

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

Italy

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Research team

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The opinions set out in this report are those of its authors and in no way reflect the official opinions of their employer organisations.

Foreword

This report on Italy is part of a Community-wide study by the European Foundation for the Improvement of Living and Working Conditions entitled: “Social Public Services: quality of working life and quality of services”.

The report analyses:

- changes in policy and the reform and modernisation of social services;
- the changing needs and preferences of users and of persons caring for them;
- the impact of reform and modernisation on the work and working conditions of employees in the social services in question;
- changes in employment and labour models in social services and their impact on the quality and availability of these services;
- whether experiments have met users’ needs and aspirations.

The user groups studied include elderly people living alone, young jobseekers and the mentally disabled.

Chapter 1, in the form of an introduction, outlines the structure and organisation of social public services in Italy, reviews the main social and economic challenges and gives an overview of recent national policy initiatives to reform and modernise social services.

Chapter 2 analyses the demographic and socio-economic situation of these user groups, looks at the ways in which this situation is changing and assesses users’ needs and the changes that have been made to meet these needs, particularly those requiring coordinated services and increasing the role played by users.

Chapter 3 illustrates three innovative experiences of “good practice” for each user group. The criterion for choosing initiatives was that they had made major efforts to meet users’ needs by integrating services and coordinating all the partners involved. Priority was given to initiatives targeting a wider range of needs and able to find answers much more in keeping with users’ different circumstances, possibly through highly personalised services.

Chapters 4 and 5 provide an in-depth assessment of two of these initiatives against a detailed protocol of quality of working life, quality of services for users, relations between the different partners and proposals for service improvement.

The final Chapter assesses the impact of the changes underway in social public services on employment and working conditions, the link between quality of working life and quality of the service, the impact of change on the quality of social services and its evaluation, user empowerment, mechanisms for coordinating multi-dimensional needs, links with equal opportunities and social services and job creation. A number of recommendations on each of these themes are drawn up for policy-makers and the social players.

This report would not have been possible without the patience and active cooperation of those responsible for the initiatives that we studied (managers, employees, trade unionists, local councilors) from whom we learnt a great deal and who passed on to us some of their enthusiasm for their jobs. We should like to thank them, together with all the experts, policy-makers and trade union officials who we contacted and interviewed.

1. Introduction

1.1 Overview of the structure, organisation and financing of social public services in Italy

Italy's economic and social situation underwent far-reaching changes in the 1990s, largely as a result of objectives connected with the single European currency and the improvement of public finance. Within the space of a few years, significant reductions in public expenditure and increases in public revenue gave a substantial primary surplus that was among the highest in Europe. Between 1989 and 1998, the tax burden (given by the ratio between public revenue and gross domestic product (GDP)), which was 39.0% of GDP in 1989, rose to 44.8% in 1997 and fell again to 43.6% in the following year. Looking again at GDP, expenditure net of interest rose in Italy from 43.1% in 1989 to 45.7% in 1993 and then fell back to 42% in the following four years; the main causes of this downturn between 1989 and 1998 were the reduction of public investment, the reforms of the pension system in 1992 and 1995 and cuts in local authority funding (Bank of Italy, 1999). Net public authority borrowing needs (expenditure - revenue) fell from 11.1% of GDP in 1990 to 2.7% in 1998 and seems set to fall to 2 - 2.4% in 1999. Looking at the balance of expenditure and revenue net of interest (primary surplus) there was growth up to a peak of 6.8% of GDP in 1997 followed by a fall to 4-5% (OECD, 1998; CER 1999). Social expenditure suffered from the pressures exerted by the Maastricht constraints and from high rates of interest on debts.

Table 1: Expenditure on social protection as % of GDP

	1990	1993	1996		1990	1993	1996
Belgium	26.8	29.0	30.0	Netherlands	32.5	33.7	300.9
Denmark	30.3	33.5	33.6	Austria	26.7	29.0	29.5
Germany	25.4	29.1	30.5	Portugal	15.5	21.0	21.6
Greece	22.7	22.0	23.3	Finland	25.5	35.4	32.1
Spain	20.4	24.4	22.4	Sweden	32.9	38.6	34.8
France	27.7	31.2	30.8	United Kingdom	23.1	28.8	27.7
Ireland	19.1	20.8	18.9				
Italy	24.1	26.0	24.8	EUR-15	25.4	29.0	28.7
Luxembourg	23.5	25.2	26.2	EUR-11	25.5	28.8	28.6

Source: Eurostat, 1999

These developments have further reduced the limited resources channelled into most welfare state items.

