27] The association in fact endeavours to identify whether there is in fact a place for poorly educated people in certain firms. This work also sometimes leads to specific job offers. *Vitamine W* can be called upon, within the framework of social economy projects, to support feasibility studies, business plans and market surveys.

Since 1993, *Vitamine W* has also launched an interface project along the lines of the regional task forces. In this context, the association itself goes into firms which wish to expand. If there appear to be vacancies for seven to eight people, *Vitamine W* proposes to play a part in placing people. It then looks for unemployed people who have received special training, combined with work experience from *Vitamine W*, to fill the vacancies in question.

2.2. Human resources development (HRD)
The way in which the association is divided up according to functions is based on the following principles:

- H for "human": the personnel management department plays an important part since *Vitamine W* sees itself as an enterprise.
- R for "resources", which refers to continuous training for its workers. As the labour market is developing, it is necessary to be constantly on the lookout for different methods of training and instruction. There is no question here of the traditional ongoing training as practised in many firms, such as occasional IT training for staff. At *Vitamine W*, the aim is to ask oneself the question "Who am I within the company? How can I strengthen my position?"
- D for "development", which is concerned with the modelling of training programmes. *Vitamine W* prefers to work with instructors who have practical experience. However, they have to learn how to teach.

3. Lastly, within the association there is also a research and development unit. This unit studies, within a wider context, those areas in which there are gaps within *Vitamine W*, the points on which improvements are possible. For example, generally speaking, human resources management is concerned solely with those occupations where a high level of qualifications is required, not with manual workers and poorly educated people. The unit examines what human resources development can provide for these categories of worker and how this concern can be instilled into companies.[28]

5. A sequential method of organisation
The way in which the *werkwijzers* operate in practice consists of a number of stages.

- Stage 1 is the "admission". In each *werkwijzer*, two pathway counsellors receive the people concerned and make appointments with them for one or more interviews. It is then decided what action to take in the light of their situation.

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[27] For instance, for a telephone connection, Belgacom, the Belgian telephone company, previously used to send out two engineers. *Vitamine W* felt that this was not a good choice as there are two different jobs to be done, with one of the two engineers having to do what is basically manual work (drilling and digging). Belgacom accepted this view and adjusted its job descriptions.

[28] See outline in Annex F.

- This may involve training (stage 2), with the jobseeker in fact being channelled into training provided by *Vitamine W* or another service.
- People frequently go straight to stage 3 – "support on the labour market", which involves organising collective training and support with regard to how to find a job.
- If the person concerned proves to be not sufficiently "strong" to cope independently with the many steps involved, he or she will receive individual follow-up referred to as "placement" or "recruitment assistance" (stage 4), which can be conducted in parallel with the preceding stage.

  In connection with the training and support given for finding a job, the *werkwijzers* always work on the basis of existing job vacancies. They obtain information on these vacancies through the VDAB's WIS computer or in the newspapers. Each *werkwijzer* has access to a WIS computer. Placement consists of contacting employers to find out whether the *werkwijzer* can introduce applicants to them. With this customised placement, the traditional approach to finding employment has to some extent been reversed.

- Stage 5 is the follow-up. In order to make sure that people keep their jobs, contact is maintained with the worker and his or her employer. It is not always that easy. Sometimes there is no further sign of the worker and the association then has no way of knowing which employer the person concerned ended up working for.

6. Accessibility of the service

The question of accessibility is determined for many users by the criteria imposed by the integration policies (project approval, etc.). An economic factor is also involved in the sense that, for certain categories of unemployed, the pay for subsidised jobs such as the PTPs is lower than their unemployment benefit. While the structures providing information and guidance, such as the *werkwijzers*, are accessible all the time, the training and other work schemes are only available at the start of the cycle or when a vacancy arises. Queue management is therefore necessary.

Each user is monitored by a counsellor/referee from *Vitamine W*, who carries out assessments and, if necessary, channels the person concerned towards the assistance and services which may be required to supplement what *Vitamine W* has to offer in terms of integration measures.[29]

The channel by which people arrive at *Vitamine W* varies according to the objective (training, training workshops, social economy or back-up projects. Generally speaking, it can be said that the CPAS, the VDAB and the *werkwijzer* branches are the main channels. However, a large number of people come along on their own initiative after reading a newspaper article or a leaflet or hearing about *Vitamine W* by word of mouth.[30]

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[29] Among the unemployed people who come into contact with *Vitamine W*, there are some whom the organisation is not able to help. The Director estimates this proportion at some 10%, a figure which he himself regards as fairly high. These are mainly people who are going through various social and psychological difficulties, such as alcohol abuse, which prevent them from meeting certain conditions that are laid down in terms of motivation and effort. The courses of action available to these people are decided by the various project managers.

[30] This is illustrated by the following figures showing the channels by which the applicants for training contact the association: CPAS (30.4%); VDAB-Back-to-work (13.6%); employment agencies (4.8%); other referrals (6.3%); own initiative (13.6%), leaflet, article, television, etc. (11.5%); other (10.5%).

Here, particular attention must be paid to the way in which the *werkwijzers* – whose function may be described as screening or proactivity[31] – work. The target group is contacted in various ways. The *werkwijzers* are always located in a commercial building on a shopping street, with an explicit window display where the job vacancies are exhibited. From the outside, the centre looks like a temporary employment agency. In future, the association would like to make the *werkwijzers* even more visible by giving them a logo. The WIS computer is also a major attraction. Thanks to its high profile, many people drop in spontaneously. Leaflets are distributed through various organisations. Above all, the organisation has a "supply network" that it is constantly developing. It has been agreed with as many organisations as possible that they can send their users to the *werkwijzers*. The main bodies which refer people to the *werkwijzers* are the CPASs, the local centres for integrating people of foreign origin and the unions. The cooperation must go beyond simply referring people to the *werkwijzers*, as the latter often receive people who are not yet sufficiently equipped for work. These people must first sort out a number of other problems (drink, housing, etc.). If the organisations concerned realise this, they can already tackle certain problems or refer the unemployed person in question first to another body which will be able to help him or her resolve his or her problems. The needs are met in a more integrated manner. It should be pointed out that the *werkwijzers* are not aiming to become a one-stop service, through which anyone who wants to have access to *Vitamine W* has to pass. An important problem is the fact that the impact of the *werkwijzers* on the recruitment of the *Vitamine W* services has not yet been evaluated, but the Director has pointed out that there has been a significant increase within a few months in the proportion of people of foreign origin in certain projects (up to 80% of the participants), which has never happened before.

7. Integrated distribution of the activities

The link between coordination and integration of both *Vitamine W*'s own activities and those of its partners has already been raised. It can be clarified by referring to the reasons which led to the *werkwijzers* being grouped together. *Vitamine W* considers this banding-together important in order to resolve a number of organisational problems, as the *werkwijzers* have followed different personnel management policies, under different arrangements and with different payscales. Some staff work 36 hours a week, others 38 hours. This is not conducive to good management of the overall setup. According to the management, while there is a need for a minimum amount of rationalisation and standardisation, the *werkwijzers* are relying on diversity in terms of social integration (the type of district, the housing, the associative network with which it collaborates, etc.). The organisation must then be able to come to terms with that diversity. Another major reason behind the grouping together of the various *werkwijzers* within the same structure has to do with the agreements concluded by the Flemish Government with the different towns and local authorities (including Antwerp). These agreements are aimed at setting up in various locations a single local office, so that the unemployed do not have to contact many different services, a view fully subscribed to by *Vitamine W*. This approach aims to reduce the obstacles faced by the unemployed. In Antwerp, the *werkwijzers* are being called upon to collaborate in this project. They are one of the three front-line services to have been grouped together. The first (experimental) office is about to open.

[31] In Dutch, "*toeleiding*" = leading to.

8. User/counsellor relationship

The question of the service relationship[32] is central to the development of *Vitamine W*, as the innovations developed within the association are justified by the fact that they enable needs to be met and audiences to be reached that are not being catered for. Increasing the possibilities goes hand in hand with improving the monitoring of the occupational or training options. In terms of participation, *Vitamine W* has not yet worked on tools of collective consultations. For the Director, participation is individual and played out in the user/counsellor relationship, where a lot of time is spent on evaluations. Areas for collective consultation do, however, exist in some projects (social enterprises, etc.) in order to manage relatively technical aspects of the activities in which the worker-users are involved. The project managers organise these aspects in their own way and *Vitamine W* works on systematising a methodology of "self-guided teamwork". Evaluations of user satisfaction are made by the counsellors – and more informally by the project managers – and are systematically relayed to the hierarchy. However, with regard to the changes resulting from these evaluations, they are implemented over too long a period for it to be relevant to arrange for feedback from the users, most of whom remain in contact with *Vitamine W* for only between a few months and one year.

Continuous monitoring of the jobseeker is a major quality criterion. As a rule, an attempt is made at least twice to contact by phone or in writing anyone who no longer comes to the service. At present, this rule depends very much on the way in which the situation of the person in question is perceived. If the impression is gained that the person is getting along fine, less trouble will be taken to contact him. If someone with a lot of problems suddenly disappears, a greater effort will be made to get in touch with that person and, if necessary, he or she will be visited at home. In future, the association would like to structure this monitoring in a more coherent manner. The jobseeker must also do his or her bit. At present the *werkwijzers* are too often "consumed" like temporary employment agencies: people go there when it suits them. The *werkwijzers*, however, regard their work in a more intensive manner. They want to maintain contact with the jobseekers so that they can take action immediately if a problem arises again. At this level, more subtle criteria will be drawn up as a matter of priority once the restructuring of these services has been completed.

9. Quality of working life

The average age of the paid staff is 33 to 35 and just over half of them are women. Of the 150 paid staff, 59 are white-collar workers and 91 manual workers. The staff – excluding users now working again – consists mainly of white-collar workers. These are counsellors, coaches, instructors, consultants and members of the management. Not all of them have received a higher education; the project consultants (for instance, for the training in construction or cleaning) are generally people from the industry in question who have been given additional instruction in how to teach. The management team consists of seven people, viz. a managing director, a projects director, an HRD director, a marketing and project development director and a support services director. The management also includes a person responsible for special assignments and a person in charge of research and development.

In order not to fall victim to an excessively cumbersome hierarchical system, the association opted for a structure based on units, with each area of activity coming under a project manager. This approach is intended to safeguard the effectiveness and creativity of *Vitamine W* despite its rapid expansion. The managers have considerable independence in managing their units. They have to determine themselves whether new initiatives are

[32] With regard to the evaluation criteria used, see Annex F.

necessary. They also decide whether new staff need to be taken on or existing staff got rid of. The management encourages them and supports them in these tasks. The units are as follows: pathway counselling; training in the secondary sector; environment; training in the quaternary (non-profit) sector; interface; social economy.

In addition to the worker participation, a system of collective monitoring has been developed. Every two months, each manager draws up a progress report; this is transmitted to the management, which summarises it and distributes it to all the workers. An internal mail system involving brief, standardised memos exists, as well as electronic mail. The management tries to reconcile two pragmatic requirements in its management of information: to cut down on the formalities and minimise the amount of extraneous information. The meetings held at lunchtime once a month also provide a very important opportunity for circulating information informally.

The *werkwijzers* employ 23 people (22 full-time and one part-time). Five *werkwijzers* have three members of staff and two employ four. Each of them has its own head. The whole setup is supervised by a coordinator from *Vitamine W*. The members of staff here are mainly social workers. There is also an assistant psychologist and a number of people who have worked as temporary counsellors. They are all relatively young (between 20 and 35 years old). Some come from other areas of social services, such as AIDS prevention or social work within a CPAS. The staff receive practical training. All new arrivals have to "shadow" another member of staff for three weeks. They then begin to take on cases themselves and a colleague provides them with feedback.

The working conditions include a 36-hour week. They are governed by a works council. For instance, a record is kept of any overtime and, once a maximum level is exceeded, staff are required to take time off in lieu.

A number of changes in the way things are run have been made simply because the organisation has grown in size (establishment of internal channels for the exchange of information; forums for consultations between management and workers; the setting-up of a works council; definition of the role of the single reference counsellor for each user and the carrying-out in-house of functions such as continuous training for the workers. It should be noted that the training of workers is run by the management.

Job flexibility does not seem to have increased over the past ten years, although it is relatively high given that the workers, as is often the case in this type of association, mostly show considerable commitment to the objectives of the organisation and the tasks entrusted to them. It should, however, be noted that over the years new tasks have been added to the workers' duties, particularly for the project managers. These tasks are associated with administrative constraints resulting from the growth of the organisation and changes in the rules and the occupations to which the training leads. *Vitamine W* is also increasingly stressing the need to develop among the workers and users the ability to learn, hence training in certain techniques such as NLP (neurolinguistic programming) or transactional analysis.

The management has developed, as the size of the organisation has increased, various slots for consultations on the projects that have been implemented and the organisation's development strategies:

- the management meets regularly with a project managers' committee; this is a collegial level of management;
- every month, the seven directors meet for half a day to discuss technical matters and for a whole day to monitor the organisation's overall policy;
- every two months, the same people meet with all the project managers for the same type of work (feedback, proposals, adjustments, forward thinking);
- for the past year, the whole staff has been invited to meet once a month for a friendly extended lunch break to discuss general matters and look for new ideas.

The question of job satisfaction is meaningless in practical terms as the level of commitment among the workers is relatively high. For example, when the Levi-Strauss factory in Antwerp – with which *Vitamine W* had been working – was closed down or when new administrative sanctions against the unemployed were under consideration, a large number of workers spontaneously demonstrated so that *Vitamine W* would respond rapidly. The number of staff who leave *Vitamine W* is very small.

10. Outlook with regard to relations

Although the good work done by *Vitamine W* in terms of coordination is recognised and appreciated as much by its partners as by the authorities, the fact that it is a force to be reckoned with cannot fail to also give rise to tension among those who feel that their position is being threatened or that they are being exposed to unfair competition, particularly the temporary employment agencies. The association is, it should be noted, heavily dependent on public subsidies (80% of the budget) and on the laws defining the criteria governing access for jobseekers to this facility.

11. Conclusions and proposals for improvement

- With regard to the links between quality of working life and quality of service, a type of management was introduced aimed at precisely defining the functions and collective consultations. The association was obliged to establish a works committee at the same time that it was expanding, thereby adopting an entrepreneurial profile; the involvement of the workers continues to be very voluntarist, based on strong adherence to the objectives. In other words, the tasks that are entrusted to the association show very clearly a transfer of responsibilities from the authorities responsible for training and finding jobs for the unemployed – in this case the VDAB – which has delegated to a private organisation the task of carrying out the most difficult work (looking after the least well-educated, with the poorest social and cultural skills). The heavy dependence on subsidies and legislative criteria determining this group's access to the facility reduces the association's room for manoeuvre, while at the same time keeping it under pressure in terms of the volume of activities to be developed.
- Measures to improve the coordination and integration of the service: a review of the various mechanisms for formal evaluation highlights the efforts that have been made to develop the division of internal labour and the addressing of the problems of a disadvantaged section of the population. We have, however, seen that at any given time 10% of the group in question slips through the association's net, that people who make only one visit are not counted or even that there is no evaluation of the impact of the *werkwijzers* on recruitment. In other words, substantial efforts must be made to understand better the socioeconomic components of the target audiences by using more subtle methodologies that enable the paths taken by them to be accounted for. It should also be noted that the backup work raises the question of developing the ability to learn

among the workers and users alike, but that the techniques used (transactional analysis, NLP) have not been looked at critically.

- In terms of new jobs created and equality of opportunity, the association performs very well with regard to the number of jobs created for both non-manual workers and for the users. The number of people who have found employment within *Vitamine W* is exemplary, but at the same time problematic: exemplary inasmuch as, in addition to the backup work, the association has developed a genuine ability to create jobs for people who would not have found employment elsewhere; problematic in that these jobs can be a kind of "niche" within which the workers may be trapped. Ultimately, it should be possible to evaluate whether the jobs created are a transitional expedient pending integration into the local or regional labour market.

12. Key lessons and outlook with regard to transferability

Vitamine W is a model of successful bottom-up coordination.

- It preceded by a few years the policies aimed at organising subregional coordination in the field of integration, which also explains the speed of its development.
- It subsequently continued to be built up, by relying on political measures, without having to call into question its achievements and its position – which is not generally the case when such networks of collaboration have to comply with policies and rules aimed at coordination.

From the point of view of integration of its services, *Vitamine W* offers a range of possibilities through a combination of local projects and regional employment measures. The organisation's pioneering role has to do mainly with the fact that it can afford to offer virtually every conceivable occupational integration scenario (with all that that implies in terms of the organisation's flexibility and ability to put together projects): training leading to qualifications and giving access to diplomas, training in order to fill vacancies negotiated with employers, the creation of jobs for a specific period of time or of indefinite duration, within structures that are sheltered to a greater or lesser extent, in occupations of importance to the community or in social microenterprises.

Poised between this particular construction of coordination and integration is a decisive issue that revolves around the question of how *Vitamine W*, as a structure, readjusts supply and demand in relation to work and manages the tension between them. The problem of internal coordination is crucial: does *Vitamine W* manage to be less selective than the labour market? The existence side by side of practices that come under different definitions of occupational integration limits the scope of a general reply. This can be seen by stressing three points:

- The recruitment of participants for the training and integration schemes is geared to target groups defined in a general manner ("immigrants", "the long-term unemployed in such and such a district"). Even within specific target groups, it is still possible to select only people for whom a risk profile can be drawn up that will imply that the downstream integration rates will be good.
- The development of new projects, based on the search for new demand, new institutional packages, new audiences, new markets, etc., continues to increase the possible choices offered. The development of *Vitamine W* does not seem in this respect to be guided by particular cross-disciplinary objectives. The approach appears to be primarily a pragmatic one: it transpires that a particular innovation is possible – let it go ahead. The development model is that of a company looking for niches in a segmented market.

- Nor does the structuring of the individual follow-up appear to be supported by a particular philosophy of action, but instead by a search for functional effectiveness in the organisation. For example, the question of the user's rejection of the choice proposed by his or her consultant has never been addressed with us. One wonders simply whether users would not be "embarrassed" by excessively close follow-up.

