

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

Germany

G. Naegele, F. Frerichs, M. Reichert, Institute for Gerontology, University of Dortmund

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EUROPEAN FOUNDATION
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1. Social services in Germany ¹

1.1 Structure and development of the social services

On the whole, the development of the system of professionally provided social services in the Federal Republic of Germany is characterised by an internationally unique form of welfare cooperation in which independent welfare associations – and, since care-insurance policies came onto the market, private commercial providers too – enjoy a legally enshrined privileged status (on this point and on the rest of this subsection, cf. Bäcker *et al.*, 1999 and 1995). Professional social services are offered by the following types of provider body, which vary in their legal status and organisational form:

- Public providers:
 - the social insurers,
 - the municipalities, rural counties and communes, which operate on a local scale, and
 - the federal states (*Länder*) and the federations of communal organisations, which operate on a regional or subregional scale.
- Independent providers:
 - the six national federations of independent welfare providers and their respective member organisations, associations and other executive bodies,
 - churches and other religious communities, and
 - other welfare organisations officially recognised as independent non-profit providers of welfare services.
- Private commercial providers:
 - individuals who provide services for a fee (e.g. physicians and private tutors),
 - smallish businesses (e.g. private care services), and
 - larger ‘welfare enterprises’, which often have a number of branches and are frequently established as limited companies (e.g. private retirement homes and nursing homes).

One feature of the organised provision of social services in Germany is the heavy involvement of the independent sector. This applies in particular to the six national federations of independent welfare associations and the provider bodies attached to them, which have formed themselves into the Federal Association of Independent Welfare Organisations (*Bundesarbeitsgemeinschaft der freien Wohlfahrtspflege (BAGFW)*), to the churches and other religious communities and to the generally smallish independent non-

¹ In the following report, instead of the term ‘social public services’ we use the expression ‘social services’, which is now the official and more commonly used term in Germany. The concept of ‘social services’ comprises on the one hand the *professional, organised and chargeable services* provided by members of a wide range of occupational groups in the domains of social welfare, social education, childcare and health care and by the institutions operating in those domains, including the staff of those institutions who do not belong to the aforementioned occupational groups. The social services do not merely focus on a particular social problem but deal with the whole spectrum of highly diverse problems and are therefore a means or instrument of social policy. On the other hand, the term ‘social services’ also goes beyond the provision of these services to include those monetary benefits designed to enable people in need of assistance to organise their own services. In Germany this includes the care allowance or money allocated to disabled persons to enable them to pay for personal assistance.

profit welfare organisations and the socially committed initiatives, self-help groups, etc., which are officially recognised by the local authorities.

The relationship between public and independent non-profit providers of social services is governed by the principle that the public sector does not intervene if the independent sector can provide the required service. This means not only that the two types of organisation are obliged to cooperate in a spirit of partnership but also that the independent providers take precedence over the public providers within certain limits (the principle of 'institutional subsidiarity'). This precedence has been reaffirmed in the Care Insurance Act (*Pflegeversicherungsgesetz*), although it has now been extended to private commercial providers too. At the same time, there is a fundamental obligation on the public providers to encourage and support these other bodies. In most communes other responsibilities under the Federal Social Welfare Act (*Bundessozialhilfegesetz*) and the Child and Juvenile Welfare Act (*Kinder- und Jugendhilfegesetz*) are delegated to independent providers, so that these bodies effectively provide more social services than the local authorities themselves. This is very much in line with the independent providers' understanding of their own role as co-guarantors of the local authorities' mission to provide social services and with their commitment to human welfare.

At the beginning of 1996, the six welfare federations alone were responsible for almost 91 000 social institutions with more than 3.2 million day places or beds (on this point and on the rest of this subsection, cf. German Bundestag, 1998). At the same time these institutions had approximately 1 020 000 paid employees, compared with only 380 000 in 1970; almost two-thirds of these were full-time staff, and barely one-third worked part-time. In addition, some 27 000 voluntary groups of helpers are working in the field; according to their own figures, about 1.5 million volunteers belong to these groups. The work of the independent welfare organisations focuses sharply on assistance for young, elderly and disabled people. For example, at the beginning of 1996, 47% of all schemes to assist young people, 62% of all retirement homes, nursing homes and homes for the disabled and 40% of all hospitals in Germany were run by independent non-profit organisations. Their other activities include the operation of local welfare centres, family rest and recuperation centres and advice bureaux. According to the independent welfare organisations, the number of people who use their services and facilities every day is well in excess of three million.

In recent years, the professional social services in general have been considerably expanded. This expansion has been accompanied by quite a substantial degree of diversification and specialisation. Another factor in the development and diversification of social services is the extent to which they are covered by social legislation and therefore enjoy security of funding. For example, the substantial increase in the range of services and facilities for community care and day care since the mid-nineties largely reflects the fact that the legislation necessitated by the introduction of care insurance (Book XI of the German Social Code (*Sozialgesetzbuch*)) has put the provision of care under legal guarantee. Since then, the vast majority of care services and facilities have essentially had a sound financial basis. By contrast, there is still insufficient provision of the social services that do not enjoy this legal guarantee (e.g. home-help services, various counselling services, mobility support, agencies through which assistance can be obtained, etc.).

The way in which simultaneous demographic, social, economic and political changes have reduced the problem-solving potential of primary social units such as the family may be regarded as one of the main reasons for the expansion and diversification of social services.

These developments have led in turn to a greater demand for social services and to new demands for more complex and sophisticated services. In this 'functional' approach, the expansion of professional public social services that has taken place is seen as the result of a lengthier historical process that has done much to foster such a comprehensive and complex demand for assistance; potential primary carers, especially family members, are increasingly finding it beyond their powers to satisfy this demand and provide this assistance.

This is not inconsistent with the fact that, in many domains, the family is still the main source of support and assistance to individuals in need. It is even observable that an increasingly difficult situation regarding the domiciliary care of the elderly has given rise to an increase in the total volume of family input.

Many indicators suggest that the 'functional approach' will continue to determine the development of demand for professional social services. These indicators include the increasingly wide geographical dispersal of family members, the steady rise in the number of women and mothers who go out to work and the change in the perception of women's and men's roles in society, changes in domestic living arrangements and household types (for example, the increase in the number of one-person households and in the number of 'looser' cohabitation arrangements) and changes in disease patterns among the population, such as the higher incidence of chronic degenerative diseases and conditions, of psychological syndromes, of psychoneurotic disorders and of drug addiction, all of which imply a more widespread need for treatment and care.

All of these factors may be expected to generate an increased demand for professional services. Another major factor in this context is demographic development, particularly the increase in the percentage of older people within the population. Given the close correlation between age and infirmity, it is estimated that the present figure of about 1.6 million people in need of care will rise to some 2.2 million by the year 2020 (German Bundestag, 1998). This implies that the number of people employed in the provision of social services in general and in the care of the elderly in particular will continue to rise in the coming years. In view of the loss of industrial jobs, this would be a thoroughly desirable development. Such a trend, however, makes the future funding of these services an increasingly important issue.

1.2 Funding of social services

One result of the historical development of government social policy in Germany is that the social services as a whole are enshrined to a far lesser extent in legislative provisions than is the case with the monetary and non-monetary benefits provided under the national insurance scheme. Compared with the individual's entitlement to the monetary benefits – and, to a certain extent, to the benefits in kind – that the national insurance scheme provides, his or her statutory right to personal assistance is considerably less firmly established. Moreover, the financial basis of these personal social services is far less likely to be secure.

When social services are legally defined and when their provision is guaranteed by law, this generally occurs on the basis of clearly defined risks which are publicly - i.e. legally – recognised and precisely demarcated and which normally fall under the heading of 'life risk', especially if those risks can be diminished by the provision of medical treatment or of care. The restriction of cover to the so-called life risks, however, means that only a fraction of people's non-material needs are covered. In particular, little or no legal provision is generally made for groups of people who are especially disadvantaged and who need social services in

order to manage their everyday lives (e.g. home-help services or mobility support for elderly and disabled people), who need any of a range of advisory services in order to increase their own problem-solving capacity (e.g. debt counselling, addiction counselling, family counselling and the services of community-care agencies) or whose needs are specific to a particular category of person (e.g. sheltered housing for disabled persons, ambulatory services for people with mental or emotional disorders and the provision of assistance to enable lone parents or people caring for dependent relatives to reconcile their private and occupational responsibilities). The consequence of this is that organised social services designed to meet these people's needs are incomplete to non-existent and/or are not up to standard in terms of quality.

Social services in Germany are refinanced through a number of different forms of financing. Three basic categories can be distinguished – grants, charges and service contracts. They are equally applicable to each of the three groups of providers. For a long time, grants were the main method used by the Federal Government, and more especially by the *Länder* and the local authorities, to finance the independent non-profit providers of social services. In general terms, they are non-dedicated allocations designed to support the institutions and hence to assist them in the performance of their tasks, in which the awarding body will necessarily have a considerable interest. As a rule, grants only cover part of the provider's actual costs; in other words, the provider organisation is usually expected to foot its share of the bill. Moreover, the latter is also required to use its funds thriftily and cost-effectively, which the awarding authority will verify at the close of each financial year.

Charges are monetary equivalents which are payable in return for social services and are either levied on the users themselves or, under certain circumstances, are paid in full or in part by public authorities. Charges can be divided in turn into cost repayment and service-based charges.

The basis for the repayment of costs is an agreement on the assumption of costs between the provider of the service and the relevant public authority, which is normally the local social-security or youth-welfare office. The social services were long governed by the cost-reimbursement principle, i.e. the refunding of expenditure on the basis of a substantiated cost structure submitted by each provider. However, the public authorities that were required to refund the documented expenditure generally had no access to detailed figures and therefore had scarcely any cost-cutting leverage. On the contrary, they had virtually no choice but to pay the invoiced amounts.

The principle of cost-reimbursement was therefore open to manipulation. Furthermore, this funding structure offered little incentive for efficient, cost-effective or indeed thrifty service provision. The cost-reimbursement principle was also considered bureaucratic, with its mandatory submission of supporting documentation and the protracted negotiating process following the provision of services.

Since the mid-nineties, the cost-reimbursement principle in the funding of social services has largely been a thing of the past, having been replaced by service-based charges for virtually all publicly funded or assisted social services.

These charges must also be governed by the principles of prudent housekeeping and sound business management but must also be appropriate to the service and affordable (Federal Social Welfare Act (*Bundessozialhilfegesetz*), sections 93 and 94; Child and Juvenile Welfare

Act (*Kinder- und Jugendhilfegesetz*), sections 77 *et seq.*; Social Code (*Sozialgesetzbuch*), Book XI, sections 82 *et seq.*). Those who foot the bill for social services are urged to opt for the bidder offering the best value for money. These can also be private commercial providers, whose generally lower costs give them a competitive edge. On the whole, the charges are assessed on the basis of previously negotiated and agreed service categories and are no longer primarily based on the actual cost to the provider body. Besides criteria such as the type, scope and quality of a service, the funding and support of social services by local authorities are now determined to a far greater extent by market or regulated prices, price ceilings, budgeting and the like. An assessment of charges for previously rendered services is largely out of the question, agreements normally being reached prior to the period of service provision (advance budgeting). The chances of achieving a future surplus are just as strong as the chances of incurring a deficit. In this way the legislature seeks first and foremost to encourage good housekeeping and to increase the importance of quality and professionalism as factors in the awarding of service contracts.

1.3 New challenges facing the social services

The current discussion regarding the future development of the social services in Germany is primarily focused on the problem of achieving further expansion and guaranteeing high quality when public funds are in short supply. At the same time, providers are faced with the tasks of responding appropriately to changes in users' expectations and specifications ('customer-centred' services), coordinating the wide range of services and facilities more effectively and according high priority to quality assurance. These changes pose particular challenges for the independent welfare associations, which are undergoing a period of transition. For them too, communal finances are the main hurdle, since the funding of virtually all professional social services and their providers depends to a greater or lesser extent on the financial capacity of the local authorities. Against this background, more and more importance attaches to the impact that the increasing infiltration of market mechanisms into the domain of professional social services will have on public and independent non-profit providers and on the actual provision of services.

1.3.1 Securing the financial basis of social services by rationalisation, privatisation and user contributions

In order to deal with the dilemma of increasing expenditure on social services on the one hand and the local authorities' lack of an adequate revenue base to fund this expenditure on the other, the local authorities in Germany have long been trying to curb these rising costs in various different ways. In view of the labour intensiveness, and hence the high cost, of social services, the issue of the volume and development of labour costs has shot to the top of the savings agenda. Since social services are invariably provided in consultation with the beneficiary and presuppose his or her involvement, the scope for rationalisation *per se* is limited.

Although service models with profound rationalisation and productivity effects are conceivable in theory (e.g. automated care of the elderly, welfare counselling by computer and through the Internet), it is doubtful whether such solutions are socially and politically desirable or ethically defensible. In short, it is in the nature of personal social services that their 'productivity growth' will always lag behind that of the economy as a whole and that their products will always be relatively more expensive than industrially manufactured goods. Rising expenditure, in other words, is inevitable.

Another approach to cost-cutting focuses on the level of provision of social services. There has long been talk of a trend towards privatisation of the range of public services. Privatisation, however, can mean very different things:

- Firstly, privatisation can mean leaving welfare facilities and services under public control but giving them the same legal status as private businesses.
- Secondly, privatisation can mean transferring facilities and services which have previously been run by local authorities, or by non-profit bodies on behalf of local authorities, into the hands of private commercial providers but with continued public funding.
- Thirdly, privatisation can mean restricting the quantity and/or quality of the services financed and provided by the public sector or withdrawing them completely.

The introduction and extension of user contributions may be cited as a specific means of shifting responsibility for the funding of social services back into the hands of the beneficiaries. The method of reducing expenditure by requiring beneficiaries to pay some or all of the cost of services – or, as is the case with recipients of income support, requiring the children and parents of beneficiaries to meet their maintenance obligation – has long been practised. A system of user contributions also operates, for example, in the form of means-tested parental payments for nursery places. On the one hand, in view of the general improvement in the economic circumstances of major user groups, the principle of user contributions is extremely sound. On the other hand, however, this approach can result in certain services not being used, particularly by people in the lower income brackets, because potential beneficiaries either cannot afford the user contribution or prefer to spend their income in other ways. The key assessment criterion must therefore be whether and to what extent the use or non-use of social services is determined by price and income barriers and whether this perhaps makes for wider social disparities between the various sections of the population.

A far-reaching step towards the privatisation and deregulation of public social-service provision consists in the replacement of the previously dominant principle of service subsidisation by a system of user subsidisation, restricted to individuals and households in the lowest income bracket. There have been proposals for a ‘voucher model’, for example, whereby publicly funded service vouchers would be made available to needy groups of people to enable them to purchase the services they require from private-sector providers.

Underlying this model is the neoliberal conviction that the market model is a universally applicable organisational principle which can be made to govern supply and demand in the domain of social services and which results in efficient, affordable and client-centred provision, so that the only act of political intervention would be to furnish consumers with the appropriate purchasing power.

The market for social services, however, cannot be compared with other markets. Unlike consumer goods, social services, being the product of experience and trust, can hardly be assessed or controlled by means of product and quality comparisons. Moreover, the user-subsidisation model overlooks the fact that the primacy of the customer is severely restricted in social-service markets, the more so in cases of urgent need. Large groups of service users, such as people with mental and emotional disorders, senile dementia or serious infirmity, are absolutely incapable of fitting into the *homo oeconomicus* model propounded by the market theorists. If the various privatisation strategies are considered from the perspective of social

policy, it emerges that they are inconsistent, to a greater or lesser extent, with what has hitherto been the consensus view of society, namely that appropriate high-quality social services must be accessible to everyone, and especially to the socially and economically underprivileged sections of the population. In that respect, the privatisation strategies are not an acceptable alternative to the guarantee of reliable and sustainable public responsibility and funding for the social services. This assessment, however, does nothing to solve the funding problem. There is no option but to improve and stabilise the communal revenue basis. This also implies the need to discuss *in situ* the priorities in terms of public responsibilities and public spending in general and welfare spending in particular. This in turn presupposes a system of local welfare reporting which serves as the basis for planning in key areas of social policy.

1.3.2 Can new control models lead to more effective and efficient service provision?

The persistent shortage of resources in local-authority budgets makes it increasingly important to improve on a frequent lack of effectiveness and economic efficiency in the provision of social services and to replace the traditional top-down administration and state interventionism with a modern system in which public services are planned and provided on the basis of customer demand. The new control models which were first discussed in the early nineties and which, since the middle of the decade, have been put into practice by local authorities, including the local social-work departments, are aimed in this direction and also represent an attempt to introduce commercial efficiency criteria, a management ethos and competitive mechanisms into public administration. The following may be regarded as key elements in this strategy:

- The control exercised by the administrative apparatus is shifted from the ‘input’ side, i.e. the provision of budgetary funds, to the ‘output’ side, in other words the services that are actually provided – which are defined as ‘products’ – and the funding of those services.
- The administration is attuned to treating citizens as its ‘customers’.
- The relationship between politics and administration is governed by a form of ‘contract management’, whereby the political decision-makers determine the aims of the social services, the service to be provided and the required resources. These resources are contained in a global budget rather than being broken down into detailed expenditure items; the administration decides autonomously how the prescribed aims are to be achieved within the scope of the available budget and puts a price on the ‘products’ themselves.
- The provision of services is subjected to quality controls.
- The administration is divided into specialised departments, each responsible for its own domain as well as for the management of its resources.
- Public services engage in competition with private providers and/or operate in the framework of a performance comparison based on quantified targets and involving various administrative bodies.

The advocates of this strategy emphasise that the use of these new instruments and procedures in the realm of local social policy has to be harmonised with the development of relevant political responses to today’s challenges. On a basis of unambiguous performance descriptors and quantified targets, they say, aims and political priorities can be far more precisely defined. They refer to numerous examples of mismanagement and/or squandering of resources as proof that welfare organisations are no exception to the rule that effectiveness and economic efficiency are indispensable precepts to which providers must adhere in order to achieve the best possible results when funds are tight.

In practice, however, the new form of control is often made into an instrument of austerity policies, and administrative rationalisation is accompanied by the rationing of funds. Moreover, administrative action based on the concepts of 'customers', 'products' and 'output', which is a corollary of the new control model, also creates the danger that savings will be sought in those areas of public-service provision which do not and cannot fit into these categories. Social services are not a product in the traditional sense, in that they cannot be measured in terms of a quantified output (e.g. number of hours' counselling or of people counselled or number of service recipients). In social work, the provision of a service is not an end in itself; what counts is the impact (outcome) of the service. Outcomes, however, are difficult to measure. It is also beyond question that many users of social services cannot be defined as 'customers', because they do not possess the defining characteristics of a customer, and such measurements always deal in generalities.

1.3.3 Independent social-welfare bodies under pressure to adjust

Because of the close interconnection between the social policies of public and independent non-profit bodies at the local level, the efforts to modernise the public welfare administrations have not been without impact on the welfare associations, which are the main local professional service providers. But irrespective of the new control models, the associations have for some time been under considerable pressure to economise. On the one hand, the mass emergence of private commercial operators has resulted in an unprecedented competitive situation, which has effectively ended the monopoly that the non-profit bodies used to hold.

When the EU market is opened further, this pressure is likely to become even greater. Besides, the new statutory funding and support rules with the requirements they impose and the new situation created by the introduction of care insurance, principally by the capping of hospital accommodation and treatment cover, are compelling providers to improve their budgeting and the quality of their services. As a result, new management strategies and administrative control instruments have spread to the independent welfare sector.

The resulting need for change is increasingly reflected in the associations themselves. A wide variety of internally and externally targeted reform efforts are recognisable. Evidence of attempts by the associations to revitalise their role as advocates of the underprivileged is seen in the critical manner in which they have distanced themselves from official government policy since the early nineties, a phenomenon that has even been observable among providers with a strong basic affinity to the parties in power. Almost all of the associations are trying to redefine and reassess their own profile, proceeding from their own traditional ideals but also borrowing from other sources, such as contemporary approaches to welfare management (e.g. 'corporate identity' as the basis for the development of a modern organisational structure). Even the long history of *de facto* non-recognition of organised self-help has been brought to an end and has given way to a more receptive approach.

The pressure for reform, which is fed from several sources, will radically alter the future public image of independent non-profit welfare services and their role in the local 'welfare mix'. However, their efforts to establish or revitalise the intermediary function to which the subsidiarity principle entitles them are being undertaken in a context which is marked on the one hand by a growing trend towards individualisation and secularisation and in which on the other hand more and more elements of market economics and competition have started to wield an influence over the provision of social services. How such diverse elements as business management and charisma or market economics/competition and preservation of a

value-based identity can be productively reconciled in the future remains an unanswered question. In addition, only time will tell what the function of independent welfare services will be in the local service structure – whether the subsidiary role of the public authorities will allow the independent services to develop into intermediary providers, preserving their own ideals in updated form, or whether they will become mere social-service enterprises like all the others.

1.3.4 Quality, quality assurance and customer-centred service

Demands for higher quality or a more customer-centred approach in the social services may be interpreted as a response to widespread criticism about the way in which social services are actually delivered in practice and to that extent are really nothing new. These demands are made in a similar vein to points of view which have been expressed in discussions on social policy within welfare circles for some considerable time, and which are recognised in concepts such as recipient-centred service, recipient involvement and recognition of clients as individuals with legal rights rather than passive beneficiaries of social work, and in arguments against incapacitation and stigmatisation, viewpoints which have their historical roots in the campaigns that were developed in the seventies for more ‘user-friendly’ welfare administration.

Even though the term ‘customer’ is inadequate as an analytical concept, its use nevertheless has an important strategic impact on the achievement of reforms in the social services, because it conveys the message that many providers need to receive before they start to make innovations and implement reforms.

It is also alleged that service provision in practice does not yet adequately mirror the new preferences and attitudes of customers with regard to the organisation, accessibility and quality of services. The gist of this criticism is that outmoded delivery structures, in which customers are seen as welfare cases, as incapacitated clients or primarily as needy individuals (‘grateful recipients’), still predominate, especially among public and independent non-profit providers. As a result of higher levels of education, higher incomes, a wider choice of services and a customer base that differs from the former body of ‘clients’ (e.g. more working women), prospective users of social services are now more critical and fastidious about service quality, about the practicalities of service delivery and about the times and places at which services are made available.

If quality assurance and customer-centred service are to function in the future as the recognised aims of the production of social services, there will be a need for appropriate measures and instruments, especially of quality management and consumer protection, to ensure that these aims are actually being achieved. However, recognised quality standards which could serve as assessment criteria have not yet been developed in most areas of the social services and may indeed be difficult to develop for certain types of service, particularly when it comes to evaluating the quality of outcomes. Moreover, the development of internal quality-assurance procedures that could actually be implemented in the various services and facilities is still in its infancy.

This last remark also applies, with very few exceptions, to external quality assurance. Independent quality control and a system of impartial consumer protection, preferably armed with powers of sanction, are ideals which have rarely been realised to date in Germany; exceptions can be found in the Homes Inspectorate (*Heimaufsicht*) and the Homes

Codetermination Order (*Heimmitwirkungsverordnung*), which were established under the terms of the Homes Act (*Heimgesetz*).

The problem is exacerbated by the fact that stiffer competition and greater market pressure are liable to increase the risks of unsatisfactory quality and unavailable services, while the typical users of social services are often the very people who are least able to follow the logic of the market in response to these shortcomings, for example by changing providers, obtaining a price reduction or having a payment refunded. We must also distinguish between different types of recipient, since the same conditions that apply to physically disabled people who fight vigorously for their rights certainly do not apply to elderly or infirm people.

1.3.5 Social-service networks and welfare mixes as new political challenges for local authorities

One characteristic of the provision of social services in Germany is the fact that diverse forms of service and provider coexist and sometimes target the same potential user groups. At the local level in particular, the observer's eye is met by a patchwork of services, institutions and providers, which not only guarantee freedom of choice and pluralism for those in need of help but also confront them with an increasingly obscure and unfathomable supply structure. The potential consequences of this include underutilisation of services and public acceptance problems which persist despite the level of demand. This new diversity of services and providers can mean both insufficient and excessive service provision unless providers get together to coordinate their services systematically. Such coordination, however, is far from guaranteed; there are no automatic cooperation and networking mechanisms, nor are they likely to be created, given the traditional specialisations, territorial monopolies and suchlike on the one hand and the competition set in motion by the emergence of new providers, funding methods and control models on the other. It may be assumed, however, that the spread of service agreements will diminish the future role within the welfare mix of the traditional model in which providers typically offered their services in isolation or, quite frequently, in opposition to each other.

The coordination required as a result of this situation is also warranted by the nature of welfare provision, for uncoordinated social services jeopardise or even thwart attempts to resolve social problems. There are numerous cases in local social work, for instance, in which several social workers from various services are assisting the same family. This makes it more difficult to provide an integrated social service covering all the welfare needs of the individual, which practice has shown to be the key to 'success' in the more complex cases where individuals are affected by several different social problems. Even within the welfare administration, it is evident that the various administrative units are handling cases in a fragmented manner; sometimes the social work, youth welfare and public health departments are responsible for one and the same family at the same time, but none of them are aware of the other departments' involvement.

Even if calls for more networking in everyday practice are often based on quite different conceptions of what such networking should entail, they basically relate to two main concepts: the first is general local planning and coordination, transcending distinctions between providers and fields of activity, and/or an integrated and even regionally coordinated general system of social assistance in major areas of welfare provision, such as care of the elderly; the second concept is that of individualised case management. The first of these approaches is already prescribed by law to some extent. The Care Insurance Act (*Pflegeversicherungsgesetz*), for example, explicitly provides for joint responsibility for an

efficient, regionally organised, locally available and coordinated system of outpatient and inpatient care for the population. The second concept comes from the realm of practical social work and is not in widespread use in Germany, by contrast with countries such as the United States and Britain.

Any restructuring of the relationships between various services and providers within the existing welfare mix, however, presupposes the creation of a controlling body and its recognition by the players and providers that are subject to its control. A key role in this system falls to the local authorities because of their constitutionally assigned ultimate and overall responsibility for social welfare.

In practice, efforts to this end have been under way for some considerable time. In many municipalities and rural communes (*Gemeinden*), for example, there are local think tanks, devoted to specific social issues, in which all providers and public funding bodies - and, to an increasing extent, the local 'self-help scene' too - are represented. With a view to increasing the involvement of the private commercial providers, many attempts are being made to create 'round tables', 'nerve centres' or special model projects such as the *Sozialgemeinde* ('Welfare Commune') in order to dovetail the existing service and provider structures more effectively. The Care Act (North Rhine/Westphalia) (*Pflegegesetz NRW*) even prescribes the mandatory establishment of local care conferences under the direction of the communal welfare administrations.

There is also a need for coordination of the case-management approach in the more complex situations where a number of problems are involved. The case manager, for example, could equally be a social worker from the Social Services Department (ASD) of the local authority, the chief nursing officer of the relevant welfare centre or the client's family doctor. It is clear that the case manager's task requires both specialised skills and the ability to coordinate various inputs and above all a willingness to recognise people with other specialised qualifications and skills and to cooperate with them on equal terms.