According to Eurostat, total expenditure on social protection in Italy was 24.8% of GDP in 1996, four points below the average for the fifteen EU Member States. Even though there was a trend towards growth almost everywhere between 1990 and 1996 (an average of 3.3% for the 15, with higher percentages in the United Kingdom (+4.6%) and Germany (+5.1%)), the percentage remained unchanged in Italy (Eurostat, 1999a). From the point of view of standard purchasing power, per capita expenditure on social welfare was 10% lower than the European average and 25% lower than in the leading group (Denmark, Germany and Sweden).

Table 2: *Social protection expenditure per capita PPS, 1996 – Ascending order*

P	EL	IRL	E	I	UK	EUR-15	EUR-11	FIN
2 533	2 695	3 069	3 160	4 644	4 839	5 120	5 203	5 266
F	NL	A	B	S	D	DK	L	
5 608	5 952	6 050	6 059	6 119	6 351	6 884	8 297	

Source: Eurostat, 1999

The proportion of expenditure covered by social security contributions in Italy is the highest in Europe: 65% in comparison with an EU average of 40%. Many types of social expenditure, including health, education, welfare, family benefits and active labour policies, account for a small proportion of GDP (Istat, 1997; Eurostat, 1999a; Benetti, 1999).

Social expenditure is predominantly financed from the contributions paid by employees and employers (over 65% of total revenue) with the result that high unemployment levels, increased self-employment, subcontract work and the hidden economy all have a major impact on this expenditure.

The structure of social protection has a number of characteristic features:

- Services have not been developed to any great extent in Italy (with the exception of health services), with financial benefits predominating. The proportion of expenditure for which services account is very small and can be estimated, although with a great deal of uncertainty, at between 8% and 15% of welfare expenditure and consequently at no more than 0.3% of GDP (Bimbi et al, 1997).
- Services and protection are not available to the same extent in different areas and are almost completely lacking in some areas (southern Italy in particular). There are, therefore, substantial inequities in the access of users to services.
- Powers and responsibilities for social public services (including support for the elderly and the disabled) have been decentralised and, in the absence of an overall framework, local authorities have considerable discretion over the forms that services and benefits take. Under the Constitution and Law No 382/1975, the regions have legislative powers over public welfare and health assistance; local authorities, whether individually or working as associations, are responsible for organising and supplying welfare services within geographical management areas for social and health services (Decree No 616/1977). Individual local authorities may delegate management of social and welfare activities or services to local health trusts. The division of responsibilities for social and health issues and between local health trusts and local authorities has been resolved in a variety of ways in different regions (CNEL- Consiglio Nazionale dell'Economia e del lavoro - Social Market Working Party, 1998b).
- The main feature of employment services, which play a key part in support for young people, has up to now been the formal centralisation of their organisation at State level which is out of kilter with the fact that powers over vocational training lie with the regions. The picture has largely changed, however, as powers over employment services have recently been transferred to the regions and provinces.
- Some financial benefits paid to the disabled and the elderly (such as the home care allowance) are not linked to income, but in Italy service provision generally involves an assessment of users' financial means and forms of cost-sharing graduated on the basis of

disposable income. A minimum income (RMI) has been introduced experimentally in some pilot local authorities as a way of combating poverty among all people temporarily facing serious financial hardship, irrespective of their circumstances. The introduction of a standard criterion (the “wealthmeter”) for assessing the financial means of people requesting social benefits by Legislative Decree No 109/1998 is an attempt to rationalise the system. This indicator is intended to offset the problems that tax evasion raises for income assessment systems and differences in the scales that the various agencies use to equate different situations. The indicator of equivalent financial means (ISE) is applied to the benefits paid by local authorities and is calculated with reference to the applicant’s family; it takes account, moreover, of both income and assets, corrected by the number of family members, and is based on a self-assessment system. The regulations allow payment agencies a degree of flexibility in its application, although the balance between equity and flexibility is obviously critical (Mazzafarro-Toso, 1998; Benetti-Geria, 1999).