The approach appears to be pragmatic and segmented. Questions such as that of mobilising the people in a particular area or of the quality of the service relationship appear only in the background.

II. Integrated Service for Psychiatric Support and Care in the Community

(SIAJeF, *Service Intégré d'Aide et de soins psychiatriques dans le milieu de vie*)
Rue Maghin 18, 4000 Liège

Introduction

Founded in 1984 by a group of psychology students, the Integrated Service for Aid and Psychiatric Care in the Community (SIAJeF) has developed in a way which deserves attention for two reasons: firstly, because the project was seen originally as a reaction against an excessively narrow definition of psychiatry and against the institutional practice of dealing separately with the problems of people referred to as "mentally ill"; secondly, because this critical approach gave rise to a different way of looking at public health, in terms of a particular territory, and a different philosophy – cross-disciplinary – both internally, within the institution, and in its relations with the outside world which give it the appearance of being innovative in relation to the field of mental health.

This innovative nature can be discerned not only in the guidelines for action towards an approach which is constantly questioning the quality of the relationship with an extremely dependent public, but also in the mobilising ability which the team that established the service and developed it has demonstrated for more than 15 years by increasing the search for subsidies. After outlining the situation of the institution and the stages in its development, we shall return to the guidelines for action which, in their critical aspects as in their constructive dimensions, enable the quality aspect to be defined both at the level of the method of operation and at that of relations with users and workers.

1. An experiment in a state of flux

When the service was established 15 years ago, the Walloon Region introduced a moratorium on the existing facilities for outpatient mental health; as a result of that situation, SIAJeF is today not always recognised as a mental health centre. The group of psychology students behind the project were therefore obliged not only to create their own jobs based on a clinical approach which questions the customary practices in the psychiatric sector, but also to find diversified resources in order to develop the institution. It should be pointed out straight away that those who initiated the experiment were to use the PRCs (unemployment reduction programmes) to create new jobs and stabilise a team which today consists of 26.5 full-time equivalents (the majority of which work in the institution full-time), whose average age is between 30 and 35 (half male, half female).

While the project was originally set up on the basis of a medical, psychiatric and social service focusing on front-line support and the management of mental illness by offering ongoing advice and psychiatric counselling, it sought to promote and validate an alternative model for providing mental health care in an integrated and territorial manner. It was very

rapidly to evolve into an extension of the facilities firmly rooted in the local population by using the resources made available under the new mental health legislation (this was the case with sheltered accommodation) and also with regard to socio-occupational integration by achieving recognition as an OISP (*organisme d'insertion socio-professionnelle*, organisation for socio-occupational integration). As a result, SIAJeF's operations are subsidised from a variety of sources, since today it has accredited status in a number of areas: it was recognised as an OISP by the Walloon Region and the European Social Fund (this status soon being transformed into that of an enterprise for training through work in view of its client base and educational approach), as an agency for the prevention of drug addiction by the French Community and as sheltered accommodation by the social security system (INAMI). It also receives project-based subsidies (from the Walloon Region for the renovation of buildings for the homeless, under the European Social Fund's PIC integra and Youthstart programmes for transnational partnerships). The fact that SIAJeF is recognised by a number of bodies inevitably affects the method of evaluation and the coordination efforts, which are undertaken at the level of internal operating procedures.

The development of the initial project was in two stages. Between 1984 and 1990, the first stage involved work at various levels in order to try and integrate the service into its chosen reference territory (three districts situated in North Liège, with a potential audience of 32 000 inhabitants). "There was a marked absence of community life in this area. In collaboration with first the youth club and then the schools, shopkeepers and other associations, we set about "reviving" it by organising festivals for everyone (Saint Nicholas, Carnival, the local festival, participation in the summer programme for young people, a local newspaper, etc.). At the same time, we were developing in the local primary schools primary preventive schemes: activities based on books, the development of cultural activities, drama, videos, dance, etc. in association with the local library and creative workshop, the PMS (psycho-medico-social) centres, schools and so on. We tried everything and it has to be acknowledged that most of the time, despite these numerous highly suitable contacts, the attempts to integrate the users in associations failed" (interview with the Director). It was found that the integration of people with mental problems was difficult either because of the paucity of existing activities within the district or because of the difficulties encountered by the users in the different associations ("either they were rejected, or they stopped going to the various clubs when the support came to an end. It was our experience that the limits of social integration had as much to do with the users, their abilities or their motivation as with the ability of other people to accept and support them").

From 1990 onwards, the second stage was to consist – while the community life seemed to be taking shape again – of "handing over to the associations, in order to be able to reinvest our slender resources and meet more effectively the needs of the users who were attending SIAJeF. We told ourselves: since it would appear to be illusory, for some of our audience, to find appropriate responses within the locality, as it offers few opportunities, let us develop opportunities that are structured, stable and accessible, in any event for SIAJeF's users, and open them up to the people living within this locality". It was in this way that the service came to diversify the range of services it offers – described as "multiple entry" – and consequently to look for financial resources by setting up workshops for the creative and expressive arts, establishing socio-occupational workshops and opening the bar-cum-restaurant *"Le cheval bleu"* as a place for generating and circulating ideas and for sociocultural exchanges. In the team's view, although the range of services offered has been diversified for the users, a second initiative still remains to be taken by establishing the necessary conditions for "opening up these opportunities to local residents".

2. Guidelines for action

This development, which was initially based on seeking exchanges with local resources and then focused on producing new services within the institutions, can be understood only by referring to the principles which, at the start of the project, questioned in a critical manner the customary way of treating mentally ill people. These principles – of which there are four – define the guidelines for action by the institution, viz. a critical distancing from a narrow definition of psychiatry; a questioning of the approach of dealing separately with the problems encountered by those described as "mentally ill"; a public health project within a clearly defined locality; and a cross-disciplinary approach.[33] The combination of the four principles makes it possible to define the way in which the quality of the work is perceived in relation to a definition of the user as an individual. This definition provides a collective frame of reference which serves as the horizon for implementing the joint work as well as for developing the institution. It consists of proclaiming a view of the individual defined as a person feeling the strain between a disembodied autonomy, devoid of social roots, and the dependence – of which there are many forms – inherent in the relationship we have with other people: "We realise the importance of contextual, environmental resources, the importance of the person's background in terms of negation of self, identity and function as an individual with regard to personal destiny. In fact, it is therefore more a question of being dependent for as far into the future as possible rather than of having "individual autonomy", as is often thought to be the case. We believe that such dependence is part of the concept of social autonomy". How, then, are we to manage to go beyond a situation which is at odds with most, if not all of those forms of dependence from which every day we derive our sense of wellbeing if not by contributing, for and with those people, to re-establishing links at the microsocial level, to recreating *socius*, sociability" (Neybuch, 1996: 90).

This concept of the individual defines the nature of the quality of the service - through its accessibility and integrated character - but also through the threefold concept of empowerment that is not confined to overcoming a decontextualised individual autonomy. We shall begin by defining the three aspects of empowerment and then consider the way in which the quality of the service is achieved.

3. Quality of the service: the threefold nature of empowerment

While SIAJeF's objective is to demonstrate in practical terms that psychiatric intervention accepts the principle of the person who is unwell being kept at home, "in the community until such time as care facilities are organised with that in mind", this implies on the part of the institution relations with the user in which the involvement is defined in three ways:

1. The user is the initiator of the relationship: while the institution continually stresses the importance of emulation, support and counselling, the fact remains that the user is given considerable latitude to decide matters of his or her own free will. The majority of contacts are in fact made on his or her own initiative, as access to the medico-psycho-social services is free and subject to few conditions, given the institution's philosophy: these services are owed to users who find themselves unwell in the context of local public health activities. The only expense which has to be met by the users is the cost of their medicines and possibly their rent if they live in sheltered accommodation.
2. The user is the producer of health: this applies to activities such as the expressive and creative arts workshops and the socio-occupational workshops, where the conditions of access, the requirements of active, constructive participation are far more important; the

[33] For a detailed account of these four principles, see Annex G.

services have to be paid for or are more demanding in the case of the expressive and creative arts workshops or are eligible for reimbursement of a small amount in the case of the socio-occupational workshops. Here, the relationship is supported, with the parameters being defined by the establishment of a project, or even of a programme negotiated between the user, his or her consultant and sometimes the head of department on the basis of a requirement for involvement on the part of the user. Thus the expressive and creative arts workshops are designed as so many "clubs"; the participants have to obtain a membership card:[34] "from then on, they are no longer users, as the benefit they will derive from their participation will depend on what they put into it; they will benefit from what they produce, becoming themselves their own health producers".

3. The user is a service producer: just as in the expressive and creative arts workshops, the aspect "the more I put into it, the more I'll get out of it" comes first, with aspects of solidarity between the participants, of self-help which can be developed between the members of a workshop depending on the other people involved, so the effort required of the user in terms of personal commitment in the context of the socio-occupational workshops – where he or she has the status of a trainee – is greater because here it is a matter of providing an environment for work, for production, which are so many services for other people. Through their work, the trainees are not only helping themselves: they are providing a service for other people in need; "they are structurally involved in the production of a gain for society by improving the well-being of the community and society".

This threefold nature of empowerment enables the overall structure of the service to be identified.

4. An organisation integrated in stages

The fact that SIAJeF operates on a territorial basis makes it possible to offer the users a range of services whose quality can be appreciated because of the flexibility in terms of the form that they take with a view to being adjusted to situations that sometimes vary considerably from the point of view of the people concerned, stages in their development or the fact that they are starting to become involved. The overall structure consists of three categories of services:

- the medico-psycho-social services, to which must be added "supervisory" aspects and the counselling; the bulk of the work is done in the form of interviews within the service or at home; the main object of these services is the "management of illness"; the work here consists of integrating a series of procedures ranging from information and guidance, to integration of the social data, the follow-up contract, the definition of a joint project and counselling; here, the user is the initiator of the relationship and the approach to the work is clearly shown: it is not confined to the medical and psychological paradigms, even though it operates to some extent with similar tools (clinical interviews, analysis of situations);
- the presence of forms of information and guidance which present themselves as so many "relational", "social and cultural", or even psychocultural opportunities; this activity is governed by loosely defined parameters, it makes very few demands and may even be passive; the organisation of the place of activity – mainly the bar/restaurant *"Le Cheval*

[34] The institution has established a system of grants to help deal with the problem of the low incomes of many people. To be eligible for a grant, one must live locally, although this does not involve receiving medical, psychiatric or social assistance or participating regularly in the activities.

Bleu" – is intended to enable an opening-up, to encourage the transition to activities where the level of active involvement is higher; it could be said that here the user is in a kind of "halfway house", where he or she has the choice to take the initiative of the relationship or even involvement, or not to take it;

- the workshops, whether they are expressive and creative arts workshops or socio-occupational workshops, represent the highest levels of involvement: the user can choose to become a "health producer" or, even more, a "service producer". These workshops are therefore the places most oriented towards the expression by the user of his or her status as an individual and of his or her ability to become an active player; the demands made here are at their greatest.

The measurement of the breakdown of the different forms of contact according to time spent on them indicates that user involvement at these three levels is 25.4% of the contact time for "illness management", 32% of the time for information and advice and 42.7% of the time for the most demanding type, namely the workshops.[35] In other words, the availability is reflected in the fact that, in order to develop, the user/institution relationship does not have at its disposal only the area of clinical support or training. Informal areas are created and times when people are on hand enable a watch to be kept. Thus, 47.7% of SIAJeF's contact with its users takes place in areas where the workers can also be approached without the formality attaching to their position as professional staff. SIAJeF would, however, like to go further in that direction by setting up a service which is open round-the-clock and providing emergency accommodation as an alternative to hospitalisation in a psychiatric unit and the resulting impoverishment. The users of SIAJeF can very easily switch from the services proposed by one department to those proposed by another. One can almost talk about multiple users. This type of switching can even be organised in terms of the structure.[36]

It should be stressed that this setup expresses in an analytical manner the different aspects of a reality which likes to think of itself as being more integrated and cross-disciplinary; it also expresses the institution's desire to define rules in operation which, while they are not intended to "force" participation, differ from a simple self-service arrangement where everyone would come to do their "shopping". The demands made in terms of participation, the threefold nature of empowerment testify to that desire not to be a place in which the "management of illness", with some occupational activities, would be organised on a massive scale. That, without doubt, is a criterion of quality. Without, however, forgetting that one of the institution's objectives is to work towards a "dechronicisation"[37] of mental health, particularly with regard to stays in hospital.

5. Evaluation of the service relationship

The evaluation of the relationship – which is a subjective one – between institution and user (although the institution is represented by the team, the workers, the relationship is at the institutional level) and the multidimensionality of the services are the two essential aspects for an evaluation. These two operational objectives appear to have been met insofar as they have, over a period of 15 years, led SIAJeF and its users (its environment) to develop in line with one another: the service today carries out mainly two types of follow-up – which it has described as intensive and routine – and which focus, in relative terms, mainly on those users

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[35] Users as a whole spent on average nearly a third of their contact time with the institution in the socio-occupational workshops; in second place, for 22.8% of the contact time, the users used *Le Cheval Bleu* as a drop-in centre.

[36] See in Annex G the example of the "Build a future" workshop.

[37] See Annex G.

whose position is weakest (of the users subject to these follow-up procedures, the proportion of people living alone is two to three times greater than the average for the town). Some 33% of users are subject to intensive follow-up, which means that there are at least four contacts a day between the user and SIAJeF, for an average period of 52 minutes a day (in 1995). This follow-up combines the different resources of the service and uses mainly those places where people can drop in to receive information and advice, meetings and the sociocultural workshops; it is this type of follow-up which is most common among people who have spent time as inpatients in a psychiatric hospital, who have been very poorly educated and who live furthest from the labour market. The routine follow-up concerns people who are considerably less disadvantaged educationally and involves mainly the training workshops and meetings by appointment. With one contact per day or less in terms of user/SIAJeF contacts, of an average length of 89 minutes, 42% of users are affected.[38] This distinction drawn between two groups and two service relationships has today replaced the categorisation which predominated before this 1996 report between people suffering from psychiatric problems, on the one hand, and drug addicts, on the other. In fact, such categorisation is important, since it reflects directly the way in which the different services are integrated and the new services are implemented.

More specific criteria than the way in which the organisation of the service relationship influences SIAJeF's position within its context are also used. For instance, there is the amount of time which the users spend in contact with the service (from the initial to the final contact). SIAJeF refuses, however, to accept any general rule concerning the length of the follow-up period (shorter does not necessarily mean better) and refuses to give this issue greater prominence by separating it from that of the conditions under which people leave the support- or care-based relationship (this relates back to the problem of follow-up, which is carried out only for people who have lived in sheltered accommodation).[39]

6. Quality measurement

The question of the quality of the activities of each of the operational dimensions is dealt with by means of frequent, regular meetings involving the workers, both within each department and among themselves. The criteria for evaluating the quality of the services do not relate to individual departments: they extend right across the board inasmuch as they refer to the user's quality of life, his or her health and his or her overall wellbeing, inasmuch as the users normally have recourse to a number of SIAJeF's services and inasmuch as the services are interdependent and highly coordinated, despite the fact that certain services are geared more to a particular type of demand (for instance, the medico-psycho-social service focuses on psychiatric care and drug dependency). The evaluation is therefore all-embracing and multidimensional, different evaluation criteria reflect SIAJeF's different objectives of the and the question of quality is raised within a relatively wide perspective. [40]

The desire for varied services, but within a single organisation, is also directed towards maximum availability and continuity of service. The dividing lines between the three types of service are clear – notably because the services are offered in a number of different places and because of the differences in terms of financial involvement – and since the team devotes much time and energy to internal coordination, there are no breaks when those dividing lines

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[38] In addition to these two types of follow-up, the SIAJeF also distinguishes between occasional follow-up and follow-up which consists of remaining in contact sporadically.

[39] For an evaluation of follow-up, see Annex G.

[40] See in Annex G the different levels of quality evaluation.

are crossed. The question of the balance to be struck between integration of the supply of services and territorial coverage must be raised at this stage. SIAJeF's sociocultural and socio-occupational activities have been operational since 1993. Up until 1998, however, the area covered had a population only half the size of the area covered today. Therefore, between 1993 and 1998, given the diversity and malleability of the services it offered, SIAJeF was in fact, while providing a satisfactory framework, "inordinately large in qualitative terms" in relation to the size of its potential target population. The five new jobs added to the medicopsychological department in 1998 therefore established a kind of optimum balance development-wise. And it is again becoming pertinent to create new services: the potential client base is large enough for SIAJeF to be able, from the position it occupies, to fill the gaps in the facilities currently provided by the local social services. There is a phenomenon of gearing-down in terms of quantity of users and quality of their involvement since SIAJeF relies on relationships which are created among those users around SIAJeF. The increase in territorial coverage therefore has an exponential effect on the growth of the services available.

In conclusion, SIAJeF's experience, in addition to its exceptional creativity, as evidenced by its deployment time-wise and the diversity of the activities undertaken, is paradoxically a model of transferability with regard to quality: the coordinated three-pronged strategy of producing services jointly with users was conceived of in terms of a field of operations based on a principle of public health. What is transferable here is of course the type of arrangement between resources which has been obtained by having a clear view of the user's position and a coherent definition of the service relationship.

4. Conclusion and recommendations

Delayed modernisation

A feature of the 1990s has been the change in the institutional landscape, with the establishment of the federal state and of regional and community policies, just as there has been an increasing degree of outsourcing of services to the population, combining the delegation of tasks to the associations and the creation of jobs as part of a policy to reduce unemployment. The question of quality finds itself torn between two very different and even contradictory approaches – both of which can be covered by the ambiguous concept of modernisation:

- an approach based on rationalisation, implemented on a sectoral basis by the public authorities or the large organisations, which we can describe by highlighting the striking parallels in political developments between sectors and regions; and
- an approach based on innovation, or even experimentation, at work in the practices of social mediation, of relational work, which we have encountered through the nine case studies.