2. Care requirements and provision structures for selected groups of clients

2.1 Elderly people in need of assistance and care

In the Federal Republic of Germany there are currently some 950 000 people in the 60-plus age bracket who live in private households and are in need of care ². A considerably higher percentage of older people depend on assistance and care than is the case with the population at large. According to a representative survey on assistance and care requirements in the Federal Republic of Germany, only 0.7% of people aged between 40 and 59 who live in private households require care, as against 10.8% of those in the 80-84 age bracket. With regard to the need for assistance, which relates primarily to essential support in the performance of household tasks, differences are likewise observable (cf. Schneekloth and Potthoff, 1993). Further distinctions by age and sex can be identified from the following table:

Table 1: *Members of private households who are in need of care and assistance, distributed by age and sex (expressed as percentages of the total population)*

	Men						Women					
Age	65-69	70-74	75-79	80-84	85-89	90+	65-69	70-74	75-79	80-84	85-89	90+
Assistance needed	4.8%	7.7%	13.1%	12.8%	24.2%	21.4%	5.7%	9.5%	14.0%	22.9%	34.4%	14.5%
Care needed	2.6%	3.9%	7.2%	8.9%	19.4%	26.8%	1.1%	2.9%	5.9%	11.5%	23.7%	40.3%

Source: *Schneekloth and Potthoff, 1993*

People in need of care are permanently dependent on the personal help of others for the normal and regularly recurring functions of everyday life. There are various degrees of need, but the characteristic common to all people in need of care is that their mobility is so restricted that they can no longer perform typical everyday functions, such as seeing to their personal hygiene or moving about in their own home, without another person's help. Another characteristic, especially among the elderly, is the frequent occurrence of mental or emotional disturbances. For example, almost half of all people in need of care who live in private households cannot find their own way about outside the confines of their home.

The implications in terms of older people's independence vary according to their sex and marital status and depend not only on their material circumstances but also on the family and neighbourly network available to them. In the realm of domiciliary care, family members play an important role. According to the available empirical evidence, about three-quarters of all people in need of care have a primary carer, who in most cases is a close relative (generally a spouse or daughter). More than half of these primary carers live in the same household as the care recipient. The vast majority of primary carers are women. Given the ages of care recipients, the family members caring for elderly relatives are very often elderly themselves. One-third of primary carers are 65 or older, while almost 60% are aged between 40 and 65 (Schneekloth and Potthoff, 1993).

² This statistic was calculated on the basis of the percentage of the population aged 60 and over who require care (5.6% - see German Bundestag, 1998) and on current population figures according to the 1998 microcensus.

Depending on the nature of people's need for assistance and care, there will be variations in the nursing and in the social and material support that will enable them to continue leading as independent a life as possible. Besides specialised medical and social care, there may also be a particular need for household services to help with the everyday running of the home – cleaning, dusting, washing and ironing, for example – for home emergency call systems, for impartial advice and agency services in the domains of care, general welfare and housing and for age-related consumer counselling. In addition, measures have to be taken to redesign living space with a view to eliminating obstacles to movement and minimising the risk of accidents as far as possible, and alternative forms of housing have to be developed so that social integration can be achieved and different generations can live and interact together.

In 1995 the social security of people in need of care was developed into a separate category of assistance in Germany and was defined as such in social policy and legislation. Since then, the care risk, which was formerly covered by the health-insurance funds, is now the responsibility of the funds that have been established to provide statutory care insurance. When people in need of care require professional care and assistance in their homes, they can apply for basic care and home-help services as benefits in kind. In order to obtain basic care and assistance, the individuals concerned can apply for a care allowance, which is graded in accordance with the severity of their impairment. The care-insurance fund covers the cost of day care, short-term care – when the carer is unavailable, for example – and outpatient care. People in need of care are also free to decide in principle whether they wish to receive domiciliary or residential care.

However, because of the prescribed capping of benefits in kind, the level of benefits falls far below actual requirements. Consequently, a high proportion of the cost still has to be met by the user, which means that people in need of care either do not use the available services at all or make insufficient use of services such as day, night and short-term care. This also means that, especially in the case of residential care, huge numbers of people are compelled to rely on income support. The losers under the present system of care insurance are those people in need of care and assistance whose requirements lie below the lowest level of need defined in Book XI of the Social Code ('Care Grade 0'). This illustrates the fundamental problem that Book XI of the Social Code can only help those who match its definition of persons in need of care (Rothgang, 1997).

Despite the revision of the grading guidelines in 1997, criticism can still be levelled at the very frequent practice of basing assessments on a narrow perception of the purpose of care as curative treatment of acute conditions rather than as a holistic aid to the reactivation of a person's faculties. The result is that people with mental and emotional disorders are often ineligible for assistance (German Bundestag, 1998).

The existing care infrastructure has been considerably extended in the wake of the introduction of care insurance, and certain 'bottlenecks' (e.g. nights and weekends) have been overcome. In the whole of Germany in 1997, there were already about 11 000 outpatient care facilities and some 6000 day centres. It is fairly safe to assume that blanket coverage has now been established in the domain of outpatient care services (Rückert, 1999). Care insurance has also had a measurable impact on employment, albeit to a lesser extent than had been expected (WIDO, 1998).

The distribution of beneficiaries by type of service in the care-insurance scheme shows that the care allowance is the largest single benefit. Figures which only relate to people in need of

non-residential care reveal that the vast majority of entitled persons – about four out of every five – opt for monetary benefits. Prior to the introduction of Book XI of the Social Code, the experts were almost unanimous in forecasting a ‘run’ on care allowances. There are two mutually contradictory ways of seeing this. On the one hand, it is interpreted as a manifestation of ‘consumer sovereignty’ (Evers, 1997), but it can also be argued that in practice the care allowance is only used to purchase care services in a minority of cases, so that a considerable degree of opportunistic behaviour may be postulated (Runde *et al.*, 1997). It is also true that in more than a few cases decisions are being taken not to put people into residential care and that the number of people being transferred from residential to domiciliary care is clearly increasing. It remains to be seen what effect this will have on the general standard of domiciliary care. On the other hand, much is said and written in Germany about a widespread preference for private care arrangements, about a culture in which any attempt to curb individuals’ financial freedom meets with considerable resistance (Evers, 1997, and Klie, 1998). This is reflected in a distaste for benefits in kind. It may also be supposed, however, that monetary benefits not only reinforce the private care culture but also rob women, the main providers of private care, of opportunities to shake off the role of full-time carers that society and personal circumstances have assigned to them.

The advent of care insurance has done much to engender a long-overdue discussion of quality assurance in the field of care provision (Rückert, 1999). Since domiciliary care is largely undertaken by individuals who are not trained carers, a care allowance is only granted if the health service has ascertained, not only on initial examination but also in subsequent re-examinations, that the necessary basic care and household assistance are being provided. In addition, it is laid down that persons in need of care who receive no benefits other than the care allowance are required to obtain a care service from a registered institution at regular intervals. Registered care institutions administer themselves in accordance with jointly agreed principles and criteria. In many places there are now care manuals, quality circles and similar mechanisms, although there are still no universally applicable care standards.

One of the main achievements of Book XI of the Social Code is that care institutions are now required to participate in quality-assurance measures (Igl, 1999). The ‘care market’ in general has become more pluralist; there is more competition on the supply side, which – at least in theory – could also benefit potential clients (Klie and Schmidt, 1999). The new ‘customer role’, even though it is not practised or indeed possible to practise everywhere, is undoubtedly preferable to that of the ‘grateful recipient’. The introduction of care insurance has contributed to a higher degree of rationality in the world of care provision: individuals in need of care are now assessed on the basis of uniform rules, which enhances the legitimacy of the assessment procedure; the funding of institutions is governed by economically valid criteria, and the quality of care services is set to become more easily verifiable in future (Igl, 1999, and Rückert, 1999).

Care insurance has helped to ensure that the long-running debate in other countries about user involvement and user empowerment has now reached Germany too. While this discussion is still in its infancy in the Federal Republic, a start has been made (e.g. the creation of consumer advice bureaux where people can obtain advice about care services in some of the municipalities and rural communes of North Rhine/Westphalia) (Rosendahl, 1999). It seems that care insurance enjoys a high approval rating among care recipients too; at least the empirical evidence indicates a high degree of customer satisfaction (Runde *et al.*, 1997, and Klie 1998), especially among recipients of monetary benefits. Satisfaction rates are less high among recipients of benefits in kind (Klie, 1998). However, given the fact that people

previously received nothing, the high approval rating comes as no surprise. Moreover, unsuccessful benefit applicants and those on care grade '0' were not questioned (Borosch and Naegele, 1998).

2.2 The young long-term unemployed

For young people, unemployment in the early part of their working lives or even before they start work can have a particularly profound impact on their careers. It often marks the start of an erratic employment history. Moreover, juveniles and young adults often have no financial safety net, because eligibility for unemployment benefit depends on completion of a qualifying period, which means that applicants must have been in previous employment for a minimum period of time before they can draw unemployment benefit. For that reason, unemployed youngsters often continue to be financially dependent on their parents. Since vocational training and employment are the socially ordained paths to adulthood and independence, unemployment can endanger the development of a young person's character and impede his or her integration into a work-based society. Studies have found that juveniles and young adults experience their unemployment as a burden. Material restrictions, boredom and the increasing breakdown of time structures are experienced as major problems (cf. Schober, 1987). As their period of unemployment grows longer, young people develop considerable self-doubt and suffer the loss of skills and confidence.

In October 1998, a total of 428 000 young people under the age of 25 were registered unemployed at German job centres. At 10.8%, the youth unemployment rate was slightly lower than the general unemployment rate of 11.2%. The figure for West Germany was 9.5%, compared with 15.5% in East Germany. Youth unemployment in Germany has been tending to fall in recent times, and internationally the Federal Republic is faring better in this respect than many other countries. This is due in no small measure to the sandwich-course system of vocational training (*duale Berufsausbildung*), which is practised in Germany, involving concurrent training at the workplace and at a technical college. This system, unlike the purely college-based vocational training that predominates in other countries, makes for a particularly smooth transition from the training system into employment.

The fact that the youth unemployment rate is below the overall rate must not obscure the fact that youth unemployment is a particularly serious problem. Apart from the fact that unemployment is at a generally high level, the problem for young people is that their entry into working life has implications for the future course of their careers, which is why youth unemployment poses an especially formidable political challenge.

In examining this issue, it is important to shed some more light on the structure of youth unemployment. In October 1998, 55.4% of the unemployed young people were without any vocational qualification. This means that young adults without a vocational qualification are twice as likely to be unemployed as their qualified contemporaries. They are therefore doubly exposed to the risk of being left behind by society and the working world at the very start of their adult years and of being permanently marginalised. Thirty-four per cent of young unemployed people have been out of work for three months or more, and more than half of them (i.e. 20% of all unemployed young people) have been jobless for six months or more.

This perpetuation of unemployment at a young age is an extremely dangerous phenomenon, and closer analysis reveals that it affects the following groups of people to a disproportionately large extent:

- young people who are personally impaired or socially disadvantaged,
- young people who leave school without any educational qualifications, especially those who have not obtained a junior secondary school leaving certificate (*Hauptschulabschluss*),
- juveniles and young adults of foreign nationality,
- young ethnic Germans whose families have moved from Eastern Europe to Germany or from East Germany to West Germany, and
- girls and young women in particular.

In the Federal Republic, numerous national, regional and local instruments have been adopted with a view to combating youth unemployment. Most of these support instruments relate to careers guidance, vocational training, employment and work experience (cf. MAGS, 1998). These support mechanisms are enshrined in two statutes, namely the Work Promotion Act (*Arbeitsförderungsgesetz* – Book III of the Social Code) and the Child and Youth Welfare Act (*Kinder- und Jugendhilfegesetz*). The diverse specific measures in the domains of vocational assistance, social welfare and employment support for young people, necessary though they all are, have frequently been piecemeal solutions and do not resolve the diverse problems of long-term unemployed and socially disadvantaged young people. Only in rare cases can young people follow a systematic programme of support measures stretching from school to vocational training and comprising not only welfare support but also job placement, training leading to a recognised qualification, offers of accommodation, assistance in domestic matters and other measures.

In the past, this lack of coordination among the bodies responsible for vocational integration, especially the integration of long-term unemployed and socially disadvantaged young people – the Youth Welfare Department, the Social Welfare Office, the Labour Office, companies, trade unions, employers, etc. – has resulted in careers comprising one youth-employment scheme after the other instead of the integration of young people into the labour force. The schemes themselves are often unable to overcome the particular social and vocational problems faced by the long-term unemployed young people they are intended to help.

In recent times, however, initiatives have been taken at several different levels in order to rectify this defect. A comprehensive national strategy designed to step up the vocational assistance given to disadvantaged young people has recently been under discussion. The guidelines and implementation measures laid down in the strategy paper accord high priority to the promotion of regional and local cooperation networks which would assist disadvantaged people and support demonstration projects. The chief aim is to achieve greater effectiveness by pooling and coordinating the efforts of mainstream schools and technical colleges, youth welfare departments and social welfare offices, job centres, chambers of commerce, guild chambers, business organisations and companies, trade unions, independent providers of youth-welfare services and youth employment support and other local service providers. In the federal state of North Rhine/Westphalia, a regional initiative entitled *Youth at Work (Jugend in Arbeit)* has been launched by the state Ministry of Labour, Health and Social Affairs, together with employers, the chambers of commerce and guild chambers, the German Trade Union Federation, the Regional Labour Office and the federations of local authorities and of welfare associations. The initiative directly offers a range of specific jobs to

the 10 000 registered long-term unemployed juveniles and young adults in North Rhine/Westphalia.

2.3 People with mental disabilities

In Germany there are currently some 420 000 people with mental disabilities. This estimated figure is based on the statistics of the World Health Organization (WHO), according to which 0.6% of the German population suffers from a mental disability (cf. DV, 1993). About 60% of the 235 000 or so adults with mental disabilities still live with their families. Depending on the individual's age and the way in which he or she contracted the disability, the symptoms can vary quite widely. The main causes are organic and include brain damage, brain disease and inherited disorders, which impair people's powers of perception, their speech development, their motor coordination and their learning ability. Given the nature of these disorders, the social integration of people with mental disabilities requires medical, educational, occupational and social measures. For adults with mental disabilities, vocational integration or the procurement of an appropriate occupational activity is of central importance.

In the Federal Republic of Germany social services for people with mental disabilities are primarily funded by means of a benefit known as integration support (*Eingliederungshilfe*), which is granted under section 39 of the Federal Social Welfare Act. The purpose of integration support is to prevent the development of a disability or to cure or alleviate an existing disability or its symptoms and to integrate the disabled person into society. There is no hard and fast definition of the forms that integration support can take, but it can cover remedial education, the procurement and maintenance of special housing for the disabled, assistance designed to help disabled people to take part in community life and, last but not least, measures that will allow disabled people to engage in a suitable occupation or in paid employment. The reform of the Federal Social Welfare Act in 1996 altered the financial conditions governing the provision of social services for disabled persons so that agreements were no longer concluded on the amount of expenditure to be covered but rather on the substance, volume and quality of services. Framework contracts, which are concluded at the regional (federal state) level, must henceforth distinguish clearly between the various types of assistance. The standardisation of the rules governing the provision of services and the remuneration of service providers will lay the foundations for future comparability of services and payments.

The introduction of care insurance (Book XI of the Social Code) has also given disabled persons a fundamental entitlement to benefits under the new legislation. Ever since the adoption of Book XI, however, there have been animated discussions regarding the relationship between entitlements to care under this legislation and integration support under the Federal Social Welfare Act, which has hitherto guaranteed the funding of most services for people with mental disabilities. What made the discussion particularly significant was the fact that, while integration support covers a more comprehensive range of services for this target group, as a welfare benefit it is subordinate to insurance entitlements under Book XI of the Social Code. Experts and beneficiaries therefore saw the danger of an imminent reduction in the services available to the mentally disabled. Despite the fundamental precedence of care insurance over welfare benefits and therefore integration support, campaigners have managed to secure an undertaking that integration support will remain the principal source of funding for residential establishments for people with mental disabilities, provided the establishments in question are not merely hospitals or nursing homes.

Since the 1980s normalisation has been the guiding principle of assistance for disabled persons and has had a decisive influence on care strategies for people with mental disabilities in Western Germany. The idea of normalisation is that the living conditions of mentally disabled persons should be brought into line as far as possible with those of non-disabled people and in particular that alternatives to care in large institutions should be developed. Priority is accorded to the institutionalisation of care in the community so that, as far as possible, people with disabilities can lead independent lives and make their own decisions (Federal Ministry of Health (BMG), 1996).

As far as housing is concerned, however, it has to be said that most people with mental disabilities who do not live with their families receive care, education and therapy in residential establishments for the disabled, especially in residential homes attached to workshops for the disabled and larger accommodation centres with 40 or more residents (Federal Ministry of Health, 1996).

Despite the high standard of specialised care which some of these establishments offer, they have been the target of increasing criticism because of the way they often isolate disabled persons and hinder their integration. It should also be remembered that half of the mentally disabled population are cared for by their families. Accommodation units for smaller groups, sheltered housing for individuals and flat-sharing are still relatively insignificant. An extrapolation of sample findings collected by Infratest and published in 1995 shows that some 94 000 people with mental disabilities in Germany live in special residential accommodation for disabled persons. Only 6% of these people live within the community in sheltered housing for individuals or groups – despite efforts at every level to promote new care strategies based on the guiding principles of normalised living conditions and care in the community (cf. Seifert, 1998):

- through the involvement of parents' associations,
- through the adoption of the normalisation principle as applied in other Western countries,
- through the critical discussion of existing structures by academic and professional experts,
- through favourable experience in practice, and
- through the efforts of the Independent Living movement.

As far as integration into mainstream employment is concerned, it should be pointed out that the bulk of employment for people with mental disabilities is still provided by sheltered workshops. Approximately 140 000 disabled persons, representing about 0.47% of all employees in Germany, work in almost 590 workshops for the disabled today (cf. Schneider, 1998). People with mental disabilities are the mainstay of this sheltered employment market, accounting for 85% of the labour force. In the workshops for the disabled, vocational training is provided in the form of one to two years' job coaching, after which the disabled persons normally remain in the workshop and are given jobs on the production side. Although the intention of the legislature, as reflected in section 54 of the Disabled Persons Act (*Schwerbehindertengesetz*), was that disabled people should be employed in the workshops for a limited time, this principle is virtually impossible to put into practice.

Supported employment in mainstream jobs in the private sector, on the other hand, remains underdeveloped, in spite of numerous pilot schemes. However, the influence of the normalisation movement in North America and the case that has been put forward for

supported employment have resulted in more initiatives being launched with a view to improving the level of integration in the general labour market. Innovative strategies for the integration of disabled people into the normal working context are featuring more and more prominently in the discussions and planning processes of the occupational groups, institutions and public authorities that deal with disabled persons and in the discussions and plans of disabled people themselves (cf. Schneider, 1998). A trailblazing role has been played here by the *Hamburger Arbeitsassistenten* (Hamburg Job-Coaching) organisation. In addition, numerous regional programmes have been established by federal states such as North Rhine/Westphalia. Efforts to integrate disabled people into the mainstream labour market at the present time, however, are complicated by the general high level of unemployment in Germany. This caused the employment rate for registered disabled persons to fall steadily from 5.9% to 4% between 1982 and 1995 (cf. Federal Ministry of Labour (BMA), 1998). Another limitation is the fact that, according to current estimates, only about 5 to 15% of those who are employed in workshops for the disabled could take up a mainstream job, even if the conditions were right.

Since the start of the nineties, the concept of 'self-determination' has grown in importance as a guiding principle of work with mentally disabled people. This development should be seen in the context of the Independent Living movement, which was first launched by a group of physically disabled people in the United States in the sixties. The guiding principle of self-determination proceeds from the primacy of the disabled person's needs and from the perception of disabled people as users of services rather than recipients of care. The helper's role is changing from that of a custodian to that of an everyday enabler or coach (cf. Bradl, 1996). In professional circles, there is an observable tendency to draw a line under the long-standing practice of concentrating on individuals' disabilities and to start focusing discussions on the skills of disabled people (cf. Federal Ministry of Health, 1998).

With regard to individual self-determination, the Care Act, adopted in 1992, introduced improvements which benefited people with mental disabilities. Under the Care Act, the guardianship court appoints a custodian for persons who have reached the age of majority and who are wholly or partly unable to look after their own affairs because of a psychiatric disorder or a physical, mental or emotional disability, upon application by the person concerned or on its own authority. In most cases, custodianship no longer covers every area of life, as was the case under the old provisions on incapacitation, but extends to types of task for which assistance is actually required. This allows for a more flexible response in the light of the mentally disabled individual's personal circumstances.

The discussion on the involvement of mentally disabled persons in the planning, provision and evaluation of services only began a few years ago, the main reason for the delay being that people with mental disabilities were not deemed capable of playing a part in these processes. Yet experience has shown that the evaluation of assistance and self-determination are possible if the questions are framed in such a way that they fall within the scope of the everyday control that the disabled person is able to exercise within his or her familiar environment and if they relate to concepts which the disabled person can handle cognitively and emotionally (cf. Gromann, 1996). For some time now a participative planning process for family relief and support aid has been put into effect; this process includes the production of written user agreements, which are also known as assistance plans or care plans.

Experts and representatives of the mentally disabled, as well as mentally disabled persons themselves, continue to demand, with good reason, radical changes in most of the services

and forms of care that people with mental disabilities receive. The thrust of these demands is that rigid supply structures should be made more flexible, that more account should be taken of the personal interests and requirements of the user group, that society should be more fully involved in the provision of services and that self-determination and independence should be encouraged (cf. Jakobs *et al.*, 1998). Besides the reshaping of individual types of service, the campaigners' longer-term goal is an integrated regional system linking the various services.

3. Practical examples of integrated services

3.1 Practical examples from the domain of care and assistance for the elderly

3.1.1 *Alten Service Zentrum Eching*³ - establishment of a social-service centre

The Service Centre for the Elderly (*Alten Service Zentrum (ASZ)*) was opened in 1995 in Eching, a commune (*Gemeinde*) of about 12 000 inhabitants in Bavaria. The various services are all provided under one roof in new purpose-built premises in Eching town centre with approximately 3000 m²/32 292 ft² of usable floor space. The provider of the services is the non-profit, non-denominational registered association *Älter werden in Eching* ('Growing Older in Eching'). The association is a member of the Joint Welfare Federation and has concluded a service agreement with the local authority. Eighty per cent of the association's 500 members are aged 60 or over; all are residents of the commune of Eching. In addition, organisations involved in the provision of assistance and care for the elderly (welfare associations, etc.) are corporate members of *Älter werden in Eching*. At the present time, the association provides services for about 100 clients and employs a total of 30 staff in the various services. The starting point for the establishment of the centre was the updating of the local development programme to improve the housing situation and the quality of life for elderly inhabitants of the commune. The updating process itself had been triggered by a sharp rise in the elderly population of the commune and by shortcomings in the supply structure at that time: only two nurses employed by the local authority had hitherto been available to provide outpatient care, and there was, moreover, no inpatient facility, which meant that elderly people had to be moved to other places whenever more intensive care was required.

The centre's care services (see below) are funded by fees for services rendered, which are paid under the care-insurance scheme. The centre acquires additional funds for the provision of nursing care by leasing premises to third parties. A public subsidy is required to maintain the welfare and home-help services, to organise open-access service sessions for the elderly and to enable the centre to perform its coordinating function. The necessary funds are provided by the local authority, and some funding is also obtained through flat-rate user charges and membership subscriptions. The building and its facilities were financed by the local authority and leased back to the provider association. The centre is the only provider of care services in the commune – apart from one private commercial provider – and is not therefore in competition with locally based welfare associations.

The purpose of establishing the service centre was to create an integrated local care facility and to offer a widely acceptable alternative to a retirement home or nursing home by improving the provision of domiciliary care. At the same time, the centre seeks to pilot a new organisational structure which is as client-centred as possible. In addition, it is intended that the centre should be an integral part of the community, a meeting point for young and old and a place of communication. The primary target group of the facility is the population of the commune in the 60-plus age bracket, numbering about 1600 people. The emphasis is on the provision of services to those elderly people who are in need of care and assistance. The centre offers the following services:

³ The information contained in this subsection is based on the results of the academic research that accompanied the project (Kreuz and Wenng, 1999) and on a telephone interview with the management of the *Alten Service Zentrum*.

- a social-service centre and coordinating agency offering information and advice, arranging the provision of household services and nursing care, holding courses and special events, offering leisure activities and keep-fit classes and serving as a meeting place;
- a mobile community-care service designed primarily to provide home-help services,
- a welfare centre offering domiciliary and family care, outpatient care of the sick and care of the elderly (for about 50 clients),
- a short-stay nursing ward in which elderly people in need of care are looked after for a limited time in order to give family members a break and to care for patients following their discharge from hospital or in a crisis (15 beds),
- day care (12 places), and
- sheltered housing for the elderly (20 flats).

The interlinking and coordination of services is achieved partly through a central coordination office, which operates as a booking agency for the provision of the various services. In addition, a single management team has been created for short-term care, day care and outpatient care, to ensure that clients can switch smoothly from one type of care to another without any loss of information. Regular staff meetings and case conferences also ensure that information is exchanged between staff. Moreover, the close physical proximity of all the services means that the 'short-routes' principle can be adhered to and that staff and clients know each other well, which considerably facilitates exchanges of information. Even those who do not work in the provision of care are able to impart information about the available community and domiciliary care services.

As far as staff working conditions are concerned, one special feature should be highlighted. The employees on the nursing side work in accordance with the rotation principle; in other words, from week to week they move between outpatient care, the short-stay nursing ward and day care. This practice has been followed from the outset to relieve the strain imposed by repetitive tasks. The employees are not confronted solely with serious infirmity or with senile dementia and can also rotate between different sets of working hours. According to the management of the centre, this considerably complicates the task of compiling duty rosters, but the improved working conditions are worth this extra effort. For the employees, the continuous rotation between workplaces enables them to acquire new skills and makes their work more interesting. As far as working hours are concerned, employees can influence the preparation of duty rosters by entering their pre-ferences in a register kept for that purpose.

These preferences are taken into account wherever possible; if staff wishes cannot be accommodated, further discussions take place to find the most acceptable solution. Since the employees are also very directly involved in the development of quality standards (see below), it may be said that the levels of staff participation and staff-centred management are high and that working conditions are very good. This is also borne out by the fact that, if we discount temporary replacements for staff on family-related leave of absence and those employees who do not complete their probationary period, staff turnover is very low.

The work of the Eching service centre is regarded as a community task in which senior citizens can participate by means of self-help and by assuming responsibilities at various levels of the service structure. The fact that the centre is run on behalf of the local authority by an independent local association is an innovative form of organisation, which gives senior citizens codetermination rights as members of the association and representation on its executive bodies. The welfare associations which are also members of the *Älter werden in*

Eching association do not have a majority of the voting rights in the latter. Since the association has no ideological or denominational affiliation, it offers an open forum for the inhabitants of the commune, who come from a wide variety of religious denominations and social backgrounds. Moreover, users have been involved in the decision-making process from the very beginning. Even during the development phase a public hearing was organised. The planning, strategy, premises and operations of the centre are continuously monitored and supported by the association, which was founded for that very purpose back in 1989.

In 1998 the *Eching* service centre devised a quality-assurance strategy. The basis for the development of this strategy was a survey of staff and users. The actual strategy paper was drawn up by the staff of the centre in collaboration with the management. Key elements of the strategy include a programme of in-service training, interface optimisation and the creation of an updated policy document. Besides care-related subjects, the main features of the in-service training programme are courses leading to qualifications in various aspects of social communication. Interface optimisation has primarily involved the improvement of communication and coordination between the home-help side and the nursing side of the service centre. The discussion on the policy document stressed the open nature of the centre and the fact that it also caters for younger people, as well as the interaction between voluntary involvement, popular participation and the work of the professional staff.