- Public financing for the provision of services is in principle charged against general taxation with a chain of finance from central to local level. The role of local financing is being extended, however, in keeping with the increased taxation autonomy of local authorities and greater regional responsibilities under the health model. The most innovative initiatives, as will be seen later in this study, make significant use of Community funding. The extension of local taxation powers works in favour of local authorities in the centre and north and not in favour of those in the south, although this is offset to some extent by public subsidies (Istat, 1997).
- Most services are designed to offset negative events affecting people’s quality of life and tend not to have risk prevention or resource development as their aim. Assessments of quality/cost ratios also show shortcomings in relation to European quality standards (Collicelli, 1998).

It is impossible to pinpoint employment in social public services from national data on the broader category of employees in services not intended for sale, which includes employees of public authorities and private social institutions. According to 1991 Census data, there were 1 126 000 employees in the health and social welfare sectors (including hospital and medical employees, but not the employees of local health units), an increase of 35% from 1981 (Istat, 1998). Current trends seem to be decidedly in the opposite direction. In this sector, and in contrast to trends in the European Union, employment increased by only 0.5% per annum between 1994 and 1997. The percentage of the employees in the total population aged between 15 and 64 is particularly low: 2.9% in 1996 in comparison with an EUR15 average of 5.6%. These figures should, however, be viewed with caution because the sector’s boundaries may differ in different countries, are nevertheless borne out by the low percentage of total employment for which employment in public services accounts (21% in 1997 in comparison with an EU average of some 24%). Employment in social services in southern Europe is still at a fairly embryonic stage in comparison with northern Europe, since families continue to play a role that has elsewhere been taken over by the public sector (European Commission, 1997 and 1999).

In Italy, the family is the main instrument of solidarity between the generations, which tends to minimise the risks of social and financial exclusion since money and property are passed on and capacities and abilities are formed through processes of accumulation and work, knowledge networks, upbringing, education, environmental and family conditions, etc. (Giordano, 1999; Frey-Livraghi, 1999).

1.2 Key social and economic challenges for public welfare state services

The Italian social protection system is having to cope with a number of changes that are leading to problems and new developments. Very briefly, these include:

- demographic and economic changes. Population ageing is increasing the demand for services for elderly people, while the number of people of working age able to provide such services is falling. The family, which has up to now taken a great deal of pressure off care services, is not playing such a large role, especially as more women are tending to work. The late entry of young people into the working world, the extent of precarious types of employment and the spread of new types of employment involving lower social security contributions are all factors that are having an impact on the financing of the welfare state which is still based on Fordist employment models (Ferrera, 1998);
- institutional decentralisation. Attempts are being made to streamline central government apparatus in order to make the administrative machine more efficient by forging closer grass-roots links. Application of the principle of subsidiarity means that tasks and functions need to be revised and their specific responsibilities reviewed;
- rescaling of the public sector's role in service provision. There has been a shift away from a system of direct provision of services and benefits by the state to a much more varied system. While there are many reasons for the state's withdrawal from service provision and the encouragement of a private sector supply, the effect is nevertheless clearly to separate the obligation to meet needs, which continues to be seen as public, from the agencies, which may not necessarily be public, called upon to meet these needs. The proliferation of non-profit-making organisations means that the traditional dichotomy between the public and the private is becoming a thing of the past (Ranci, 1999);
- public finance constraints coupled with the pressures exerted by the demand for services are leading to attempts to make service providers, whether public or private, more efficient, through new types of organisation. A new development here is conversion into businesses which was widespread throughout the health sector in the 1990s, leading to a reorganisation of bodies and tasks and more autonomy for managers. Far-reaching overhauls of local organisation to provide more cohesive systems should also be borne in mind;
- the introduction of competition between service providers to ensure that services are economically competitive. In the social services sector, it is now compulsory for local authorities to launch public calls for tender for the purchase of large-scale services from private concerns, following the introduction of European regulations on public tenders. On the one hand, this raises the issue of quality standards in order to prevent any competition based solely on price from prejudicing the quality of services and, on the other hand, the problem, when end users have to choose between several suppliers, of the lack of information available to them through which they can assess the quality of the services on offer or can do so only after purchasing the service. Experts in this area consider that the lack of a "contracting culture" raises problems as regards the assessment of the cost/quality ratio of services (CNEL-Social Market Working Party, 1998a; Ranci, 1999);
- changes in the employment relationships of employees. In Italy, the status of public sector employees is gradually being harmonised with that of private sector employees in order to make human resource management more flexible (privatisation of public sector employee status under Law No 421/1992 and Legislative Decree No 29/1993). The trend is towards a deregulation of the sector, with greater emphasis on negotiation and a more