1. Top-down modernisation: from reforms affecting the supply of services to common trends

Driven by the need to rationalise social security spending, but also by employment policies (or unemployment reduction policies), reforms focusing on the supply of services were undertaken in the 1990s. They usually went hand in hand with increases in the budgets for the three sectors we have studied. Common approaches can be seen here: on the one hand, approaches involving the standardisation of "production" (services which occupy the same place under the regulations, with the same accreditation procedure, must all do the same thing); on the other hand, prescriptive requirements to ensure that the individual path followed by the user is catered for in a linear manner through the services offered. These reforms involved a considerable amount of outsourcing of the tasks entrusted to the associations and redefinition of the division of labour between the social services. In particular diagnosis, information and advice, and guidance via the implementation of two complementary principles has been relied on to a greater or lesser extent: individualised follow-up (a professional negotiates with a user, or even enters into a contract, then follows a programme of development via the facilities available), requiring considerable work in acting as an interface and hence commitment on the part of the workers; sequentialisation/segmentation of the facilities on offer, standardised in the form of typical channels (anyone passing through the type-A service must be provided with a link to any type-B service; this is the case with the Walloon pathway to integration). Standardisation and division of labour (to which must often be added an information management system based on new technologies, of the single-dossier type like the "minimum psychiatric summary", and redefinition of the prescriptive criteria defining the most difficult target audiences, from which the public authorities wish to keep their distance) are the two dimensions which define – implicitly – quality standards informed by political considerations or by the institutional sectors or even by the organisations that come under the different ideological persuasions which make up the Belgian institutional landscape (see "pillarisation"). While this trend towards standardisation and division of labour is a dominant feature of the modernisation process, the form it has taken has varied from region to region. In a lapidary manner, Government action in Wallonia has concentrated more on prescriptive reframing, with a desire to define the status of the staff, while the Flemish

Regional Government has placed the emphasis on the calls for associations to group together and cooperate on the basis of sharing, close to the grassroots community or even society (call for voluntary work, local solidarity), and in Brussels it has been more a question of optimisation of a collection of multiple services which have been encouraged to coordinate better with one another or establish links among themselves concerning the type of cross-disciplinary approach to be applied. While the quality resulting from these various moves by the public authorities can easily be described as "variable-geometry quality", the fact remains that it shares a common feature: through a move to outsource the tasks to the associations, an employment policy or unemployment reduction policy is being implemented with temporary jobs being created and extremely limited room for manoeuvre – in terms of finance, status and staff mobility – which has a twofold effect: confusion among the public authorities between employment policy and social policies or services provided for the population and the development of competition between associations to position themselves with regard to various financing opportunities (local, regional, federal and European).

These moves have given rise to conflicts and resistance. Two points above all should be noted in this connection. On the one hand, the conflicts are similar in the three areas studied; thus individualised follow-up (pathways to integration, case management) poses a problem for small institutions which are remote from the institutional world, non-bureaucratised, non-medicalised, unfamiliar with the new information technologies. It could be said that it is the jobs most deeply rooted in the user environment which are most reactive to the moves towards standardisation and the division of labour at work in the redefinition of the service relationship. On the other hand, these are conflicts in which the issue at stake is precisely the question of the service relationship (where people are trying to go as far as they can in terms of coproduction) and of the opening-up of working in networks (who mobilises the resources, and how?).

2. The question of quality on the ground or bottom-up modernisation

We met nine associations to discuss the question of quality of service. In none of the cases did we encounter ready-made replies. Even though quality of service is a constant concern, it is not particularly regarded as a problem as such, it is not the subject of a social construct in the sense that it would provide a common frame of reference for a set of practices. From the contribution of this concept in the interviews, a picture emerges of innovative practices devised locally by social workers and directors of services as alternatives to the dominant practices or as responses to specific problems. These practices associated with the question of quality opens on to two relatively complementary lines of enquiry:

- a redefinition of the service relationship, of what is going on there, what is being exchanged there, what is known about it and what can be said about it. Research into users' rights, the status of the social worker, the role and impact of the service, the relationship to the knowledge of users and professional staff, into how the user can define himself as a coproducer of the service relationship, into the different ways of taking account of the identity dimension operating in this service relationship. Here too, quality appears to have a "variable geometry", to be a spontaneous practice without really being the subject of work to develop the activity;
- the question of how the service relates to its context and how account is taken here of the complexity of situations. A complexity which arises from a complete and dynamic view of what is to be found behind the concept of environment and from the increasingly pressing concern to integrate users into a social fabric that is to be rewoven. A complexity which attacks the power exercised between the service and its users and often

brings the service to position itself as a local player operating at the same level as other local players (the user himself, his or her friends and family, his or her neighbours, important people in the neighbourhood or the town, a group of volunteers, a neighbourhood committee or other action group, a shopkeeper, an artist, a school, a local elected representative). The service then emerges as a web of "horizontal" networks, very much away from the centre and consisting of various people. It seeks to open up, to reconstitute itself and also to create, through a high degree of heterogeneity, a system of working in networks or social coordination which is traditionally highlighted in the discussions on coordination or partnership.

Internalisation of the service relationship and practice in a network are here contrary to the general trend towards standardisation and the division of labour spearheaded by the local authorities. This contrast – far from being declared – is experienced by the workers in terms of the type of gap existing between top and bottom, between the rules and actual practice, between the calls for standardisation and the matter of survival (both for the associations and for the users). This gap is exacerbated by confusion over working conditions and by the effects of outsourcing a number of tasks to the associations within a framework of prescriptive coercion.

- First, the confusion. While the appearance of new practices that are closer to the paths taken by individuals may go hand in hand with innovations in terms of conception, (non-) formalisation and quality evaluation – innovations that are multifaceted and sometimes very promising – these reveal only too well a tension between the subjective involvement of workers and objectivisation of their practices. In other words, most associations operate on the basis of a very militant voluntarism, which has the effect of leaving aside the problem of the quality of working life and private life, the dominant approach being that of maximum commitment to the objectives of the association. This confusion surrounding militancy has a second effect: confusion between militant work and that based on mediation (acting as a go-between), which includes the work of questioning the service relationship and the establishment of networks. A confusion of roles which does not always enable a response to be given to the question of whether these innovations are transferable and can be applied generally, hence reinforcing the admittedly original nature of the experiment, but also its fragility, as it is enough for there to be internal disagreement on the role of militancy for the experiment to be jeopardised.
- The effects of outsourcing a number of tasks to the associations within a framework of prescriptive coercion: the appearance in the 1990s of coercion in the field of support policies such as the integration policies severely limits innovative practices if the public authorities entrust them with the job of dealing with people who contact the services because they are forced to and whom "they do not know how to handle". Coercion in terms of the criteria for "activating" the unemployed, administrative coercion as a result of increasingly pernickety checking of the conditions governing the granting of social security allowances, coercion in terms of having to provide care for people with mental health problems – all these combine with methods of financing or recovering expenditure which, while they are very formalised (with regard to social security, unemployment and welfare benefits), are characterised by a mass of rules, some operating on a flat-rate basis or according to each intervention, others in relation to a territorial demarcation of the population concerned, with the latter rules being at the discretion of the authorities. Civil rights, economic rights and cultural rights are contravened, or even increasingly denied altogether, and it is not in the least paradoxical to ask – or even require – associations to "cobble together" programmes to maintain people's rights. Here too, the question of

quality seems to be "incised", latently, the work of acquiring or restoring rights being entrusted to associations that are hard put to be able to guarantee any "quality assurance" within a context very much centred on coercion of people whose position is precarious.

3. Where are the users? From quality to citizenship

If this review of the question of quality is to be extended, it will be seen that in those cases where it is explicitly mentioned today, it is first directly related to the matter of working conditions, under the watchword of professionalisation (nurses, family support staff). Where the matter is on the agenda, it is in social consultations and trade union demands (common front of 1997-1998). However, quality of service is seen as a direct, unequivocal effect of the working conditions of the professional staff and of the increase in employment levels in the social services. In what respect and what manner such measures generate qualitative improvements and quality assurance for users is a relationship which is currently not viewed as a problem in the Belgian context. The question of user participation is not immediately seen as a priority either on the agendas of the main players or on those of the authorities or of management and labour. It may nevertheless appear as one aspect of quality. Three factors are indicative of the little importance attached to quality assurance:

- while consultative bodies operate everywhere – bodies on which indirect representatives of the users sit (such as the mutual associations) – these have only limited impact on the direction of policy; not only because none of the organisations represented on those bodies has a clear position on the question of quality assurance but also because their role is often confined to giving an opinion on the accreditation and recognition of the associations;
- where practical examples of structured user participation do exist, they are quite often subject to educational or therapeutic considerations, without the user's contribution being considered other than that of a "person to be helped"; with the exception of a few experiments, the question of empowerment is not particularly regarded as an attempt to link together three types of knowledge – know-how, understanding and the ability to combine – which are the minimum requirements for the coproduction of a service which would not simply be confined to transferring the provision of the service to the user;
- while the specific product which the associations, as providers of services, are offering is the quality of the relationship itself (the associations supply goods and spaces for interaction; it is with the market or with the State that they constitute a privileged interface), it is also a question of seeing what can be provided by a services sector described as "relational" because it is based on a direct relationship between service provider and user. This involves the job of defining the quality that is essential in order to do something other than taking care of people, in a dependent manner. It should be noted that there are, in many fields, groups of citizens who organise themselves into action groups and make demands – from the homeless to the parents of victims of paedophiles, from young artists to the unemployed and those receiving the guaranteed minimum income benefit. Their demands, based in the same way on rights, range from the most specific to the most general. In all cases, they question the value of social work. Some of these groups are being or have been consulted in connection with the formulation of policy, while others are ignored.

4. Four recommendations

In view of the complexity of the policies conducted in three areas (elderly people, the young unemployed and adults with mental health problems), in view of the quality exhibited latently, incised, with variable geometry, in view of the movement for modernisation top-

down and the practices – often voluntarist – developed bottom-up, it evidently seems that both the public authorities and the associations must address the matter of quality assurance and bring it into a public forum for discussion. We shall formulate here, on the basis of four observations, the conditions which will enable this matter to be placed on the agenda.

1. Coercion of the user is a feature of much of public policy in Belgium and, because of the outsourcing of tasks to the associations for the most difficult groups, must be questioned: what are its effects in terms of reinforcing insecurity and in terms of the supply of services in its dependence in relation to the public authorities? It would be highly desirable for the public authorities to justify not only the nature of outsourcing but also the rules and criteria which the various laws impose on users – in this case, the beneficiaries – and on the associations responsible for dealing with them; it is a question of cutting down on the formalities and of a general move towards coherence, which the State should extract from the various laws and methods for recovering the granting of benefits; this reduction of the formalities implies simplifying the rules but also a process of modernisation of the public authorities which cannot be confined, as is currently the case, to information or the formal justification of administrative acts; the State and its authorities have to define their mediation function.

Proposal 1. The Senate should be urged to have its task of simplifying existing legislation strengthened by focusing its efforts on two aspects: defining the content of quality assurance and proposing the introduction of users' rights within that legislation. This movement towards the reduction of formalities should ultimately not only create a public forum for discussion, but also lead to standardisation of the texts concerning the service relationship.

2. While the vast majority of services perform their role within an urban context, Belgium does not, however, have a special policy on towns. Apart from the case of Brussels, where a policy aimed at dealing with the social divide has been drafted, the front-line players are all at local authority level: from the *Centre Public d'Aide Sociale* to the neighbourhood associations, the basis for action is local and not general. An urban policy should be defined on at least two levels: that of the service providers, particularly with regard to the social economy, and that of the population scale in terms of territories defined not administratively but socioeconomically. In other words the scale of the local authority is no longer adequate in order to ensure coordination of the various activities carried out to combat the development of insecurity.

Proposal 2. It would be desirable for the government agenda to formulate an urban policy (by setting up a ministry or an interministerial coordinating body with real resources); this policy should inform two dossiers: the first on the territorial scales of action, the second on the types of activity carried out there (interface, mediation, reception, training activities, etc.), thereby placing itself in a position to alter the quality of the services provided by the relevant departments or the associations; at the same time, it would be a question of studying different models of qualification resulting from the work done and legitimised by certification bodies. Special attention would have to be paid to the new types of arrangement with regard to pay ("activities contracts", employers' consortium, support for the social economy, etc.).

3. We have seen that the outsourcing of tasks to the associations has been characterised by a twofold trend: the heaviness of coercion and the fragility of the experiments, some of which sometimes serve to provided the main theme for the reformulation of policy. This outsourcing has, as we have seen, had consequences for the quality of working conditions

in relation to private life. The voluntarism model is dominant in an associative world that is heavily dependent on various types of subsidisation. The associations are therefore obliged to practice multi-subsidisation by catering for very different types of audience, still difficult inasmuch as it is more a matter of resocialisation work that is at the heart of the arrangements. The mediation function, the work which informs it tend to give way to rescue missions or the job of cobbling together programmes so that users acquire or retain a number of rights.

Proposal 3. There is an urgent need to draw up an inventory of the jobs done and the conditions under which they are done in order to better define the nature of the mediation work which informs the action of workers with regard to the form of "mutual qualification assembly line" process; by this we mean a contractual form whereby jobs are done in relation to one another based on the principle of quality assurance. The *Conseil national du Travail* (National Labour Council) and the various regional committees should be responsible for defining scenarios (either on how to integrate new tasks into old jobs, or on how to recognise new jobs), generating the qualifications and skills required for the various functions of mediation with a view to establishing new links between the different statuses not only in relation to one another but also vis-à-vis a service relationship which includes multidisciplinarity. This involves a trend towards professionalisation, which we should work towards.

4. The production of this report showed us how widely scattered the evaluations and the people involved in them are. Neither the public authorities nor the experts seem to have a view on quality assurance. Too often, it is limited to audits intended to measure the gap between means and ends. The University does not seem to occupy an active place in this process.

Proposal 4. It is necessary for an independent body which has acquired a high degree of legitimacy – such as the *Fondation Roi Baudouin* (King Baudouin Foundation) or the *Centre pour l'égalité des chances* (Equal Opportunities Centre) – to be given responsibility for assembling a number of people, both those working in the sector and academics, to establish arrangements for improving the quality work developed in numerous associations. This would not involve arrangements based on a call for projects but a think-tank responsible, with the promoters, for action to improve quality. This group should in no way be seen as a body for defining and monitoring a hallmark, but as a forum for comparing practices, exchanging knowledge and encouraging activities based on quality assurance.

These four conditions should, in the short term, ensure that quality becomes a social construct whose aim would be to reduce the fragmentation and fragility that are today characteristic of the various limited voluntarist experiments of which we have endeavoured to give an account.

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Annexes

Annex A

- In the form in which they exist today, the local employment agencies (ALEs, *agences locales pour l'emploi*) find jobs for nearly 30 000 long-term unemployed a year. Since 1994, it has been the responsibility of each local authority to open an office where those who have been unemployed for more than two years have to sign on. These people provide services in the homes of private individuals or engage in seasonal activities. The "users" purchase special tax-deductible cheques which enable them to pay the agency for these services. The unemployed person in question does not have a contract of employment; he or she is able to work for a maximum of 45 hours a month for BEF 150 an hour, in addition to his or her unemployment allowance. The users are mainly households, but also associations, schools and municipal authorities. Refusal to do a job proposed by an ALE may entail severe penalties, even including withdrawal of unemployment benefit (this situation has in fact so far very seldom occurred). The ALEs are part of the move to concentrate social services at the level of the local authority public services.
- A new arrangement has existed since 1998 aimed at the unemployed registered with the ALEs, namely service jobs. This involves offering employment under a part-time contract with any employer for a maximum period of three years. A very substantial part of the wages are still paid for by the unemployment insurance scheme: this is the "activated" allowance, which is topped up by a contribution from the employer to bring it up to the guaranteed minimum wage. The aim is to recreate the type of casual job which nowadays seldom exists, such as that of petrol pump attendant. By the end of 1998, nearly 10 000 jobs had been created. This system has two features which clearly distinguish it from the PRCs (some of which were already "activating" the unemployment allowance): it benefits the private commercial sector (90% SMEs) and is not part of an "integrationist" approach (e.g. there is no further training).
- Mention should also be made here of a new employment programme, the occupational transition programme (PTP, *programme de transition professionnelle*). It comes midway between the service jobs and the PRCs. Launched at the same time as the service jobs, it also consists of "activating" the unemployment allowance paid to the long-term unemployed. The employers eligible under the programme are exclusively local authorities or associations. The "top-up" to bring the wages up to the guaranteed minimum must be provided by the employer and/or its supervisory authority (generally the Community or Region). The unemployed people eligible for these contracts are not recruited solely from the local employment agencies, which means that this scheme does not have the workfare aspect associated with service jobs.

Annex B

1. Home nursing services

A wide range of home nursing care is available throughout Belgium, and its importance in budgetary terms increased by 50% between 1990 and 1995 (Jacquerie, 1998). The nurses are either self-employed or paid employees of a CPAS, mutual association or some other type of association (the main one by far being the Catholic *Croix jaune et blanche* (Yellow and White Cross)).The work they do is regulated and funded by social security, in accordance with agreements negotiated between the social security authorities, the nurses' representatives, the

mutual associations and the Government.[41] It is financed either on a flat-rate basis or per item of service; the nurses are either paid for their work directly by social security or an advance payment to cover all or part of the cost is made by the user, who is subsequently reimbursed. These funding arrangements – particularly the fact that the work is divided up into that paid for per item of service and that paid for on a flat-rate basis – have a direct impact on the nurses' working conditions and have, since the early 1980s, been subject to changes and rationalisation which have given rise to major industrial disputes involving the self-employed nurses especially. Another effect of this type of funding arrangement stems from the fact that preventive work by these nurses is not able to be recognised and financed.

2. Family support services

These services provide assistance with everyday tasks (mainly housework and other minor chores) for people who are dependent and not so well-off.

The centres in question were in fact recognised by the Government for the first time in the late 1940s. When in 1994 they came under the responsibility of the regional authorities' personal support services (after passing through the Communities' services), few changes took place in the rules governing them.[42] This is a matter governed by a law of 1967; a 1975 decree encouraged the CPASs to establish family support services in areas where they do not exist.