The establishment of the *Eching* service centre was the subject of an academic study over a seven-year period, during which a detailed user analysis was undertaken in the domains of outpatient care, day care and sheltered housing. It is not possible to provide full details of the analysis here; suffice to say that a locally available service satisfying customer demand has been achieved in every area apart from day care. In addition, a survey was conducted into members' use of the centre and their satisfaction with its facilities. The members delivered a favourable verdict on the opportunities they were given to have a say in the running of the centre, although there was some criticism to the effect that the activities of the centre were ultimately determined by a small core of activists.

A survey of the local population over the age of 60 designed to sound out opinions on the centre's image and on the quality and utilisation of its services revealed that great importance is attached to its nursing and welfare services and that it projects a very positive public image. Criticism was expressed, however, about a lack of concrete information about individual services.

To sum up, in terms of its substance and organisational form, the *Eching* project may be regarded as a future-oriented approach with a high degree of transferability. One indicator of this is that numerous other local authorities have already adopted this approach in an identical or similar form. The *Eching* service centre has played an active part in this development through its very open information policy. Special emphasis should be placed on the creation of a systematic local network, with a graded programme of services, and on the high degree of involvement of the local population and of the senior citizens' welfare organisations. The management cite the desire of the local population for political involvement, especially in the discussion process with the welfare associations, as a prerequisite of transferability. They also point out that the support given to the association's voluntary governing body by one of the full-time staff right from the foundation phase was vital to the subsequent success of the venture. As far as working conditions are concerned, it should be stressed that the integration of various services has been particularly effective in reducing stress and giving employees more acceptable working hours.

3.1.2 *Miteinander Wohnen e.V.*,⁴ Berlin – development of a social welfare chain in a residential area

The registered association *Miteinander Wohnen* ('Living with one another') was founded in 1991 by senior citizens and other inhabitants of a district in Berlin as a vehicle for the promotion of their own interests and those of other groups. The initiative was prompted by the social insecurity which elderly people in particular were experiencing in the new federal states following the reunification of Germany and which was due in part to the erosion of their familiar welfare structures. Today, *Miteinander Wohnen* has some 300 members, about 100 of whom work for the association on a voluntary basis. Approximately 70% of the members are aged 70 or over. The association has 20 employees, who currently look after and support 460 people in need of help, 75% of whom are women. The association finances the bulk of its wage bill through support payments from the Labour Office (job-creation and structural-adjustment measures under the Promotion of Employment Act (*Arbeitsförderungsgesetz*)) as well as through support grants from the Berlin Senate and funds from charitable foundations. In addition, there are special-purpose allocations from the district council for rented premises, as well as donations, membership subscriptions and user charges.

The association's target group are the elderly people who live in the part of the Lichtenberg district known as Passage Lichtenberg, a sixties housing estate in the former East Berlin. About 4000 people live on the Passage Lichtenberg estate; most of the householders moved there in middle age, but one inhabitant out of three is now of pensionable age, and more than 200 are over 80 years old. Most of the elderly people live alone in high-rise blocks, each containing 240 very small one-roomed flats (surface area 25 m²/269 ft²). The target group contains not only senior citizens who lead or could lead active lives but also elderly people who need care and assistance or who are chronically ill. In the latter group there are about 50 people with severe multiple disabilities who cannot leave their homes without assistance. The main declared aims of the association are to help elderly people be more active, to establish contacts, to preserve the independence and dignity of the elderly and to help them to stay in their own homes for the rest of their lives, if possible. To this end, the association is trying to establish the most comprehensive possible welfare chain for the elderly, which currently comprises the following services:

- general welfare counselling,
- home-help services,
- pick-up, drop-off and escort services,
- case management for outpatient geriatric rehabilitation,
- social tradesmen's service for elderly people with low incomes, and
- support for self-help groups (for rheumatism sufferers, diabetics, etc.).

Case management is one of the responsibilities assumed by the association in 1994 when it took over the running of the Coordination Agency for the Rehabilitation of Elderly Persons. Outpatient care is supplemented by numerous services in the domain of open-access services for the elderly, which are designed to strengthen social integration within the estate. The 20 full-time carers work with about 100 volunteers, who help them to deal with a heavy

⁴ The information contained in this subsection is based on an interview with the chairwoman and an employee of the association, on an analysis of two external publications (Wüstenrot Foundation, 1997, and Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), 1995) and materials and brochures produced by the association.

workload. The association does not provide nursing services itself but puts its clients in touch with other providers as part of its outreach work.

Various instruments are used to coordinate and link the individual services. Firstly, in the framework of an induction programme, all employees are informed about the range of services and about the aims and methodology of the association's various services (see below). Secondly, there are also regular cooperative discussions between the various services on the current needs of senior citizens; on the basis of their findings, adjustments are made to individual services to coordinate them with the others, to extend them or sometimes even to curtail them. The carers and assistants in the various sections hold weekly team meetings. The advice bureau receives queries from senior citizens and passes on their concerns to the various services. The visitor/escort service and the coordination centre engage in case-related coordination with a view to reintegrating clients into their own home environment or preserving clients' own domesticity, especially in the event of acute illness and admission into or discharge from hospital. The Lichtenberg district has two other meeting places for the elderly. However, since these do not offer the same type of integrated and comprehensive range of care services and are not so closely associated with their immediate surroundings, they are not in competition with *Miteinander Wohnen* but complement its services with other activities.

Of the 20 employees who currently work for the association, eight are funded by job-creation schemes under the Promotion of Employment Act (Social Code, Book III, sections 260 *et seq.*, maximum support period two years) and twelve are funded under the structural-adjustment provisions laid down in section 272 of Book III of the Social Code (for which the maximum support period is three years). The association's policy is to recruit mainly older unemployed people who have been finding it particularly difficult to obtain work as well as unemployed women. Because the association has been cooperating for many years with the local job centre, the latter is familiar with the association's requirements, and these are taken into account as far as possible in the referral of jobseekers. As a rule, however, the employees have no previous training in social work, apart from the case managers, who are qualified social workers. Under the statutory employment schemes, however, each employee receives an annual total of 400 hours' training (one day per week). This training comprises instruction in aspects of social legislation (housing benefit, care insurance and right to care), interview techniques and communication skills, ageing processes and age-related illnesses as well as information about the range of assistance offered by the association, with separate detailed information on the responsibilities of the coordination centre.

The employees are assigned to the following sections: care, support and home-help services (ten employees), special duties, i.e. assisting volunteers and coordinating activities at the self-help centre (four employees), the project group for organisational development (three employees), the advice bureau (one employee) and the coordination centre (two employees). The care and support services involve the provision of a range of communication facilities, mobility aids and individual counselling to elderly people with a view to helping them to lead independent lives. The cramped conditions in their one-roomed flats, where they only have 269 square feet of floor space, also compels them to use a launderette service. The coordination centre offers them an elaborate system of locally based individualised assistance, in line with the case-management method of geriatric rehabilitation, with the aims of enabling them to go on living at home in their familiar environment and providing a customised individual package of essential services. The coordination centre examines the client's housing situation and quality of life then works with all interested parties – doctors, carers,

family members, etc. – to develop a care plan and organises, coordinates and monitors the support process. In complex situations, a case conference is convened, in which all relevant service providers are involved.

Our interviewees considered that the employees enjoyed a very high degree of job satisfaction. One indicator of this satisfaction was the fact that employees, especially the older ones, continue to work for the association as volunteers once their period of employment under the job-creation scheme has expired and they have subsequently retired. One critical point was that, because the wage bill is funded by the Labour Office, all employment contracts are temporary, and no success has been achieved yet in creating permanent jobs.

Although it generally proves possible to obtain a one-year extension, there have been exceptional cases in which, by combining various employment schemes, individuals have even been able to work for periods of up to six years or, once the statutory waiting period has elapsed after the expiry of their contracts, have managed to obtain a second term. Nevertheless, the limitation remains a crucial problem, both for employees and for the elderly people in care. Moreover, pay levels, which are set at 20% below the regular rates, are another major cause for dissatisfaction. Furthermore, the job profile of the case manager has not yet been precisely defined, as a result of which acceptance problems occur with health-insurance funds and physicians.

Most of the users are members of the association, which enables them to have a say in the nature and purpose of the services on offer. Their needs have also been identified in detail by means of two user surveys. The service also helps clients with legal matters, for example in appeals against official decisions, and acts as a legal counsel in such situations. Case managers also represent clients if they file a complaint regarding alleged injustices or defects in the provision of care services, for example. Public funding by the Berlin Senate guarantees the plaintiff's independence from service providers and institutions. In addition, the association also cooperates with organisations representing particular types of client – the Lichtenberg Senior Citizens' Representative Organisation and the Association for the Disabled – which enables it to incorporate more of the users' perspective into its work.

Quality-assurance measures have been taken by the *Miteinander Wohnen* association at two levels. Firstly, the user surveys referred to above examined client satisfaction with the services on offer and identified other needs. Satisfaction rates varied from one service to another but were generally high. Additional needs were identified in the realm of home-help services and in the adaptation of housing for elderly and disabled residents. The coordination centre is also trying, in collaboration with the ten other coordination centres that have been established in the City of Berlin, to develop a common set of quality standards and to improve the quality of the support system. Besides defining aims and components of care and rehabilitation plans, these efforts involve the development of uniform documentary procedures relating to the coordination process and its effects.

To sum up, good coordination and close cooperation with the target group have enabled the *Miteinander Wohnen* association to alleviate the manifold problems of elderly people living alone in the Lichtenberg district of Berlin. The association plays a vital role in the social integration of its clients as well as promoting their independence. The combination of community-care services, basic domiciliary support and the coordination of the outpatient rehabilitation service with elements of self-help and with the efforts of volunteers can be regarded as a transferable model and has already won several awards.

As regards the employment situation, a comprehensive range of training opportunities, intensive teamwork and a varied set of tasks are the main plus points. On the debit side, however, mention must be made of the funding basis, particularly because it is a barrier to continuity of employment. Nevertheless, one promising sign that should be highlighted in this respect is that efforts are currently being made in the framework of the organisational development project to develop the rudiments of a service menu that is at least partly self-supporting or self-financing. One of the main aims of the project is the development of an extended range of services for a wider clientele, which would open up new sources of funding.

3.1.3 Welfare Centre for the Elderly⁵ – integration of care and social assistance

The Welfare Centre for the Elderly (*Soziales Zentrum für Ältere Menschen*) is a registered non-profit association based in Dortmund and a member of the Joint Welfare Association (*Paritätischer Wohlfahrtsverband*). It is part of a larger service federation which was founded in 1972 and which also caters for groups of clients such as drug addicts and is involved in general family counselling. The welfare centre currently has 40 employees, and its various service sections look after a total of about 150 clients. The establishment of a separate social-assistance service was triggered by the new financial basis on which care services were placed after the introduction of care insurance. Since it was no longer permissible to set hourly flat rates and charges now had to be levied for individual modules of narrowly defined care services, new ways of financing social-assistance services had to be found.

The care division finances the provision of its services by means of reimbursements from the care-insurance, health-insurance and income-support funds. Staff costs in the social-assistance division are refinanced by means of support funds from the Labour Office. Care counselling is funded on the basis of special provisions contained in the Care Act (North Rhine/Westphalia). Additional support funds are provided by the local authority and through the imposition of user charges.

The target group of the welfare centre comprises elderly people in need of care and assistance and their families; most of these people come from the socially underprivileged sections of the population. The aims of the association are to enable these elderly people to remain in their own homes and to promote their social integration. The range of services offered by the centre incorporates the following forms of care, counselling and assistance:

- a day-care centre for elderly people in need of care, most of whom show symptoms of geropsychiatric conditions (15 places),
- an outpatient care service with an additional home-help option (65 clients),
- care counselling for elderly people, focusing on the financial and organisational aspects of care provision,
- a discussion forum for family members who are primary carers (10 members),
- sheltered housing units specially fitted out and equipped for elderly people (60 units),
- meals on wheels,
- a meeting place for senior citizens, and
- a social-assistance and visiting service.

⁵ The information contained in this subsection is based on an interview with the management of the centre, with the management of the care service and with the management of the social-assistance service, as well as on material produced by the association as part of its public-relations activities.

The last-named service, which currently looks after about 30 clients, was recently established especially for those elderly people who find it difficult or impossible to leave their own homes. The aim of the service is to encourage external contacts, to maintain contacts in the immediate vicinity and to enable elderly people to make essential visits to the public authorities and to doctors' surgeries, health centres or hospitals.

The various services in the welfare centre are closely interconnected and mutually complementary. For example, the outpatient-care section refers clients to the day-care centre, and residents of the sheltered housing units avail themselves of social assistance and other services. Close consultation between the management teams of the two divisions, as well as additional team meetings and case conferences, ensure that various forms of assistance are coordinated with each other. In the case of an elderly disabled couple aged 82 and 88, an integrated package of home-help services (cleaning of the flat and laundering) combined with the visiting and escort service (helping with visits to the doctor's surgery), meals on wheels and nursing care ensured that the couple were able to remain in their own home in spite of their failing health.

In the domain of outpatient care there are seven qualified nurses and twelve domiciliary care assistants – all of them women – on permanent part-time contracts. Staff turnover is very low, and some of the nurses and care assistants have more than ten years' service. According to our interviewees, the high degree of self-reliance they are required to exercise in the domestic sphere increases the carers' motivation, and their working conditions are judged very favourably by comparison with those in the domain of institutional care. However, the greater pressure of time following the introduction of service charges under the Care Insurance Act has increased the workload, and sparse staff cover results in additional stress whenever employees are sick or on leave. It also restricts the association's scope for the provision of in-service training sessions. Moreover, the care service faces stiff competition from private commercial providers, and the high cost of nursing care puts it at a disadvantage, so despite their permanent contracts, the employees' job security cannot automatically be regarded as absolute.

In the new social-assistance service, seven full-time jobs have been created in cooperation with the local authority and the Labour Office. Most of these posts have been filled by younger and older long-term unemployed women. Since these services are not charged on the basis of defined service modules, there are far fewer time restrictions than in the domain of care provision. About two hours are set aside for each client, which means that three visits can be made in a day. There are weekly team meetings and additional one-to-one talks with a service manager.

In addition, in-service training is offered in subjects such as 'dealing with confused elderly people'. Because of the public funding, however, the jobs are only for a maximum of two years.

Quality-assurance measures include staff meetings at which each individual client is discussed, measures of assistance planned and care standards set. In addition, a standardised documentation system is used, and care managers make unannounced visits which enable them to draw conclusions about the work of the carers. Before a client receives any care services, the centre draws up a needs assessment with the client and/or members of the client's family, and a care plan is negotiated, laying down the scope, the timing and the nature of the care to be provided. The services to be rendered are described in a service agreement,

which the customer may cancel at any time within the first seven days. The regular assignment of particular carers to individual clients is intended to further improve the quality of care.

One way of ensuring that users have a say in the provision of services is the system of individual discussions in which staffing matters are settled and in which users and/or members of their families are consulted so that visiting times and care schedules can be established. Following the introduction of this system, the social-assistance service altered its working hours in response to clients' wishes and now provides most of its services in the latter part of the morning and in the afternoon. There are also plans to try and introduce a weekend service. Users are free to choose their services, and residents of sheltered housing, for example, cannot incur a contractual obligation to use the outpatient care service of the welfare centre. The welfare centre has also set up a discussion group for family members who are primary carers in response to an evident need for moral support. In this discussion group, primary carers have the opportunity to talk about the use of services that might lighten their burden (day care, escort services) as well as to ease their minds by exchanging ideas and sharing experiences with other people in the same position and by finding mutual understanding.

To sum up: on the one hand, the welfare centre has succeeded in putting together a graded range of services by combining individual forms of care – outpatient and day care, care counselling and sheltered housing – thereby responding very specifically to individual needs. On the other hand, the provision of individualised social assistance reduces deficits in this domain in a user-centred manner and thus helps to secure the client's capacity to remain in his or her home. Social integration in the neighbourhood of the welfare centre is also strengthened by the work of the meeting place. The assessment of the employment situation is ambivalent; whereas the variety of tasks, the responsibility given to employees and the team approach at the welfare centre are all to be welcomed and are not least among the reasons for the low staff turnover, there are nevertheless minus points too, particularly the temporary contracts in the social-assistance division and the heavy workload in the care division.

3.2 Practical examples of support for the young long-term unemployed

3.2.1 *JaWoLL* – Youth Employment – Accommodation, Life and Learning: a series of pilot projects⁶

GrünBau GmbH, a socio-commercial employment company, is the agency responsible for the *Jugendarbeit – Wohnen – Leben – Lernen (JaWoLL)* (Youth Employment – Accommodation, Life and Learning) series of pilot projects described below. In the implementation of the projects, the GrünBau company has been cooperating with the Ruhr-Lippe Housing Company and the Youth Welfare Department of the City of Dortmund. The first project was started in 1994 and completed in 1997. Since then, two other similar projects have been started, one of which has now been completed. The first project had nine employees; four were qualified instructors who had previously learned a trade, three were building labourers, one was the project manager and one was a clerical employee. A total of 31 clients – 26 young men and five young women – went through the project.

⁶ The information contained in this subsection is based on an interview with the manager of one of the pilot projects and on documentation produced by the project agency during the pilot phase.

The starting point of the project was the previous experience of the GrünBau company, which had been running employment and training schemes for young adults since 1987. The company had found that it was not unusual in practice for vocational training and social stabilisation efforts to be frustrated by the problem of a lack of accommodation or by the fact that participants in the company's schemes had to live in accommodation with no security of tenure or in unacceptable conditions. The need to adopt a wider perspective when working with disadvantaged young people prompted GrünBau to take a closer look at the question of providing accommodation.

The projects were funded by means of revenue from building activities, subsistence allowances granted under the Child and Juvenile Welfare Act (*Kinder- und Jugendhilfegesetz*), grants from charitable foundations for the procurement of operating resources and of furnishings and fittings for the housing units and support funds from the Federal Youth Plan and from the federal state of North Rhine/Westphalia.

The aim of the projects is to develop an integrated training project designed to provide young people with social stability and to practise strategies with them that will enable them to cope independently with everyday life and earn their own living. By stabilising the lives of these young people, integrating them into the housing market and giving them employment with social-security cover, the projects are designed to enhance their prospects of obtaining further training and more permanent employment. The target group of the *JaWoLL* projects comprises socially disadvantaged and personally impaired youths and young adults between the ages of 16 and 21 who are no longer eligible for other youth-welfare schemes or who are beyond any other form of institutional assistance, perhaps because they are too old to be admitted to a home or because they have a criminal record. Young people suffering from mental or emotional disorders or drug addiction are excluded from the projects.

The employment and training project in the domain of housing construction and modernisation for disadvantaged young people is designed in such a way that the young people create their own accommodation over a two-year period by renovating an particular old building and in so doing are trained as construction workers. During this period and thereafter they receive social assistance, and they are given temporary housing during the renovation phase. So as far as the target group is concerned, the projects incorporate the following elements:

- provision of short-term and long-term accommodation,
- employment and training in the building trade, and
- support for young people in their residential environment.

In order to combine these elements, GrünBau put together a package involving funding opportunities offered by youth-welfare legislation and the acquisition of building contracts. While GrünBau employs and looks after the young people, the housing company provides the buildings for renovation, and the Youth Welfare Department selects the young people to be housed in the project accommodation. Coordination takes place on the one hand at a supervisory level between staff of the housing company, the Youth Welfare Department and GrünBau in the form of regular coordination meetings. On the other hand, the integration of educational and support measures into the actual work and on-the-job training on the building site ensures the practical coordination of the various contributions on the ground.

Several instruments of quality assurance are used. Firstly, the young people's drop-out rates and absences are continuously logged and analysed. The findings from this process were one of the factors in an alteration of the selection process, which had been undertaken by the Youth Welfare Department without sufficient attention being paid to the special nature and target group of the project. Although the drop-out rate, at 45%, is still relatively high compared with the average of 20 to 30% for similar projects, that is primarily ascribed – even by impartial specialists – to the particular difficulties involved in working with the JaWoLL clients. Moreover, part of the quality-assurance process entails the production of an individual care plan for each young person. The care plan summarises the client's situation at the time of recruitment, sets targets and lays down a catalogue of measures and a timetable for their implementation. As far as the training aspect is concerned, the plan records details such as the client's educational qualifications, whether a vocational qualification is a feasible target and, if so, how the project can help the client to work towards that target. The care plan is drawn up together with the young person by Youth Welfare Department staff, the client's social worker and sometimes with the project manager or individuals who have custody of the young person. This also serves as a first step towards user participation.

User participation and motivation are also the aims of three other measures. Firstly there are regular welfare talks with the social worker assigned to the client as his or her regular contact; besides matters relating to training and work, social and family problems are also discussed in these talks. Secondly, in contrast to conventional youth-welfare schemes, a regular contract of employment is concluded with the young people. This means that the young people are taken seriously in their role as employees as well as signalling to them that they are not simply welfare cases.

In addition, this contractual agreement enables the young people to qualify for unemployment benefit once the employment scheme has ended rather than being dependent on income support or on material assistance from the Youth Welfare Department. Thirdly, through their own building work, the young people can help to determine the design of their future home. Although the size and situation of the flat are largely preordained, they still have enough scope to introduce ideas of their own.

Four specialists are employed to provide expert instruction and social assistance; each of the specialists is a professional instructor as well as a qualified tradesman. All of these instructors were present on the site at the start of the project and played an active part in the building work. In addition, three building labourers were employed to contribute their experience to the building process. The project manager considered that the instructors' dual qualification had proved to be a valuable factor in principle, since it enabled the instructors to become involved in the provision of everyday social assistance as well as on-the-job training and thus to obtain a more complete picture of each of the young people in their care. On the educational side of the project, however, there were cases in which roles became blurred and individuals' capacities were overstretched. Since there was no systematic division of labour, whenever conflicts and problems arose, the choice between building priorities and social priorities had to be made all over again. As a result, the project manager decided that the building work should be more clearly separated from the social work. With a view to reducing the psychosocial pressure involved in their work with the young people, the project agency offers its instructors the chance of monthly specialist supervision.

In addition to the aims of normal residence in homes or other forms of supported accommodation, the projects also enable clients to do productive building work, to earn their

own income and to live within their own four walls, thereby improving the social integration of the young people and giving them better access to the job market. The very fact that participative social work is linked to the work process makes it possible to lay the foundations for successful vocational and social training of this particularly difficult young target group and to address their diverse personal, social and vocational needs. By pursuing an approach in which housing, employment and social policies converge, the project enriches the existing spectrum of youth employment support mechanisms. The other projects in the series – one has been launched and another has already been completed – and the implementation of similar projects by other agencies in the Federal Republic illustrate the fundamental transferability of the first *JaWoLL* project. The greatest obstacle to the proliferation of such projects is the need to enlist the aid of housing companies as project partners, a task which requires strenuous efforts on the part of the project developers and financial safeguards such as public guarantees.

3.2.2 Working and Learning – a project combining social education, training and job procurement⁷

The agency responsible for the project *Arbeiten und Lernen* (Working and Learning) is a registered independent non-profit association. Since 1988 the association has been running a youth workshop, which is integrated into the workshops programme of the federal state of Lower Saxony. Within this youth workshop the projects described below have been taking place in yearly sequence. Under the pilot project, 19 young people are employed each year, learning a trade and receiving social care. About 40% of these clients are women. The young people are supported by five specialists. Much of the project is financed with money from the European Social Fund. The allocation of these funds and of the matching funds in the form of grants from the Government of Lower Saxony is administered through the Youth Welfare Department. The project agency covers DM 45 000 of the annual costs.

The starting point for the development of the idea behind the project was the view that the diversity of employment-support and welfare schemes for juveniles and young adults, necessary though they were, tended to be piecemeal solutions. Although there is a wide range of employment and training opportunities, they often exist in isolation and rarely offer disadvantaged young people a systematic programme of support measures stretching from school to vocational training.

The aims of the approach described here are to enhance the job prospects of socially disadvantaged and personally impaired young people and to raise their levels of vocational and social integration by giving them assistance based on their own circumstances and on market requirements. To this end, various services designed to prevent the growth of youth unemployment or to assist disadvantaged groups of people are linked together and partially or temporarily connected to the employment and training resources of private companies within a given region. The target group comprises young people between the ages of 18 and 25 whose position in the labour market may be deemed unfavourable in the light of several failed attempts to obtain training or employment. These are mostly young people with learning difficulties who have no training certificates and who have been registered unemployed for at least 12 out of the last 18 months.

⁷ The information contained in this subsection is based on the findings obtained by the German Youth Institute (*Deutsches Jugendinstitut*) in the course of the academic research with which it accompanied the project. (German Youth Institute (DJI), 1998)

Two key aspects of this scheme are its objectives of strengthening clients' social stability and of providing young people with employment which accurately reflects conditions in the working world and upgrades their level of vocational qualification.

The pursuit of these objectives involves the social education of clients, *ad hoc* assistance in conflict situations, the provision of opportunities to take part in leisure activities in which the young people undergo learning experiences relating to life skills or to the world of work (work camps abroad), employment in one of two fields of activity in conditions akin to those found in real companies, the development and implementation of training measures suitable for individuals and/or problem groups and preparation for examinations leading to educational or vocational qualifications.

The project includes a six-to-eight-week period of work experience with an external company. On completion of the project, the aim is to find the client a job or a place on a training course, at which stage further provision may be made, if necessary, for the social education of the client.

Besides the project staff and the youth workshop, the players involved in this project are the local Youth Welfare Department and Labour Office and a varying number of private companies. The project staff also provide an interface when it comes to coordinating the contributions of these diverse institutions with a view to enabling disadvantaged young people to undergo in-house training with a company or to obtain employment. The project has initiated the creation of several 'round tables' in the region and has managed to enlist not only representatives of the two public authorities but also representatives of companies, chambers of commerce, guild chambers and professional organisations.

Various means are used to ensure that young people are fully involved in the project. An initial exploratory talk is held with the young people to explain the general aptitude criteria and to find out why or to what end they wish to take part in the project. This is followed by an extensive interview at which the young person's aptitude is assessed and at which he or she may be offered a place on the project. Successful candidates can choose between two areas of work – carpentry or painting – but once the choice has been made, a subsequent transfer is only possible in exceptional cases. The recruits receive a regular employment contract and are paid the statutory rate. By this means, and by setting standards similar to those imposed in real businesses, the project organisers try to avoid treating the young people as passive recipients of knowledge but to take them seriously in their role as employees.

Quality assurance in the project has two different aspects. First of all, the young people's social and occupational learning processes are structured and tested on the basis of an individual support and development plan. The project staff also verify, by means of talks and visits to company premises, whether a company and its owner or the relevant departmental manager meet the criteria for the placement of disadvantaged young people for periods of work experience.

The head of the youth workshop is a graduate in social education. A master craftsman qualified to teach trainees is available in both the carpentry and painting sections of the workshop. A support teacher also works on the project to instruct the young people in basic subjects and skill applications as well as providing instruction in job-application and interview techniques. There is also a second graduate in social education. The specialists are required to undergo further training, including periods of work experience in businesses

within their own trade, and they participate in the work of professional organisations and serve on examination boards. With regard to the integration of the various project elements – working, learning and social assistance – it should be noted that the close simulation of actual working conditions lends greater weight to the occupational dimension of the project. For that reason, the social educators constantly need to emphasise and justify their own interests and objectives. They cannot withdraw into their professional role but must integrate their educational work into the process of practical training and into everyday work on the shop floor.