clear-cut dividing line between policy-making and organisational responsibilities (Marconi, 1997 and 1998; Fedele, 1998). When setting pay, the trend is away from the emphasis on length of service towards pay based on performance and results. Changes in the supply mix are causing new protagonists to emerge: public sector employment in the sector is declining, and employment in the “third” sector is increasing, especially in social cooperatives.

1.3 Overview of recent national policy initiatives to reform and modernise social public services in Italy

Public finance austerity in the 1990s has led to a revision of the rules and the entry of new partners and new models into the welfare state, simplified relations between citizens and authorities and has brought about more decentralised decision-making and financing based on the principles of subsidiarity. This far-reaching overhaul of the welfare state and the role of the public sector has not been without its conflicts.

These conflicts have been made easier to resolve, however, in a context of concerted action set in motion with the aim of making everyone involved more responsible. Since 1992/1993, large-scale involvement of the social partners, trade unions and employers’ associations has helped to reduce inflation and govern industrial relations and to steer the economic and social system in a period of political instability and major change for the welfare state. The experiment, developed initially at national level, has had major local spin-offs in a variety of areas including social services, as this report shows. Local concerted action agreements, initially a relatively spontaneous result of the general approach, have been placed on a systematic footing in the most recent agreement, in December 1998, which defines the links between the various levels and central government and local authority involvement.

For the Italian public authorities, the 1990s were a period of radical change intended to improve their competitiveness, efficiency and service quality and to forge closer links with citizens. Attempts have therefore been made to resolve the major crisis caused by the lack of legitimacy of public action and the public’s widespread distrust of the sector, the inflexibility of the public sector in a rapidly changing society, bureaucratic methods not in keeping with methods of result evaluation, the traditional lack of responsibility of public managers brought about by the intrusion of politics, the widespread preference for standard solutions and the centralisation of funding with superimposed decision-making levels.

These changes, which are still underway, have been introduced by a series of reforms that have overhauled systems, tasks and rules, and include:

- The transfer of powers from the central to the local level. From the 1970s onwards, Italy started to step up decentralised government of the welfare sector by regional and local authorities, especially in the area of assistance and health; this process speeded up in the 1990s. Under the Bassanini reform (Law No 59/1997) a broad spectrum of powers and tasks were transferred to decentralised agencies based on the principle that decisions should be taken at the closest possible level to citizens, i.e. at the lowest level, and should be made at higher levels (central government and European Union) only for valid reasons. The second Bassanini reform (Law No 127/1997) included, among other things, a reduction of controls on regional and local authority action, an overhaul of the organisation of these authorities and the provision of better information on users’ rights by individual authorities.