One thing that should, however, be pointed out – and we shall come back to this later – is the fact that these centres are at the heart of coordinated arrangements for helping the elderly. In French-speaking areas, they have the option of collaborating with either a social service or a home nursing care service, in order to be approved and subsidised as coordinated services and homecare (CCSSADs). Apart from these CCSSADs, the family support services coordinate with the other bodies (CPASs, social services, doctors, etc.) under agreements which provide them with a steady volume of work. In Flanders, on the other hand, a framework decree determines in general terms those tasks that are specific to each type of service for the elderly and the relations which the services must maintain with one another.

These services are financed mainly on a regional basis. This is done on the basis of an overall annual quota for the number of hours worked, divided between the different services. Each officially recognised hour leads to a contribution being made to the wage bill of the family support staff and the administrative expenses, a contribution which may be increased in certain cases (for hours worked in the evenings, at weekends, etc.). If a service exceeds the stock of hours allocated to it, it must itself find the resources to fund the resulting shortfall. This facility covers only about 70% of the annual real cost of a service. The remainder is provided under bilateral agreements with certain departments of social security, the mutual associations, the CPASs, the insurance funds and the public authorities. A contribution from

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41 Sickness and Invalidity Insurance Act of 9 August 1963, which established the so-called National Nursing Commission (*Commission nationale de l'Art infirmier*).

42 Decree of the Executive of the French Community of 16 December 1988 governing the approval of the services providing assistance for families and the elderly and the granting of subsidies for those services. Decree of the Flemish Government of 22 June 1988 governing the approval and subsidising of services providing assistance for families and the elderly and of training centres for assistance for families and the elderly.

the user is also paid to the service, the amount of which depends on the user's income and family circumstances.[43]

The staff of these services comprised 9429 paid employees in Flanders (end-1996), 677 in Brussels and 4 435 in Wallonia. To this figure should be added at least 1 550 people in Flanders and 174 in Wallonia under the Unemployment Reduction Programmes (Sépulchre, 1998). However, it is impossible to put a precise figure on the number of these jobs; it is generally estimated that a quarter of those working in the homecare fields have a status linked to the employment policies (Gilain, 1998).

The budget granted by the Regions to the family support services is therefore considerable. For 1997, more than BEF 6.5 billion in Flanders, more than BEF 650 million in Brussels and BEF 2.5 billion in the Walloon Region, not including the indirect subsidies from assisted jobs under the Unemployment Reduction Programmes. Over the past 15 years the increase in funds for family support services to reflect the increase in the number of elderly has been greatest in Flanders. This difference is accentuated if the number of people over the age of 75 is taken as the basis for comparison. This is because in Wallonia the powers that be have responded to the needs of this section of the population by increasing to a much greater extent the supply of commercial residential institutions.

There are 153 family support services for Dutch-speakers (129 public and 24 private, including 2 in Brussels), 7 private services for French-speakers[44] and 20 public bilingual services in Brussels, and 81 services in Wallonia (of which 53 are public). They vary considerably in size, from less than 5 to more than 2 000 workers. The largest ones are generally speaking those linked to the mutual associations and organised in centralised networks with other types of service. The services set up by the CPASs and the small private services in rural areas are also worth mentioning.

Over the past 20 years, there have been rapid changes in the type of service provided and the profile of the target groups. The family support centres during the Glorious Thirties were intended to enable families – by which was meant mainly women at home – to be assisted in their housework if they had a child or a sick parent who was dependent upon them. Today, these centres cater mainly for isolated elderly people who are becoming less independent insofar as day-to-day activities are concerned (this accounts for 85% of their business (Balthazart, 1996)) and physically handicapped people, invalids, women living alone with children affected by long-term illnesses, etc. As a result, although the length of time for which they are involved with people was intended to be relatively limited, it is in fact increasing, particularly since the 1990s, with the progress made in medicine and gerontology. The family support staff – the vast majority of whom are female – are also increasingly having to take their place alongside home nurses, and their opinion must be sought on important matters, particularly in connection with whether someone should be cared for within a rest home. By the beginning of the 1990s, their situation was clear: their job is psychologically demanding, but devoid of any social recognition. At the same time, the diversification of demand has meant that the tasks they perform are increasing in number and becoming more complex and

[43] Decrees of the Executive of the French Community of 30 March 1983, 25 July 1989 and 19 April 1993 determining the contribution payable by a person receiving assistance from an approved service for providing assistance for families and the elderly (MB 12.05.83, 30.08.85 and 21.07.93).

[44] Decree of the College of the French Community Commission of 23 March 1995 (MB 06.09.95), as supplemented by the decrees of 26 March and 4 June (MB 21.05.98 and 27.08.98). Decree of the Combined College of the Joint Community Commission of 16 December 1993.

their working hours are becoming more flexible and fragmented (dealing with urgent requests, working in the evenings and at weekends, etc.).

The family support staff find themselves caught up in a relationship which is exerting pressure on them from three directions: the relationship between the procedures and level of public subsidy of the social services, the working conditions of the professional staff, and quality of service. It can be expressed in terms of the dual polarisation of their target audience which is generally postulated by the family support services: on the one hand, people who are "semi-invalids, ostensibly expressing a demand for someone to do household chores, but often concealing problems of loneliness and isolation" and, on the other, "elderly people in a situation of marked dependence" (Balthazart, 1996). This development places them in a position where they have to make a trade-off between being accessible to as many users as possible – but with follow-up visits that are not necessarily as regular as would be desirable – and refocusing on users who expect to be catered for in a more complex and multidisciplinary way. This service relationship and the way in which it is organised, and coordinated with the other activities, has direct repercussions upon the independence of the users, in terms of the ability of the family support staff to build up a close relationship with them and inspire trust. This enables them mainly to encourage the reestablishment around the user of networks of primary sociality – which is something that takes time to do – instead of having the service pick up all those jobs which the person in question needs to have done (as a typical example of this, getting the neighbours rather than the family support staff to do the shopping).

The services expect from an improvement in their budgetary situation both better organisational arrangements and working conditions and, at the same time, a better quality of service. If the family support staff are to project themselves as an alternative to – and way of preventing – residential care, i.e. to enable, in fact, an independent existence at home to be prolonged, they must gather together around them a range of human, symbolic, budgetary and organisational resources.

In the Walloon Region, there are 81 family support services:[45] 28 are private (they provided 72% of the services supplied in 1998), 51 come under the CPAS and 2 are public. In the Walloon Region, the Government has, since 1994, made a big effort in this direction in quantitative and qualitative terms insofar as the family support centres are concerned by structuring a process of recognition, appropriation and consolidation of the skills recently acquired on the ground.

Whereas in 1993 the number of subsidised hours worked totalled 4.6 million, today the amount estimated for 1999 is 5.36 million hours. At an average subsidy of BEF 577 per hour, this gives an increase of 45% in the relevant budget.

From the qualitative point of view, the work done by the Government has consisted mainly of enhancing the status of the family support staff in question to provide 5 000 full-time equivalents, all statuses taken together. This has been done by drawing up decrees partly reforming the 1967 Law and circulars updating the way in which they are interpreted. The Government acted in consultation with management and unions and the workers in the services concerned. All this should lead to the 1967 Law being replaced during the

[45] Numerous decrees have been passed since 1994, in particular the Walloon Government Decree of 25 April 1996 (MB 07.09.96).

legislature's forthcoming term of office, starting in 1999. The following points are involved (Walloon Ministry, 1998):

- increasing the pay of the workers involved (indexation of wages according to seniority after the seventh and fourteenth years);
- defining with them regulations governing their status and giving legal recognition to those regulations (duties, tasks, responsibilities, entry to the profession) and also a code of practice;
- introducing special training courses, tailored to requirements, leading to the recognised qualification of "multi-functional auxiliary" ("*auxiliaire polyvalente*");
- formalising the rights and obligations of the workers, the services and the users (including sensitive matters such as attacks, sexual harassment, suspicion of theft, etc.);
- providing for subsidies for "departmental meetings" and "coordination meetings" in order to organise coordination within the services;
- reinforcing the managerial staff in terms of social workers, who are important for coordinating and supervising the family support staff (from 1 social worker for 40 support staff to 1 for 30);
- structuring and standardising the progress reports (including a major statistical component) and the follow-up dossiers for individual cases, by making provision in them for the views of the family support staff themselves (thereby relinquishing the subordinate position in which they are too often trapped) and of the other services concerned (GPs, social workers, family, friends and neighbours, etc.);
- setting a ceiling of 3% of the total number of hours worked for "unsociable" hours (usually night work), while increasing the subsidised pay for this type of work, to prevent the workers in question from being transformed into home nurses, which would lead to "slippage" from the point of view of keeping at home people who would be better – and more cheaply – cared for in an institution;
- distributing information to the general public projecting a positive image of family support staff (other than that of cheap cleaning ladies, one which they find difficult to shake off).

In Flanders, since a decree in 1997[46] updating the various laws which previously existed, people talk about services providing care for families and the elderly, rather than support services. The sector is characterised by the predominance of some very large services linked to the mutual associations; the private bodies together provide 80% of the total service provision. The demand catered for amounted to 55 000 people in 1997, with the elderly accounting for 82% of that figure. The pressure of demand is very strong and led the Flemish Government to plan for an annual growth of 4% in the quota for subsidised hours. BEF 200 million is also budgeted in order to reduce the poorest households' contribution to the costs. The new Flemish legislation introduces some original features (CDCS, 1998/2):

- it requires specific approval for the domestic cleaning service, in order to try to define more clearly the tasks of the nursing staff (care, psychosocial and psychoeducational support). These cleaning services are not subsidised directly, but by the regional PRCs;
- an explicit agreement on the tasks performed and the presumed length of the service's involvement is concluded with the user and his or her family;

[46] Flemish Government Decree of 24 July 1997 governing the approval and subsidising of services providing support for families and the elderly (MB 29.11.97).

- weekly consultation is required between a member of the administrative staff and the family support staff working within a local authority or a given district, in order to try to put the involvement by the services on a more territorial basis.

3. The social services centres

There is a category consisting of centres that provide completely non-specialised social services. Traditionally, these centres offer individual consultations and only occasionally provide assistance in kind and normally not in cash (a function reserved for the CPAS).

Their level of activity remains significant, even though this sector appears weak alongside the specialised outpatient services such as the family planning and marriage guidance centres, mental health services, etc., which have strengthened their position since the early 1970s. The working methods and types of cases dealt with by these centres have also become very diversified over the past ten years or so, to such an extent that a very wide variety of services has been brought together under their banner.

These services do not concentrate particularly on the elderly, although some of them come under mutual insurance companies and therefore have a very high proportion of elderly people to deal with (Franssen and Lemaigre, 1998). We mention them, however, because some, within the framework of structures for coordinating care and services, focus specifically or as a matter of priority on this section of the population.

Insofar as the French-speaking social services are concerned,[47] these have to be set up by a mutual insurance company or adopt the status of an association and employ at least three social workers, at least one of whom must be full-time. They are subsidised by means of a payment to cover the cost of the wage bill for the staff in question, plus a further flat-rate payment to cover the operating expenses. The have to be open for a minimum of ten hours (full-time equivalent) a week, but as a general rule they are open for longer, particularly as the largest of these centres have decentralised local offices. They must be accessible to everyone, without discrimination, and without there being any need to be a member (Berger, 1997).

In Brussels, an order[48] was adopted in 1997 for the French-speaking centres, transforming them into global social action centres and increasing the resources allocated to them, while the city was reduced to poverty. Some innovative features were added to these centres. They were recognised for the collective activities they develop with their users, and for their community work, defined as aimed at "promoting, preparing, initiating and developing, with and for the beneficiaries, practical measures to encourage them to become involved and live together socially and culturally and to combat and prevent social and cultural isolation and exclusion". These centres have to draw up agreements with the institutions and services used mainly by their client base, they have to collaborate in order to offer together coverage of all the local authorities in Brussels, and they have to confer with one another to draw up together an annual report analysing the problem situations and proposing political solutions (CDCS, 1998/1).

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[47] Decree of the Executive of the French Community of 14 September 1987. Confirmed by Chapter IV "Provision concerning social action policy" of the programme-decree of the Walloon Parliament of 19 December 1996 (MB 21.12.96).

[48] Order of the Assembly of the French Community Commission of 17 October 1997. In Brussels there are also bilingual ("bicommunity) social services centres, for instance those which come under the mutual insurance companies, governed by the Royal Decree of 14 March 1978 (MB 03.08.78).

The corresponding bodies existing in Flanders are general social services centres ("*welzijnswerk*").[49] There are 42 of these and their tasks explicitly include:

- providing reception facilities and taking care of the initial contact;
- looking for solutions to material, economic and psychosocial problems;
- active channelling "towards other people and services";
- setting up a network of social relationships for people who need them in order to be able to remain independent in the long term.

4. The French-speaking *Centres de coordination de soins et services à domicile* (CCSSADs, or Centres for Coordinating Home-Based Care and Services) and the Flemish decree on homecare

With different timescales and rationales, the Flemish and the French-speakers have endeavoured to structure the homecare sector around the family support services, with an approach based on coordination, the French-speakers by establishing a model for coordination bringing together three types of services, the Flemish by redefining in a wider manner the specific and complementary aspects of all the subsidised services in question.

Set up in 1989, the CCSSADs are centres concerned mainly with coordinating different services. These are supplied by the CCSSAD's own staff or by other services which enter into an agreement with it, the latter being referred to as "external centres". The CSSADs are therefore not necessarily concerned solely with coordination (where they propose other services, these incidentally normally represent a much greater level of activity). The coordinated services comprise at least a home nursing care service, a family support service and a social services centre. To these must be added at least four from a range of additional services: meals on wheels, remote biometric supervision, services providing equipment on loan, physiotherapy, dental treatment, upgrading of premises, speech therapy, occupational therapy and chiropody. The care provided by the GP chosen by the user must also be taken into account in this coordination.[50]

The main aim is to delay the hospitalisation of elderly people living alone who are ill or invalids by taking their needs into account in a comprehensive manner.

The decree determines the procedures for financing a structure – rather than simply coordination activities (Balthazart, 1996) – defined by a number of precise organisational procedures: minimum population threshold required for approval (no territorial basis necessary), structuring of the gathering of data on the actual activities carried out by the staff, social supervision of the workers, etc. The evaluations undertaken during the 1990s revealed that too high a proportion of those receiving assistance from the CCSSADs were receiving only one type of service. For instance, in Wallonia 17.5% of the users (1992) had had recourse to the family support and nursing services of the same CCSSAD.

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[49] Flemish Parliament Decree of 24 July 1991 on general social security benefits.

[50] Decree of the Council of the French Community of 19 June 1989 organising the approval and subsidising of the centres for coordinating home-based care and services (CCSSADs) (MB 04.08.89). This was supplemented by an implementing order of 26 June 1989 (MB 09.09.89). Regulations already existed permitting the recognition of "external" coordination of homecare for the elderly (Order of the Executive of the French Community of 2 July 1987 concerning homecare centres established at the initiative of GPs (MB 16.07.87).

This legislation, enacted in 1989, institutionalised fairly diverse models for coordinating or integrating the services. The variables applied in this diversification process included: the size of the service and how long it had existed, the number of different types of "job" it offered, how close its links were with a mutualist federation, the role it assigned to GPs, whether its constituency was local or regional. The 1989 decree in fact crystallised the existing competition by stabilising the dominant positions of the larger CCSSADs. Two types of structure clearly emerged: the CCSSADs of the CPASs, and those of the socialist and Christian mutual insurance companies.

The CCSSADs provide homecare services in a structured and multidisciplinary manner. In budgetary terms, these services and care are a less burdensome alternative for the State than providing residential accommodation in an institution or hospital. It should, however, be noted that from the patient's point of view the two branches of this alternative do not have the same financial implications. The patient's contribution for an average item of home-based care and services is BEF 980, but this would be BEF 159 for the same care and services in hospital (it costs the social security BEF 2 794, compared with BRF 8 047). Facilities such as those offered by the CCSSADs are therefore beyond the means of elderly people with very small budgets (Jacquerie, 1998). This paradox is accentuated the higher the degree of dependence or invalidity of the user. The same principle also applies between residential institutions and hospitals, where the disparity in terms of the user's financial contribution is greater. The accessibility of homecare, particularly nursing care, is therefore an important issue from the point of view of universal access to healthcare.

Mention must lastly be made of another integrated care model, usually developed on a community basis and less specifically intended for the elderly. These are the *Centres de santé intégrés* (Integrated Health Centres) and the *maisons médicales* (medical centres), which have in some cases developed innovative methods of financing, with a flat-rate contribution from the user providing access to all the proposed types of care.[51]

In 1998, the Flemish Region, in the wake of its reform of the family support services, adopted a framework decree on homecare (the "*Thuiszorgdecreet*"),[52] which is currently bearing its first fruit. In this decree, the Government recognised the various people working in the homecare field, laid down their responsibilities, provided for procedures for coordination and collaboration and significantly increased the budgets for this sector. The emphasis was placed on individual freedom of choice for the elderly people concerned and support for family and community solidarity.

This decree covers family support services, services centres, daycare centres, short-stay centres, adapted support centres and users' and unofficial helpers' associations. It lays down ten common guidelines governing their work (Martens, 1998), viz.:

- the facilities offered should be adapted to the rapid growth in demand;
- the facilities offered should be financially accessible to the users;
- it should be possible for the users and helpers to be rapidly channelled to the services;

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[51] Decree of the French Community of 8 July 1983 on the subsidisation of the activities carried out by integrated health centres (MB 13.08.83). Incorporated in and extended by the Decree of the French Community of 29 March 1993, as amended by the Decree of the Walloon Parliament of 24 November 1994 on the authorisation and subsidising of integrated health associations (MB 27.05.93).

[52] Decree of 14 July 1998 on the recognition and subsidising of associations and equipment for homecare support (MB 05.09.98), and its implementing order of 18 December 1998.