Another consequence of the integration of social assistance and occupational training is that, since the pace of work and working hours are based on normal standards in private painting and carpentry businesses, workloads can be distinctly heavier in the project workshop.

In the last few years a total of 132 young people have passed through the project workshop, 68 of whom have either gone on to training courses or found employment. The approach that has been piloted here proves that, by linking on-the-job training, a realistic employment situation and social assistance, and by establishing cooperation between the system of youth-employment support and private businesses, it is possible to create career prospects for young people. This progress is founded on the attainment of social stabilisation, on the development of basic technical skills and on a placement policy in which the individual preferences and strengths of the young people are paramount. The training of disadvantaged young people in a manner that reflects the life of a commercial business demands a constant balancing act between operational and educational requirements so that the use of strict specifications to motivate the trainees does not result in this form of service benefiting only the most highly productive young people in the target group. Great pressure is placed on the educators and on all project employees when they have to reconcile the demands of the Labour Office, the Youth Welfare Department and private business.

3.2.3 The Salzgitter RAN-JOB-BET Integrated Youth Welfare System – a model for the vocational and social integration of unemployed young people⁸

The *Verbundsystem Jugendsozialarbeit* (Integrated Youth Welfare System – see also section 4.2 below) is professionally and administratively accountable to the Municipal Employment Promotion Directorate of the Social Welfare Office (*Sozialamt*) in the city of Salzgitter and has been built up in stages since the early nineties. The Integrated Youth Welfare System comprises three individual projects:

- *RAN*: Regional employment agency for the vocational integration of young people in Lower Saxony,
- *JOB*: Youth workshop for young people without a trade or profession, and
- *BET*: Support and advice centre for the integration of homeless young people.

The projects, which are closely intertwined in terms of subject matter and organisation, offer young people in Salzgitter a comprehensive and individually customised range of support services, from social outreach services, advisory support and care to assistance in the transition to training and employment and subsequent monitoring. The projects are funded with resources from the local authority, from the federal state of Lower Saxony and from the

⁸ The information contained in this subsection is based on the analysis of reports and statistics, on interviews with five employees and on a group interview with clients of the integrated system. An employee of the Youth Welfare Association of Lower Saxony was also interviewed.

EU employment initiative Youthstart. There are now a total of 19 RAN offices in various towns and cities of Lower Saxony; these offices are administered by the Youth Welfare Association of Lower Saxony (*Landesarbeitsgemeinschaft der Jugendsozialarbeit in Niedersachsen*). The RAN office in Salzgitter, an industrial city of about 120 000 inhabitants in the south-east of Lower Saxony, was established in March 1990.

Of the 183 people who were assisted by RAN in 1998, 63 were women and 121 were men (equivalent to 34% and 66% respectively). During the same period, a total of 30 young people – five young women and 25 young men – were employed in the youth workshop; these were RAN clients too. The young people's housing advice centre assisted 65 people in 1998 – 34 young men and 31 young women. Among this number were seven young foreign nationals. The Integrated Youth Welfare Service in Salzgitter has a total of eight employees – four graduates in social education, an instructor with a trade qualification, two journeymen and one administrative employee.

In the RAN project, trained experts counsel young people who are difficult to place in employment, lead them towards skilled employment and act as job coaches once they find work. The task of the staff is to support young people at every stage of their vocational integration. Part of the work of RAN is to develop new political strategies which are designed primarily to open the door to employment for young people with no job prospects. The project also seeks to achieve effective changes in the local and regional labour markets for young people by promoting a flexible and coordinated approach by all parties.

One of two accompanying measures to support the work of RAN was the establishment of a youth workshop in the Calbecht district of Salzgitter in 1991. This youth workshop is intended to prepare young people for training and employment by imparting basic painting and carpentry skills and by means of trade training leading to the attainment of key vocational qualifications.

Another project of the integrated system is the housing advice service for young people, the aim of which is to enable disadvantaged young people to find a home. The service is designed for people aged 18 to 25 who are homeless or whose personal development and social integration would suffer if they continued to live with their families. The housing advice service not only helps clients to find accommodation but also offers them the opportunity to move into one of the two accommodation complexes maintained by the support and advice centre itself.

In order to master the many different tasks connected with the vocational and social integration of young people, RAN, JOB and BET cooperate closely with all relevant institutions, such as the Youth Welfare Department, the Social Welfare Office, schools and colleges, the Labour Office, businesses, families and other advice bureaux. These cooperative links were commended by all the employees, who laid special emphasis on their close contacts with the Labour Office, the Social Welfare Office and the Youth Welfare Department. With regard to the last two authorities, the staff felt that the Integrated Youth Welfare System benefited from its organisational attachment to the local authority. They also made the point that close cooperation has to be nurtured and that with businesses in particular, continuous personal contact seemed to be indispensable.

Little information is available on client satisfaction at the present time, although the Youth Welfare Association of Lower Saxony has plans for a client survey at some future date.

However, a group discussion with clients employed in the youth workshop clearly indicated that the assistance provided by the integrated system satisfied most of their needs. It was emphasised, however, that the staff of the JOB workshop did not always have enough time for a personal conversation or to provide intensive instruction. The desire for more collective leisure activities was also expressed. The experiences of the RAN, JOB and BET staff also suggest that the vast majority of the young people are content with their respective services. Client participation – albeit limited – takes two forms: the young people in the workshop have the opportunity to express their wishes and needs at regular organised meetings or else to enter them in a complaints book. The Salzgitter Integrated Youth Welfare System practises quality assurance by holding a weekly staff meeting with everyone involved in the RAN, JOB and BET projects. There is also an annual assessment by the Youth Welfare Association of Lower Saxony, the results of which are issued in the form of a report. The report not only contains basic data on the types and volume of client care but also focuses on an appraisal of the achievement of targets and the performance of tasks. In addition, meetings of staff from all the RAN offices in Lower Saxony take place several times a year. On these occasions major client-related and job-related problems and possible solutions can be discussed.

The employees of the integrated system are distributed as follows among the RAN, JOB and BET projects:

- *RAN*: The RAN project has two graduates in social education and the aforementioned administrative employee. The latter is responsible for performing all administrative tasks arising in connection with the Integrated Youth Welfare System.
- *JOB*: The JOB project employs a graduate in social education, who bears the main brunt of responsibility for the youth workshop as such, and three journeymen who work as practical instructors.
- *BET*: The BET project also employs one graduate in social education.

As indicated above, the advice and assistance varies in intensity from one project to another. This influences the employees' assessment of their working conditions. Because of the individual assistance that is required in JOB and BET and the more or less constant contact with clients, the staff of those projects tend to complain of more job-related stress than is the case with the employees engaged in the RAN project.

For the future, more regional and federal programmes for the reduction of youth unemployment are planned. For example, as part of the emergency programme of the Federal Government, application has been made for the establishment of more posts under Article 11 on outreach work and social assistance. Likewise, the programme of the federal state of Lower Saxony on regional employment and training opportunities for the future of unemployed young people is to be incorporated into the Integrated Youth Welfare System.

3.3 Practical examples of support for adults with mental disabilities

3.3.1 *Kate e.V.*: an integrated employment and housing service for people with mental disabilities⁹

Kate is a, financially independent registered association which was founded in 1986. It offers a range of integrative services for people with mental disabilities; besides the longer-established housing, leisure and education services, it has also been providing an employment service for the past two years. The reason for the extension of the range of services was the fact that it is very difficult to place people with mental disabilities and integrate them into mainstream employment, and their only available option is often employment in a sheltered workshop for the disabled. The purpose of the new service is to reduce these people's dependence on that type of social facility.

The housing service of the *Kate* association accommodates a total of 25 people with mental disabilities, who are supported by a staff of 16 employees. The employment projects currently have five people with mental disabilities working on a full-time basis and one mentally disabled woman who works part-time. These workers are supported by three employees. The support services offered by the association are funded from statutory benefits under the Federal Social Welfare Act – integration allowance and subsistence allowance – as well as additional resources from charitable foundations and investment grants.

The aims of the various services are to enable the assisted disabled people to lead as independent a life as possible and to make their own decisions wherever they can, as well as to increase their freedom to choose from the selection of support services. In addition, the association seeks to integrate them more fully into society and the labour market. The target group of the work of *Kate* comprises adults with mental disabilities. The concept of mental disability is broadly defined and includes Down's syndrome, brain damage, epilepsy and spasticity. Within the framework of these aims, the association offers the following services:

- supported housing in various forms,
- employment projects,
- education and training to develop independence, and
- the arrangement of leisure activities to promote communication with non-disabled people.

The *Kate* association arranges the provision of small compact housing units for mentally disabled people in 'normal' residential areas. Depending on the nature of a person's disability, the support he or she receives may take the form of outreach care, regular intensive help with everyday activities and/or constant care and assistance. The range of housing services comprises:

- very small homes for residents who need intensive or constant care,
- supported shared housing,
- housing for individuals or couples with visiting carers, and
- parent-and-child flats.

The purpose of the employment projects is to create alternatives to the existing employment opportunities for people with mental disabilities and to guarantee them genuine freedom of

⁹ The information contained in this subsection is based on an interview with the chairwoman of the association and on an analysis of materials produced in the framework of its public-relations activities.

choice. The projects are not conceived as competing with existing facilities but are intended to complement them. At the present time, the following employment projects are offered:

- *Die andere Kleider- und Möbelstube* – an alternative clothing and furniture shop,
- *Hauswirtschaft* – a household-services project, and
- *Renovierungs- und Reparaturdienst* – a renovation and repair service.

In addition, *Projekt Backstube*, involving the operation of a bakery, is currently at the planning stage.

This is not a belated attempt to link or coordinate social services which have hitherto been quite separate but rather a broadening and enrichment of the range of services for mentally disabled persons which was originally confined to the domain of housing. The gradual development of the range of services ensured that it remained easily fathomable at each stage for the mentally disabled people as well as for the employees. In practice, coordination is ensured by means of regular staff meetings and general meetings of the association's membership, at which the staff of the employment, housing and leisure projects can exchange information and coordinate their activities. In addition, some of the employees from the supported-housing division are also involved in the employment projects and/or were instrumental in their creation.

The association was born of an initiative taken by disabled people, educators, parents and interested employers, which is one reason why it enjoys a high degree of user participation. The principles underlying the association's housing, employment and leisure services are those of normalisation and self-determination. Besides the adaptation of the clients' residential environment to suit their everyday needs and the nurturing of skills that clients require to cope with everyday life as independently as possible, the association also attaches special importance to the provision of support to enable residents to take part in the life of their community. In the employment projects the mentally disabled clients are able to determine the number of hours they work on the basis of their capacity and personal preference. Those who work on the employment projects can earn some additional income, which they are free to use as they see fit. This enables them to develop and satisfy material wishes of their own and to engage in leisure pursuits, thereby endowing them with a greater degree of autonomy. Moreover, at fortnightly meetings of the residents' council, mentally disabled residents discuss problems that have arisen and express wishes and needs that relate to their everyday lives.

Kate employs social workers, remedial teachers, psychologists and learning-support assistants. Working conditions in the *Kate* welfare service described above are of a very high quality. The reasons for this may be seen in the minimally hierarchical structure and in the high degree of self-determination. The association was founded by the employees, who are directly involved in shaping its services. One indicator of high job satisfaction is the low rate of staff turnover. Of the original staff, only two have left – both for personal reasons. However, the highly user-centred nature of the services and the high level of personal commitment among the employees also generate emotional pressures. In addition, in order to obtain funding, staff have to put up with a great deal of red tape, and they run the risk of overtaxing themselves.

Experiences in the *Kate* association's housing and employment services have shown that social acceptance and integration are enough to raise the self-esteem of mentally disabled

people. When this happens, they are able to assume responsibilities that were never entrusted to them before because of their disabled status. In the employment projects too, the disabled employee is put into situations in which he or she is not recognised primarily as a disabled person but as a worker. The association has succeeded in giving disabled people opportunities to make choices and changes, so that all of them can live as far as possible in an environment that meets their needs. The expansion and integration of services stemmed from the initiative of the *Kate* association members and presuppose a high level of personal commitment and specialised skills. To some extent, the fact that some employees are qualified both as educators and in technical subjects has helped in this respect.

3.3.2 Spatzenberg Residential Centre – an integrated care service for autistic adults¹⁰

The Spatzenberg Residential Centre (*Wohnheim Spatzenberg*), which was established in 1998, is run by the East Westphalia/Lippe district branch of the Workers' Welfare Association of the federal state of North Rhine/Westphalia. The centre has 21 places, which are currently occupied by 16 men and five women. The residents are looked after by 21 employees, with a fairly even gender balance. The motive for the provision of this service was the fact that very few establishments had ever been willing and able to provide comprehensive care for autistic adults, since there was no model to follow and because there was a lack of suitable staff and accommodation. Although there are about 60 000 autistic adults in Germany at the present time, only 14 suitable establishments are available, and each of them accommodates only 20 to 25 people. The health authorities have therefore had no option but to admit many of these autistic adults to psychiatric hospitals and clinics for want of alternative residential facilities. Sheltered workshops for people with mental disabilities are generally unsuitable for autistic clients, because of the limited assistance that is available there, while outreach care services are mostly geared to autistic children whose parents can provide additional support.

The construction and equipping of the residential centre were mainly funded from donations. The operator of the facility and the district welfare authority provided top-up investment grants. Staff costs in the domain of integration support are met by the district welfare authority alone. Because of the complex nature of the disability, the accommodation and treatment charge negotiated between the operator and the welfare provider is double the amount payable for other groups of mentally disabled persons.

The aim of the centre is to enable the autistic adults to live as normal a life as possible in accordance with their own abilities. The whole environment of the centre has to be structured in such a way that living and working conditions as well as therapy and leisure facilities meet the special needs of autistic people for ease of recognition, safety and security as well as providing sufficient stimulation. The target group of the centre comprises adult men and women who are affected by autism and who are voluntarily admitted to the centre. The centre does not cater for autistic people with a high degree of intelligence who suffer from Asperger's syndrome but only those with the more common form of autism first identified by Leo Kanner and involving mental disorders, learning disabilities or severe multiple disabilities. People with this form of autism require constant care and have great problems integrating themselves into society. Moreover, they are usually unable to perform work of any economic value. The residential centre provides the following services to assist this specific target group:

¹⁰ The information contained in this subsection is based on an interview with the head of the centre and on an analysis of the policy document produced by the centre

- supported accommodation,
- occupational activities and schemes designed to create a structured daily routine,
- therapy sessions, and
- leisure activities.

These individual services are linked in a number of ways. First of all, the employees are assigned to a number of different services, depending on their aptitude and qualifications. Secondly, each of the three accommodation blocks has a coordinator who compiles the weekly care programme with all the staff. Thirdly, a weekly case conference is held for each of the autistic residents in turn and is attended by all available members of staff.

The centre was initiated by a parents' association, because those parents whose autistic children had reached adulthood were looking for an appropriate form of accommodation for them. As the planning process progressed, the Workers' Welfare Association agreed to run the centre and also undertook to build it. The operator and the initiators from the parents' association, who had now converted themselves into a support group, reached agreement on the constitution for a board of trustees, defining the parents' powers to support and influence the operation of the centre. The board of trustees, comprising three representatives of the parents' association, two representatives of the operating association and the management of the centre, meets twice a year to discuss policy matters. Cooperative agreements are reached on additions to the existing range of services, such as new annexes, or on the use of employees in particular areas of activity.

Should conflicting positions be adopted by the centre management and parents, not least because of the different ways in which the parents and the professional staff go about the provision of care, such differences have to be ironed out.

For the autistic residents themselves, the wide variety of occupational and leisure activities gives them opportunities to choose how to organise their lives and thus releases some of their development potential. As far as possible, the residents are encouraged to have their own say in the everyday life of the centre and learn how to organise their own everyday lives. The centre follows the TEACCH model (see below) with a view to enabling the autistic residents to structure their own daily tasks and requirements and to creating an atmosphere in which there is no need for commands and instructions.

The purpose of quality assurance is served by the production of an individual coordinated care and support plan which is drawn up for each resident in collaboration with his or her parents and with other carers who have looked after the resident in the past. Once the plan has been produced, it is kept under constant review at regular staff meetings and with the resident's parents and/or other interested parties and is further developed as necessary. The basis of the centre's work is the TEACCH model, which was specially developed for the treatment and education of people with autism and other communication disorders and which provides a uniform care strategy for all residents. In addition, a record of therapy and practical work is kept for each resident and is accessible to each member of staff.

The majority of the centre staff are social workers, remedial teachers, educators or learning-support assistants. Several employees have a dual qualification, e.g. as an ergotherapist and carpenter, as an art therapist and nurse or as a remedial teacher and potter. The staff work shifts in three accommodation blocks, with three employees on duty in each shift within a block containing seven residents. In general terms, it is evident that the staff are highly self-

motivated, and this is further reinforced by their involvement in the development and implementation of the new type of care strategy. This is one of the main reasons why there has been little staff turnover to date. The daily workload is considered to be very heavy because of the special nature of the clients with whom the staff have to deal, which is why efforts are made to reduce mental stress by organising weekly team supervision sessions and supervision by an external supervisor every four to six weeks. The staff can choose between various forms of working hours, makes it easier for them to combine their job with the care and upbringing of their own children. In addition, the advisory services of the operating body, such as the educational counselling service, are available free of charge to employees of the centre. Similarly, staff wishing to use the operator's own nursery and crèche facilities receive priority treatment.

Some employees felt that their motivation was reduced by the fact that pay levels took no account of their qualifications (or dual qualifications); they received the same flat rate negotiated for all care work.

Because of the limited budget, staff can attend few external further-training sessions at their employer's expense. In an effort to reduce this deficit, the head of the centre is giving weekly internal training sessions.

Even in the initial phase, the comprehensive customised range of services has achieved a reduction in stereotyped autistic behaviour patterns and has created a new quality of life for the residents. Numerous external contacts with schools, leisure facilities and civic associations have improved their level of integration into their social environment. The care strategy and the organisational concept of the centre as such may be regarded as appropriate and transferable on the basis of the results it has achieved to date. The success of such a venture depends on the staff and management of the facility having had previous experience with autistic people, and that experience should be brought into play from the outset whenever such facilities are being planned.

3.3.3 *Das Rauhe Haus* – supported housing and employment for people with mental disabilities¹¹

Das Rauhe Haus, the charitable foundation that provides the social services described below, is one of Germany's best-known ecclesiastical welfare charities and is based in the city-state of Hamburg. *Das Rauhe Haus* is active in the fields of child and youth welfare, social psychiatry and support of the elderly and disabled as well as maintaining two schools and a professional training college. The provision of assistance to the disabled by *Das Rauhe Haus* only began in 1991, and the first step was the establishment of various forms of housing for people with mental disabilities. It soon became patently obvious that some of the residents were either not suited for work in the local sheltered workshops, which were run by other providers, or did not want to work there. At that point, *Das Rauhe Haus* began to develop a system of individual employment support and thus combined two different services as well as widening the target group's freedom of choice.

The individual employment support is the particularly innovative element in this approach. It amounts to a graded system of employment promotion, starting with the service designed for the lowest ability level, namely fully supported employment, in which job coaches assist the

¹¹ The information contained in this subsection is based on an interview with the head of the supported-employment service and on an analysis of detailed policy documents and the foundation's own publicity material.

disabled persons individually and even carry out tasks that the disabled clients are unable to perform. The next grade of supported employment involves the establishment of employment projects, in which the disabled people work largely independently in their chosen fields, such as carpentry and gardening.

The highest grade involves the procurement of employment in private commercial businesses, where the involvement of *Das Rauhe Haus* is confined to the induction of the disabled person and the provision of social assistance.

In the housing and employment services together, there are currently about 45 employees, some 40% of whom work full-time, while the other 60% or so are part-timers. Almost half of these employees are women. At the present time, about 120 mentally disabled people are receiving assistance. The support measures are funded through integration-support schemes under the Federal Social Welfare Act and are based on negotiated uniform daily rates.

The revenue generated by the employment projects is used on the one hand to refinance the investment costs and on the other hand to top up the wages paid to the disabled persons, which is permissible as long as the supplementary - income ceilings are not exceeded. The replacement of the cost-reimbursement principle by service-based charges to finance integration support under the Federal Social Welfare Act has entailed an increase in the client-staff ratio from 4:1 to 4.5:1.

The aim of the supported housing provided by *Das Rauhe Haus* is the organisation of the residents' lives along everyday lines as far as possible in accordance with the normalisation principle and the prevention of a ghetto-type existence. The aim of the supported-employment service is to make the same workplaces accessible to people with a vast range of disabilities as are open to other working people. The target group of the foundation's work comprises adults with various forms of mental disability, including in particular those with challenging behaviour patterns such as aggressive personality disorders or additional mental or emotional disorders. *Das Rauhe Haus* offers the following support services:

- supported housing in flats and group accommodation,
- individual day support, and
- a graded system of individual supported employment.

These social services are linked and integrated in several ways. First of all, the employees from the housing and employment services jointly draw up care plans for users at care conferences. These care plans ensure that the two services engage in the mutual exchanges of information and coordination processes that are required for medium-term target planning, because the plans are reviewed on a half-yearly basis. Secondly, parallel to the introduction of a system of total quality management (see below), a programme of interface improvement is taking place. The aim is to improve the everyday coordination of activities between the housing service and the supported-employment service by drawing up checklists. Finally, the various types of activity in the domain of supported employment are coordinated by means of regular team meetings.

Disabled persons who receive support from *Das Rauhe Haus* are involved in the planning and implementation of their care programmes. Given the foundation's thoroughly encouraging experience with regular care conferences in which the disabled clients take part, it has increased their opportunities for involvement through the creation of consultative residents'

councils (*Heimbeiräte*). With a disabled woman from the *autonom leben* organisation leading the discussions, elected representatives of the various accommodation blocks speak about developments in their residential and working environments. The residents' councils set the dates for their meetings and invite the relevant service or project manager so that certain matters can be clarified or specific arrangements worked out together. In the services which rent accommodation to disabled people, a household assembly (*Hausgemeinschaftsversammlung*) assumes the functions of a consultative residents' council. Some of the flats may be rented by the residents, who can decide for themselves which care services they wish to receive from a domiciliary care service of their own choosing.

Every disabled person also has a trusted carer, who acts as an advocate for the disabled person, ensuring that the methods and procedures normally adopted by the services for the disabled are applied in a manner appropriate to the client's needs. *Das Rauhe Haus*, in collaboration with the Tizard Institute of the University of Canterbury, has also developed a differentiated range of instruments which enable it to document developmental progress in clients with mental disabilities which would otherwise be difficult to measure and record. This greatly improves its capacity to implement individualised care plans.

Several quality-assurance procedures are in use. An assessment based on answers to a catalogue of questions ensures that all information required for an evaluation of the client's social situation is recorded. The assessment is supplemented by the production of a 'network map', which makes it possible to assess the scope of existing social contacts and to make a more refined assessment of the development of the client's social network. By means of an annual accommodation check, moreover, the condition of the residents' flats in terms of comfort, safety and user-friendliness is subjected to examination. *Das Rauhe Haus* has also set its own standards by drawing up a catalogue of principles governing the quality of work after intensive consultation with the staff. Key elements of these principles are the aim of integrating disabled people into the district in which they live, the provision of opportunities for clients to make their own choices and the promotion of self-reliance among disabled clients and of their participation in the life of the community. The management and staff of the services for the disabled have also agreed that the various services are to be organised in accordance with the principle of total quality management and that quality circles will be introduced. Employees who judge the quality of work solely by the closeness of staff to each client initially regarded the introduction of such systematic measures of quality control and assurance as a loss of trust, whereas those employees who consider it important to distance themselves when the occasion demands were more willing from the outset to discuss these methods with an open mind and to apply them without reservation.

As far as the work situation and working conditions are concerned, it may be said on the one hand that the delegation of responsibilities and the participatory style of management which are standard practice in *Das Rauhe Haus* give employees a high degree of codetermination and involvement in the development of the foundation. This codetermination has also been institutionalised in the form of twice-yearly policy conferences. Regular supervision, advice from colleagues and comprehensive further training in subjects such as quality assurance and assessment procedures help to ensure that employees are able to do their jobs with the necessary professional competence. The wide range of trades and professions from which the team is drawn – besides remedial teachers and educators, there are tradesmen such as carpenters and mechanics as well as mainstream teachers – is perceived as a source of stimulation by the staff. The variety of skills and the different ways in which individual team members interact with the disabled clients make for stimulation, support and indeed corrective

action in the course of day-to-day work. Staff turnover may be regarded as very low, with numerous employees who initially helped to establish the support services still working in them. In its planning for the future, *Das Rauhe Haus* therefore has to assume that it will have a relatively stable body of permanent employees, which makes staff development an increasingly important responsibility. Career planning may include a switch from the housing domain to employment or vice versa, as well as transfers between the various forms of supported employment with their diverse challenges and pressures. In addition, employees can also develop other employment projects, thereby creating career prospects for themselves. The reduction of the staff-client ratio (see above), which has increased employees' workloads, and the ever more frequent use of fixed-term contracts have had a detrimental effect on the work situation. These adverse developments are ascribable to the introduction of service-based charges and to the fact that welfare authorities now allocate their support grants for a limited period.

As well as integrating the satisfaction of various everyday needs into its services, *Das Rauhe Haus* distinguishes itself by practising very highly developed forms of user involvement and quality assurance. This does a great deal to strengthen the self-reliance of the mentally disabled clients, as well as promoting their integration into their living and working environments. Moreover, the high degree of staff participation in policy development and the small size of the assisted units help to ensure that the staff may be regarded as highly motivated and qualified. Last but not least, their job satisfaction is enhanced by the innovative nature of their work; the graded system of supported employment operated by *Das Rauhe Haus* is, as far as we are aware, unique in Germany, and the staff rightly consider themselves to be pioneers in this field. Nevertheless, the model may be regarded as transferable: in Hamburg, a new care service for the mentally ill has adopted and implemented the strategy following extensive consultations with *Das Rauhe Haus*. Moreover, the model of individually supported employment is no more expensive than employment in sheltered workshops for the disabled, but it does demand an adventurous and committed approach. The implementation of the scheme was made easier by the reformist attitude of the Disability Support Division of the Hamburg City Government and by close personal contacts with that office that have developed as a result of the transparent manner in which the City of Hamburg conducts its work on behalf of disabled people.

4. Findings of the case studies

4.1 Welfare advice and psychosocial assistance for the elderly – a cooperative provision model established by the City of Mönchengladbach ¹²

4.1.1 Introduction

The following case study was selected because it is an exemplary illustration of the integration of various services for elderly people in need of care and assistance within a municipality and because it also serves to highlight links that exist between political developments and reforms in the field of care provision at the national, regional and local levels. The innovative components of this model are the individual social services themselves and the particularly well-structured network into which they have been integrated.

This new type of cooperative provision model was established at the beginning of 1997 by the Senior Citizens' Welfare Department of the City of Mönchengladbach for elderly people in the city who need care and assistance. Existing services were incorporated into the provision model, and new services were created. The cooperative provision model comprises the following elements:

- housing advice for the elderly,
- advice on care services for the elderly,
- blanket provision of psychosocial counselling, care and support services from access points within easy reach of all parts of the city, and
- a working party on quality control in the framework of the municipal conference on care provision.