- Focusing attention on citizens' interests, by involving them directly in the administrative procedure, laying down fixed deadlines for action and simplifying measures as far as possible. The aim is to move away from a perception of the administration as a power and the citizen as a subject to a perception of the administration as a service.
- The production of public service charters and the establishment of public relations offices. A Presidential Decree in 1994 began a period of experimentation with services charters laying down commitments to citizens and/or users and based on qualitative and quantitative standards. The main criteria have been decided (equal rights for users, impartiality, continuity of service, right to choice, participation, efficiency and effectiveness). In 1995, service charters became compulsory for sectors chosen from the reference schemes; there was a substantial, but not widespread, response. Public relations offices are in keeping with the need for new channels for participation and communication, but many authorities have yet to set them up; in general, few have paid much attention to the potential offered by communication, public marketing and customer satisfaction instruments (Marconi, 1997);
- The introduction of various instruments for concerted action (negotiated planning, institutional planning agreements, framework planning agreements, planning contracts, etc.) involving the various public and private partners, including the social partners and enterprises, in the implementation of measures requiring institutional decisions and public authority resources;
- The rescaling of direct management of services by the public sector whose role is now more one of regulating and guaranteeing the quality of services that various public and private partners compete to run;
- The shift away from formal controls of legitimacy towards management audits and evaluations of the achievement of preset objectives;
- The reform of the public budget and the shift away from an incremental approach to a zero-base budget giving managers more autonomy and responsibility (Marconi, 1997);
- A strict pay policy and limits on the recruitment of public sector employees to keep staff expenses under control (Dell'Aringa – Vignocchi, 1998).

The aim has therefore been to establish a “light” and non-invasive public authority whose main tasks are in the areas of guidance, control and regulation with actual service provision being delegated to agencies and enterprises. The interlinking of private and public systems is also intended to ensure, through the quality of services, that all citizens, in particular those who are less advantaged, are fundamentally equal.

The two health reforms introduced in 1992/93 (Legislative Decrees 502/92 and 517/93) and in 1998/99 have to be seen in this context. The first reform included, among other things:

- transfer to the regions of powers to decide how to organise and run services and to decide on expenditure, with the state no longer making up any deficits;
- conversion of local health units and larger hospitals into businesses;
- review and drastic concentration of their geographical areas of coverage;
- drafting of the national health plan through which national policy areas can be coordinated and the central and local levels integrated, identifying priority areas for action, minimum levels of assistance to be guaranteed throughout the country, objective plans and financing;

- local integration of the various agencies providing health services and of these agencies and social and welfare services, assigned to the basic health district as the organisational and functional arm of local health trusts.

The reform approved in 1999 (La Torre, 1999):

- completes the regionalisation and business conversion of the national health service;
- lays down new rules on the relationships between the public sector, the private non-profit-making sector and the private commercial sector to ensure that citizens receive high-quality and reliable services;
- lays down new regulations for the accreditation of facilities, establishing a kind of quality certification, guaranteed by a national commission. Accreditation criteria include the levels of satisfaction of users who will also be represented on this commission;
- makes the district into the supplier of primary care and coordinator of the various forms of medical care in an area. The local service network is strengthened by links between general practitioners and hospitals. The prevention department is responsible for all intersectoral aspects involved in the promotion and protection of health;
- promotes staff participation through the health trust council, the evaluation of trusts' strategic choices to improve quality and the personalisation and operational nature of services;
- improves workers' skills through continuing training;
- better integrates welfare and health services for the least advantaged who require complex and integrated welfare services, in some cases in the long term.

The draft law on an integrated system of social measures and services, resulting from concerted action with the social partners, local authorities and non-profit-making concerns, is currently being approved and focuses on the following points: establishment of a national fund for social policies, a proportion of which is earmarked for elderly people who are not self-sufficient, integration and training plans for the disabled drawn up by local authorities in agreement with local health trusts, design of the social benefits set out in the national social plan, establishment of an integrated network of personal and family support services and transfer of powers and responsibilities to local authorities. The communal authorities are responsible for managing services and have to provide certain essential services set out in central government plans. There are plans to award service vouchers to users for use with private accredited concerns and to reorganise financial benefits.

Changes in employment services have been even more drastic. There had already been an overhaul of the organisational machine in the 1980s, under Law No 56/1987. The main goal, i.e. the shift away from a conception of placement as a way of defining priorities for access to employment towards a conception focusing on matching the labour supply and demand, both wide-ranging, was tackled only recently, as will be seen later in this report. These changes have been so far-reaching that it is possible to talk of a total overhaul. National policy for young people is currently integrated into employment policies, and in particular the recent national action plan referring to Community guidelines that will in future shape regional guidelines. Taking a broader view of needs, a national action plan for young people, supported by an appropriate fund, is being planned.