- the variety and availability of the services should be programmed;
- there should be coordination of the homecare and the residential institutions and collaboration should be encouraged;
- the users and helpers must have a role to play in this coordination and collaboration;
- the role of the unofficial helpers should be recognised and upgraded;
- new requirements should be identified and an intermediate sector between home and residential care should be developed (short-stay centres and adapted support centres);
- there should be systematic information on the services;
- policies and funding should be coordinated with the other authorities.

5. Home helps

There are virtually no home help services – most of the work done in this area is undeclared. Here it is in fact a case of jobs created within the local authorities or social services, particularly family support services, thanks to regional assisted employment programmes. This status appeared in the 1980s and is therefore not governed by any specific legal text: there are no clear evaluation criteria, the choice of the target audience is left to each employer. The services provided are those of cleaning ladies and are therefore less expensive than those provided by the family support staff, at least for those who do not qualify for preferential rates. For want of support, the home helps are only of benefit to those people who live alone and have at least average incomes. There is little coordination between home helps and family support staff or other services and social institutions (Balthazart, 1996).

6. Home nurses

These appeared on the scene like the home helps – and, as with them, most of the work done is undeclared – but to provide far more specific and narrowly defined services. Therefore, unlike with the home helps, the services are more organised according to demand rather than supply. These services are, however, still not particularly well developed or recognised because of their cost. They are therefore not easily accessible. Politically, there would currently appear to be a preference for residential accommodation in collective structures instead.

7. The Local Employment Agencies (ALEs, *Agences locales pour l'emploi*)

The ALEs were created in 1987 and have been set up in every local authority since 1994. They provide households, businesses and associations with unemployed people, who can work for up to 45 hours a month and are paid BEF 150 in addition to their allowance.[53]

The activities carried out, which are generally unskilled, are very varied (cleaning, minor domestic chores, gardening, accompanying people on journeys, looking after children or sick people insofar as the services for households are concerned). Some 90% of the cheques issued are purchased by private individuals, with two groups appearing to predominate (although no precise data are available), namely young couples on average or high incomes and elderly people living alone on average incomes. The ALE services are paid for with special cheques, the amount of which is tax-deductible, and the cost is BEF 200 to 300 per hour. For January 1999, 1.1 million cheques were sold and there were nearly 122 000 registered users.

[53] Social Provisions Act of 30 March 1994 (MB 31.03.94); Act of 30 March 1994 implementing the Global Taxation Plan (MB 31.03.94). For the many amendments to the ALE rules since 1994, see the list given in the Federal Employment Policy Evaluation Report (MET, 1998).

A total of 150 000 unemployed people are included on the lists of those required to work and 34 000 do at least one hour of ALE work a month, seven out of eight of them being women. The unemployed people engaged in these activities have a special status which is not governed at all by the labour regulations: they do not sign any contract, either with the agency or the user, the employer's traditional rights and duties do not apply, those concerned are covered only by a basic form of insurance, which the ALE is not obliged to take out, the work they do is not complemented by training or socio-occupational integration schemes and their allowances may be suspended if they repeatedly refuse to carry out the activities proposed by the ALE. A bill introducing a contract between the unemployed and ALEs – which will not be a conventional contract of employment – was adopted by the Federal Parliament on 7 April, but the additional measure needed to implement it are still very vague.

Since the system is aimed primarily at creating a supply of labour, matters such as the quality of the services provided, accessibility to or relevance of those services, and how they tie in with other services are not taken into account – apart from some rare cases where initiatives have been taken on the ground. With the ALEs, more so than with the home help or home nursing services, there is tension between integration into the world of work and the quality of the services, either with regard to the continuity of the service relationship, trust and the proximity between the service provider and the user, and the skills involved (Gilain, 1998). This tension is especially acute in the case of particularly vulnerable users, such as elderly people living alone.

The current assessments of the ALEs are invariably not very clear on two points: the services that the ALEs make it possible to provide do not appear to be confined exclusively to new activities which are not supplied either by the market or other institutions and services; and these services do not have a unilateral impact on undeclared work, as they can provide a novel and efficient way of striking a balance between supply and demand in this field.

8. Daycare centres

These facilities, which are intended for lonely elderly people living at home, emerged in the 1980s to fill the gap between the home-based care and services and the complete range of services offered by residential institutions. However, they did not really take off except in Flanders, as they are not particularly cost-effective compared with the residential institutions.

The daycare centres represent, from the point of view of those in the French-speaking areas, a loss of earnings for the residential institutions, although it is these institutions that are in the best position to initiate this type of service. The daycare centres were recognised and financed "on a trial basis" for the first time in 1991 by the French Community,[54] with the relevant laws then being transferred since 1994 to the Regions. The centres have to be open for at least 7.5 hours a day five days a week, take a maximum of 20 people aged 60 or over, offer transport between the centre and a person's home, if requested by the user, as well as one hot meal a day and a variety of activities. The decree provides for a number of precise rules concerning matters such as the minimum size of the premises made available. The services provided cost the user on average BEF 500 a day. They are subsidised to the tune of BEF 400 000 a year, plus BEF 20 000 per place, giving a maximum of BEF 800 000 a year. The people who these services cater for are more able-bodied than envisaged in the legislation, notably because no rules are laid down for financing or charging for health services provided in the centres

[54] Decree of the Executive of the French Community of 29 April 1991 governing, on a trial basis, the approval and subsidisation of daycare centres for the elderly (MB 11.10.91).

(Balthazart, 1996). In 1991, there were 21 of these centres in Wallonia, providing 154 places (3.5 times fewer than in Flanders), of which 20 were set up by rest homes and one by a CCSSAD (Balthazart, 1996).

In addition to the day centres, mention should also be made of other types of temporary residential facilities. In Wallonia, unlike Flanders, they all come under the residential sector (rest homes, etc.), rather than the homecare sector. This is because in 1997 the Walloon Region adopted new comprehensive legislation – which is currently at the implementation stage – on residential institutions and day centres (see below).

The existence of other types of temporary residential facility should also be noted, such as family support services, short-stay centres and convalescent homes. These fall between the traditional residential institutions and the homecare services and so far their development has been limited.

In Flanders, the day centres are clearly a political priority. Today, there are 31 of them, but, while up until 1998 it was possible to approve only four new establishments a year, the budget provides for 20 new ones in 1999, with the aim of achieving a total of 160 within a few years. The short-stay centre is also favoured. These centres have between 3 and 10 beds and provide facilities for stays of between a few nights and two months. The support and services offered are the same as in the day centres. They must be attached to a recognised residential institution. The Flemish Government aims to approve 600 centres of this type over the medium term.

9. Services centres in Flanders

There are 125 of these facilities, which were introduced in a decree in 1985. They arrange information-based recreational activities or educational activities, ranging from information evenings on specific problems, to clubs for cardplayers, gymnastics and language lessons. They also offer services to help people with their everyday lives (going to the toilet, meals, shopping, cleaning, housework, loan of equipment, etc.).

Their main task is above all preventive, aimed at strengthening the networks of the users' social relationships and reducing the burden on family, friends and unofficial helpers. The cultural and other activities are therefore not organised as an end in themselves, but as opportunities for people to maintain social contacts and emerge from isolation. This linking of objectives does not seem to have been satisfactorily implemented on the ground and the "*Thuiszorgdecreet*" contains provisions aimed at bringing about qualitative improvements in this area.

The Flemish Government has also decided to increase the number of centres of this type and is aiming to have one centre approved for every 15 000 inhabitants.

To oversee these "local" services centres, the decree also introduces regional services centres, which are set to play a key role in the new policy in Flanders, as their task will be to provide support for users, helpers and volunteers. They will supply all kinds of information and training on homecare, offer advice on whether the services which users are considering choosing are appropriate or whether their home is suitable, and also lend out equipment.

The *Thuiszorgdecreet* also provides for the approval in the near future of 60 adapted support centres, which will operate mainly with volunteers, to offer company to the elderly and also keep a watch on them.

10. Residential institutions

There are different types catering for different audiences. We shall review them rapidly for the record.

- Rest homes. These cater for a broad spectrum of people, normally with limited disabilities, who have adequate income but not much to draw on in terms of relationships. Here, the average age is high, between 80 and 84. Rest homes exist in all shapes and sizes, run by CPASs, religious organisations and private non-profit-making associations. The mid-1980s saw a major and continued expansion of the rest homes run by commercial enterprises. Rest homes come under the regional authorities. In 1992, there were 2 344 recognised homes in Belgium, providing a total of 83 445 beds eligible for reimbursement under the social security system (Kinna, 1997).
- Serviced flats cater for the same group of people where their incomes are higher. Rather than offering accommodation with a package of services like rest homes, serviced flats offer a contract to either buy or rent a flat, and a contract for services on an "*à la carte*" basis (hotel-type facilities, cleaning, care, etc.). These services therefore provide little in terms of medical treatment and offer the residents considerable freedom of choice. Only in Flanders, where this type of facility is much more developed, does the law make a distinction between serviced flats and rest homes.
- Nursing homes cater for invalids. They were set up, incidentally, as part of the search for alternatives that would impose less of a strain on the budget than the hospitalisation of elderly invalids, and they showed very strong growth in the 1990s (+228% from the end of 1992 to the beginning of 1997). The conditions governing access to nursing homes are defined very strictly on the basis of criteria relating to the state of health and medical requirements of the people concerned.[55] Like rest homes, nursing homes come under the Regions, but the care provided is regulated and financed (on a flat-rate basis per day) by the Federal Government under the social security system. Some rest homes have converted some of their beds into "nursing home beds". At the end of 1992, the nursing homes provided 18 199 beds, more than two-thirds of which were in Flanders (Kinna, 1997).
- Elderly people suffering from dementia or neuropsychiatric problems should in principle be catered for by adapted hospital services, but such facilities are very inadequate and these people are admitted either to general hospitals or rest or nursing homes, where accommodating them invariably raises specific problems.

Following a tendency for the sector to return to normal in terms of elementary hygiene and respect for the dignity of the users accommodated in these facilities, as a result of sometimes tough inspections by the Regions and the French Community Commission (the rapid growth of the sector had led to numerous abuses), the current trend in residential care policies for the elderly seems to favour the desire to provide facilities that are of high quality and include as wide a variety of lifestyle approaches as possible (Carlson, 1998).

[55] Act of 27 June 1978 and Royal Decree of 2 December 1982.

Mention should also be made of the reorganisation of the sector as a result of the recently adopted legislation in Wallonia,[56] which was concerned mainly with standardisation of the criteria for approving rest homes, serviced flats and day centres.

Annex C

In 1998, there were 78 184 wholly unemployed people receiving benefit under the age of 25 and 346 887 over the age of 25 (Denève, 1998[57]). It is difficult to break this type of data down further.

- The published statistics very seldom provide composite tables of the number of unemployed (age brackets/region or sex/age bracket, etc.). This phenomenon is partly due to the fact that the political consensus between Flemings and French-speakers at the Federal Government level tends to avoid interregional comparisons concerning sensitive matters such as social security expenditure.
- The statistics do not provide a true picture of unemployment as they are extremely sensitive to changes in unemployment legislation. Incidentally, the question is often raised as to whether a specific measure in this field is not justified mainly by a desire to "massage" the statistics downwards. This phenomenon is particularly true in the case of the young unemployed (no entitlement to unemployment benefit without the baccalaureate; extension of the waiting period between the end of schooling and entitlement to benefit), the older unemployed (who slip into the retirement arrangements), people undergoing training or work experience in subsidised jobs, and involuntary part-time workers. Traditionally, it is agreed that the actual number of unemployed is 150 to 175% higher than the "official" figure.
- The sources which publish data have been scaled down in number and work according to different standards. The two sets of statistics used below are those of ONEm; they are very much lower than those of the OECD and slightly above those of Eurostat (Van den Langenberghe & Debroyer[58], n.a.).

This state of affairs clearly demonstrates the problem of the lack of evaluation of economic and social policies in Belgium.

In 1997 the Planning Office estimated the "Average annual direct cost to the budget" of an unemployed person at BEF 764 000.

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[56] Decree of the Walloon Parliament of 5 June 1997 concerning rest homes, serviced flats and daycare centres for the elderly and establishing the Walloon Third Age Council (MB 26.06.97), and the Order of 3 December 1998 implementing that decree (MB 27.01.99).

[57] Denève C. (dir.), *La Politique fédérale de l'Emploi. Rapport d'évaluation* 1998, Federal Ministry of Employment and Labour, Brussels, 1998, 201 pp.

[58] Van den Langenberghe M. & Debroyer E., "*Etude comparative des sources statistiques de la population active. Cahier 1 : les chômeurs*", *Steunpunt Werkgelegenheid Arbeid en Vorming*, Leuven, and *Point d'appui Sécurité sociale*, Brussels, n.a., 35 pp.

Annex D

1. The public and mixed-management vocational training centres, education and work-based training

Although these bodies do not fall into the category of "public social services", it is nevertheless worth mentioning them as it is through partnerships with them that the public social services catering for the young unemployed develop their activities. They are therefore the main players in the field of integration.

The regional public employment and/or training services administer various public policies: finding employment for jobseekers (including administrative follow-up, evaluation of training and skills, social support and instruction in the techniques involved in looking for a job); temporary work; the PRCs (unemployment reduction programmes); services for businesses with regard to recruitment; services for businesses with regard to continuous training for workers; vocational training for jobseekers; regional and even local coordination of the integration policies. These public services are managed jointly by employers' organisations, trade unions and the authorities.

The sectoral training centres are run by representatives of management and the unions. Their resources come from funds placed under the responsibility of the Joint Industrial Councils (Arcq and Blaise, 1998, pp. 629 to 637). These funds are funded by a proportion of the contributions (0.15% since 1989) which takes the form of a compulsory levy for that purpose on the total wage bill.

Some of these centres have existed for 20 or 30 years or more. Since 1982, the State has required those involved in the collective bargaining process to take account of training and the integration of jobseekers. It has obliged them to define "groups at risk" and to finance schemes to help them by means of these levies on the total wage bill. "In the context of the (growing) tension between the public authorities and the two sides of industry, we see that the latter have recovered their bargaining edge. They managed (in 1993) to widen the definition of the target group in such a way that people are questioning the lot of the poorest in society" (HIVA, 1998). Collective bargaining has been decentralised to such an extent that some centres exist only on paper or the resources in some funds are quite simply kept in reserve by the joint industrial councils.

With regard to the most active sectoral centres, it should be noted in any event that where they have had additional resources available since the 1980s, this has been reflected in schemes in partnership with the public, associative or other social services.

The training centres of the "middle classes" – which provide training for the self-employed or managers of SMEs and which are developing extensive facilities for young jobseekers – can also be included in this category.

Two components of the educational system have had a major influence on the integration field.

First of all, there are the work-based training centres (*Centres de formation en alternance*), which are aimed in particular at young people who have failed to obtain secondary educational qualifications in traditional schools before the age of 18, when compulsory education comes to an end. They offer vocational training where part of the course is carried

out in companies, under the responsibility of a tutor, within the context of work experience or special contracts of employment. These centres have made great progress since the 1980s, although they have not yet managed to shake off the image of "last-chance schools". Over the past 15 years they have to some extent even enabled the rest of the school system to continue to develop into a two-tier system by putting up with high failure rates, particularly among pupils from the working classes.

The second component of the educational system involved in the integration field is further education, also known as "reduced-timetable education". This involves institutions which are schools in their own right and cater exclusively for adults by offering day or evening courses leading to qualifications of all levels that are recognised by the State in the same way as those issued by any school. A large proportion of these training courses are aimed at unskilled jobseekers.

2. The training service within an integration-based approach and the enterprises for training through work

In the late 1980s/early 1990s, the associative sector initiated a number of training and integration schemes involving teaching methods better suited to the new groups of people in the weakest position on the employment market. These schemes are relatively specialised compared with the still very general courses offered by the major training bodies. They provide training in a wide variety of branches, ranging from office work to audiovisual techniques and organic farming. They usually involve a social support and/or collective expression work component. They can lead to qualifications giving direct access to employment, but some aim to "resocialise" the trainees, without there being any immediate vocational objective. Generally speaking, the training also includes a work experience module, distinct from the traditional apprenticeship contract-type arrangements. Half the OISP trainees are paid BEF 40 an hour gross, in addition to their unemployment allowance (Comase, 1998).

The organisations behind this kind of (re)integration initiative are generally sociocultural associations: they come from the popular education or "*prévention jeunesse*" youth movement sector in Brussels, and from that of community action in Flanders.

The way in which they were to develop in Wallonia and Brussels differed from that in Flanders.

In Wallonia and Brussels they very quickly came to be labelled OISPs ("*organismes d'insertion socioprofessionnelles*", socio-occupational integration organisations). In French-speaking Belgium, a decree in 1987[59] laid down procedures for the approval and subsidising of these bodies – with retroactive effect from 1985. In particular, it recognised the need to prevent these new training facilities from overlapping with those of the public bodies and permitted partnerships with the latter. The activities to which priority is attached are those aimed at young jobseekers between the ages of 18 and 25, the illiterate, prisoners, etc., in addition to the less well-educated in general. The approval criteria take account of openings on the employment market, links with other types of integration activities (literacy programmes, guidance, jobsearch training courses, etc.), the organisation of work experience in companies, the skills and/or professional experience of the instructors in the sectors

[59] Decree of the French Community of 17 July 1987 on the approval and subsidising of certain bodies carrying out socio-occupational integration or continuous vocational training activities (MB 11.09.87).

covered by the training courses. The activities of the OISPs can be of an experimental nature. The OISPs also have access to subsidised jobs under the unemployment reduction programmes to complete their armoury.

In 1995 and 1996 respectively, within the framework of their new responsibilities, the Brussels French-speaking Executive and the Walloon Region Executive adopted and amended the community legislation.[60] Since then, in Brussels approval has been granted not for a year but for three years, which considerably consolidates the activities of the OISPs. In the Walloon Region, where approval is still carried out on an annual basis, the success rate in finding employment for trainees after their training is in fact a major criterion for the renewal of subsidies.

There are roughly 80 OISPs in the Walloon Region and 28 French-speaking OISPs in Brussels. Today, particularly in the Walloon Region because of the more empirical nature of the approval policy, the OISP concept covers a wide mixture of realities on the ground. The political work in this field, incidentally, consists mainly of looking for more objective criteria for achieving convergence of the various activities and hence for guaranteeing their quality.