The services that are integrated into the cooperative provision model are for the entire area of the city of Mönchengladbach, which means that they cover a total of approximately 45 000 people aged 65 and older. While the care and housing advice bureau, which fully encompasses those two domains, is centrally situated in the municipal Senior Citizens' Welfare Department, the psychosocial support offices are dispersed in nine districts of the city. The providers of this psychosocial assistance are individual welfare associations which are bound in turn to the municipality by means of service agreements. These two service structures, which employ a total staff of 14, counsel and assist some 1200 clients altogether in the course of a year.

The origins of the provision model, which is described in more detail below, may be traced back, on the one hand, to the introduction of care insurance in 1995 and the subsequent adoption of the Care Act (North Rhine/Westphalia) in 1996. On the other hand, the origins of the model also lie in the special features and recent history of local politics in the city of Mönchengladbach.

¹² The information contained in this section is based on a group interview with all the staff and management of the welfare advice bureau, two individual interviews with employees – one from the psychosocial support service and one from the care counselling and housing advice service, interviews with two users of the psychosocial support and housing advice services, an analysis of the annual report of the welfare service and publications about the care model (Classen *et al.*, 1997; Noll and Stieglitz, 1997).

The introduction of care insurance in Germany put the existing system of care provision on a completely new financial and legal footing (see chapters 2 and 3 above). Its introduction was accompanied by the creation of a care market and a considerable widening of the spectrum of available services. The care market confronts users of care services, in other words people in need of care, with numerous evaluation and selection problems. It was against this background that the federal state of North Rhine/Westphalia laid down in its Care Act of 1996 that people in need of care, people who were liable to need care in the near future and their families were to be given independent advice by the local authority, which was to inform them of the relevant ambulatory care services, day-care services and residential and supplementary care services that are available within the municipality or commune. This requirement to provide advice, like the establishment of care conferences and the production of care plans, was a component of the system of quality-assurance measures created by the Care Act (North Rhine/Westphalia).

The psychosocial counselling, and the care and support services have their roots in the guidelines of the federal state of North Rhine/Westphalia for the promotion of supplementary ambulatory services, which also entered into force in 1996. These guidelines themselves were drawn up with a view to guaranteeing that preliminary care and supplementary services for people receiving care would continue to be provided during a transitional phase following the introduction of statutory care insurance in Germany. Although the advent of care insurance gave ambulatory care services a firmer legal base and a uniform financial base, the new system brought scarcely any improvements at all in the domains of preliminary care and supplementary services for people receiving care. On the contrary, there are signs that the creation of a legal framework governing the provision of care is actually exposing the supplementary services to the risk of financial and strategic marginalisation.

Advice on care services, psychosocial assistance and also housing advice, which was initiated back in the early nineties by the Government of North Rhine/Westphalia as one of its planning priorities in the domain of support for the elderly, are essentially the fruits of initiatives taken by the regional government to make up deficits that existed in the provision of services for elderly people in need of care and assistance. The implementation and interconnection of these measures, however, depends on the individual communal structures for the support of elderly people and on the policy of the local authority on care of the elderly. In the city of Mönchengladbach, a municipality with some 270 000 inhabitants, assistance for the aged has been one of the priorities of municipal social policy for the past 25 years or so (on this point and on the rest of this section, cf. Classen *et al.*, 1997). One particularly telling indicator is the fact that, unlike most of the other communes and municipalities in North Rhine/Westphalia, for example, Mönchengladbach has a separate Senior Citizens' Welfare Department, which now covers all aspects of municipal welfare services for the aged and was therefore ahead of its time in developing an integrated network of diverse services and forms of assistance. Even before statutory care insurance was introduced, the municipality created the aforementioned quality-assurance agency and established a Municipal Care Conference as a forum at which the policies and activities of care providers, funding bodies, the local authority and user representatives could be coordinated.

The current administrative reform process, which involves the conversion of the Senior Citizens' Welfare Department into a service enterprise, has promoted the implementation of the provision model described in this section as well as being instrumental in shaping its development.

The establishment of the cooperative provision model was effected as follows:

Once the Care Act (North Rhine/Westphalia) had entered into force, the municipality reorganised the care advice bureau. The housing advice bureau, which had existed since 1991 and had previously been housed separately at the Municipal Housing Department, was integrated into the care advice bureau. This integrated care and housing advice bureau initially had four employees (2.1 established posts), and in the course of the first year its establishment was increased by one full-time post, which was filled by one person. Once the joint bureau had started its work, which was constantly monitored by the players represented in the Municipal Care Conference, the availability of support funding and the identification of a demand for psychosocial assistance for the elderly led to preliminary plans being drawn up for the creation of a network of district counselling centres which would provide elderly people with psychological and social support. The plans were drawn up in close collaboration with the welfare associations based in the districts in question.

The funding of advice on care services is governed by section 17 of the Care Act (North Rhine/Westphalia), which lays down that the commune or municipality is to be paid an annual grant by the social welfare funding authority at the next higher tier of government for each inhabitant aged 65 or over. The grant, which is currently set at DM 8, is to be used for the provision of advice on care services, for the organisation of care conferences and for the production of care plans. For the city of Mönchengladbach, which has about 45 000 inhabitants aged 65 or over, the support grant comes to approximately DM 360 000. Housing advice was originally refinanced exclusively within the framework of a pilot programme launched by the federal state. For the past two years it has been cofinanced by the care funds, the municipality and the federal state, each contributing one-third of the funding. The psychosocial support services and the cost of staffing them are financed by support grants from the federal state (50% of the total cost) and by municipal grants (40%). The rest of the funding requirement and the cost of materials are met by the various welfare associations whose employees run the support centres. The grants awarded for the psychosocial support centres are fixed-term grants and are subject to an annual decision of the awarding authority. To sum up, the bulk of the financial cover for the cooperative provision model comes from federal state support schemes and municipal co-financing. The total financial package for all services amounts to about DM 1.5 m. per annum.

The aim of the work of the advice bureau is to support the independence and self-reliance of elderly people in the city by giving advice, drawing up plans, inspecting facilities, promoting support measures and offering general services. The advice bureau is designed to provide quick expert advice as well as helping to consolidate the primacy of domiciliary care over institutional care, cutting through the jungle of entitlement criteria and making it easier for elderly people and their families to obtain the most appropriate support services themselves.

Constant support for elderly people in their efforts to cope with everyday life cannot, however, be provided by the care and housing advice bureau. Particularly in the case of people living alone without assistance from family or friends, advice may lead nowhere if it is not supported by the initiation of the necessary help. This situation was one of the reasons for the establishment of the district-based psychosocial support services in Mönchengladbach. The aim of the services is to assist and support old, infirm, disabled and sick people in or near the places in which they live. The support given to these people is intended to help them to cope with difficult circumstances and crises in their lives, thereby enabling them to continue controlling their own lives in their own homes for as long as possible.

The significance of the psychosocial support services is that they relieve some of the pressure on the ambulatory care services, which, because of their funding structures, only permit the administration of care to those whose need conforms to the narrower criteria laid down in the Care Insurance Act, and that they complement the work of the care and housing advice bureau. The psychosocial support services operate in accordance with the policy and remit of the Senior Citizens' Welfare Department (see below). The City of Mönchengladbach regards psychosocial support as an important component of the local welfare-provision structure and as a means of realising the quality ideal in welfare services for the elderly.

4.1.2 Quality of the service

Among the 'typical' users of the services described above are elderly people with the following types of personal problem:

- they need care or a great deal of support,
- many of them live alone, and
- they are burdened with additional personal problems, such as debts, divorce or the death of their partner.

The districts of the city have a wide social mix, and the services are provided in working-class areas with a considerable percentage of poorer elderly people as well as in middle-class areas whose inhabitants are in the higher income brackets. According to the interviewed staff, it is noticeable that far fewer enquiries are received from elderly people in the upper strata of society. The reason for this is presumed to be that these people have sufficient know-how, financial resources and channels of communication to organise essential support measures for themselves.

The user group is also characterised by a fairly wide age range. Another prominent feature is the high number of users – mostly women – who live alone.

The following table identifies some aspects of the social structure of the user groups in the two integrated services:¹³

Table 2:

	No of clients	% of women	% living alone	% in need of care ¹⁴	% aged 70+
Care and housing	595	70%	61%	40%	65%
Psychosocial care	521	73%	67%	39.5%	70%

Another typical user group comprises family members who either look after people in need of care or who are about to start providing care. The services delivered to the various user groups may be one-off assistance (e.g. providing information on services or material entitlements) or

¹³ The figures for the care and housing advice bureau relate to the whole of 1998, while the data for the psychosocial support centres only cover the second half of 1998, which is the first period for which uniform records were kept.

¹⁴ The criterion for this category is eligibility for care services under care-insurance legislation.

they may be provided continuously over a lengthy period of time (e.g. helping someone over a crisis). The user's initial visit often starts with a general question, and only in the course of the subsequent conversation does the real problem, such as excessive demands on the user's mental and/or physical capacity, come to light.

At the present time, the individual services are able to respond to all requests for advice and support, and there are no major bottlenecks or waiting lists. Although users may have to wait a few days for practical assistance, it is always given immediately in urgent cases. Users learn of the services either through the various specific provider agencies, particularly providers of ambulatory care services (primarily in the case of the psychosocial support services), or through information sources such as family members, neighbours, doctors or other people with whom they come into contact (primarily in the case of the care and housing advice bureau). In addition, highly intensive publicity campaigns are conducted, involving press reports, brochures, public events, open days, guided tours of facilities, etc., and it may be assumed that there is a high degree of public awareness of the services. The provision of services in or near all districts of the city also facilitates direct access by the user group. Initial contact is generally made by telephone, then appointments are made for home visits or further telephone counselling sessions.

The various services are linked and coordinated in a user-friendly manner by means of the following cooperative structures:

- the care and housing advice bureau is linked to the Municipal Care Conference through a working party,
- the psychosocial support services are linked to the advice bureau through two working parties,
- the psychosocial support services are linked to the care and household services of the various providers by virtue of their common membership of the organisation of health and welfare care centres.

The care-conference working party on the advice bureau serves to promote a two-way flow of information and coordination efforts, to provide a forum for the discussion of counselling outcomes and to support and develop the care and housing advice bureau. The working party meets at least twice a year. It receives and examines the annual reports of the advice bureau. The *ex officio* members of the working party are representatives of the providers of ambulatory and residential welfare services for the elderly in the municipality, representatives of the advisory residents' councils and self-help groups, representatives of the care funds and the health service, a representative of the association of panel doctors and the management of the advice bureau.

With a view to ensuring adequate provision of the advice and care required by the elderly citizens of Mönchengladbach and increasing the effectiveness of the work performed by the bureau and the support centres, the advice bureau has been linked to the psychosocial-support staff of the provider agencies through two working parties:

- Collaboration and coordination with the providers takes place in the framework of Working Party No 1 on Psychosocial Support, headed by the Care Conference Office of the Senior Citizens' Welfare Department. This working party is responsible for coordinating the provision of the various services, for producing or developing policy

guidelines for the provision of psychosocial support and for the relevant public-relations activities.

Strategy implementation and exchanges on practical work take place in Working Party No 2 on Psychosocial Support, headed by the care and housing advice bureau. At its regular meetings the working party determines the content of the work programme as well as serving as a forum for members to share the experiences of their organisations. In the framework of these meetings, a joint publicity brochure has been produced and a uniform system of documentation developed.

The psychosocial support offered by the various providers, for its part, is compulsorily linked to the care services, household services and other welfare services they provide. The basis of this linkage is the stipulation contained in the support guidelines of the federal state of North Rhine/Westphalia that individual social services are ineligible for public funding unless they are combined with other services to form a Health and Social Welfare Centre (*Gesundheits- und sozialpflegerisches Zentrum*). Such a centre must comprise at least three different services, which must include a care service and a household service. The optional third element in this case is psychosocial support. The joint body must have a single management team, and inter-service cooperation is obligatory.

The overall result of all this is a cooperation chain in which each link combines and coordinates all the components of a comprehensive system of nursing, welfare and domiciliary care for elderly people in the city. The employees of the advice bureau bring in the psychosocial support services whenever it seems appropriate, in order to ensure that the user is able to act on the advice he or she has received. The affiliation to provider agencies guarantees close contacts with the welfare centres which deliver the care services.

Quality-assurance measures relating to the care and housing advice bureau and to the psychosocial support centres are implemented in various different ways by the Senior Citizens' Welfare Department. On the one hand, targets and foreseeable tasks are set out in an annual plan, and weekly team discussions are held (see subsection 5.1.3 for details). The half-yearly review of target and task fulfilment serves as a control mechanism in so far as developments that have occurred and the background to such developments can be identified, analysed and evaluated.

In addition, from the very start the care and housing advice bureau has documented its counselling talks with clients on standard record sheets. One reason for this is that the written record gives staff a better opportunity to retrace the course of the counselling process in cases where several conversations have taken place. Another reason is that analysis of the collected data can allow inferences to be drawn regarding everyday advice requirements. These records are analysed twice a year. If the course of the counselling process so warrants - particularly in situations where there is uncertainty regarding the provision of household services - files are tagged to ensure that the client or a family member is contacted again after a certain length of time. These follow-ups serve several purposes: firstly, the adviser can verify whether the counselling is proving successful, whether and to what extent the suggested measures have been taken and whether the right advice was given; secondly, the adviser can identify any problems which the client has experienced in putting the advice into practice and which might affect the future provision of advice, such as any unwillingness on the part of care-insurance funds to pay for particular services; thirdly, new counselling requirements may have arisen,

and if clients have not approached the psychosocial support services themselves, the follow-up call may be the only means of bringing the new problem to light.

For the purpose of quality assurance and as a means of guaranteeing uniform standards of psychosocial support, the Senior Citizens' Welfare Department of the City of Mönchengladbach has also laid down policy guidelines. These guidelines lay down aims and responsibilities of welfare services for the elderly and enshrine the principles of liaison and cooperation with the other services. They also specify the types of service that are eligible for municipal support, as well as the nature and amount of such support, and require providers to guarantee a high quality of service. In order to ensure that the best possible use can be made of available resources and that welfare services can go on developing in a structured manner, the guidelines also cover the quantity and quality of social work performed by the psychosocial support services. The staff of these services are required to keep records of the work they have done and to make these records available to the care and housing advice bureau. It is then one of the responsibilities of the advice bureau to gather in the records from the various centres and to present a regular consolidated summary of these records for discussion by the working party on the advice bureau.

The documentation system of the psychosocial support service comprises a client's record of needs, containing particulars of the client's social background and the forms of assistance that the client is currently receiving, an intervention record, which lists measures taken and support services provided, and a care plan. The care plan records the client's specific problems and defines the assistance to be given with a view to solving each of the problems. On the basis of a review of target achievement and of the continuous monitoring process, improvements can be recorded and additional measures prescribed.

In addition to these measures of internal quality assurance, the municipality has also been trying for some time to forge ahead with quality control of care services offered by external providers. To this end, a quality-assurance unit was established in the Senior Citizens' Welfare Department in 1994; when the Care Insurance Act and the Care Act (North Rhine/Westphalia) entered into force, the unit was converted into a working party of the new Municipal Care Conference. The aim of the working party on quality assurance is to analyse the city's provision structures for care and rehabilitation services and to define care standards and formulate quality-assurance guidelines – primarily for ambulatory services – in cooperation with service providers, professional carers and funding bodies. The working party has 12 members, including representatives from ambulatory and residential care establishments, care-insurance funds, the Senior Citizens' Welfare Department and the health service. Its specific mission at the present time is to encourage establishments to create quality-assurance schemes as well as developing interinstitutional schemes of its own; such schemes can involve establishing quality circles, convening interdisciplinary case conferences and awarding a seal of quality.

As far as user participation is concerned, one particularly significant factor in the case of the care and housing advice bureau is the provision of independent advice; in other words, the bureau is not bound by the instructions or interests of a welfare association or similar organisations which offer care facilities and services themselves. Moreover, the advice is independent of the institutions by which such facilities and services are financed, namely the care-insurance funds, which means that the impartiality of the bureau is guaranteed. The disadvantage of this independence and impartiality for the client, however, is that specific institutions or services cannot be recommended or arranged. But the bureau is able to provide

enquirers with criteria that they can apply in selecting a facility or service. In addition, the bureau is currently working on a capacity-scanning system which would provide it with a list of the establishments that have vacancies.

In the psychosocial support services too, staff perform an important function as helpers and advocates. The services often look after people who have no family or whose spouse has recently died, leaving them with nobody who can perform certain important tasks for them. Although admission to a home is not strictly necessary, the client will often express such a wish in those circumstances. This desire is often rooted in anxieties and insecurity, in a fear of being all alone in any emergency and of being unable to cope with the demands of everyday life. Personal contact and a relationship of trust have to be established first before such people are ready to accept an offer of special housing for the elderly with home-help services. There are cases in which family members pressurise an elderly and infirm person to move into a residential institution without examining any alternatives. In such cases, the staff of the support services will defend the elderly person's rights.

In other cases, the elderly people who need care are unwilling to accept care that has been arranged for them by family members, perhaps because of family conflicts or because they cannot admit to being in need of care. In cases like these, the staff of the psychosocial support services also play an important role as mediators.

Then there are other cases in which clients are no longer able to express themselves sufficiently or have no powers of expression at all and in which cooperation with nursing staff in the welfare centres has served to uncover abuses such as neglect and acts of violence by family members, neighbours or other associates in whose care the clients have been placed. In response to these situations, staff of the psychosocial support services have taken action, such as petitioning the local court for a change in care or talking to family members about the pressures the latter were experiencing, provided they were prepared to discuss such matters, and informing them of ways in which some of the pressure could be relieved, such as discussion groups for primary carers and opportunities for short-term care and day care. In such cases, the psychosocial support services have not only performed an important function in protecting clients and/or easing the burden borne by clients' families but have also done a great deal to assist the nursing staff of the welfare centres. The latter generally do not have the time or the counselling experience to take appropriate action.

4.1.3 Quality of working conditions

In the care and housing advice bureau there are five employees with specialised qualifications, four of whom are women. Two of the specialised employees are trained social workers, one is a graduate in social education and two are trained in office management. In 1998 the original staff of four was increased to five with the appointment of an additional social worker. The main advisory activities on the care side are as follows:

- providing information on care-insurance benefits and grading criteria,
- assisting in the selection of a form of care that matches the client's specific situation,
- identifying other support options (relief from the pressures of everyday care provision, funding of support services), and
- providing information about open-access welfare services for the elderly and arranging the provision of such services.

Depending on the user's specific needs, advisory work can take very different forms; besides providing information once over the telephone in response to enquiries about care-insurance matters, an adviser will have more frequent contacts with other users, visiting their homes to discuss concrete care arrangements or to develop a care plan together. As well as providing direct advice to users, the advice bureau constructs appropriate service networks on a case-by-case basis. Depending on the problems facing the individual user, other services will be enlisted (the Public Health Department or the hospital social-work service, for example). One of the main areas of advisory activity involves dealing with enquiries from family members when an elderly person's health or faculties suffer acute deterioration.

The work of the housing advisers differs from the other advisory activities in that assistance is given throughout the entire period of the measure from the first request for advice, through the planning of the adjustments that need to be made to the accommodation and consideration of whether and how they can be financed, the provision of moral support to elderly clients throughout the whole operation, the negotiations with the care-insurance and health-insurance funds, with the social-welfare departments, property owners and other interested parties. In the domain of housing advice, several home visits and feverish activity over the telephone are generally necessary. Besides providing individual advice, the bureau also engages in specialised and institutional discussions that do not relate to its specific caseload and conducts public-relations campaigns.

The high degree of job satisfaction to which the employees of the advice bureau testify stems not only from the job security provided by permanent contracts and the remuneration of staff on the basis of collective agreements but also from the fact that their work is highly varied and stimulating and offers good incentives to employees to upgrade their qualifications. In addition, the employees emphasised the high degree of discretion they enjoyed, both in terms of their working hours and the discharge of their duties.

Weekly team meetings, at which the advisers' personal health and morale in their respective areas of activity are included in the discussion, help to structure the workload, enable staff to keep each other informed and help to ensure that the workload is rationally distributed. In the framework of an annual plan that is drawn up at the beginning of each calendar year, potential backlogs of work are identified, and long-term strategies are devised to respond to them. Times can also be set aside in the plan for special projects, such as the development of a public-relations policy. Staff are regularly given the opportunity to attend further-training sessions organised by the Senior Citizens' Welfare Department or external bodies on legal issues and on aspects of the content and methodology of counselling work, and the staff take these opportunities as and when they wish. In addition, necessary specialised literature can be procured at short notice, which is generally done at the suggestion of employees themselves.

The staff of the advice bureau have had quite flexible working hours from the outset. Various categories of post – full-time, part-time and two-thirds-time – coexist in the bureau. Reductions in working hours are agreed upon within the relevant unit and are absorbed by redistribution of work. This has happened in practice, for example in the case of a male employee whose working week was reduced by ten hours for family reasons. Despite the different form and content of work in the domains of care advice and housing advice, there is no strict division between the two. One full-time employee, for example, has half a post in both domains and organises his timetable in accordance with their respective needs.

The nine psychosocial support centres currently employ twelve social workers. As a rule, these are full-time posts, but in one centre the job is shared by two part-time staff, and in another by three. All posts in the decentralised psychosocial support centres are occupied by trained social workers or graduates in social education. One of the main reasons for this is that the support guidelines for North Rhine/Westphalia stipulate that facilities are only eligible for support if they are staffed by qualified specialists.

Some of the specialist employees have dual qualifications as nurses or geriatric nursing assistants. Since in some cases they previously performed other types of work with elderly people for individual providers, they generally have plenty of prior knowledge of work and service structures. Staff remuneration is based on collective agreements, but employees are on fixed-term contracts, because the municipality and the federal state provide their funding for a limited period, and grant applications have to be submitted at regular intervals.

In accordance with the agreed policy document, the work of the psychosocial support services comprises the provision of advice and support to senior citizens in need of care and assistance; this is done by means of home visits, surgery hours, telephone calls and contact time for the provision of personal care and support. This wide remit includes the following specific activities:

- arranging assistance in the form of home-help services, nursing care, sheltered or supported housing and other services,
- providing advice and assistance relating to financial matters and applications,
- providing psychosocial assistance in individual cases,
- initiating crisis-management measures and accompanying aid,
- establishing and encouraging social contacts, e.g. by introducing elderly people to open-access welfare services for the elderly, and
- assisting elderly people when they have to visit administrative offices, doctors' surgeries, etc.

Besides directly client-related contacts, the support services also work with clients' families – in discussion groups, for example – and their work also involves recruiting and attending to voluntary helpers, for instance by establishing a volunteer centre and by providing for the induction and continuous training of these helpers.

The psychosocial support services cooperate closely with the care and household services within the framework of the Health and Social Welfare Centre. In organisational terms, participation in staff meetings of the ambulatory care and home-help services gives rise to a two-way flow of information. On the one hand, this makes for more effective coordination between individual services and can yield a more complete picture of the supported client. On the other hand, it means that information about the network of family and/or neighbours providing assistance can be passed on and taken into account in the practical working situation. The fact that staff have been consulting each other and raising each other's awareness in this way has proved to be highly beneficial for both areas of activity and has considerably increased job satisfaction, since various people operating in different spheres have developed joint strategies which have improved clients' general situation or have at least staved off a crisis.

The staff of the psychosocial support centres work a five-day week and are on fixed-term full-time contracts. The centres are generally operated by one person; only two centres have job-

sharing arrangements, with one post divided between two employees in one case and three in the other.

The individual provider associations vary in the degree of flexibility they show in the allocation of staff duties and in the organisation of working hours, so that it is impossible to pass general judgement on this aspect of working conditions. It is evident, however, that it is fundamentally more difficult in a structure comprising units manned by one employee to undertake certain reductions in working hours, such as a ten-hour reduction in an employee's working week for family reasons, because it would be difficult to employ a replacement. One employee's request for a reduction in her working hours was turned down for that very reason.

Our interviewees considered that job satisfaction in the psychosocial support services was very high. This results on the one hand from the unquestionably high degree of freedom to make decisions and to manage one's time that is part and parcel of counselling work. The planning of contact time with clients is not subject to a rigidly structured timetable as is the case with care provision; appointments are made on a case-by-case basis in accordance with the clients' needs and are arranged at short notice with the user to suit his or her requirements. The duration of visits varies according to the advice required and the number of participants and can range from half an hour to two hours. One indicator of job satisfaction is the low staff turnover to date. Only three of the nine centres have had changes of staff, and these occurred for primarily private reasons.

The range of training sessions and the actual opportunities to attend them are regarded as adequate. At the current time, however, there is no counselling available to help employees to cope with psychological stress. This stress is most frequently caused by the often difficult personal situation in which clients find themselves, by conflicts with family members, and by confrontation with death and dying. Besides these factors, pressure is also generated by the job insecurity that results from the service being funded by means of fixed-term grants. Until the end of last year, for example, it was still unclear whether the work of the services could continue and whether the clients would continue to receive care.

Finally, if the domain of psychosocial support is compared with that of care advice in terms of the nature of the work performed there, differing aims and structures emerge: the former focuses more sharply on continuous assistance to individuals, with the emphasis on psychological and social support and, to a certain extent, on community work too, whereas the advisory work performed by the bureau under the Care Act (North Rhine/Westphalia) is more heavily concentrated on the goal of making supply structures more transparent for all users of care services and on the arrangement and coordination of support services. In this way the advisory and support services complement each other very effectively and cover a wide range of needs experienced by elderly people who are no longer fully independent. Exchanges between the two service domains are facilitated by the existing coordination structures and not least by the fact that almost all employees are equally well qualified.

Reference has already been made in the previous subsection to the linkage between the domain of psychosocial support and that of care and housing advice and to the consequent cooperation between the staff of these services, which have been brought about by the creation of policy guidelines, standardised documentation and a working party that brings all the staff together on a regular basis. In addition, smaller working parties are also set up to coordinate activities in particular areas, such as public relations or common documentation

systems. In addition, there are numerous informal exchanges between individual employees in the form of case discussions when clients are passed on from one service to another in specific instances. In addition to these referrals, some clients also receive joint assistance from the care and housing advice bureau and one of the psychosocial support centres. This usually comes about when elderly people receive advice on housing at the same time as they are using the psychosocial support service.

As far as working conditions are concerned, it may be said in conclusion that teamwork plays a more important role in the central advice bureau, whereas individual work is the order of the day in the psychosocial support centres. Moreover, the staff of the latter are on fixed-term contracts. Nevertheless, job satisfaction may be considered high in both domains. Among the reasons for this are the considerable decision-making powers and self-motivation of employees as well as the opportunity to engage in exchanges on specialised matters in the framework of team discussions and working parties.

4.1.4 Users', employees' and providers' perceptions and relations between these players

The strength of the cooperative model in Mönchengladbach lies in the linkage between social services provided by different organisations, which makes it possible to combine advisory, social-welfare and ultimately care services for the benefit of elderly users who need care and assistance.

The users are often not even directly aware of this linkage, nor do they necessarily distinguish between individual services. In fact, the linking of support services is undertaken at a very personal level, for example when employees of the housing advice service approach an employee of the psychosocial support services and he agrees to provide additional assistance, or when a member of the nursing staff at the welfare centre can offer additional help in the realm of social welfare by involving one of the psychosocial support centres. The fact that care, housing and psychosocial support matters can be addressed without the need for referrals to other services, departments or public authorities means that users perceive the various forms of assistance as being provided by a single comprehensive service.