Over the last twenty years the social services sector has therefore undergone major changes in relation to:

- the partners involved. The private sector, including both profit-making enterprises and the non-profit-making sector, has become more important. Public sector services, which have long been unable to meet needs, are becoming only part of the overall supply.
- the end of the public sector monopoly in many social sectors. Tasks that have long been considered the responsibility of the public sector, such as employment services, are now being carried out by the private sector as well;
- the quest for a more organised relationship between public institutions and private concerns in order to provide services that are more in keeping with needs.

Public sector services are gradually losing their monopoly and are having, instead, to compete for business with commercial and non-profit-making concerns. The latter are trying to achieve a balance between the cost of the service and the remuneration for the service that can be obtained on the market or under agreements with local authorities or local health trusts.

Public authorities are gradually cutting down the number of services that they run directly and making widespread use of contracting-out. They have opted to contract out services to cut down on red tape, bring services closer to users, make them more flexible and set them at grass-roots level, which, as we will see, is opening up new needs that are not being fully satisfied. The communal authorities are still responsible for services and have planning, financing and monitoring tasks, but have these services carried out by outside contractors rather than by their own staff. In practice, public authorities are becoming the main purchaser rather than the main producer (Piva, 1998).

The “third” sector started to play more of a role in the 1980s. Increasing numbers of professional organisations (such as social cooperatives) and associations traditionally active in civil society began, while remaining true to their original principles, to work and organise themselves along the lines of small enterprise, with the result that their work has become increasingly professional. This trend is being encouraged by the increasing numbers of public authorities that are delegating the management of social services to private non-profit-making concerns (especially home care and residential facilities) with the result that the range of activities is being enhanced to such an extent that a model of “professional competence in the social sphere” is emerging. Cooperative action in the social sphere has two main strands: social services cooperatives, whose object is supply social and welfare services for reasons of solidarity, and employment placement cooperatives, i.e. enterprises whose business object is to provide work for disadvantaged people (Ranci, 1999).

In recent years, three main laws have recognised the role of the non-profit sector and regulated its dealings with public and central and local government agencies. National laws on the voluntary sector and social cooperatives date from 1991. Law 266 regulates dealings between voluntary organisations and the public sector, making the regions responsible for setting up registers of voluntary organisations, with which organisations planning to work under contract must register, and sets out legislation to support voluntary work by safeguarding its autonomy. According to a 1997 survey by the Voluntary Sector Foundation, there were at that time 12 500 voluntary organisations, i.e. 30% more than in 1995, and 400 000 volunteers in stable work (Geria, 1999b).

Law No 381/1991 recognised the “social cooperative” as a body that has a twofold aim of human advancement and social integration of citizens, through the provision of specific services and the promotion of working activities into which socially disadvantaged persons can be integrated, and that has voluntary members. The law also set out new prerogatives for the non-profit sector in the form of concessions including zero-rated social security contributions for member workers in socially disadvantaged circumstances (in the case of cooperatives offering work placements for disadvantaged people) and (for cooperatives of the same type, defined as type b)) privileged channels of access to public sector contracts. Under the principle of fair competition, the European Union ruled, however, that this legislation was unfair, with the result that these “privileged channels” can be used only for contracts of up to LIT 400 million. The law also requires the regional authorities to draw up implementing regulations and to set up a “regional register of social cooperatives”, specifying the ways in which their work is to be coordinated with the work of the social and welfare services and vocational training and job creation methods (Cocanari et al, 1996).

A 1996 survey found some 3 900 social cooperatives, mostly set up in the 1980s, with a total membership of some 120 000 people. Almost 80% of cooperatives sell their services to the public authorities, 59% of their income comes from public contracts and grants and 29% from sales of goods and services to individuals, enterprises or other organisations (Ranci, 1999). More recent data show a substantial increase in the number of social cooperatives from 2 300 in 1994 to 4 800 in 1998 with employee numbers increasing from 38 000 to 108 000 (Ministry of Labour, 1999).