This problem of vagueness does not arise with regard to the EFTs ("*entreprises de formation par le travail*" – enterprises for training through work). Initially, these were a specific and relatively homogeneous subcategory of the integration bodies.[61]

The enterprises for training through work are associations or cooperatives which train young people for jobs outside the traditional school framework by placing them in a real-life work situation (Fusulier, 1996). The trainees are paid BEF 40 gross per hour worked, on top of their unemployment allowance. Training lasts from 9 to 18 months and also includes some courses of a more theoretical nature. In addition to leading to a qualification, this training is also intended to result in the acquisition of the social skills considered essential for doing a job. The term "enterprise" is used because the actual production of goods or services is a result of the training-through-work activities, even if it is not the main objective as such. If this commercial aspect develops too much, the enterprise often eventually creates a new structure – an "integration enterprise" ("*entreprise d'insertion*", see below).

In French-speaking Belgium, the EFTs are clearly part of the trend customarily referred to as the new "social economy". In addition to looking for alternatives to the traditional vocational training for more difficult sections of the population, the EFTs endeavour to meet other objectives: to create numerous associative frameworks in an alternative manner by launching a new generation of cooperatives and set up residential institutions for young people in difficulty or the homeless, to provide a new way of making the transition between residential stays and the wider community.

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60 Decree of the French Community Commission of 27 April 1995 concerning the approval of certain socio-occupational integration organisations and the subsidising of their vocational training activities (MB 04.07.95); Decree of the Walloon Government of 13 June 1996 amending the Decree of the Executive of the French Community of 5 October 1987 laying down the procedures for the approval … of organisations carrying out socio-occupational integration and continuous vocational training activities (i.e. the Decree implementing the Decree of 27 April 1995 – see above). In Wallonia, a decree on this matter has been under discussion intermittently during the last legislative period; the matter has been carried over to the legislature's next term of office.

61 Until the mid-1990s these were known as vocational training enterprises. In Brussels today they are referred to as *Ateliers de formation par le travail* (AFTs, Workshops for training through work).

These enterprises were recognised by a decree in 1987,[62] then incorporated in the same decree which recognised the OISPs (see footnote 58). Again, under their new powers, the Walloon and Brussels Governments adopted new rules in 1995.[63]

There are 57 enterprises for training through work in Wallonia and six French-speaking workshops for training through work in Brussels. The most crucial question which concerns these enterprises today – apart from that of an increase in their budgets, including the cofinancing under the European Social Fund – is the possibility of regulations exempting them from the employers' social security contributions levied on the trainees' pay.

EFTs and OISPs: basic data in 1996 (CEF, 1997)

	Walloon EFTs	Walloon OISPs	EFTs and OISPs in Brussels
Approvals	54	64	34
Trainees/year	2 664	approx. 10 000	approx. 1 800
Staff (full-time equivalents)	approx. 354	approx. 430	n.a.
Public financing (incl. ESF)	approx. 478 000 000	approx. 646	< 430 000 000
Trainee hours/year	approx. 3 000 000	approx. 2 500 000	< 1 200 000

In Flanders, even though training schemes in the traditional sense exist along the lines of the OISPs of the other Regions, there has long been a tendency in the occupational integration field to favour the development of measures involving job creation and work experience ("*werkervaring*") on a temporary or indefinite basis, rather than creating services with the task of providing training leading to qualifications as such. The picture with regard to integration in Flanders is therefore one of a succession of policies implemented on the ground by broadly based partnerships ("*samenwerkingsverbanden*") between a number of different bodies. These groups initiate local projects by means of these measures of a general nature intended for particular sections of the population. This was the case with the *Brugprojecten*, the *Leereilanden* (or *Interface-Projecten*), the *WEP+-Plans*, etc. These measures consist of extending the PRCs (unemployment reduction programmes) to the instructors and social workers but also to the target audiences[64] and are conducted in parallel with a process involving the decentralisation/modernisation of the Regional Employment and Training Agency (VDAB), which manages these programmes.

The rules governing the training-based services and projects vary, unlike those governing work experience, which were standardised in 1997. Training services were recognised for the first time in 1987, with the "*Kelchtermansprojecten*": this involved a scheme to support vocational training activities in which the Region financed certain instructor and social worker posts (subsidised contract worker status ("Gesco") under the PRCs; 100% financing, plus 20% for the "support" costs, plus pay of BEF 40 per hour for the trainees, in addition to

[62] Decree of the Executive of the French Community of 23 January 1987 on the approval of vocational training enterprises.

[63] Decree of the Walloon Government of 6 April 1995 on the approval of enterprises for training through work, as amended by the Decree of 11 May 1995 (MB of 14.07.95 and 05.09.95). For Brussels, see the decree referred to in footnote 58.

[64] The numerous regulations concerning these developments in the PRCs are listed by Lauwerijs and Nicaise, 1999, pp. 64-66.

their unemployment allowance). These activities are meant to be intended for poorly educated unemployed people or those who have been out of work for a long time; they are often combined with work experience, as in the French-speaking OISPs. They lead either to a contract of employment or a training qualification (59.6% of the trainees registered in 1997). They are a major support measure and are still in force (30 projects supported in 1997, involving 1 477 trainees), which has enabled the Dutch-speaking social services to occupy a stable position in the field of integration (Lauwerijs and Nicaise, 1999).

Similar services may also be recognised and subsidised by other means: via the Flemish Community's *Sociaal Impulsfonds* (SIF, Social Impetus Fund) in certain areas where there is positive discrimination; via the VDAB or even the European Social Fund. In each case, Government directives define those categories of jobseeker who are eligible and determine the size of the programmes.

The work experience experiments are based on a different definition of integration: they consist of providing jobseekers with the opportunity to work within the framework of the non-market sector for an indefinite period and, as a result of the professional experience acquired in this way and the social support proposed, to place themselves in a more favourable position on the employment market.

The first measure taken in this direction was the "*Weer-werk actie*" (Back-to-work scheme) of June 1989, combined with the establishment of "*Weer-werk Gescos*". A second plan was set up alongside this in 1994-95: the "*Jeugdwerkgarantieplan*" (guaranteed jobs for young people plan), targeting young people in particular. It was given a new focus in 1996, concentrating on the long-term unemployed, and renamed WEP ("*Werkervaringsplan*" – Work experience plan).

These distinctive WEP employment contracts, and the PRC contracts of the "*Weer-werk acties*", were reorganised in 1997 into a single system referred to quite simply as WEP+. The "*WEP+-Plan*" is the way in which Flanders applies the federal vocational transition programmes (PTPs – *Programmes de transition professionnelle*), which it has to cofinance. These involve, in this Region, one-year employment contracts, in the form of an unemployment allowance, "activated" and supplemented by the Region. These *WEP+-Plans* represent a transitional step towards a permanent job in the normal employment circuit. They are aimed at jobseekers who have either been unemployed for more than two years, have no secondary educational qualification or receive the guaranteed minimum income benefit. As yet, there is no estimate of the extent of this WEP+ scheme.

The aim is to provide work experience for 6 000 people a year, i.e. a doubling of the combined targets of the two schemes merged together under WEP+.

3. The integration enterprises

Since the late 1980s, there have been experiments involving commercial enterprises throughout the country aimed, from the social point of view, at creating stable jobs for unemployed people with very limited qualifications.

In 1994, the *Fondation Roi Baudouin* published a work entitled "*Développer l'entreprise sociale*" (Developing the social enterprise), in which it proposed a possible model for an integration enterprise. At the same time, it launched an appeal for projects involving the

setting-up of social economy enterprises. A federal government decree[65] took up the baton in 1995 by defining the concept of "integration enterprise" (EIs – "*entreprises d'intégration*") and the group consisting of jobseekers who are particularly difficult to place, which such enterprises aim to integrate socially and professionally by means of a business producing goods or services. The decree laid down the period and the procedures for the degressive exemption over four years from the social security charges for the enterprises in question. Eligibility to participate was determined by three criteria: applicants had to be unemployed and to have been looking for a job for at least a year; have failed to obtain a qualification equivalent to the baccalaureate; and not to have either attended day classes for a year or have worked for more than three months.

Through the adoption of a series of federal and regional regulations, the concept of integration enterprise was gradually consolidated, but with marked regional differences.

The way in which the integration enterprises developed was similar in Wallonia and Brussels: in 1996, 31 were recognised by federal decrees in Wallonia and three in Brussels. All the Brussels and some of the Walloon EIs are also supported by the *Fondation Roi Baudouin*, the Region and the European Social Fund.

The model for the Walloon or Brussels integration enterprise[66] is that of a commercial business, but one which enjoys very favourable start-up conditions to compensate for the cost of providing special training for workers with very limited qualifications. It should be noted straight away that the economic viability of these enterprises has not yet been established and the socio-educational type of training still has not proved itself.

The main forms of assistance given to these enterprises are:

- degressive exemption over four years from social security contributions for workers from the target groups (Royal Decree of 1995);
- a graduated recruitment premium applying to people from the target group (declining from BEF 200 000 to BEF 50 000 over four years in Wallonia and from BEF 270 000 to BEF 45 000 over four years in Brussels);
- a graduated subsidy for training (declining from BEF 750 000 to BEF 250 000 over three years in Wallonia and from BEF 1 250 000 to BEF 500 000 over four years in Brussels).

It should be noted that the higher the premiums, the higher the quotas for the number of people from the target group who have to be taken on: 50% of the workforce after three years in Brussels, after four years in Wallonia.

These two items of regional legislation are currently at the implementation stage. Seven integration enterprises have been approved in Brussels and 30 (out of 45 existing enterprises) are due to be approved shortly in Wallonia.

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65 Royal Decree of 30 March 1995 implementing Chapter II of Title IV of the Act of 21 December 1994 applying social provisions to the integration enterprises (MB 11.04.95). Ministerial Decrees of 2 August 1996, 25 February 1998 and 27 July 1998 recognising the integration enterprises (MB 14.09.96, 05.03.98 and 05.09.98).

66 Walloon Parliament Decree of 18 June 1998 on the conditions under which integration enterprises are approved and subsidised. Order of the Brussels Capital Region Council of 26 March 1999 on the approval and financing of the integration enterprises.

It is interesting to note the existence in Wallonia and Brussels of *Régies de quartier* (local corporations), which are set up by the public authorities to carry out community work while providing pretraining through work for unskilled people.

- There are four experiments under way in Brussels which were launched, mainly via PTP contracts, by CPASs and Local Task Forces. They offer some 30 places in all.
- The *Régies de quartier de logements sociaux* (local subsidised housing corporations)[67] operate in Wallonia under the subsidised housing associations (? *régies* employ ? people).
- The Walloon Region also launched with the local authorities a number of *Régies de rénovation urbaine* (urban renewal corporations).

Although these structures come under integration through economic means, because of the place occupied in them by production and the fact that they were set up at the initiative of the public sector, they do not necessarily come under the social economy. Above all, they support our contention that the various measures taken recently to "activate" the unemployment allowances are enabling a new generation of structures to emerge on the borderline between the economic and the social which are all aimed at integration by and in employing the weakest groups on the labour market. The previous reforms of the Flemish PRCs incidentally give us some idea of the type of forces which may be triggered by new measures to create subsidised jobs.

The Flemish integration enterprises in fact cover two different types of situation: the "social workshop" – which is specific to Flanders – and the integration enterprise proper, which is very similar to its Walloon and Brussels counterparts.

While the EFT is specific to the French-speaking areas, it is via the social workshop ("*Sociale werkplaats*") that the Flemish associative movement developed integration by economic means.

These small social enterprises typically come under the subsidised social economy. The integration enterprises were to develop in parallel, but some ten years later.

Since 1981, their number has grown thanks to the commitment of the staff from the target audience under the regional PRCs. Since 1994, they have been recognised by the federal authorities within an experimental framework which grants them degressive reductions in social security charges on the same basis as the integration enterprises of the other two Regions. It was not until 1998 that they were recognised by a decree.[68] They create, as it were, a protected labour market and refer, incidentally, to the "protected workshops" model, which involves subsidised enterprises specifically for slightly handicapped workers, which also operate outside the open labour market. They are required to "create employment within a protected working environment by setting up a commercial business", although that business must remain a secondary objective, subordinated to the creation of adapted jobs (Lauwerijs and Nicaise, 1999).

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[67] Walloon Government Decree of 2 February 1995 creating *Régies de quartier* within the subsidised housing associations approved by the Walloon Regional Housing Association (MB 04.05.95).

[68] Flemish Region Decree of 14 July 1998 concerning social workshops (MB 02.09.98).

Today, there are more than 80 of them, providing a total of 800 subsidised jobs. To be accepted by one of these social workshops, a number of requirements must be met. Applicants must:

- have been out of work continuously for five years;
- have at most a lower secondary education qualification (baccalaureate -2);
- have one or more "physical, psychological or social difficulties or handicaps" to contend with; and
- be placed by the VDAB, the regional public agency for employment and training, and only after all other possible reintegration channels have been considered.

The social workshops must provide individual and collective social support. They must promote the transition of their workers to the open employment market. One social worker is necessary for every five people put to work.

The financing of these workshops is not limited time-wise. Before the 1998 decree entered into force, the PRC jobs were 100% subsidised, plus 20% to finance the social worker posts (identical system to the "*Kelchtermansprojecten*"). Today, the supervisory staff are financed on a flat-rate basis (but at between three and four times the previous rate) and the people undergoing work experience are financed on a slightly degressive basis (the amount is reduced by 10% for the third and subsequent years "in order to encourage the transition to the labour market" and "to take account of the increase in productivity".

An evaluation carried out in 1995 showed that there are two problems associated with determining the target audience: on the one hand, it is difficult to objectivise the cumulative social, psychological and physical risk factors; on the other, it is difficult to find sufficient applicants who have been out of work for a total of five years (Lauwerijs and Nicaise, 1999).

As in Wallonia, the 1995 decree enabling the social workshops to be recognised on a trial basis and then the 1998 decree involved only a limited number of services. The number which has not been recognised is much higher in Flanders than in Wallonia, namely 55 services. They are referred to as "*Arbeidszorgcentra*" (Work-based care centres). The work is seen primarily as a means of improving a person's wellbeing, not as aimed at socio-occupational integration. It is difficult to determine the number of people involved in view of the non-subsidised and relatively informal nature of these initiatives; at any event, at least 85% receive some form of state benefit (as invalids, handicapped or unemployed) or are eligible for the guaranteed minimum income, without their status or pay being linked to their activities in these centres.

The Flemish integration enterprises ("*Invoegbedrijven*") closely resemble their counterparts in the other two Regions. They have been recognised by the Region on a trial basis since 1994.[69] They are commercial enterprises with a social objective which receive start-up aid in the early years in the form of subsidies for the employment of people from a particular target group and are intended, when these subsidies come to an end, to operate as traditional SMEs. During these early years, the trading profits go to pay the supervisory staff. The current financing arrangements are as follows: the wages of the workers involved in the integration programme are exempted from social security charges (as is the case with the social workshops) and are

[69] Flemish Government Decree of 16 November 1994 on the launching of experiments concerning integration enterprises and "*leereilandprojecten*" (MB 27.01.95).

paid for by the Region to the tune of 80% during the year in which they are taken on and subsequently on a degressive basis, declining to 20% by the fourth year.[70] Their situation in relation to unemployment may enable the employer to also have access to other employment subsidies (Lauwerijs and Nicaise, 1999).

Thirteen enterprises currently employ 113 people from the target group, under permanent contracts, and only 17 of these people have non-subsidised employment. They consist of jobseekers who have either been unemployed for a year or are receiving the guaranteed minimum income benefit and who have, at most, a diploma of baccalaureate level. They can be placed in these enterprises only following guidance from the VDAB.

As yet, there is no evaluation extending over a fairly long operating period for these integration enterprises in their final form. As in Wallonia and Brussels, the evaluations that generally have been carried out focus more on the question of the economic durability of the initiatives than their social aspects or how they fit in with social policies in general.

Since the beginning of 1999, the social workshops have come under a subcommittee of the Joint Committee responsible for the protected workshops for handicapped people. The Federal Government would also like to bring the integration enterprises of the other two Regions but not the Flemish *Invoegbedrijven* under this subcommittee. This has given rise to tension – unresolved as yet – both between the federal and regional authorities, and between the few federations which group these different types of enterprise together by status. Since May 1999, all enterprises that fall into the category of integration through economic means – although without any being debarred this time since federal also includes the EFTs – have had access to a new scheme to "activate" unemployment allowances for their supervisory staff, as well as for workers from the target groups. This scheme has still to be implemented.

4. Subregional committees and task forces for employment

Coordination of the integration policies at the level of zones defined as "labour market areas" in Flanders and Wallonia, and at the level of groups of certain local authorities in Brussels, led to a series of initiatives being taken by the public authorities in the 1990s.

In the Walloon Region, *Comités subrégionaux pour l'emploi et la formation* (CSEFs, or Subregional Committees for Employment and Training) appeared. They bring together unions and management and are a decentralised form, at the level of the labour market areas, of the *Conseil consultatif socioéconomique régional* (CESRW, or Regional Socioeconomic Consultative Council). There are ten CSEFs, and they were set up in 1989 under an agreement between the Walloon Region and the French Community, which at the time still shared responsibility for both employment and training.[71] Their tasks were, at the time, divided into three:

- coordination, making proposals and evaluation with regard to all matters concerning employment and training policies at the subregional level;

[70] It should be noted that, unlike in the case of the Walloon and Brussels EIs, here the Region finances workers and not posts intended for the target group. Unlike the others, the Flemish EIs cannot therefore be used as a "springboard" to employment, i.e. by organising a rapid rotation of workers involving the subsidised posts.

[71] Agreement between the Walloon Region Executive and the French Community Executive of 27 November 1989 establishing the Subregional Committees for Employment and Training (MB 17.02.90). Walloon Executive Decree of 22 December 1989.

- "positioning themselves as active players in their own right in the subregional economic development policy";
- providing a forum for association and collaboration between unions and management.