From the users' point of view, the interconnection of services not only guarantees the smooth parallel provision of various services at the same time, for instance when a user has several concurrent needs, such as care, housing, etc., but also demonstrates its effectiveness in the case of successive requirements, for example if, after the first request for housing advice has been made, a need for psychosocial support emerges; the housing adviser who was the client's first contact can meet this new need by offering appropriate services and personally arranging the provision of the requisite service. Emphasis should also be placed on the decentralised, locally focused work of the district support centres, which not only introduces potential users of the service to the social worker as a contact in their own part of the city but also enables the social worker to identify with his or her own district and to tap into its welfare resources (amenities, neighbourly assistance, etc.).

All in all, the integration of these services gives users a better grasp of the welfare structure in situations in which infirmity or a personal crisis following the death of a partner or the onset of illness forces them to rely on outside help. At the start of the support process, feelings of helplessness and resignation often prevail, but these can be reduced by the establishment of a personal relationship of trust on the one hand and by the provision of information on the diverse services that are available and the arrangement or the actual provision of help on the other. Many people seeking advice, particularly those who live alone and have no family ties,

keep coming back with new requests in this sort of situation. They want sustained regular contact with the staff of the psychosocial support services, even after their immediate problems have been resolved. They find it important to have an emergency contact who will help them to put their personal affairs in order.

In this respect the staff are confronted with the task of establishing a stable network or stable support structures which will ultimately reduce clients' dependence until they rely on a single contact or become entirely self-reliant. This can be fostered by measures such as accompanying the client to places where elderly people meet, encouraging the client to engage in motivating leisure activities and introducing the client to voluntary helpers who can serve as their contact. Experience in the field has revealed an unexpectedly high percentage of people living alone who need care and who receive no support at all from family, friends or neighbours in their efforts to cope with everyday life.

The outreach nature of their work, however, means that staff are more starkly confronted with the living conditions and manifold needs of elderly clients. This imposes heavier professional demands on employees, for example in terms of knowledge about welfare legislation. It also requires greater psychological and social skills in order to maintain the appropriate balance between closeness and distance in relation to the client and to deal with the difficult and stressful circumstances in which clients often live. Both staff and service users regard the triangular relationship between the social service, the client and the client's family as a particular problem. This problem, which is also observable in other fields of activity, relates to the fact that each of the three has different interests and different notions of what constitutes appropriate treatment and may be compounded by strained relationships between clients and their families. In the work context, particular sensitivity and professionalism must be exercised if the care service is to satisfy these diverse needs.

The staff of the various services set great store by their capacity to provide mutual support and to lighten each other's burdens. Our interviewees considered that exchanges between colleagues were very fruitful and took place in a spirit of mutual trust. Competitive attitudes and status-seeking did not feature in their remarks.

When operations first began, staff gatherings were largely marked by efforts to establish mutual trust and to develop cooperative structures. Thereafter, the emphasis shifted to concrete coordination of advisory activities and practical teamwork. According to the staff, the combination of various responsibilities into one provision model has been of great assistance to them in their advisory work. This work, they said, had been further facilitated by the sustained efforts of the municipal council to foster cooperation and networking.

The linkage structures were judged to be very good by all respondents. The various working parties make it possible both to involve the higher authority, i.e. the municipal funding body, and to ensure that staff on the ground can discharge their crucial responsibility to share experience and exchange information as well as to coordinate their actions in individual cases. The staff also passed largely favourable judgement on the external links that had been established beyond the confines of the cooperative network. For example, close cooperative relations had been developed with the hospital welfare service, the Public Health Department, meeting places for the elderly and other institutions. However, other cooperative links, in particular with the medical profession, were still proving very difficult to forge in some cases. Care advice is organised independently of particular providers, as we mentioned above, and the municipality and service staff attach great importance to the impartiality of this assistance.

Initially, however, the locally based welfare associations were highly critical of the bureau's independence and harboured doubts as to whether it was genuinely independent. There were fears that specific providers might receive preferential treatment because they had better connections with the Senior Citizens' Welfare Department. Telephone calls were made to check that no bias was being shown in the arrangement or recommendation of services. However, in the course of the bureau's activities and as the psychosocial support services were planned, with the involvement from an early stage of the locally based welfare associations and the subsequent delegation to them of responsibility for the services, most of this initial distrust evaporated.

4.1.5 Conclusions, scope for further development and transferability

The starting point for the creation by the local authority of the cooperative provision model described above was the necessity, born of the introduction of statutory care insurance, to create transparency within the burgeoning care market and to compensate for the absence or reduction of complementary or preparatory services designed to preserve the independence of elderly people in need of assistance and care. Besides the legal framework provided by the federal state and funding sources, the efforts of the local authority were the key factor in the creation of the advisory and service structure outlined above.

The connection to the Municipal Care Conference, the coordination activity of the various working parties and not least the practical cooperation with the psychosocial support services testify to a high-quality interconnected provision structure which is in tune with the diverse needs of infirm and dependent elderly people.

The supply structure for care services has been made transparent, and specific measures of assistance and support can be organised and implemented by the new system. In this context, both the independence of the central advice bureau and the district-based integration of the psychosocial support services into individual locally based provider associations have proved their worth. The accessibility offered by this geographical confinement to districts of the city has benefited all parties and affords an opportunity to further intensify localised cooperation between the participating services, open-access services for the elderly and self-help initiatives in the future. At the same time, advisory services can be still further improved by the planned introduction of a computer-based information system. With this system, a capacity scan of all establishments and services in the city can be carried out to obtain an updated summary of available care provision. Such a system has already been successfully piloted in some other municipalities in North Rhine/Westphalia.

Quality assurance is primarily carried out by means of institutionalised cooperation structures with a high degree of enforceability and comprehensive documentation and discussion of practical work and its results. In addition, *post hoc* evaluation of the advisory service delivered to the client provides a further specific check on client satisfaction and on the outcome of the advisory activity. Besides this internal quality assurance, an external system of quality assurance, which focuses on the care services in the municipality and whose organisers are cooperating with the providers of those services to develop new quality-assurance measures, is reinforcing the effects of the internal system on service quality. These elements of quality assurance contribute to the constant development of the range of services and, thanks to their dialogue-orientated structure, are particularly well equipped to meet the demands of the cooperative provision model.

The establishment and/or integration of the individual services has also helped to create jobs for trained people in the provision of advisory services. Their working conditions are influenced by their occupational background, the financial circumstances of the provider organisation that employs them and the work structures resulting from the cooperative linkage between the various services. The well-organised cooperation in the form of working parties which meet regularly, team discussions and liaison in individual cases at various levels (with providers, staff or cooperating services), along with the involvement of employees in the development and practical implementation of the provision model, contributes greatly to employees' job satisfaction. The integration of the services directly affects working conditions in so far as the comprehensive range of advisory and care services means that staff are able to complement and support each other's efforts on the ground. Criticism must, however, be levelled at the fixed-term contracts in the psychosocial support services, which jeopardise the clients' long-term care and may eventually have adverse effects on employees' motivation. Similarly, the fact that most of the support centres are operated by one person means that the staff of the psychosocial support services have fewer opportunities to harmonise their working hours with family commitments than is the case in the care and housing advice bureau.

The provision model is generally transferable, but in particular cases its transferability would depend on the dominant cooperation and supply structures within each locality. Depending on the existing supply structures and networks that could be tapped into by other municipalities and communes, the transfer of the model could be facilitated or delayed. In Mönchengladbach, for example, the dispersal of the psychosocial support services to the various districts was made easier by the fact that the offices of the welfare associations are conveniently distributed around the city. Established cooperative relationships in the framework of the Care Conference, which had already been in existence for some time, and of the Quality Assurance Unit were turned to advantage in Mönchengladbach, whereas in some other municipalities these structures would first have to be established or are less active. Last but not least, the fact that the municipal social services for the elderly had already been integrated into the Senior Citizens' Welfare Department for some considerable time was highly conducive to the establishment of the provision model.

The development of care and housing advice services is also quite far advanced in other municipalities in North Rhine/Westphalia. These initiatives are largely concentrated into this one federal state because of the legal framework that has been created there. The integration of care advice into the impartial municipal funding structure is taking place in a similar way in 43 out of 54 municipalities in North Rhine/Westphalia. In addition, about 40 housing advice bureaux also exist, supported by the local authority or by an independent non-profit provider. At the present time, however, very few of these have been directly amalgamated with the care advice bureaux and systematically linked with other care services by the local authority.

The establishment of the provision model also presupposes fundamental willingness on the part of the local authority to play an active role in the establishment of linkage structures and, more especially, to contribute financially to welfare measures for those members of the elderly population who need care and assistance. In the majority of municipalities in North Rhine/Westphalia, however, it is noticeable that the local authorities are tending to withdraw their support for complementary and preparatory services connected with the provision of care, despite the incentives offered by the North/Rhine Westphalian Government. This confirms some fears that the provisions of Book XI of the Social Code would be used by the

municipalities, with their increasingly tight budgets, as a pretext for withdrawing from the domain of voluntary contribution (see also subsection 1.3.1 above).

4.2 The Salzgitter RAN-JOB-BET Integrated Youth Welfare System – a model for the vocational and social integration of unemployed young people ¹⁵

4.2.1 Introduction

The Integrated Youth Welfare System (*Verbundsystem Jugendsozialarbeit*) in Salzgitter was selected as a case study for the domain of youth unemployment because it is an initiative that was designed to meet, in exemplary fashion, the needs of young disadvantaged unemployed persons in terms of

- jobs and training,
- the acquisition of basic occupational skills and/or
- housing.

Accordingly, the integrated system comprises three individual projects:

- *RAN*: Regional employment agency for the vocational integration of young people in Lower Saxony,
- *JOB*: Youth workshop for young people without a trade or profession, and
- *BET*: Support and advice centre for the integration of homeless young people.

The legal basis for the initiation of the three projects and for the Integrated Youth Welfare System is section 13 of Book VIII of the Social Code (Child and Juvenile Welfare Act). Under the terms of that section, juveniles and young adults who are heavily dependent on assistance in order to compensate for social disadvantages or to overcome personal impairments are to be offered assistance with their social education from the youth-welfare budget; the assistance is to be used to promote their school education, their absorption into the labour force and their social integration. The RAN-JOB-BET integrated system is surely unique in the way in which it pursues this aim.

The projects, which are closely intertwined in terms of subject matter and organisation, offer young people in Salzgitter a comprehensive and individually customised range of support services, from social outreach services, advisory support and care to assistance in the transition to training and employment and subsequent monitoring. For the future, the implementation of more regional and federal programmes for the reduction of youth unemployment is planned. For example, as part of the Federal Government's emergency programme, application has been made for the establishment of more posts under Article 11 on outreach work and social assistance. Likewise, the programme of the federal state of Lower Saxony on regional employment and training opportunities for the future of unemployed young people is to be incorporated into the Integrated Youth Welfare System.

The Integrated Youth Welfare System is professionally and administratively accountable to the Municipal Employment Promotion Directorate of the Social Welfare Office (*Sozialamt*) in the city of Salzgitter. It is financed from the municipal budget, by the federal state of Lower

¹⁵ The information contained in this subsection is based on the analysis of reports and statistics, on interviews with five employees and on a group interview with clients of the integrated system. An employee of the Youth Welfare Association of Lower Saxony was also interviewed.

Saxony and the EU employment initiative Youthstart (see table below). In the 1998 financial year a total amount of DM 876 861 was available for the Integrated Youth Welfare Service – DM 349 620 for the RAN project and a combined total of DM 527 241 for JOB and BET.

Table 3: *Income and expenditure for the Salzgitter Integrated Youth Welfare System, 1998 (in DM)*

RAN

	Incom		Expenditure
Federal state grants	173 235	Staff costs	197 653
European Social Fund grants	176 385	Indirect expenditure	125 967
Total	349 620	Integration support	26 000
		Total	349 620

JOB and BET

	Income		Expenditure
Municipal funds	13 098	Staff costs	332 382
Federal state grants	90 000	Material expenditure	65 490
European Social Fund grants	424 143	Consumables	57 694
Total	527 241	Indirect expenditure	71 675
		Total	527 241

In the following presentation, we shall begin by examining in greater detail the respective aims of RAN, JOB and BET, the clientele to which each is addressed and the strategies that are pursued in pursuit of the project aims.

Regional employment agency for the vocational integration of young people in Lower Saxony (RAN):

For the past ten years, the Government of Lower Saxony has been particularly active in pursuit of the goal enshrined in its youth and education policies of steering *all* young people, as far as possible, towards a course of vocational training leading to a universally recognised qualification and/or towards permanent employment. In order to achieve this goal, the Ministry of Education and Cultural Affairs of Lower Saxony developed RAN as a pilot project from 1989 to 1992. On the basis of this experience, the federal state then supported the *Youthstart through RAN* programme. The tasks of this regional employment agency for the vocational integration of young people in Lower Saxony can be described in very general terms as follows: outreach, advice, help, initial job coaching and follow-up support.

Trained experts counsel young people who are difficult to place in employment, lead them towards skilled employment and act as job coaches once they find work. The task of the staff is to support young people at every stage of their vocational integration. Part of the work of RAN is to develop new political strategies which are designed primarily to open the door to employment for young people with no job prospects. The project also seeks to achieve effective changes in the local and regional labour markets for young people by promoting a flexible and coordinated approach by all parties.

There are now a total of 19 RAN offices in various towns and cities of Lower Saxony; these offices are administered by the Youth Welfare Association of Lower Saxony (*Landesarbeitsgemeinschaft der Jugendsozialarbeit in Niedersachsen*). The RAN office in Salzgitter, an industrial city of about 120 000 inhabitants in the south-east of Lower Saxony, was established in March 1990. Large industrial companies are located in Salzgitter, operating in the domains of steel production and processing and the manufacture of electrical goods. This means that the range of jobs on offer is fairly narrow, and crises in the steel industry directly affect the whole employment situation in the city, especially since there are too few small and medium-sized businesses to absorb job losses. The unemployment rate in Salzgitter is higher than the average for the federal state of Lower Saxony, and this is reflected in the youth unemployment figures too. In the area covered by the Brunswick Labour Office, which includes Salzgitter, 10% of all registered unemployed people are under the age of 25.

The basic principle of RAN is that assistance is to be given to young people in Salzgitter, as in other towns and cities, who are under the age of 20 and are unemployed and/or have been experiencing difficulty in finding their first job. The aim of the 'outreach' approach, i.e. visiting places where young people like to gather, is to seek out and speak to unemployed young people who cannot be reached through the institutions of school and the job centre. Besides the principal purpose of arranging vocational training for young people and/or integrating them into the labour force, RAN Salzgitter also seeks to promote their social integration. The follow-up support also ensures that the young people continue to be assisted when they have established a foothold in the labour market. The individual wishes and needs of young people are always at the heart of the work of RAN; in other words, the project operates on a case-by-case basis with a view to identifying the specific support that is required.

In order to be able to arrange jobs or places on vocational-training courses for young people and in order to improve the employment situation in the long term, RAN must try to improve the quality of the range of measures that is offered locally and to supplement it by means of additional sets of measures (bottom-up approach). This is one of the chief aims of RAN.

Youth workshop for young people without a trade or profession (JOB):

One of two accompanying measures to support the work of RAN was the establishment of a youth workshop in the Calbecht district of Salzgitter in 1991. This youth workshop is intended to prepare young people for training and employment by imparting basic painting and carpentry skills and by means of trade training leading to the attainment of key vocational qualifications. Employment in the youth workshop, however, is not open to all unemployed young people. It was especially conceived for clients of RAN who have been unemployed for some considerable time *and* are receiving income support. In order to make these young adults independent of income support, they receive a monthly remuneration of about DM 1500 to DM 1800. The package of measures offered by the youth workshop comprises the following elements:

- individualised youth-welfare work,
- joint development of an individual support plan,
- teaching of social and technical skills,
- instruction by specialist tradesmen,
- arrangement of work-experience sessions in regional trade businesses,
- job-application training,

- learning by doing,
- fixed-term employment contracts with the city of Salzgitter, and
- group activities to let young people experience different ways of organising their leisure time.

The measures of individualised assistance involve the setting of targets to be aimed at in the short, medium and long term. Since the aim is to stabilise the general situation of the clients, which is often marked by wide-ranging problems, these measures relate not only to vocational development but also to housing and the clients' financial position. In many cases, for example, it is necessary to sort out problems with landlords or to take action to reduce a client's debts. The intention is to give clients professional support to encourage them to act on their own initiative, to help them to help themselves, for example by making good use of available services such as debt counselling. Another example of this holistic, integrative approach is the psychosocial objective of developing clients' social behaviour through measures such as the joint planning and realisation of group-based leisure activities.

Support and advice centre for the integration of homeless young people (BET):

Another project under the integrated system is the housing advice service for young people, the aim of which is to enable disadvantaged young people to find a home. The service is designed for people aged 18 to 25 who are homeless or whose personal development and social integration would suffer if they continued to live with their families. The housing advice service not only helps clients to find accommodation but also offers them the opportunity to move into one of the two accommodation complexes maintained by the support and advice centre itself. The housing available in the youth accommodation complexes is designed for young adults who are not yet able to lead independent lives but who do not require round-the-clock attention. To be eligible for accommodation, however, a young person must have at least a minimum level of ability to interact in a group and to adapt to other people and new situations and must be reliable and willing to engage in measures of educational and vocational integration.

4.2.2 Quality of the service

The clients of the Salzgitter Integrated Youth Welfare System, who mainly seek advice and assistance on the recommendation of their local job centre or of family members and friends, normally include people from the following categories:

- young people who are personally impaired or socially disadvantaged,
- young people who leave school without any educational qualifications, especially those who have not obtained a junior secondary school leaving certificate (*Hauptschulabschluss*),
- juveniles and young adults of foreign nationality, and
- young ethnic Germans whose families have moved from Eastern Europe to Germany or from East Germany to West Germany.

The following information is available about the young people who receive support in the framework of the individual Integrated Youth Welfare System projects RAN, JOB and BET:

RAN: Of the 183 people who were assisted by RAN in 1998, 63 were women and 121 were men (equivalent to 34% and 66% respectively). A breakdown by nationality shows that 139 of the young people were German nationals – including 19 who had moved from Eastern

Europe or East Germany – while 44 were foreign nationals. As might be expected, the majority of clients were living in their families of origin at the start of the support period, had few school qualifications and were affected by unemployment. In 1998, places were found for a total of 100 people – a placement rate of 54.8% - on various schemes, mainly in-plant or external training schemes (see also the table below).

JOB: In 1998, a total of 30 young people – five young women and 25 young men – were employed in the youth workshop; these were RAN clients too. A total of eleven clients underwent a three-month period of work experience, after which they were awarded a one-year contract by the City of Salzgitter. The young people spent an average of about six months in the youth workshop. Of the ten clients who left the workshop in 1998, four began a training or retraining course, two obtained employment and three were unemployed after leaving. What became of the tenth client is not known. Just as important as placement on a training course or in a job, however, is the fact that many young people are also able to improve their psychosocial abilities, such as concentration, resilience and social skills.

BET: The young people's housing advice centre assisted 65 people in 1998 – 34 young men and 31 young women. Among this number were seven young foreign nationals. Twenty-two clients received advisory interviews, while in 43 cases intensive individual assistance, including long-term support and aftercare, was required. Thirty young people were fixed up with flats of their own, while another six young people were able to move into the two accommodation complexes.

The following table provides a summary of the present whereabouts of all RAN clients who were assisted in 1998. It also reveals that work or training courses could not be found immediately for 30 young people and that no suitable scheme could be found for seven others; in other words, supply did not match demand. This situation not only occurs in the RAN vocational-integration project but also affects *JOB* and *BET*, the capacities of which are drained by the huge support input that many clients need. It also emerges that some clients, chiefly because of their limited powers of cognition, are unable to undertake a training course or take up employment. It should be mentioned in this context that occupations for which no school qualifications are needed and/or which require little cognitive capacity are increasingly rare. In other words, RAN cannot give all young people the assistance they seek.

Table 4: *Present whereabouts of clients assisted by the Integrated Youth Welfare System in 1998*

Whereabouts	n =
In-plant training for a specific occupation	30
External training	15
School or college training	2
Technical college	12
Work-preparation scheme	14
Employment	8
Job-creation schemes under s. 19 of the Federal Social Welfare Act	19
Medical/therapeutic care	3
Pregnancy/child-rearing	5
National service or alternative civilian service	4
Still waiting for a scheme to begin	30
No suitable schemes available	7
No vocational schemes possible because of client's problems	10
Young offenders' institution	2
Back at school	1
Other	6
Whereabouts unknown	14

Little information is available on client satisfaction at the present time, although the Youth Welfare Association of Lower Saxony has plans for a client survey at some future date. However, a group discussion with clients employed in the youth workshop clearly indicated that the assistance provided by the integrated system satisfied most of their needs. It was emphasised, however, that the staff of the JOB workshop did not always have enough time for personal conversations or to provide intensive instruction. The desire for more collective leisure activities was also expressed. The experiences of the RAN, JOB and BET staff also suggest that the vast majority of the young people are content with their respective services. Client participation – albeit limited – takes two forms: the young people in the workshop have the opportunity to express their wishes and needs at regular organised meetings or else to enter them in a complaints book.

In order to master the many different tasks connected with the vocational and social integration of young people, RAN, JOB and BET cooperate closely with all relevant institutions, such as the Youth Welfare Department, the Social Welfare Office, schools and colleges, the Labour Office, businesses, families and other advice bureaux. These cooperative links were commended by all the employees, who laid special emphasis on their close contacts with the Labour Office, the Social Welfare Office and the Youth Welfare Department. With regard to the last two authorities, the staff felt that the Integrated Youth Welfare System benefited from its organisational attachment to the local authority. They also made the point that close cooperation has to be nurtured and that with businesses in particular, continuous personal contact seemed to be indispensable.

The Salzgitter Integrated Youth Welfare System practises quality assurance by holding a weekly staff meeting with everyone involved in the RAN, JOB and BET projects. There is also an annual assessment by the Youth Welfare Association of Lower Saxony, the results of

which are issued in the form of a report. The report not only contains basic data on the types and volume of client care but also focuses on an appraisal of the achievement of targets and the performance of tasks. In addition, meetings of staff from all the RAN offices in Lower Saxony take place several times a year. On these occasions major client-related and job-related problems and possible solutions can be discussed.

4.2.3 Quality of working conditions

Eight employees, three of whom are women, currently work in the Salzgitter Integrated Youth Welfare System. Four are graduates in social education, three are tradesmen, and one is an administrative employee. Whereas the RAN project was launched in 1990 with three employees, another five posts were added over the next two years: four in the JOB youth workshop and one in the BET housing support and advice centre. The purpose of the following paragraphs is to present the projects of the integrated RAN/JOB/BET system in terms of key occupational characteristics of their staff as well as in terms of areas of activity and working conditions.

Advising and assisting young unemployed people in the RAN project is the task of two graduates in social education, who have permanent contracts and are employed full-time – one woman, who also functions as head of the integrated system and is paid on scale IVa of the federal pay scale for public employees (BAT), and one man, who is on scale IVb. An administrative employee is also employed on the RAN project; her task is to perform all secretarial work arising in connection with the Integrated Youth Welfare System.

These two social educators, who, prior to joining the RAN project, had several years' experience in the field of youth work, are primarily responsible for advising individual clients then drawing up an individual support plan and initiating measures to integrate these young clients into training or employment. Another important task of the social educators is to put clients in touch with other support organisations, such as debt-counselling agencies, wherever necessary, and/or to accompany them when they visit such organisations. Finally, public relations, in which the establishment and maintenance of contacts with businesses and schools play a major part, as well as administrative duties are also part of the daily routine of the graduates in social education. It should be mentioned in this context, however, that the balance between educational and administrative/organisational duties differs from one social educator to the other. While the head of the team is primarily occupied with the latter (e.g. compiling statistics, making applications and writing reports), her male colleague is able to spend more of his time advising and assisting clients. Nevertheless, his administrative workload is constantly increasing too.

Although both employees regard this as an unwelcome development and would like to have more time for work with their clients, general job satisfaction is considered to be high. One reason given for this is job security, i.e. if RAN were to lose its funding, both of the social educators would be entitled to alternative employment in the city administration. The varied work, the relatively high degree of discretion in the scheduling of tasks and good relations with superiors and colleagues are other important factors that promote job satisfaction. As far as working hours are concerned, the employees were perfectly satisfied with the flexibility permitted by the City of Salzgitter. For example, the staff of the integrated system, after consulting each other, were able to plan their own leave and to vary the beginning and end of their working day, provided they were present during the core time. The staff also voiced their approval of the opportunity to reduce their working hours or to switch from full-time to part-time work to enable them, for example, to reconcile their family and professional

commitments more effectively. The employees did, however, criticise the following aspects of their working conditions:

- The employees do not receive the pay their work merits and would welcome a higher salary.
- The red tape that has always accompanied the care of clients should be reduced and lengthy official procedures shortened. Above all, this would directly benefit clients.
- Staff would like the project offices to be better equipped with computer technology.

The weekly staff meetings give employees of the integrated system an opportunity to discuss professional matters with their colleagues. In addition, these meetings can also serve as a forum for the discussion of particular cases and of difficulties and problems, whether in dealings with clients or with cooperating agencies. 'Crisis meetings' are also held as and when necessary. So that RAN employees can improve their professional and technical skills, they are given opportunities to attend internal and external further-training sessions. The two employees regularly take these opportunities, as indeed the local authority encourages them to do. Generally speaking, the social educators employed by RAN do not feel themselves to be overburdened. There are certainly times when a particularly large number of clients seek advice – at the end of the school year, for example. However, the aforementioned scope for staff to organise their own workload and timetable enables them to prevent logjams which would also be detrimental to clients.

BET: A graduate in social education is responsible for the provision of housing advice; she has a permanent contract, works full-time and is paid in accordance with BAT IVb. To enable her to solve her clients' accommodation problems, she has been given a remit that covers advisory interviews with clients as well as the development and initiation of housing-related measures (e.g. obtaining help to find suitable housing for a client). In addition, she is the main contact for young people living in the accommodation complex.

Apart from her pay, which she also considers to be lower than her job merits, the social educator views her working conditions favourably and regards her job satisfaction as high. She highlights the free and independent planning of tasks and schedules and her close cooperation with other employees of the integrated system as particular plus points. She is also completely satisfied with the flexibility of her working hours and her opportunities to further her vocational training.

It has to be said, however, that this employee of the integrated system also feels that the performance of administrative tasks reduces the amount of time that is available for her educational work. Like the RAN employees, she believes that the opportunity to reorganise or 'rationalise' her workload independently prevents her from becoming overburdened. Nevertheless, she does sometimes feel that there is not enough time to look after her clients.

She sees the physical distance between the BET office and the accommodation complex for young people with acute housing problems as a source of difficulty. It complicates not only her own outreach work – she has to travel 7½ miles to visit the complex – but also the use of support services by the clients who are housed there. As far as clients are concerned, she believes it is essential to ensure that one can step back from them and their problems. For one thing, it is impossible to satisfy all their support needs, such as the solution of relationship problems. For another, helping clients to help themselves, in other words fostering their independence, must be kept at the forefront of their social education wherever possible.