Non-profit-making social utility organisations (ONLUS) are also being consolidated through tax regulations under Legislative Decree No 460 of 1997. This term covers associations, committees, foundations, cooperatives and other private sector bodies in the fields of social and public utility. The main features of these Onlus are clarified in their definition which speaks of bodies set up solely for reasons of solidarity that pursue the public interest through work predominantly for persons outside the organisation. These requirements are coupled with a prohibition on the direct or indirect distribution of any profits and the inclusion of statutory provisions protecting the principles of transparency and democracy, unless the particular nature of the body allows for exemption. To obtain Onlus status, it is necessary to register with a special registry, set up and administered by the Ministry of Finance, which gives access to a wide range of tax concessions (Geria, 1999a).

In Italy, looking solely at paid staff, the non-profit-making sector provided employment in 1991 for some 418 000 people, accounting for 1.8% of total employment in Italy, a figure that is lower than in other countries (France 4.2%; United Kingdom 4.0%, Germany 3.7%). The number of people actually involved is much higher if unpaid workers are also taken into account. Over 85% of employees in the non-profit-making sector work in social services, health and education (Barbetta, 1996).

2. Users' needs and new ways of satisfying these needs

2.1 Elderly people living alone

A) Analysis of user groups, including their demographic and socio-economic profiles, and potential changes thereto

Italy is among those countries with the worst ageing problems: 16.2% of the total population was aged over 65 and 3.5% over 80 in 1994/95 (Istat, 1997b). According to Istat estimates, population ageing will be more intense in the next few years: in 2030, 27% of the Italian population will be aged over 65 (the elderly) with a major increase, relative to the other age groups, in the over-80s (the very elderly). It is estimated that, in thirty years time, the population aged over 80 will account for 6% of the total population (Prime Minister's Office, 1999). Population ageing is not uniform throughout Italy. In 1994/95, the over-65s accounted for 17/18% of the total in the centre and north, and for 13/15% in the south and islands. There are more elderly people in the centres of major cities (23% of the respective population) and in Communes with less than 2 000 inhabitants (Romano – Sgritta, 1999).

The speed and intensity of population ageing is having a major economic and social impact. Pension systems must address the demographic challenge if they are to resolve the problem of long-term financial viability. The many measures to reform social security expenditure in the 1990s and the reform of the pension system launched in 1995 should be seen in this context. The demand for health and social services from the elderly and very elderly is increasing. Consumer patterns are changing, with less expenditure on luxuries, typical of younger age groups, and more expenditure on health and services (Sgritta, 1997). The position of the elderly in society is also changing; in today's society, there is little understanding of the role of elderly people which increases the risk of their marginalisation. Despite this, elderly people also represent a major resource in terms of the assistance that they provide. The "network" structure of Italian families leads to a kind of inter-generational exchange of care work, with elderly people, still in good health, helping their children and then, at a later stage, these children looking after their parents who have started to need care. Analyses of time swaps show that the elderly are very often a resource and an opportunity and not a burden (Olini, 1999).

Most elderly people live as couples and receive help from their spouse, generally the wife, who may also be elderly. As they grow older, however, they increasingly need outside help or at least help from younger people. Elderly people normally continue to live alone after their spouse dies, for as long as their health allows. As they lose their independence, however, they move in with family members or relations, in most cases to their children's homes. As a result of their increased life expectancy and younger age of marriage, it is usually women who experience lonely old age. Women account for 4/5 of elderly people living alone (Romano-Sgritta, 1999). Istat surveys show that financial problems are particularly pronounced among women living alone who experience problems living alone and who, as they are unable to rely on help from family members, are forced to call on commercial welfare services (31%) or home helps (19%) (Istat, 1998).