They consist of seven employers' representatives and seven union representatives. A representative of the Walloon Government (cabinet official) meets with them, but without the right to vote. Each CSEF has set up under its aegis a Consultative Committee on employment, training and education (CEFE), which gives it advice on training and education in connection with employment. This committee includes representatives of education, the public training agency, the CPAS, etc., in order to encourage the direct matching of supply and demand insofar as vocational qualifications are concerned.

Each CSEF employs an "intermediary", whose job it is to provide information on the European Social Fund.

The CSEFs had an important role to play in setting up the Regional Task Forces (*Missions régionales*, see below) and in launching a variety of initiatives, either one-off, long-term or recurrent (e.g. establishment of training courses, cross-border projects, scientific studies, social economy enterprises and local development activities). Up until 1994, they played their part to the full as a forum for coordinating the policies of the Region and those of the Community. Except in the case of education, their field of action has since fallen entirely within the context of those matters for which the regions are responsible: as the regional policies have been developed, the CSEFs have become an important link between the regional authorities at local level. Their area of responsibility has become more complex. They are involved in a structured manner in numerous regional policies (training subsidies in connection with schemes combining work and training, pathways to integration, local development, etc.).

The CSEFs currently have a legal basis which is too narrowly defined in relation to the importance of their role. Furthermore, they are calling for indexation of the funding they receive from the Region and a legal status identical to that provided for in respect of the consultative councils.[72]

Since 1998, within the framework of the Region's and the European Social Fund's pathways to integration policy, the CSEFs have been given three new major tasks in terms of coordination:

- their CEFEs are required to undertake, using a common methodology for the whole Region, an annual review of employers' vacancies and the qualifications required;
- they have had to set up a *Commission sous-régionale du coordination du parcours d'insertion* (CSRC – Subregional Committee for Coordinating the Pathway to Integration), which brings together representatives of the different types of bodies involved in vocational training (but without employers' and workers' representatives being present). Its aim is to propose to the regional authorities subregional annual programming of the training and occupational integration schemes. The training bodies must agree among themselves to do away with those training schemes which take place too frequently or do not meet any demand from employers and also establish links

[72] CSERW motion A.528 of 23 June 1997 on the reform of the Subregional Employment and Training Committees.

between the programmes they offer which will make it possible to follow training courses consisting of a series of coherent, synchronised stages;
- the CSRC must organise forms of consultation with the trainees undergoing training (see below).

These two new tasks from 1998 in fact consolidate the CSEFs' and their CEFEs' original tasks. But rather than enlarging these existing bodies, a new one has been set up alongside them, which seems to represent a U-turn with regard to the original form of concerted coordination between the social and economic dimensions of vocational integration.

In Flanders, the Subregional Employment Committees (*Subregionale Tewerkstellingscomités*, or STCs) have been operating according to a similar subregional concerted action-based model since 1979. There are 12 of these STCs (plus one for the Dutch-speakers in Brussels), and they bring together employers' and workers' representatives but also, in a consultative capacity, representatives of the regional employment authorities, the VDAB's subregional department, the local authorities and the associative social services involved in integration. A decree passed in 1998[73] increased their autonomy and gave them new powers: the aim was to position them as the key player in employment and training at the subregional level. Tasks were of course entrusted to them within the framework of various regional policies, but they also have the power of initiative in certain areas (stimulating the social economy, encouraging positive-action projects with regard to male-female inequality, improving the matching of supply with demand on the employment market). To achieve those ends, they are able to set up a separate association and take on people to staff it.

The Walloon CSEFs were behind the creation of certain *Missions régionales pour l'emploi* (Regional Task Forces for Employment), modelled on the French *Missions locales* and *Missions "Nouvelles qualifications"*; here it was Charleroi that blazed the trail, with the establishment in 1991 of MIREC.

The ten Regional Task Forces are associations approved for two years. They consist, with a few variations, of the same members as the CSEFs' CEFEs. They were set up in 1994, with their tasks being defined in a very terse manner as follows:[74] "to organise and coordinate training/integration/support measures" for "people seeking employment who do not possess the abilities generally required to gain access to the traditional vocational training and integration courses". This wording leaves the specific responsibilities of the Regional Task Forces relatively vague in relation to those of the CSEFs and other bodies: the Region therefore asked an Ad Hoc Support Committee to lay down guidelines for their activities and precise evaluation criteria. This work was embodied by the Government in a new, more specific text:[75] priority is given to those who have not obtained a qualification of comparable level to the baccalaureate and are either receiving the guaranteed minimum income benefit or have been unemployed for a long period or have a "characteristic which makes it difficult for them to become integrated from the occupational point of view"; the measures to be brought to bear are defined more explicitly. The possibility of preparing innovative measures such as pilot projects is introduced. The activities of the Regional Task Forces are based on building

[73] Flemish Government Decree of 7 July 1998 amending Articles 1 and 6 to 23 inclusive of the Flemish Government Decree of 21 December 1988 organising the Flemish Employment and Vocational Training Office (MB 29/10/98).

[74] Walloon Government Decree of 31 March 1994 concerning the Regional Task Forces for Employment (MB 27.04.94), as amended by the Walloon Government Decree of 11 May 1995 (MB 05.09.95).

[75] Walloon Government Decree of 14 May 1998 concerning the Regional Task Forces for Employment.

up cooperation between social workers, training bodies or schools, and businesses consisting of tailor-made schemes combining training with work for specific posts in which the employers commit themselves to take on trainees. The work of the Regional Task Forces in identifying suitable opportunities, negotiating and drawing up specifications and agreements is therefore crucial.

The Regional Task Forces also run drop-in centres providing information and advice for jobseekers. They arrange, during the training courses they organise, social follow-up of the trainees concerning all the problems that they encounter which might hamper the continuation of their training and their access to employment.

The Local Task Forces in Brussels bring together, at local authority level, the responsibility for coordination/concerted action of the Walloon CSEFs and the power of initiative of the Regional Task Forces.

They have developed in a different context.

- They are open to the social services and institutions, including those outside the sphere of vocational training, as much as to employers' organisations and trade unions. They were started up by a multidisciplinary movement comprising senior figures from the associative structures, trade unions and local authorities who, in the 1980s, were looking for ways to prevent unemployment among the young in inner-city areas. Even today, some local authorities entrust them with tasks with that in mind (intercultural mediation, urban renewal, extracurricular information and advice, etc.). Half of the members of their governing bodies are representatives of this associative network, the other half local authority representatives.
- The place they occupy in employment and integration policies is clear, as they are the only ones to coordinate at local level, in a concerted manner, training and integration schemes coordinated at regional level by public agencies for employment and training and recognised and financed on the basis of bilateral agreements between those training bodies, the public agencies and the Task Forces ("coordinated system for socio-occupational integration" set up for French-speaking areas by the 1995 Cocof Decree – see above).

Their activities are therefore as follows:

- coordination/concerted action;
- arranging the training component of tailor-made schemes combining work with training;
- information, advice and guidance;
- measures to help people look for employment;
- the initiation of innovative pilot projects (mainly social enterprises).

They are supported and supervised by an "Interministerial Regional Urban Solidarity Delegation". Consultations are arranged between all those involved in vocational training in French-speaking areas under a Consultative Employment/Training/Education Committee, which has been in operation since 1997.

The activities of the Local Task Forces are only concerned with French-speakers in Brussels. There are, however, some Dutch-speaking centres within the framework of the Flemish

Community's responsibility for training, and in connection with the Brussels regional employment measures concerning work experience.

A single body coordinates this "labour market area", the OOTB (*Overleg Opleidings- en Tewerkstellingsprojecten Brussel*, the Brussels Platform for Employment and Training Projects). It differs, however, from the Local Task Forces by virtue of its federative role: it represents the associations from the integration sector vis-à-vis the institutions and authorities (OOTB, 1999).

5. Role of the CPASs

The CPASs are an integral feature of Belgian social policy: even though they do not strictly speaking come under the public social services, certain aspects must briefly be touched upon here.

Established in 1976, they were set up by all local authorities to administer the granting of the "*minimex*" (*Minimum de moyens d'existence*, the guaranteed minimum income benefit, introduced by the 1974 Act) and various other welfare benefits in cash and in kind

The *minimex*

In order to be eligible to receive or continue to receive the *minimex* (80 000 people in 1998), specific requirements must be met. One of these is that the people concerned must be available for employment. One of the principles on which the tasks of the CPASs are based is therefore to provide every assistance or support required for socio-occupational integration. The CPASs' social workers therefore perform an important guidance function. In order to go further, the CPASs must compensate for any local shortcomings in social services by creating themselves any facilities which might prove necessary. During the 1980s, most of the large and medium-sized CPASs have therefore:

- created internally a service for the socio-occupational integration of those receiving the *minimex* and welfare benefits;
- created structures, where necessary, such as the enterprises for training through work or the OISPs;
- and/or collaborated with the various existing services for the reintegration of people with few skills to offer (local corporations, EFTs, OISPs, etc.).

The CPASs seldom play a coordinating role insofar as socio-occupational integration is concerned.

Annex E

5. *Vitamine W*
   Biekorfstraat 20-24, 2060 Antwerp

5.1. Origin of the initiative: *Vitamine W* was founded in 1989 in Antwerp. During the preceding years, a number of projects in the field of employment had been launched by community centres, sociocultural organisations, youth movements and other associations. These projects were justified by the fact that the Flemish authorities responsible for training and finding jobs for the unemployed (the VDAB – *Vlaamse Dienst voor Arbeidsbemiddeling*, the Flemish Service for Employment Mediation) were unable to deal in a targeted manner with the problem groups. These various initiatives were therefore combined and gave rise to

Vitamine W. As an association and federation of associations, *Vitamine W* was immediately entrusted with three tasks: to coordinate collaboration between all the existing initiatives, to represent that coordination vis-à-vis the authorities and to identify and develop new projects.

5.2. Number of workers and clients, and budget: the association started up in the late 1980s with a single employee. Today, it employs 170 workers. By the year 2000, that number is expected to rise to 200. Approximately half the staff are people belonging to the target group. As a federation, it deals with between 2 500 and 3 000 people a year (in 1997 the number was 2 637). Some people come to the association for just a few days, others the whole year round. For the actual association *Vitamine W*, the number of clients was 555 in 1997. This year (1999), *Vitamine W* is operating with a budget of BEF 220 million, the bulk of that amount coming from subsidies.

5.3. Target groups: the association concentrates on those people who have the least to offer on the labour market, namely the poorly educated long-term unemployed. *Vitamine W* developed an individual approach to this group of people and groups with specific problems, such as young people, immigrants and single mothers.

5.4. Aims and characteristics of the service: from the very outset, employment was the priority, active involvement in the community and housing being regarded as secondary activities. However, *Vitamine W* is aware that great attention must be paid to these related aspects in order to attain the objective it set itself with regard to employment. Over the years, the organisation has undergone a profound change. The emphasis has increasingly been placed on advice and consulting. The association is also increasingly approaching employers. *Vitamine W* is increasingly developing from the "project organisation" to the "concept organisation" stage. This means that, although the association will continue to carry out its own projects, it will be devoting itself increasingly to consulting, advice and supporting other initiatives.

5.5. Characteristics of the employment: *Vitamine W* employs 170 people, of which 80 come from the target group and work in the training workshops or social economy enterprises, particularly under the PRCs. These are nearly all manual workers. Half of them have a permanent contract (in a social workshop, as the likelihood that they will one day have a job in a "normal" company is remote). The other half have contracts lasting 12 months maximum. The aim is for them in due course to obtain a normal job. The remaining staff have employee status (including 2 involved in administrative work, 3.5 in the secretariat and 3.5 in finance). These are counsellors, coaches, consultants and board members. Not all of them have received a higher education; the project consultants (for instance, for the training in construction or cleaning) are generally people from the industry in question who have been given additional instruction in how to teach. In order not to fall victim to an excessively cumbersome hierarchical system, the association opted for a structure based on units, with each area of activity coming under a project manager. "This approach is intended to safeguard the effectiveness and creativity of *Vitamine W* despite its rapid expansion". The managers have considerable independence in managing their units. They have to determine themselves whether new projects or new initiatives are necessary. They also decide whether new staff need to be taken on or existing staff got rid of. The management encourages them and supports them in these tasks. The units are as follows: pathway counselling; training in the secondary sector; environment; training in the quaternary (non-profit) sector; interface; social economy.

5.6. Quality and evaluation: quality is measured in three ways: quantitatively, based on the criterion of "how many people find a job"; every user has, as a point of reference at *Vitamine W*, the same instructor throughout the period for which he or she attends the organisation. It is part of the job of these instructors to accompany the jobseeker through to the end of his or her "pathway"; they are themselves continuously monitored via questions such as "What are you doing at the moment?", "How are you doing it?", "Are you satisfied with your work?". Peer-review groups operate at all levels.

There is no guideline which runs through all the projects implemented by *Vitamine W* concerning user involvement. In addition to attention being paid to information and advice (see *werkwijzers* in the case study), each of the projects develops its practices such as site preparation with the trainees or the evaluation of training periods linked to certain functions.

5.7. Outlook (see case study): a number of changes in the way things are run have been made simply because the organisation has grown in size (establishment of internal channels for the exchange of information; forums for consultations between management and workers; the setting-up of a works council; definition of the role of the single reference counsellor for each user and the carrying-out in-house of functions such as continuous training for the workers. It should be noted that the training of workers is run by the management. *Vitamine W* is a model of successful bottom-up coordination. It preceded by a few years the policies aimed at organising subregional coordination in the field of integration, which also explains the speed of its development. It subsequently continued to be built up, by relying on political measures, without having to call into question its achievements and its position – which is not generally the case when such networks of collaboration have to comply with policies and rules aimed at coordination.

9. Integrated Service for Psychiatric Support and Care in the Community (SIAJeF, *Service Intégré d'Aide et de soins psychiatriques dans le milieu de vie*)
Rue Maghin 18, 4000 Liège

9.1. Origin of the initiative: founded in 1984, the service developed within the framework of an independent, private-initiative association known as "*Revers*", which was set up by some psychology students on leaving university in 1982; as a secondary activity they were also involved for nearly ten years in publishing a quarterly review "*Perspectives. Revue sur les enjeux sociaux des pratiques psychologiques*" (Outlook. Review of the social issues involved in psychological practice). The outlook developed was meant to be "initiating" and its aim was – and is – the deinstitutionalisation of psychiatry. The public nature of the service led it over time to bring together within the same comprehensive therapy project a variety of functions that are normally separated – a day centre, a mental health centre, a counselling service, sheltered housing, a community centre, a socio-occupational centre, etc. – thus increasing the number of "means of access". Since 1995, SIAJeF has concentrated its development on extending its territorial coverage rather than on establishing new services, as it had done during the first ten years. A non-profit-making association accredited by a number of bodies, SIAJeF is not accredited as a mental health centre by the Walloon Region owing to a moratorium over the past 15 years or so on the number of such establishments.

9.2. Number of workers and clients, and budget: the team consists of 26.5 full-time equivalents, including 24 full-time staff and 5 part-time; 2.5 full-time equivalents for management and administration; one director, who coordinates the activities; and 2 heads of service, each responsible for a department. Of the 150 people with whom SIAJeF had

dealings in 1998, 106 were undergoing treatment; the others had come solely to obtain specific information or were directly channelled towards other services. Of these 106 people, 43 were already being treated by SIAJeF before 1998 and were still being treated at the beginning of 1999; 26 were being treated before, but their visits to the SIAJeF came to an end in 1998; of the 37 people who commenced treatment in 1998, 15 ended it the same year and 22 were still undergoing treatment at the beginning of 1999. SIAJeF's annual budget is BEF 32 million.

9.3. Target groups: any adults (from the age of 15 upwards) living in the areas Nord (St Léonard), Thier-à-Liège and Jolivet/Coronmeuse, i.e. a sixth of the area covered by the city of Liège or, to put it another way, a population of 32 000.

9.4. Aims and characteristics of the service: the objective is to demonstrate in practical terms that psychiatric treatment is perfectly compatible with keeping the patient at home, in the community, provided that the provision of care is organised with that in mind (period of treatment in hospital reduced from 200 to 11 days a year). SIAJeF plans to seek and develop a number of ways to improve people's wellbeing, "at any rate to acknowledge each person's suffering without necessarily ending it, to identify the person within it". The attainment of these objectives presupposes action based on four guiding principles: the inalienable right of every individual to receive the assistance and care dictated by his or her situation (defining the public nature of the action and territorial organisation); the fact that every individual should be entitled to a high quality of service (territorialisation principle); the fact that the overall situation must be taken into account (principle of diversity of the services offered and of adapting those services); and the need for a cross-disciplinary approach (principle of mutual enrichment via the ability to understand and the quality of the services offered).

SIAJeF's services are divided up between three departments: the medico-psycho-social, the sociocultural and the socio-occupational (with a view to a social economy enterprise).

- The medico-psychological (approximately 14.5 full-time equivalents/57.3% of the user-service contact time), which focuses on front-line information and advice and on illness management, offers a continuous service, psychiatric counselling (meetings on-site and at home), accommodation in sheltered housing, social follow-up (supervision of the budgetary management, definition of a project in relation to the service, etc.), a medical consultation service for drug addicts (treatment involving substitutes, exchange of syringes).
- The socio-occupational (approximately 7 full-time equivalents/32.7% of the user-service contact time) offers on-the-job training through construction work (10 trainees receiving, *inter alia*, a regional subsidy for renovating housing, to be made available to the homeless for nine years), office work (5 trainees) and café/catering work (9 trainees). The practical part of the training is carried out on construction sites and in real-work situations, for SIAJeF or external clients. In particular, *Le Cheval bleu* is a café-cum-restaurant set up by SIAJeF as a social economy enterprise staffed by those undergoing training, social workers and SIAJeF instructors. *Le Cheval bleu* is an important facility as it provides somewhere open all day long where informal contacts can be made between the users of the service and between users and workers.
- The sociocultural (approximately 0.5 full-time equivalent/10% of the user-service contact time) concentrates on organising collective activities using the infrastructure of *Le Cheval bleu*: cultural activities (exhibitions, shows), social and leisure activities (visits, trips),

workshops for making models/sculpture or for self-expression through movement and words, a football team, a women's group.