Stepping back without simply shrugging off clients' wishes and needs requires a great deal of experience and reflection on one's professional role, but it will ultimately enhance one's job satisfaction. The BET employee suggested the following ways in which working conditions could be improved:

- building several small accommodation blocks near the housing support and advice centre, since this would solve the aforementioned accessibility problem; it would also serve to overcome at least some of the difficulties that arise now and then as a result of the fact that some very dissimilar clients are occasionally housed together in the accommodation complex;
- recruiting an additional employee, whose main task would be the aftercare of those clients who have moved out of the accommodation complex into flats of their own; these young people generally need intensive aftercare, which it has only been possible to provide to a limited extent.

JOB: The current staff of the youth workshop comprise a graduate in social education (he has a permanent contract, works full-time and is paid in accordance with BAT IVb) and three trade trainers (one journeyman painter, one journeyman carpenter and one master roofer). The three tradesmen are all on permanent contracts, work full-time and are paid in accordance with the general federal agreement on minimum pay scales for blue-collar workers in communal administrations and enterprises (BMT-G). While the work of the tradesmen involves imparting basic trade and occupational skills to young people in accordance with sound educational principles, the duties of the social educator are certainly far more variegated. He is not only responsible for the psychosocial counselling and support of individual clients who are employed in the workshop and for the group as a whole; his remit also includes all administrative tasks relating to the workshop, such as recording information in the clients' files and purchasing materials for the workshop. This social educator also provides private tuition for workshop clients on request.

The staff provided us with the following information on working conditions and job satisfaction in the workshop. In the following paragraphs we shall distinguish between the comments of the trade trainers and the social educator.

The staff of the youth workshop who are responsible for teaching trade skills consider their workload to be heavy. The main reason they give for this is the heterogeneity of the clientele in terms of motor skills and intellectual capacity. These wide disparities in ability levels often mean that individual clients have to receive constant instruction, which is not feasible with the present number of staff. Moreover, the trainers find their 'watchdog role' tiresome, i.e. the fact that many of the young people have to be regularly motivated to continue with the work they have been doing and/or to adhere to their working hours. The consequence of this is that many other duties which arise, such as the planning and organisation of handicraft projects, often have to be performed 'on the side'. They also believe that the premises and technical equipment could be improved. At the present time, it is often necessary to improvise for want of the proper equipment, and this is time-consuming and detrimental to the clients. In this context they also criticised the rigid management of the budget, which allows no flexibility for funds to be switched from one budget item to another if necessary.

Despite the stresses listed above, the trade trainers emphasise that they enjoy working in the youth workshop. No problems have been encountered as far as cooperation and communication with colleagues and superiors are concerned, although the instructors would

welcome a greater understanding of the nature of their work and of the particular pressures they face. They are satisfied with the scope offered by the flexitime arrangements and with the opportunities for further training. However, they too regard their pay as insufficient.

The social educator employed in the youth workshop also considers his workload to be decidedly heavy. He referred to a chronic shortage of time, which stems primarily from the increase in administrative duties. He believes that it leaves too little time for the provision of comprehensive and individualised support for clients, a situation he finds highly unsatisfactory. He also criticised the physical separation of the RAN and BET premises. It delays communication and rapid informal exchanges and makes it more difficult for BET staff to 'commandeer' the services of the administrative employee. With regard to other important aspects of working conditions such as working hours, opportunities for further training and cooperation with individuals and organisations based outside the workshop, the social educator has no complaints or additional wishes. The staff of JOB suggest the following measures to improve their work situation:

- recruitment of another trade trainer and of an administrative employee who would be assigned to JOB;
- reduction of the administrative workload and restriction of the flow of information to the necessary minimum;
- elimination of the shortcomings in terms of premises and equipment with the aid of better and long-term funding;
- provision of a broader range of vocational training for young unemployed people so as to take account of the heterogeneity of the clientele.

To sum up, it is clear that the quality of working conditions in the Integrated Youth Welfare System is assessed differently by the staff of the RAN, BET and JOB projects, depending on their area of activity. Although all three projects are interwoven in terms of organisation and content and thereby cover many of the needs of unemployed young people – a fact that is regarded as beneficial and satisfactory by all concerned, i.e. staff and clients – those employees who are more or less constantly confronted with clients during their working hours – and this applies particularly to the staff of the JOB workshop – are subject on the whole to greater stress levels than their colleagues, who, by arranging their timetables accordingly, can gain some breathing space. Furthermore, those who have sole responsibility for a specific area and who therefore work without other staff appear to miss exchanges with 'like-minded' people. Other factors that reduce job satisfaction are fixed-term contracts and the belief among staff that they are underpaid for the work they perform.

Nevertheless, all staff of the Integrated Youth Welfare System enjoy their work most of the time. Not least among the reasons for this are the feeling of being integrated into a team and yet being relatively free to organise one's own work plan and timetable.

4.2.5 Conclusions, scope for further development and transferability

Combating unemployment is an aim that must take priority in the social policies of both the Federal Republic of Germany and other European countries. Particular attention must be paid, in the pursuit of that aim, to those young people whose situation is not only the result of a lack of training and employment but who are also underprivileged in other respects. The young people in this group have the bleakest prospects of social integration unless they are offered professional help.

Because of its wide range of services, the Integrated Youth Welfare System is a highly suitable means of satisfying the manifold needs of disadvantaged young people. At the same time, however, its operators have never lost sight of its paramount goal, namely the absorption of young people into the labour market. It is also a social service that can undoubtedly be launched in other areas or federal states too. The rationale behind the work of RAN, JOB and BET can, if necessary, be adapted to specific regional conditions; in other words, it is essentially transferable. In general terms, however, the following points must be taken into consideration whenever this type of social service is established; some of these points could also serve to improve the work of the integrated system in Salzburg:

- Funding: Long-term funding of the service should be guaranteed as far as possible, since the successful establishment of an integrated system takes time. In addition, a sound infrastructure in terms of human and material resources cannot be created without decent continuous funding.
- Institutional responsibility: Institutional attachment to a local authority is to be recommended. The reasons for this are outlined in subsection 4.2.2 above.
- Staff qualifications and experience: As regards the professional aptitude of the educators within the system, it is an advantage if they have had lengthy experience of working with young people. Staff with relevant experience not only bring knowledge of particular problems and needs of young people to their work; in most cases, they also have a professional attitude, which enables them to adopt the necessary detachment in dealing with their clients.
- Human resources: Although higher staffing levels are not a panacea for all ills, they are particularly necessary in those services in which staff spend most of their working day in direct contact with clients. As we reported above, this applies especially to the employees of JOB and BET. These people would like to have colleagues who could take over some of their duties and with whom they could exchange opinions, information and ideas. Moreover, these services are in great demand, and a higher staff-client ratio could therefore help to eliminate waiting lists.
- Workloads: In order to reduce the burden of work and to increase job satisfaction, care must be taken to ensure an appropriate balance between educational work and administrative and organisational duties in employees' job descriptions. This balance should be regularly checked and, if necessary, corrective and/or accompanying measures should be taken.
- Client services: For the youth workshop, efforts should be made to develop a more differentiated range of services to take account of the heterogeneity of clients in terms of their physical and mental capacity. This, however, would depend on adequate staffing.
- Organisation: As far as the location of the support and advice centres, the youth workshop and the young people's accommodation complex is concerned, it is important that these should be easily accessible by public transport. In addition, internal cooperation and communication would be facilitated if RAN, BET and JOB were physically close to each other.

5. Conclusions and recommendations

The following remarks are intended to provide a concluding portrayal of the connection between the quality of social services and the quality of working conditions against the background of the current reform processes in the Federal Republic of Germany. In so doing, we shall refer to the findings of the practical examples and the case studies and attempt to put them into a wider context and to analyse them more systematically. In addition, more light will be shed in this chapter on the following requirements which have featured prominently in this research project, namely:

- greater user participation in social services,
- quality-assurance strategies and measures, and
- integration and coordination requirements within the system of social assistance.

5.1 Quality of working conditions and quality of services – effects of reform processes and changes in social legislation

In the Federal Republic of Germany during the nineties, and even earlier in some cases, professionally justified initiatives for the reform of policies relating to the disabled, to assistance for the elderly and to youth welfare have been developed and implemented. The aim of these reforms is to adapt the provision structures to the changing or reassessed needs of the various user groups. Users themselves helped to initiate some elements of these reforms by articulating their concerns and interests more forcefully in the public domain. The general aim of these reforms is to give assisted people more control over their own lives and greater independence in their everyday environment and in the (local) community. In relation to the various user groups, the thrust of the reform effort may be summed up as follows:

- In the realm of care for the elderly, a new paradigm has been pursued for some time, which may be characterised by the maxim ‘ambulatory care before day care before residential care’ and is designed to ensure that elderly people in need of care and assistance can go on living in their own homes for as long as possible. The result of this policy shift has been a move away from solicitous hospital-like full-time care structures in residential nursing homes towards a situation in which precedence is given, within a graded system of assistance for the elderly, to support measures that are primarily intended to promote independence. The primacy of ambulatory forms of assistance was further reinforced with the introduction of statutory care insurance in 1995.
- In the realm of care for the disabled, care strategies for people with mental disabilities have been significantly influenced by the normalisation principle. According to this new axiom of care for the disabled, the living conditions of mentally disabled people should be made as similar as possible to those of non-disabled people, with particular importance attaching to the creation of alternatives to the provision of care in large institutions. The priority objective is the institutionalisation of ambulatory forms of assistance which would enable people with disabilities to act independently and control their own lives as far as possible.
- In addition, greater efforts are being made to achieve the integration of people with mental disabilities into mainstream working life, and to that end alternatives are to be created to employment in sheltered workshops for the disabled, which has hitherto been the norm.

- In the realm of youth welfare, pilot projects and action programmes have been used to intensify efforts to integrate disadvantaged young people into the labour force and into society by linking the systems of youth welfare and youth-employment promotion, which had hitherto been strictly segregated. One of the main purposes of this linkage is to enable disadvantaged young people in socially sensitive areas to lead largely independent lives through regional and local pacts involving schools, businesses, the political authorities and independent welfare providers.

As might be expected, given the wide diversity of players in the field of social welfare in Germany, initiatives have been taken at various levels and by different groups of players, initiatives which can only be given a cursory mention here. As a result of national initiatives such as the Federal Youth Plan and the Care Insurance Act, regional initiatives such as the Care Act (North Rhine/Westphalia), the Berlin Framework Plan for Geriatric Care, etc., and particularly local-authority initiatives – primarily youth-employment schemes and welfare measures for the elderly – as well as schemes launched by various service providers and activist groups and individuals (the *Bundesvereinigung Lebenshilfe*, the Hamburg *Assistenzverein*, etc.), the developments listed above have been brought closer to fruition. As these initiatives unfolded, it has been revealed time and again not only that there are serious defects in individual types of facility and service but also that there is insufficient linkage between services within the system, often in cases where such linkage would be the only means of ensuring proper standards of provision and optimum use of welfare resources.

The documentation on the practical examples and case studies showed that, where users' needs had hitherto been inadequately satisfied, the coordination or integration of individual components from various services or of entire services resulted in improved levels of support. The efficiency and quality of the social services were decisively enhanced, and impressive examples emerged of improvements in the social integration of user groups, in their quality of life and in their independence. A distinction should be made here between the following specific approaches:

- The integration of several types of support into one service, such as the combination of employment and housing services as well as of employment and social-welfare services in the *JaWoLL* pilot project and in the Salzgitter Integrated Youth Welfare System in the domain of youth welfare or the *Kate* association in the field of assistance for the disabled, has served to strengthen the social integration of these target groups, to present them with new opportunities to make choices of their own and to build bridges leading to a normal life.
- The creation of differentiated provision chains by one service, for instance in the Eching welfare centre for the elderly, or by various services, as in the cooperative provision model of the City of Mönchengladbach, have proved to be adequate responses to the varying levels of need over the course of time and have largely avoided the need to accommodate elderly people in residential care establishments. In these and in other cases, the aim of the range of services is to provide in the long term for people with multiple impairments.
- By means of case management, i.e. the coordination of services on a case-by-case basis, as practised by the coordination agency for outpatient rehabilitation of the *Miteinander Wohnen* association, or by means of an independent advice service as described in the case study on the Mönchengladbach model, success has been achieved in making various types of service available or more easily accessible to potential clients and hence in increasing the efficiency of the welfare system as such.

Not least as a result of the aforementioned reform processes throughout the welfare system, and also to a considerable extent because of the transformation of the social structure in the Federal Republic (cf. chapter 1), the number of jobs in the social services has increased substantially, while at the same time numerous new occupations have emerged in the welfare sector. The development of the social-service strategy in Germany, which took root at a relatively late stage, may be traced through the following figures: whereas in 1950 not even 3% of all employees covered by the social security system were employed in social-service occupations, by 1970 the figure had almost reached 5%, and at the start of the nineties it stood at about 7%. In 1997, around 1.9 million gainfully employed persons were working in the field of social services, including some 900 000 nurses and nursing assistants, about 250 000 geriatric nursing assistants, almost 420 000 educators and approximately 200 000 social workers and graduates in social education. Most of them are employed in independent welfare associations or in local-authority or ecclesiastical provider organisations. The independent welfare associations alone – which provide about 60% of all primary employment in the social services – had almost a million employees by the mid-nineties. The vast majority of professional social services are delivered by women, who accounted for about 93% of the labour force on the educational side of the social services and more than 95% in the domain of old people's welfare. At the present time, about 8% of the entire female labour force are employed in the social services. Not least because of this high percentage of women, part-time work plays a very significant role in the social services. Although no overall statistics are available on part-time employment, it may be assumed, on the basis of experience and of statistical data covering specific areas of activity, that about one-third of those who are employed in the social services are part-timers (cf. Bäcker *et al.*, 1999).

But whether the social services with the new attractive offers that have emerged from the reform processes can also set quality standards in terms of a growing number of jobs with socially acceptable working conditions is another matter. Before we deal in detail with the beneficial effects that have been identified in the present study, it should be pointed out that actual working conditions in social services can differ very sharply, depending on which hierarchical levels, areas of activity or organisational structures are being examined. A distinction has to be drawn between managerial staff, technically qualified staff who are in direct contact with users, and auxiliary staff, as well as between the specific tasks performed by employees, which may entail widely differing degrees of psychological and/or physical stress (e.g. care as opposed to advisory tasks). Another distinction has to be made between areas of activity where qualification levels tend to be lower (domiciliary assistance or home-help services) and higher-skilled tasks such as therapy, counselling or nursing. To a certain extent, the size of an organisation determines how hierarchical its structure will be and how flexible it can be, and it has a crucial impact on training resources and employees' promotion prospects. Last but not least, the institutional affiliation of a service – whether, for example, its staff belong to the comparatively privileged ranks of the public service, whether they are employees of welfare associations or private commercial businesses or whether they are on freelance contracts – determines their terms of employment and working conditions with regard to remuneration, pension provision, protection against dismissal, etc.

The aforementioned reform processes and initiatives have been superimposed on these basic frameworks and working conditions and are restructuring them in some cases. In the case studies and practical examples, as has emerged in more detail from the preceding chapters, the following are some of the situations and trends identified in connection with the improvement of working conditions:

- The integration and/or coordination of social services create greater flexibility in the development of job profiles. This relates on the one hand to the enrichment of the individual's range of duties by the addition of new coordinating, supporting or advisory duties (as in the Mönchengladbach case study, the Spatzenberg Residential Centre and the *JaWoLL* pilot project, for example). On the other hand, they enable staff to change workplaces, thereby avoiding repetitive strain or monotony; this improvement has been achieved, for instance, by the Eching Service Centre for the Elderly and *Das Rauhe Haus*.
- Institutionalised staff participation in the planning and development of integrated or coordinated services develops employees' decision-making powers and hence their job satisfaction and motivation. This sort of effect has been achieved in services for the disabled (the *Kate* association and *Das Rauhe Haus*) and in the care of the elderly (the City of Mönchengladbach and the Eching Service Centre). Organisation into semi-autonomous teams, in which staff arrange their work schedules and working hours on a largely independent basis, is a special version of this development and can further strengthen cooperation with colleagues and external partners.
- When various services are provided in cooperation between employees or services, burdens can be shared and staff can support each other in their work with clients. Duties which, in the past, usually had to be done somewhat under duress, even though the staff had neither the time nor the training required for their performance, are now dealt with systematically by other professionals (cf. the practical example of the Welfare Centre for the Elderly in Dortmund or the case study in the city of Mönchengladbach).
- More flexible working hours, greater scope for the creation of skilled part-time jobs and the coordination of working hours and tasks among team members - elements which may be found, and to some extent were consciously developed, in the cases of the Eching Service Centre for the Elderly, *Das Rauhe Haus*, the City of Mönchengladbach model, etc. - enable employees to reconcile their work and family responsibilities more satisfactorily.
- So that a wide variety of services can be offered, providers employ staff with various different vocational qualifications, and in some cases with dual qualifications, who are willing to pledge themselves to the aims of the provider in the long term. Such employees have been specially recruited to the *JaWoLL* series of pilot projects in the domain of youth welfare and to the Spatzenberg Residential Centre for disabled people, for example. Working in teams drawn from different trades and professions and the resulting variety of skills and different ways in which individual team members interact with the young and/or disabled clients make for mutual stimulation, support and indeed corrective action in the course of day-to-day work.
- Training is regarded as a vital component of quality assurance within a service and as a prerequisite for the performance of the increasingly complex tasks of service providers, which is why further-training strategies are being systematically developed and training programmes implemented (cf. examples such as the Eching Service Centre for the Elderly and *Das Rauhe Haus*). In addition, the cooperation between various services also has an additional training spin-off, and staff pass on knowledge and skills to each other (as in the *Miteinander Wohnen* association, for example, and to a decidedly high degree in the Mönchengladbach case study).
- Linking services and improving interfaces between parts of one service (e.g. housing and psychosocial support) or between various services and providers can lead to the elimination of rivalries, thereby improving the atmosphere in the workplace and employees' job-satisfaction levels.

Apart from the improvements described above, success was also achieved in creating new jobs in many cases (a total of some 140 jobs were created in the examples and case studies). This is not only significant in terms of employment policy but has also resulted in a more rationally distributed workload, while some individuals' jobs have become less arduous.

As for the benefits that have been experienced, it must be stressed that these do not necessarily flow automatically from integrated or coordinated services but require conscious efforts to involve employees, a competent qualified management team and time to develop. The employees must be prepared to think more about their own professional role in relation to one another and to develop an open mind about other ways of practising their profession. In addition, friction often occurs, especially in the initial phase, and active strategies must be adopted to deal with it.

In a situation in which, for example, two previously separate services are combined, different 'operating cultures' must be harmonised, and steps must be taken to eliminate fears of a possible loss of professional status. In other cases, where employees had initially been inadequately involved in quality-development processes, they have interpreted instruments of quality assurance as surveillance mechanisms and their introduction as a breach of trust. The proclaimed aim of holistic service provision has occasionally been undermined by a lack of demarcation between employees in individual services, as in the cases of *Kate* and the Spatzenberg Residential Centre, resulting in a confused situation in which everyone is responsible for everything; this is counterproductive, because it imposes unnecessary strains. In other cases, in the absence of supervision, more serious confrontation with users and more frequent conflicts within the triangular relationship between the client, the client's family and the carer can impair job satisfaction. In some places the increase in administrative responsibilities in integrated social services has created a more bureaucratic system and has bred dissatisfaction among employees.

Besides these cases of friction, many of which are of a temporary nature, and these teething troubles, the good examples and initiatives cannot obscure adverse developments in the social services which are causing a deterioration in working conditions and are thus indirectly affecting service quality. Much of the problem stems from the changes in funding conditions under new or amended laws on service provision (Care Insurance Act, Federal Social Welfare Act, etc.). The replacement of the cost-reimbursement principle by the principle of service-based charges has generally increased the pressure on providers of social services to cut costs, and these cuts are sometimes passed on directly to staff. Although there are few hard and fast findings regarding factors such as the impact on employees' working conditions of the introduction of statutory care insurance and of other changes in benefits and welfare legislation (cf. Rückert, 1999), there have been more and more reports of increasingly heavy workloads, worsening working conditions and even the imposition of compulsory pay cuts.

The German Foundation for the Care of Elderly People (*Kuratorium Deutsche Altershilfe*) is alarmed by the falling take-up rate for further-training courses which last for two or more days. Recent studies on workloads in care services for the elderly indicate that increased pressure of time may be regarded as the key cause of stress and that it has adverse effects on the motivation and health of employees as well as on their willingness to undergo further training (for a summary of these findings, see Zimber, 1998). Other characteristics of employment in the social services during the reform process are a high and increasing percentage of part-time work, precarious contractual situations and employment on the basis of job-creation schemes or of other funding arrangements in the so-called second and third

labour markets, which also featured in our practical examples and case studies. In addition, there is ample evidence of pay levels below the minimum laid down in national agreements, of long and flexible working hours in breach of employment contracts, and of a generalised tendency among employees to take too much out of themselves.

Not only the trade unions but operators of service institutions in particular are highly critical in assessing the effects of the new financing regime on jobs and working conditions (cf. BV, 1998, and Skodda, 1999) and expect it to impair the quality of social services. They believe that the rationalisation of services reduces the scope for staff to develop their own networks and that the inadequate or inappropriately low rates of pay lead to higher staff turnover and loss of motivation. The replacement of specialists with auxiliaries and the increasingly frequent recourse to minimal working hours and low pay to avoid liability for national insurance contributions result in lower skill levels and thereby jeopardise the professional competence of the service.

When all is said and done, the quality of services and the quality of working life are mutually dependent, and in the pursuit of user-friendliness the employees in the various services must not be neglected. They are expected, after all, to demonstrate the highest levels of competence, reliability and flexibility. High-quality services therefore presuppose opportunities for initial and further training, supervision, which is an important means of enabling staff to reflect on their own work, and professional involvement by staff in the development of their work in the field. The absence of such conditions can adversely affect the clients' quality of life in their homes and within the community. In general terms, the connections outlined above give rise to particular requirements and recommendations with regard to the development of working conditions and the establishment of greater job security in the social services. These requirements and recommendations may be summarised as follows:

- High-quality social services presuppose skilled staff and a continuous process of in-service training. To that end, the law governing the provision of services must lay down minimum standards of staffing and qualification for each specialised field and verify compliance with those standards. At the same time, service providers must guarantee adequate opportunities for further training, for which refinancing arrangements must be negotiated with the funding organisations in the framework of service agreements. Last but not least – and deficits are still in evidence here, especially in the care of the elderly – training structures must be established which enable staff to acquire qualifications in the theory and practice of specialised disciplines as well as in managerial skills.
- New ways of organising individual working hours, designed to promote a more user-centred approach and a more flexible staff input, must be introduced in consultation with staff and must take account of employees' interests with regard to the use of their time – not to mention their income situation and capacity limits. Where shift work is necessary, the shift patterns used must be based on recent findings in the field of industrial science on the reduction of mental and physical stress levels. In addition, models in which working hours are explicitly adapted to the various phases of employees' lives should be targeted for support; by introducing time accounts, sabbaticals and similar arrangements, these models would give employees greater scope to reconcile work and family responsibilities and to take time off to upgrade their qualifications or to rest and recuperate.
- In social services in which long-term staff loyalty is desirable as a means of improving service quality, systematic career planning is one of the main requirements. This need is

all the greater if high mental and physical stress levels are experienced in particular areas of activity and employees' length of service in an area of activity tends to be limited. In such situations, career patterns should be developed both on the horizontal plane – for example by planned switches from care to advisory duties or between component parts of a service – and on the vertical plane. Since, on the vertical plane, promotion prospects are becoming bleaker as organisational structures are pared down, consideration should be given to the creation and use of promoted posts requiring a special degree of experience and social competence, such as quality officer, interface manager, etc.

- Employment in some social services is marked by highly intensive contact with users, which has been made even more intensive by the increasingly user-centred approach to service provision and by the integration of services. Because of clients' particular social problems and mental disorders, staff are exposed to high levels of psychological stress, which reduce their efficiency (the burn-out syndrome). In this situation, teamwork, supervision sessions and social support from the service management are particularly important, and these strategies must be systematically developed. In addition, in the caring professions, which also entail a great deal of physical stress, special health-promotion measures, such as health circles and the use of labour-saving devices, must be encouraged.
- The problem of increasingly heavy workloads is due primarily to financial restrictions and, in some areas such as the provision of care, to ever stiffer competition between social services. It is possible, however, to manage the social services in such a way as to cushion the impact of these new operating conditions, for example by introducing professional management structures and dismantling hierarchies and/or decentralising operations, even if there is limited scope for rationalisation of the services themselves.
- In general terms there is also a need for politicians and academics, and for providers in the context of their public-relations activities, to raise the social status of jobs in the welfare services. Not least among the reasons for the demotivation of employees and their exodus from the social services is the very low esteem in which social-service occupations are held by some sections of society at the present time. The brevity of careers in care services for the elderly may be regarded as an indicator of this malaise. It is to be hoped, finally, that a higher status could also be reflected in an improved wage and salary structure and lead to further improvements in conditions of employment.

In the above remarks, mention has been made of some of the groups of players who are responsible for implementing the requisite measures. In the first place, the onus is on the operators themselves, in other words the owners and managers of service facilities, to develop and implement appropriate strategies in consultation with employees' representative bodies and trade unions. Their scope for such action, however, must not be restricted by excessively rigid legal provisions but must be guaranteed by the setting and enforcement of minimum staffing and qualification standards. Employees must not only be qualified to perform their professional duties by means of initial and further training but must also be trained to adapt to the changes in their professional roles, so that they can really play the active part allotted to them in the shaping of their working conditions. Last, but not least, employment policy has a role to play here by developing and implementing innovative models which ensure, for example, that even people in low-skilled jobs in the provision of domiciliary care for social-service users are permanently covered by social security – for instance through so-called pooling solutions, which enable employees to reach the national-insurance threshold.

5.2 Increasing user involvement in social services

The involvement of users in the organisation, the further development and perhaps even the delivery of social services is an essential requirement if these services are to be geared as closely as possible to their needs and thus be improved in quality, and such involvement must be explicitly encouraged. Quite apart from anything else, the most extensive possible 'self-determination' by users in all areas of service provision is of great value in itself, and must be supported as much as possible for that reason alone. In this context, however, the role of 'customer' that is more and more frequently assigned to the user of public services has to be critically re-examined. In so far as this role allocation merely serves to delegate responsibility for controlling the quality of services and is based on the indiscriminate assumption that all user groups are able to play an active part in the market, it seems inappropriate. But it can perform an important strategic function to the extent that it serves as a stepping stone to take us away from the 'providential' mentality (see also chapter 1 of the present report and Caritas, 1999).

In our case studies and practical examples, various forms and levels of user involvement were identified and may be categorised as follows:

- representation of user groups on supervisory municipal/communal and regional bodies, such as the Regional Care Conference and the Regional Care Committee (*Landespflegeausschuss*),
- involvement of users or members of their families in the funding, control or supervision of services and facilities, e.g. through civic associations or through the creation of advisory councils and boards of trustees,
- increasing the legal powers of users by concluding service agreements specifying the type, substance and duration of the agreed services and laying down termination provisions,
- development of instruments enabling users to articulate their own interests more effectively (user surveys, technical devices and improved diagnostic instruments),
- creation of greater economic independence and at least partial budgetary autonomy, e.g. through the conclusion of employment contracts and the introduction of employer models, assistance contracts, etc.,
- involvement of users in service provision, as in the 'victims working for victims' strategy or through voluntary work,
- creating freedom of choice by establishing and linking services for various aspects of life, each offering a range of service options,
- adaptation of the range of services to the users' own world, for example by providing decentralised services covering small areas,
- strengthening the advocacy function of carers by appointing contacts/personal coordinators to defend clients' rights in dealings with other employees, the institution and public authorities, and
- creation of impartial mediators, such as ombudsmen, as well as of independent advice and complaints bureaux.

Despite this wide range of initiatives, the inescapable conclusion is that user-involvement structures in the Federal Republic of Germany are far from perfect (see also chapter 1 of the present report and Rosenbrock, 1999). Not only are the listed initiatives and models limited in their geographical scope; organised groups representing the interests of users themselves, such as *People First* for disabled persons or advisory senior citizens' councils, are not yet

sufficiently developed either. In the system of care insurance and in the other statutory welfare schemes, customer or user involvement has yet to play a role of any significance. Relations between the customer and the service provider have scarcely taken shape in law or in practice (cf. Igl, 1999); only the Homes Act establishes this type of relationship by providing for the conclusion of residence contracts between homes and their residents. For that reason, the current plans of the Federal Government to guarantee the legal status of users in an Ambulatory Services Supervision Act (cf. Schulte, 1999) must be unreservedly welcomed. In addition, however, the principle of user involvement as illustrated in the options listed above needs to be further developed within the homes themselves.

5.3 Quality-assurance strategies and measures

Although issues of ‘quality’, ‘quality assurance’ and ‘client-centred’ services have always played a part in the practice of providing social services – albeit a rather implicit part – they have assumed a new topicality, partly because of their explicit inclusion as a legal norm in various new welfare laws and amendments (e.g. quality assurance is enshrined as an aim in Book XI of the Social Code and as a component of service agreements in the Federal Social Welfare Act). The introduction of statutory care insurance in the Federal Republic of Germany has undoubtedly helped to kick-start the long-overdue discussion on quality assurance in the provision of care, especially to the elderly. With regard to the welfare of disabled persons, the revised version of the Federal Social Welfare Act has also triggered or reinforced developments of this nature. In many places, care records and care circles have been introduced, and establishments are working towards DIN/ISO certification.

In the case studies and practical examples, these developments are more clearly illustrated by the specific quality-assurance measures that have been introduced. In particular, the following initiatives should be highlighted:

- the production for specific establishments of quality-assurance strategies and guidelines, which define explicit aims, systematically consolidate the key elements of quality assurance and give them binding force,
- user surveys, satisfaction studies and aftercare contacts with clients, conducted with a view to obtaining feedback on the quality of services and developing ways to improve the quality of service provision,
- the introduction of comprehensive and continuous instruments and procedures such as total quality management (TQM) and quality circles, and
- the production of care plans and records of needs, and the implementation of assessment procedures for targeted process and outcome evaluation.

However, these efforts, which relate to individual institutions and specialised work, are not sufficient in themselves, and much more needs to be done if they are to lead to a systematic quality debate conducted on the basis of a sound and coordinated legal framework. In many areas, however, there is no overall strategy, there are no basic binding rules, and above all there are no standards. Moreover, the question of the appropriate normative instruments of quality control and the level at which they should be adopted remains unresolved. In some cases, the discussion focuses on the relative merits of legal instruments (federal and regional laws and regulations) and contractual instruments (agreements between funding bodies and service providers), as if the two were mutually exclusive. Here we endorse the arguments advanced by Igl (1999) for a mix of instruments in which the choice of quality-assurance instrument in a given type of case is governed by its function. Where the purpose is to adapt

standards relating to specific types of establishment and client, agreements should take precedence, whereas in the case of structural quality and in cases where the sustainability, permanence and indispensability of quality are paramount, legal instruments seem to be more appropriate.

5.4 Interconnection and coordination requirements in the social welfare system

The obligation to take account of the various circumstances and needs of social-service users inevitably gives rise to more extensive requirements in terms of coordination and cooperation. Initiatives designed to satisfy these requirements must be targeted at the networking of organisational structures – at the municipal level or among provider associations, for example – be supply-centred or follow the case-management approach, which involves directly assembling a customised package of services for each individual client. Specific examples and types of initiative for the various user groups are cited at the start of this chapter. Apart from the fact that these provider-based and service-based cooperation and integration efforts in Germany are still far from adequate, one of the main problems is the lack of autonomous network structures covering the various different providers (cf. Schulte, 1999). The need for this arises especially from the highly fragmented system of social security in Germany, to which we referred in chapter 1.

It is imperative that cooperation and coordination should be encouraged and guided by the local authority as a player in its own right. Although, in accordance with the principle of subsidiarity, local authorities provide only some of the essential facilities and services themselves, the division of the social and health services in Germany and the large number of service providers give them a high degree of structural responsibility and an important coordinating function. While progress has been made in the past in the field of municipal coordination (cf. Ziller, 1998), a great deal of development is still needed. There are few institutionalised centres of cooperation between specialists; one established example is the system of care conferences that is prescribed in North Rhine/Westphalia under the terms of the regional Care Act.

Advisory and coordination work must also be more extensively codified in the framework of the law governing the provision of the relevant service. When it comes to case management, there are still considerable development deficits, particularly in relation to other countries. For example, integrated care plans listing all the support that is required for a client from the health and welfare system and the appointment of a case manager are not prescribed by law (cf. Ziller, 1998). Likewise, there is still scarcely any provision allowances for the purchase of services, which enable clients, even those with complex needs, to put together the necessary components of a care package for themselves.

Both in the realm of care for the elderly and in the care of the disabled, efforts have been under way for some time now to wrest infrastructural development away from its place in the Federal Social Welfare Act, which it is felt is inappropriate, and to enshrine it in separate legislation. The envisaged Disabled Persons Act would ensure that educational, rehabilitative and nursing care were not divided up and assigned to different service providers but that people with disabilities could receive a comprehensive care service. There are also demands for a statutory right to choose between various services and a right of participation for all interested parties in the setting of quality standards (BV, 1999). In the domain of care for the elderly, it is believed that a Federal Elderly Persons' Care Act would be the right way to

correct structural defects and continue the development of the care system for elderly people (cf. Ziller, 1998, and Schulte, 1999); such legislation could be used to help ensure:

- that an easily comprehensible system of support mechanisms was available and that service providers cooperated to interconnect and coordinate their support structures,
- that funding bodies and service providers cooperated in establishing principles and standards of quality assurance, and
- that legislation was adopted which entitled elderly people to advice about the available range of support services.

In conclusion, it should be pointed out that such measures could not only help to improve the care and assistance given to the various target groups in specific cases and throughout the country. At the same time, they could also reinforce the right of people in need of care to lead independent, self-reliant and socially integrated lives and could be enshrined as guiding principles of political action.

5.5 Résumé and assessment

The core of the present study has been the analysis of selected examples of good practice in the provision of social services. The purpose of this analysis was to highlight the scope that exists for development towards the provision, for diverse target groups, of services that are more client-centred, better integrated and more sharply focused on quality assurance; by so doing, we sought to identify ways of improving not only the living conditions and social integration of welfare-service users but also the working conditions of the employees who deliver those services. By putting the case studies into the wider context of reform of the social services, we also endeavoured to formulate criteria for the future development of the social services in general. In this final part of the report we shall begin with a brief résumé of the case studies then move on to a general assessment with special emphasis on quality assurance and the improvement of working conditions.

Findings of the case studies

The case study on the Salzgitter Integrated Youth Welfare System fulfils the criteria for selection as a case study, firstly because of the innovative nature of its comprehensive, fully integrated range of services, designed to meet the diverse needs of young people who are difficult to place in employment and, if they so wish, to look after them after they have obtained work. The aim is not only to guide clients in the direction of good job opportunities and to help them with the transition to working life but also to improve their general quality of life and, where necessary, to give them stability. Secondly, the building blocks of the integrated system are three individual projects – *RAN*, *BET* and *JOB*. The structure of the system ensures, among other things, that more such projects can be developed and that they will be transferable and regionally adaptable. Moreover, the three Salzgitter projects have been running for several years, and the experience that has been amassed over this period can facilitate both the planning and implementation of other projects with similar aims.

As far as internal and external quality assurance is concerned, the integrated system also has an exemplary record of commitment to this aim (e.g. annual appraisal by a sponsoring body), although it must be said that the clients are still insufficiently involved in this process. Another criterion for the selection of the Integrated Youth Welfare System is the generally high level of job satisfaction among the staff. This derives, for instance, from the independent

manner in which they can perform their duties, from the discretion they are at liberty to exercise and from the flexibility of their working hours.

The chief distinguishing feature of the case study selected from the realm of services for old people is its success in coordinating and integrating a variety of care services for elderly people at the local level. Even though this sort of cooperation has only been taking place for a few years, it may be assumed that the coordination processes and responsibility structures that have been put in place have already ensured that local nursing, welfare and household services for the elderly are effectively coordinated and are provided in a client-centred manner. Uniform guidelines, comprehensive documentary records, a reporting system and, last but not least, a subsequent impact assessment of the advice given to each client serve to guarantee an above-average standard of quality assurance.

User participation in the sense of the direct involvement of clients in decision-making and coordination processes, however, is comparatively underdeveloped. It should be borne in mind, however, that the chosen form of independent counselling, the decentralised provision of services and the aforementioned *post hoc* evaluation ensure that the system is highly client-centred. The high degree of job satisfaction among staff, that results from factors such as the early involvement of employees in the development and practical implementation of the care model and the highly cooperative relationship that exists between managers and employees, should also be emphasised.

It must be said, however, that the encouraging developments depicted in the case studies and practical examples which have been examined in this report mostly relate to isolated progressive policies and to initiatives that are confined to specific localities or regions. They cannot be regarded as representing the state of quality assurance and user-friendliness or indicating a general improvement in working conditions in the Federal Republic of Germany, although it should be noted that slight differences do exist in this respect between various types of social service – as, for example, between youth-welfare services and care of the elderly.

Quality assurance: current position and problems

Recognised quality standards which could serve as assessment criteria have not (or not yet) been developed in most areas of the social services. Moreover, the development of internal quality-assurance procedures that could actually be implemented in the various services and facilities is still in its infancy. This deficit also applies to the development of internal quality assurance. Independent quality control and a system of impartial consumer protection, which should ideally be backed with the power to apply sanctions, are still very rare exceptions in the provision of social services in Germany; examples of such instruments include the Homes Inspectorate (*Heimaufsicht*) and Homes Codetermination Order (*Heimmitwirkungsverordnung*).

To some extent, these development deficits can be attributed to the special provision structure for social services, which, unlike manufacturing industry, for example, does not easily lend itself to formal standardisation. Since these services are directly performed for, with and by individuals, they are provided and consumed simultaneously in one place. Their provision not only requires the presence of the beneficiaries but also their active participation. Clients, in other words, are always co-producers too; they are both the agent and the object of the provision process. This has particular implications for the actual provision of the service and hence for the development of service quality. Social services, being the product of experience

and trust, are also far more difficult than consumer goods to evaluate or check. Lastly, it must be remembered that the provision of social services to large numbers of users considerably restricts consumer choice, which makes it more difficult to introduce measures of quality control.

Much of this underdevelopment is also due to deficits in the modernisation of the social sector itself. Performance-based agreements, which may be regarded as one of the keys to the introduction of quality-assurance mechanisms, are a recent innovation in the vast majority of social-service categories in Germany, having been introduced through measures such as the Care Insurance Act (*Pflegeversicherungsgesetz*) in 1995 and the 1996 reform of the Federal Social Welfare Act (*Bundessozialhilfegesetz*), and relatively few such agreements have actually been concluded to date. It should also be borne in mind that legal reforms of this type are often used in practice as instruments of austerity policy and are accompanied by cuts in public spending.

Moreover, there has been a widespread lack of user participation in quality assurance in Germany. The main reason for this is the long-established welfare-state principle, whereby social benefits were 'granted' and the system revolved around the relationship between the funding bodies and the service providers. Another factor is the difficulty involved in institutionalising a higher level of participation by clients such as unemployed young people because of the serious problems that prevail with regard to clients' motivation as well as their restricted social and communication skills. In addition, excessive attention to client demand entails the risk of falling success rates, since clients do not always recognise – or want to recognise - the need for particular measures and rules (e.g. punctuality).

Main recommendations for action to improve the quality of social services and working conditions

If quality assurance and user-friendliness, along with improved working conditions for employees, are to serve in future as the acknowledged aims of a reformed system for the production of social services, appropriate measures and instruments will be required to enforce them. To that end, the following areas of activity and groups of players should play a leading role:

- Development of quality standards. Groups of experts should be commissioned to accelerate the process of defining quality standards and to test their applicability and practicality, for example through pilot schemes. Funding bodies, service providers, professional organisations and client organisations should play an appropriate role in these efforts, which the Federal Government and the governments of the *Länder* should explicitly encourage by means of public initiatives, including research initiatives.
- Adoption and implementation of quality-assurance legislation. Legislative action should be stepped up to guarantee the quality of the social-service structure, in other words to ensure that a sufficient range and quantity of high-quality services are available. Such measures should include a revision of the Homes Act (*Heimgesetz*), the introduction of an act establishing an inspectorate of community care services and the promulgation of orders governing the training of carers, including guardians of incapacitated persons. Measures to guarantee the quality of the process and outcome of service provision must also be introduced or further developed by means of appropriate legal frameworks. These frameworks, however, must be limited in their depth of focus and must be supplemented by numerous other measures. Organisations responsible for providing services or administering care facilities must be made accountable for the implementation of internal

quality-assurance measures, such as the introduction of quality circles or quality controllers. A particular obligation in this respect devolves upon the funding bodies, which have a duty to the people they insure to conclude the necessary agreements with provider organisations. This does not release the providers of services and the operators of care establishments from their responsibility to keep developing their own quality-assurance strategies. Moreover, the provider organisations must make the managers of services and establishments more keenly aware of quality-assurance measures, while the staff of services and establishments must be given intensive in-service training that will enable them to assume responsibility for quality assurance in their everyday work.

- Greater user-orientation and user participation. In this context, a strong legal (i.e. contractual) basis is needed for relations between users and providers of social services, including greater freedom for users to choose their services. National and regional legislative frameworks and initiatives in this field must be considerably expanded. In addition, there is a need to try out and reinforce specific participation models which enable users to influence the planning, provision and evaluation of services. Measures such as the involvement of user groups in regional coordination processes, the creation of independent complaints bureaux and the introduction of user surveys may be suitable means to that end.
- Master plans for local welfare systems, covering several providers and service types. In view of the growing diversity of providers and services, there is a need for closer coordination of the existing range of social services in order to guarantee the provision of an integrated service package which takes full account of the client's circumstances and needs. Particular importance attaches to the role of the local authorities, since it is to them that the German constitution assigns responsibility for the local community and hence for ensuring that services are provided within reach of the whole of that community. Instruments such as local care conferences can help the local authorities to fulfil these responsibilities. If such instruments are to be created throughout the country, regional and national legislative frameworks will be necessary. In addition, cooperative links between individual services must be strengthened as a step towards satisfaction of the long-standing demands for a system based on case management. The onus is on provider associations and funding bodies in particular to launch the necessary initiatives and to strengthen technical cooperation between the relevant occupational groups.

Improvement of the living and working conditions of employees in the social services is required at all levels of the hierarchy. This is a task for trade unions and employers in particular. The following are the main priorities:

- More training opportunities and an increase in the time and money devoted to training. Besides the essential training courses leading to specialised qualifications, the training effort also involves preparing staff to deal with the additional demands arising from increased cooperation with other services and to perform tasks relating to quality assurance. Formal and informal training should be extended within establishments and should include low-skilled and foreign employees; it should also be underpinned by structural measures such as interdisciplinary training initiatives.
- More flexible working hours and the introduction of variable working times structured around people's life cycles. One aim of these measures is to make it easier for staff to reconcile work with family commitments such as bringing up children or looking after elderly or infirm family members. Another aim is the reduction of work-related stress. Enabling employees to arrange their own work schedules and to take sabbaticals could be useful steps in this direction.

- Improved work organisation: Decentralised decision-making structures should be created with a view to achieving more effective service provision and a higher level of staff motivation. The introduction of career patterns involving systematic job rotation or job switching can reduce general stress levels and vary the pressures and strains of everyday work. Finally, by enriching the experience of employees in monotonous jobs, such measures can serve to improve staff morale. Where measures of this type are adopted, it is essential that they be incorporated into a general strategy for the improvement of skill profiles.
- Greater job appeal: Not least because of the falling birth rate, and hence the expected shortage of young people coming into the social services, special measures are also needed to reduce the deficit that has always existed in relation to the working conditions of other occupational groups. On the one hand, this implies the need for higher pay levels; on the other hand, more weight must be attached to vocational qualifications as a means of improving promotion prospects in the social services.

Even though the measures enumerated above are primarily a matter for employers and employees within the provider organisations and for their representative bodies in the social-services sector as a whole, they also give rise to numerous tasks for the public authorities. For example, the authorities will have to ensure that certain new forms of flexitime, whether relating to the working day or to an individual's entire working life, are covered by social-welfare legislation. In addition, appropriate legal frameworks must be created, for example by means of statutory orders governing minimum terms and conditions of employment and/or staff training. In general terms, there is also a need for better recognition by government and society of social work and social workers and for greater long-term commitment to the social services by politicians, employers' organisations and trade unions, especially at the regional level.

Bibliography

Bäcker, G., Bispinck, R., Hofemann, K., Naegele, G., *Sozialpolitik und soziale Lage in der Bundesrepublik Deutschland*, Opladen, Westdeutscher Verlag, 1999, in Druck.

Bäcker, G., Heinze, R.G., Naegele, G., *Die Sozialen Dienste vor neuen Herausforderungen*, Münster, Lit, 1995.

BMA (Bundesministerium für Arbeit und Sozialordnung), *4. Bericht der Bundesregierung zur Lage der Behinderten*, Bonn, Eigenverlag, 1998a.

BMA (Bundesministerium für Arbeit und Sozialordnung), *1. Bericht zur Pflegeversicherung*, Bonn, Eigenverlag, 1998b.

BMFSFJ (Bundesministerium für Familie, Senioren, Frauen und Jugend), *Seniorenfreundliche Gemeinde. Orientierungshilfen, Praxisbeispiele*, Bonn, Eigenverlag, 1995.

BMG (Bundesministerium für Gesundheit) (Hrsg.), *Lebenssituation von Menschen mit Behinderung in privaten Haushalten*. Schriftenreihe des Bundesministeriums für Gesundheit, Bd. 65, Baden-Baden, Nomos, 1996.

BMG (Bundesministerium für Gesundheit) (Hrsg.), *Leben im Heim. Angebotsstrukturen und Chancen selbständiger Lebensführung in Wohneinrichtungen der Behindertenhilfe*. Schriftenreihe des Bundesministeriums für Gesundheit, Bd. 102, Baden-Baden, Nomos, 1998.

Bradl, Ch., ‚Selbstbestimmung. Strukturelle Grenzen im Heim‘, in BV Lebenshilfe (Hrsg.), *Selbstbestimmung. Kongreßbeiträge*, Marburg, Eigenverlag, 1996.

Borosch, R., Naegele, G., Hat sich der Kampf gelohnt? - Zwischenbilanz der Pflegeversicherung, *Theorie und Praxis der sozialen Arbeit*, 1, 1998, S. 5-10.

BV (Bundesvereinigung Lebenshilfe für Menschen mit geistiger Behinderung), *Der Mensch mit Behinderung - ein auf Solidariät und Hilfe angewiesener Bürger*, Marburg, Eigenverlag, 1999.

BV (Bundesvereinigung Lebenshilfe für Menschen mit geistiger Behinderung), *Das Ende des Verantwortbaren ist erreicht. Leistungseinschränkungen zu Lasten behinderter Menschen zehren an der Substanz der Behindertenhilfe*. Gemeinsames Positionspapier der Spitzenverbände der Freien Wohlfahrtspflege und der Fachverbände für Menschen mit Behinderung, Marburg, Eigenverlag, 1998.

Caritas (Deutscher Caritasverband), *Jahrbuch des Deutschen Caritasverbandes*, Freiburg, Eigenverlag, 1999.

Claßen, U., Lappeßen, H., Lenz, R., Trachim, A., Stieglitz, R., „Die Beratungsstelle „Pflegen und Wohnen., der Stadt Mönchengladbach: Eine Leistung des Produkts „Altenhilfe“, in MAGS NW (Ministerium für Arbeit, Gesundheit und Soziales des Landes Nordrhein-Westfalen) (Hrsg.), *Beratung nach dem Landespflegegesetz. Beispiele aus der kommunalen Praxis*, Düsseldorf, Eigenverlag, S. 224 - 236.

DJI (Deutsches Jugendinstitut), *Arbeitsweltbezogene Jugendsozialarbeit - Modellversuche zur beruflichen und sozialen Integration von benachteiligten Jugendlichen*, München, Eigenverlag, 1998.

Deutscher Bundestag *Zweiter Zwischenbericht der Enquete-Kommission „Demographischer Wandel“*. BT-Drucksache 13/11460, Bonn, Bundestags-Druckerei, 1998.

DV (Deutscher Verein für öffentliche und private Fürsorge), *Fachlexikon der sozialen Arbeit*, Frankfurt a.M., Eigenverlag, 1993.

Evers, A., Geld oder Dienste? Zur Wahl und Verwendung von Geldleistungen im Rahmen der Pflegeversicherung, *WSI-Mitteilungen*, 7, 1997, S. 510-519.

Gromann, P., Nutzerkontrolle - ein wichtiger Bestandteil von Qualitätssicherung, *Geistige Behinderung*, 3, 1996, S. 211- 222.

Igl, G., Die Pflegeversicherung hat die Welt der Pflege verändert – Skizzen zu einigen Grundfragen der Umsetzung der Pflegeversicherung, in G. Naegele, R.-M. Schütz (Hrsg.), *Soziale Gerontologie und Sozialpolitik für ältere Menschen*, Opladen, Westdeutscher Verlag, 1999, S. 317-332.

Infratest, *Hilfe- und Pflegebedürftige in Heimen*. Tabellarische Grundausswertung. München, Eigenverlag, 1995.

Jakobs, H., König, A., Theunissen, G. (Hrsg.), *Lebensräume - Lebensperspektiven. Ausgewählte Beiträge zur Situation Erwachsener mit geistiger Behinderung.* Butznach-Griedel, Afra-Verlag, 1998.

Klie, T. (1998), Pflege im sozialen Wandel. Wirkungen der Pflegeversicherung auf die Situation Pflegebedürftiger, *Zeitschrift für Gerontologie und Geriatrie*, 6, S. 387-391.

Klie, T., Schmidt, R., Die Pflegeversicherung ist unter strategisch-politischen Gesichtspunkten ein großer Erfolg - Allerdings besteht Reformbedarf, *Theorie und Praxis sozialer Arbeit*, 2, 1999.

Kreuz, D., Wennig, S., *Integriertes AltenServiceZentrum Eching. Zusammenfassung der Begleitforschung von 1990 bis 1997*, KDA-Thema Nr. 147, Köln, KDA, 1999.

MAGS (Ministerium für Arbeit, Gesundheit und Soziales des Landes Nordrhein-Westfalen), *Arbeitslose, Langzeitarbeitslose und ihre Familien*, Düsseldorf, Eigenverlag, 1998.

Naegele, G., Schütz, R.-M. (Hrsg.), *Soziale Gerontologie und Sozialpolitik für ältere Menschen*, Opladen, Westdeutscher Verlag, 1999.

Noll, A., Stieglitz, R., Kommunale Qualitätssicherung in Mönchengladbach, in B. Rosendahl, P. Zängl (Hrsg.), *Umsetzung der Pflegeversicherung. Erfahrungsberichte aus kommunalen Pflegekonferenzen in Nordrhein-Westfalen*, Düsseldorf, MAGS, 1997, S. 173 – 191.

Rosenbrock, R., Verbraucher und Patienten als handelnde Subjekte. Anmerkungen aus der Sicht von Public Health, *AgV-Forum*, 3, 1999, S. 66 - 74.

Rosendahl, B., *Kommunalisierung und korporative Vernetzung in der Implementation der Pflegeversicherung. Wirkungsanalyse regionaler Pflegekonferenzen in Nordrhein-Westfalen*, Münster, LIT-Verlag, 1999.

Rothgang, H., *Ziele und Wirkungen der Pflegeversicherung. Eine ökonomische Analyse*, Frankfurt/M./New York, Campus-Verlag, 1997.

Rückert, W. (1999), Die pflegerische Versorgung nach dem SGB XI - eine erste Bestandsaufnahme, in G. Naegele, R.-M. Schütz, (Hrsg.), *Soziale Gerontologie und Sozialpolitik für ältere Menschen*, Opladen, Westdeutscher Verlag, 1999, S. 333-345.

Runde, P., *Einstellung und Verhalten zur Pflegeversicherung und zur häuslichen Pflege. Ergebnisse einer schriftlichen Befragung von Leistungsempfängern der Pflegeversicherung*, Universität Hamburg, RPF-Schriftenreihe, Vervielfältigung, 1997.

Schneekloth, U., Potthoff, P., *Hilfe- und Pflegebedürftige in privaten Haushalten*. Schriftenreihe des Bundesministeriums für Familie und Senioren, 20.2, Stuttgart, Kohlhammer, 1993.

Schneider, M., Normalisierung durch Arbeitsintegration: Eine Utopie? Zur Beschäftigung von Menschen mit geistigen Behinderungen auf dem allgemeinen Arbeitsmarkt, in H. Jakobs, A. König, G. Theunissen, (Hrsg.), *Lebensräume - Lebensperspektiven. Ausgewählte Beiträge zur Situation Erwachsener mit geistiger Behinderung*, Butznach-Griedel, Afra-Verlag, 1998, S. 192 - 228.

Schober, K., Die soziale Lage arbeitsloser Jugendlicher. *Mitteilungen aus der Arbeitsmarkt- und Berufsforschung*, 4, S. 453 - 478.

Schulte, B., Altenhilfe in Deutschland – Reformperspektiven aus rechtsvergleichender Sicht, *Nachrichtendienst des deutschen Vereins für Öffentliche und Private Fürsorge (NDV)*, Heft 1, 1999, S. 3 - 10.

Seifert, M., Wohnen - so normal wie möglich, in H. Jakobs, A. König, G. Theunissen, (Hrsg.), *Lebensräume - Lebensperspektiven. Ausgewählte Beiträge zur Situation Erwachsener mit geistiger Behinderung*, Butznach-Griedel, Afra-Verlag, 1998, S. 150 - 192.

Skodda, K., Düstere Aussichten - Ausbildung und Arbeitsbedingungen - Qualitätsfaktoren in der Altenpflege, *Altenpflege*, 8, 1999, S. 17.

WIDO (Wissenschaftliches Institut der AOK), *Der Pflegemarkt in Deutschland. Ein statistischer Überblick*. Wido Materialien, 38, Bonn, AOK-Eigenverlag, 1998.

Wüstenrot Stiftung, *Wohnquartiersnahe Alltagshilfen. Ergebnisse eines bundesweiten Wettbewerbs*, Stuttgart, IRB-Verlag, 1997.

Ziller, H., Die örtliche Gemeinschaft als Lebensraum für ältere Menschen - zur zukünftigen Rolle der Kommunen in der Altenhilfe, *Zeitschrift für Gerontologie und Geriatrie*, Band 31, Heft 6, S. 392 - 397, 1998.

Zimber, A., Beanspruchung und Streß in der Altenpflege, *Zeitschrift für Gerontologie und Geriatrie*, Band 31, Heft 6, S. 392 - 397, 1998.

EF/00/90/EN