9.5. Characteristics of the employment: the policy on pay is straightforward and characteristic of part of the generation of associations established in the 1980s: the same pay scale applies to all staff and takes account of seniority and qualifications, but not of a person's position in the hierarchy. This scale applies to all statuses (manual or non-manual, jobs that are subsidised or those paid for out of the association's own resources). SIAJeF brings together psychologists, teachers, two psychiatrists (consultants), two social workers, two caterers/instructors, one catering assistant, one joiner/instructor, one secretary, one accountant and one maintenance man, i.e. 1 manual and 28 non-manual workers. This multidisciplinary approach means that a large proportion of the working time has to be devoted to coordination tasks. It derives from a broadly based view of mental health – and hence a multidimensional view of user requirements – which focuses on the individual in relation to his or her social context. The diversity of approaches to the relationship between institution and user also means that the tensions have to be managed that arise between jobs/approaches and between therapeutic distance and intersubjective involvement in everyday life with the users, functions that are performed as a team at times of coordination and otherwise by the director.

9.6. Quality and evaluation: the question of quality arises in a different form for each of the three types of activity, and it also arises for the service as a whole. The issues in question must in particular be related to the type of involvement sought between user and institution, the services offered, the opportunities made available to users and, as a corollary, to the economic aspect of that involvement. The criteria for evaluating the quality of the services do not relate to individual departments: they apply right across the board since the users normally have recourse to a number of SIAJeF's services and these services are interdependent and highly coordinated, even though some of them are geared more to a particular type of demand (e.g. the medico-psycho-social service concentrates on psychiatric treatment and drug dependency). The evaluation is therefore comprehensive and multidimensional; different evaluation criteria take account of SIAJeF's different objectives, and the question of quality is viewed from an overall perspective.

9.7. Outlook: see case study

Annex F concerning the *Vitamine W* case study

1. With regard to the social economy: some people cannot find work because they fail to meet the requirements of the labour market. They do, however, manage to adjust in an environment where support is provided. The projects take the form of small businesses, such as a recycling centre, a social workshop or an office.

- *Kringloopcentrum* (recycling of junk): the workers concerned remove furniture and other items from the homes of individuals, sort, renovate or repair them and sell the finished articles in the shop which they run.
- *Wotepa*: construction work, especially subcontracted work in conjunction with general contractors, particularly on restoring houses which are then let to people who have returned to work. This involves minor building work and finishing, joinery and furniture construction.
- *Werkplaats Kantoor*: administrative work and secretarial services.

- Social workshop on the *Het Rekreatief* estate: grounds of 12½ acres with an old rest home; restoration of the building and the gardens; letting of the units.

2. Chart showing who does what in the association

- Management

3. Formal evaluation criteria
Quality is formally evaluated in three ways:

- Quantitatively, based on the question "How many people find a job?" For *Vitamine W*, this is an important criterion. If it is found that a project achieves a success rate in terms of finding jobs of less than 60%, then the alarm is sounded. If the success rate is below the 50% mark, the organisation takes immediate action. It is possible, say, that the training may no longer meet the requirements of the employment market. For instance, the training of monolingual office workers was recently ended for that reason. The best projects aim to achieve a 100% success rate in terms of contracts of unspecified duration. These quantitative criteria are, however, too restrictive for the organisation, since they can be met simply by taking a more "hands-on" approach to the selection of candidates. This type of evaluation therefore tends to deflect the services from their objective. The structural responses to this risk are twofold: intensive individual monitoring (to prevent people from dropping out) and strengthening of the *werkwijzers*.
- Every user has the same personal counsellor at *Vitamine W* as his or her point of reference. However, *Vitamine W* realises that this may still not be enough: this type of supervision is relatively thorough but is nevertheless still imperfect, particularly as the users refuse to be monitored too closely. For each jobseeker, a file is kept up-to-date, in principle on paper, but a standardised computerised monitoring system is being studied.
- "Thematic"[76] working groups, peer-review groups and concerted action in general between the hierarchy, project managers and workers enable evaluations to be carried out and adjustments made. The question of continuing with or changing the training can be raised in a very flexible manner if, for instance, the instructor himself remarks that the training is no longer valid or is out-of-date. The organisation is able to react rapidly. This type of thinking is supported by the HRD department and the consultants. The instructors are monitored continuously; they are constantly having to address the questions "What are you doing at the moment?", "How are you doing it?", "Are you satisfied with your work?"

These criteria are also used in the *werkwijzers*. At present, the main objective criterion is the number of jobs obtained. In 1998, 550 posts were filled, either in the normal employment circuit or in service jobs or long-term temporary jobs (other more atypical jobs are not considered). The coordinator himself decides whether this is a wholly inappropriate method of measuring quality given that, if the organisation absolutely had to attain a certain number of posts filled, this might induce it simply to reject those categories that are most difficult to fill. The coordinator scrupulously ensures that this is not the case. For example, previously support was not provided for those whose knowledge of Dutch was inadequate. It has now

[76] Currently, within the context of the *werkwijzers* alone (i.e. 23 workers and one coordinator), nine working groups consisting of members of the staff deal with various aspects of the centres' activities. One working group is studying, for instance, the admission form (which is completed on the occasion of the initial visit): is it sufficient?; can it be further improved?; and so on.

been decided that at least a preliminary interview should be conducted in order to judge whether the lack of linguistic knowledge is a real obstacle to placing the person concerned. The coordinator is therefore trying to put the importance of the figures into perspective.

4. Staff changes 1993-1997	1993	1997
management and supervisors	38	47
manual workers	32	47
part-time education	04	00
social workshop Office	00	03
management of the integration enterprise	03	00
target group of the integration enterprise	03	00

Composition according to status

21 PRC employees
16 WEP+ (PTP) employees, ¾ time
22 contract workers

74 full-time manual workers (including 21 in the social workshops)
2 manual staff working 4/5 of the time
14 manual staff working 3/4 of the time
1 service job worker

Status does not necessarily correspond to the functions: there are manual-worker instructors, target groups provided with jobs as non-manual workers.

Annex G concerning the case study on the Integrated Service for Psychiatric Support and Care in the Community (SIAJeF)

1. Four principles of action

- Criticism of the narrow definition of psychiatry: in the wake of the deinstitutionalisation movement that originated in Italy, the treatment models based on the management of mental "illness" were called into question because these models had defined situations too narrowly and the methods of treatment were excessively standardised, confining the people in question to "chronicisation". Calling into question the importance of the therapeutic link as a form of dependence, this critical tendency highlighted the principles of recognition, exchange, negotiation and sharing with regard to the relationship between the patient and the person treating him, defining the purpose of psychiatry as the "suffering/existence of the individual in relation to society". This broad definition implies that psychiatric treatment should develop a "comprehensive, multifactorial approach" to the existence of the individual by taking into account "his or her difficulties, resources, duties, history, social network, housing, skills, etc.". This broad definition implies the principle of flexible organisation, continuous adaptation of the institution, a varied range of services, such as information and advice, counselling, discussions and supervisory aspects, at various levels (medico-psycho-social, psycho-socio-cultural, socio-occupational).
- A questioning of the separation of treatment: the legitimacy of psychiatry often relates back to the delegation of powers of guardianship entrusted to it by various institutions, from the family to the courts; here too, there has been growing criticism of the increase in the number of delegated powers, of separate treatments which lead to the "break-up of the

person", since psychiatry has often accepted uncritically the increase in the number of delegated powers while it has become well known how inappropriate they are (abandonment, stigmatisation, very long and/or repeated stays in hospital). This criticism leads to a principle for action based on the development of "as many alternative lifestyle opportunities as possible, so that they can be properly utilised by the users, with respect for their unity, their dignity, with a view to developing their status as a protagonist" (Neybuch, 1996: 5).

- A public health project confined to a particular territory: the criticism of a narrow definition of psychiatry and of the increase in the number of delegated powers of guardianship entrusted to it ultimately leads to the definition of a positive principle consisting of promoting "better social integration for every individual". This implies that, in addition to the individual and his or her characteristics, the social context in "which suffering arises and develops" should also be taken into account. The action taken must therefore incorporate a clinical dimension – conducted with the person in question – and a public health dimension clearly identifiable within a territory with distinct geographical boundaries, so that anyone who finds himself in a situation of need can be offered the help and care his or her situation requires. By defining its territorial jurisdiction, the institution defines the public nature of its action.
- A cross-disciplinary working method: the organisation of the tasks involved and how they are to be carried out relies on a variety of people – doctors, psychologists, social workers, instructors, teachers – who form a multidisciplinary team. While the diversity of approaches and measures is regarded as an asset, it is not, however, sufficient to ensure that the principles enunciated above are put into effect. Everyone must be involved in defining a common understanding and a support and care project to be shared with the user with regard to how each individual's contribution can be put into perspective, between the members of the team but also between the various levels of intervention. This principle has effects on how the quality of an activity is evaluated by giving priority to measuring the services used rather than to measuring the services provided.

2. The same applies to a workshop entitled "*Construire un avenir*" (Build a future) which was started up in 1998 as a club for young people, third-generation unemployed, to discuss matters relating to their future in terms of work. Using a "Get involved!"-type approach, the workshop was based on existing collective dynamics between groups of young people and led to the creation of jobs (this involved the "young people's team", started up as a vocational training-type exercise, as in the SIAJeF workshops under the title "training for running social projects"), as an alternative to forming gangs. Of all activities, this is the one most open to people who are not drug addicts or who do not suffer from psychiatric problems – the same also applies to some extent to sociocultural workshops, participation in which is financed by the CPAS for those receiving allowances from it.

3. Dechronicisation: those people who used SIAJeF in 1995 and had previously been in hospital at least once had had an average stay of 200 days a year, and some of them had been in and out of psychiatric hospitals for more than ten years. At the end of 1996, 43% of the inmates of psychiatric hospitals in the Liège region had spent more than a year in them; 21.3% had been in hospital for more than six years.

One of the aims of SIAJeF is "dechronicisation" of the users (removing them from hospital psychiatry once and for all) and, more generally, a response to their right to exist in good health within their community. Hence the clinical work on mental health by specialised staff, but also the emphasis on contact and mixing with the team on an informal basis. Since here

the approach to mental health is multidimensional and based on (re)integration, it is evaluated as such. However, the fact remains that breaking the dependence on mental illness and the institutions which treat it is a criterion of the quality of the service. One way of approaching this situation is to examine the situation in February 1999 of all those whose treatment by SIAJeF ended in 1998 (whether it had started that year or earlier). In the month in question, 65% of those concerned were still living at home, 17.5% were staying in psychiatric hospitals of their own volition and 15% had been interned (in a psychiatric hospital or in a prison for those who had been consuming illegal drugs). (Note that the term "internment" is specific to social protection. In the case of jail, people talk about "imprisonment"!).

The follow-up of people accommodated in SIAJeF's sheltered housing (stays from 15 to 2 288 days) is equally revealing: in 1995, these statistics were compiled for the period 1990-97. Of the 34 users concerned, 52.9% had come directly from a stay in a psychiatric establishment and 11.8% found their way back there shortly after leaving SIAJeF's community home; 32.3% had been living in an individual apartment previously; 58.8% afterwards; 2.9% were living with their family and 5.9% were without fixed abode; 17.6% were still currently living in the home. Two people also committed suicide there. SIAJeF did not find any negative correlation between the length of the stay in sheltered accommodation and the situation afterwards.

There is another positive impact in the sense that SIAJeF is recognised as providing a benchmark for mental health within the territory it covers. This situation is clear to the people concerned, but has not yet been sufficiently reflected in the long-term organisation of relations with a number of other social institutions whose services are aimed at the same section of the population. This aspect is important: in 1995, only 11.25% of new applications came from other institutions. Here, an important issue is at stake, as SIAJeF in fact has virtually no way of knowing whether there are people suffering from psychiatric problems within the area it covers whom the mental health services fail to reach (hence the desire to develop emergency facilities that are always available, so that this type of person does not arrive at SIAJeF only after having spent time in hospital).

4. In 1995, there were as many users (42.9%) who had been receiving assistance from the service for a year or less as for two years or more.[77] Many people stopped using SIAJeF during the first year following the commencement of a relationship providing them with help, either because they had turned to another service or because they had developed a strong mistrust of psychiatric institutions during their time in hospital (hence the importance of the pronounced intersubjective dimension in the service relationship and the immersion of the support and care within the community). The intensive treatment lasts longest (41.3 months on average in 1995) and the routine treatment is shortest (23.4 months on average); the average treatment is 32.9 months (in 1995) for people whose major problems are of a psychiatric nature. Compared with this evaluation based on the services used, there has, however, been no retrospective evaluation based on what becomes of users who are no longer in contact with the service or who at least no longer need intensive or routine treatment.

[77] Some of the people treated on a long-term basis are, incidentally, on the borderline between being mentally "ill" and mentally "handicapped".

5. (p. 67) The evaluation of the quality of SIAJeF's overall activities can be organised in two ways:

- rather than a system of validation and supervision of the procedures associated with the activities, the management favours continuous statistical monitoring, formalised on an annual basis in progress reports, as the main instrument for providing information for the service about itself;
- meetings of the different teams organised by the management coordinate the way in which the service is run on a day-to-day basis by bringing the matter of relations with users to the forefront of its concerns.

No consultations or direct formal coordination are organised with users or groups of users (except in one particular case, namely that for those undergoing training general meetings are held on a regular basis to discuss matters relating to working conditions).

It is important to note straight away that it is linked to the type of user/professional relationship promoted by SIAJeF: the motivation of the workers has a direct effect on user involvement and participation. In such a context, the simple one-way contribution of items seen as revalidating by psycho-social workers taken from functional routines is inconceivable.

Statistical monitoring is based on the freedom of choice left to the user when he or she has recourse to the different services. The extent to which he or she uses each of those services is the prime object of evaluation, in particular the way in which the user combines the different services he or she employs. These choices are related to the socioeconomic characteristics of the users and the local population. The most important findings of this analysis were formalised in 1996 in a major retrospective progress report (Neybuch, 1996).

6. Quality of the working life: the policy on pay is straightforward and characteristic of part of the generation of associations established in the 1980s: the same pay scale applies to all staff and takes account of seniority and qualifications, but not of a person's position in the hierarchy. This scale applies to all statuses (manual or non-manual, jobs that are subsidised or those paid for out of the association's own resources).

- Trend of employment

SIAJeF employs a workforce equivalent to 26.5 full-time equivalents, of whom 24 are full-time and 5 are part-time.

The total number employed has grown rapidly in recent years (?M/F? average age? seniority?).

Total number of workers and their statuses (in full-time equivalents)

1984	1985	1989	1993	1995	1998
10 PRC	9 PRC	8 PRC	12.5 PRC	16.5 PRC	17 PRC 5 "activation" 4.5 own resources and project-based subsidies

New employees are recruited either by word of mouth or following a voluntary undertaking or by means of press advertisements or contact with the public employment service. They are

recruited in a collegial manner: first a shortlist is drawn up on the basis of CVs, then interviews are held with at least two members of the team. An important criterion in the selection process is the energy which the applicant shows himself/herself to be prepared to mobilise in the service of the association. SIAJeF also works with volunteers – but not predominantly – in connection with tasks of all types, including therapy-related tasks.

- Hierarchy

The General Meeting of the *Revers* association consists of 11 people, most of them founder members, of whom two are employees and hold management positions. The main role of the Board of Directors is to arbitrate in the event of disagreement within the team. It consists of three members, of whom two are employees.

It is the team – made up of all the workers – which takes most of the decisions relating to the service. It comes under the responsibility of the Director, whose main tasks are to coordinate the activities, represent SIAJeF vis-à-vis the outside world, plan SIAJeF's development and maintain the guidelines on which its approach is based.

The association's General Meeting is responsible for taking the main decisions (purchase of real estate, creation of new services, etc.). Two important people in the hierarchical channels are two "heads of department", responsible for the medico-psycho-social department and the socio-occupational department. The sociocultural department does not in fact exist as such, since its activities are organised mainly by members of the medico-psycho-social department: the workers of the medico-psychological department run the sociocultural workshops on a part-time basis, taking time out from their other activities.

- Cross-disciplinary approach and coordination

Since SIAJeF is open from 08.30 until 20.30, some of the staff work from 08.30 until 16.30 and others from 13.00 until 20.30. The first of the three hours when all the staff are present together is devoted to a daily "handing-over" meeting, which concentrates on coordinating the activities and discussing the cases of the various users encountered by the workers in different circumstances and with different approaches. In addition, there is a shorter morning meeting involving those working in the medico-psycho-social department.

SIAJeF carries out various types of activity in a number of different fields:

- clinical work concerning mental health;
- social work concerning relational resources and networks;
- training work concerning skills and position on the labour market;
- cultural work concerning self-esteem and active or creative participation in various spheres of the social environment;
- community work concerning the local environment.

SIAJeF thus brings together psychologists, teachers, two psychiatrists (consultants), two social workers, two caterers/instructors, one catering assistant, one joiner/instructor, one secretary, one accountant and one maintenance man, i.e. 1 manual and 28 non-manual workers.

This multidisciplinary approach means that a large proportion of the working time has to be devoted to coordination tasks. It derives from a broadly based view of mental health – and hence a multidimensional view of user requirements – which focuses on the individual in relation to his or her social context. The diversity of approaches to the relationship between institution and user also means that the tensions have to be managed that arise between jobs/approaches and between therapeutic distance and intersubjective involvement in everyday life with the users, functions that are performed as a team at times of coordination and otherwise by the director.

It should also be noted that:

- the type of qualification is generally not the major criterion applied when taking someone on; it is more a person's willingness to get involved in his or her work that is taken into account. In view of the type of user/institution relationship that it promotes, SIAJeF normally has to mobilise prodigious amounts of energy from its workers; and
- the vast majority of workers in the medico-psycho-social department are teachers, whereas one would normally expect them to be psychologists. As we have seen, SIAJeF's approach is in fact not based on the mobilisation of highly specialised therapeutic skills.