Table 3: *Persons aged over 65 living alone per 100 similar households, 1997*

Financial circumstances	No problems living alone	Problems living alone
Few or inadequate financial resources	41.2	45.9
No savings	72.5	81.0
Worse financial situation	28.6	29.4

Source: *Istat - Multi-purpose family survey*

B) Assessment of users' needs and analysis of the ways in which they would prefer these needs to be met

Medical advances and improvements of health, nutrition and culture are extending life expectancy and delaying elderly people's physical deterioration. Levels of disability and the resultant need for care increase exponentially with increasing age, from 6% in the 60-64 age group to 47% among the over-80s. 12% of men and 36.1% of women aged over 65 live alone (Romano-Sgritta, 1999); the over-65s account for 40.9% of single-person households (Bank of Italy, 1997); 34% of disabled over-65s live alone and 60.3% with their families (Romano-Sgritta, 1999). In 1998, there were 2 230 000 people aged over 80 living alone or with a spouse. This highlights the growing importance of a network of specific, efficient, organised and accessible social services geared towards meeting the various needs of elderly people who live alone. Increasing age in particular entails (Olini, 1999):

- a reduction of mobility outside the home making access to services more difficult. Elderly people need the help of third parties, initially to accompany them and are then, at a later stage, forced completely to delegate their service needs to other people;
- growing problems in dealing with day-to-day bureaucracy and adapting to changes in social life (for instance the impact that the introduction of the Euro is likely to have on the elderly);
- a growing need for health and welfare services, not just on an occasional, but on a constant basis;
- a growing inability to care for oneself or decreased mobility, leading, in the most severe cases, to confinement in the home or in bed, and a growing inability to communicate;
- an increasing risk of accidents and therefore a need for preventive and post-traumatic assistance;
- greater exposure to petty crime and extortion, both within and outside the home.

Public and private services are having to deal, however, with an infinite number of situations between complete autonomy and complete dependence. Whatever the threshold used to define elderly people, not all of these people require protection.

In Italy, the number of elderly people living in residential homes is lower than elsewhere because of the major role played by the family (OECD, 1998c). This care work is facing a crisis, however, because of changes in lifestyles brought about by the increasing number of single-parent and single-person households, the falling birth rate and the increasing numbers of women who work. The devotion and serious commitment of families to caring for their elderly therefore needs to be supported. A lack of commitment here would place a major obstacle in the path of equal opportunities between men and women because it would discourage women from entering the labour market.

In recent years, there has been a massive development of home care services, even though only 20% of local authorities have introduced such services and there is still a major geographical imbalance, and also a diversification and extension of the range of services available, including local day centres and home visits, provision of meals on wheels and various home services and assistance during periods of hospitalisation. A recent experiment, aimed at families caring for disabled elderly people, has been to offer respite or alternance care, where elderly people are accommodated in sheltered facilities for short periods of respite for themselves and for the family normally caring for them or, more generally, to provide these families with some freedom by taking the burden of care from them from time to time.

C) More general measures to satisfy users' needs, particularly those requiring coordinated services and giving users a more active role

The few services that are available are not comparable throughout Italy, where the modern coexists with the backward. National framework laws have long been lacking and the regional authorities have had to draw up their own action plans. Both national and regional legislation accepts, however, that the fundamental need of the elderly is to remain in their homes for as long as possible. Both the Progetto Obiettivo Anziano (Elderly Target Project) and many regional laws have affirmed the principle that the elderly should remain in their normal context and that unnecessary institutionalisation and hospitalisation should be avoided. In practice, however, alternatives to institutionalisation, such as sheltered housing and home care initiatives are not available to the same extent throughout Italy.

The most interesting initiatives are looking at ways of:

- supporting care work by families, in some cases through home care and the payment of material and financial benefits (care allowances);
- personalising services to meet the wide range of circumstances of the elderly who require highly targeted measures in areas ranging from socialisation, possibly with the help of other people, or involving self-motivation, to the problems of entirely dependent elderly people;
- stepping up home care services for elderly people who are not self-sufficient, in some cases using advanced technologies (alarm call systems, remote surveillance, remote assistance, remote medicine).

In Italy, the pensioners' federations of the three main unions CGIL, CISL and UIL are helping to step up the role played by elderly people themselves. These federations now have over five million members and account for almost half of all trade union members, by far exceeding the other industry and service categories. Their work, initially focusing on social security problems, has been extended to cover the whole range of issues affecting the elderly (taxation, utility charges, transport, income support, health, welfare and leisure time). The pensioners' federations have been invited to discuss these issues at meetings with the government and have, moreover, according to a report by the CNEL (National Council for Economic and Labour Affairs) - a tripartite constitutional body - entered into over 2000 protocols of agreement with local authorities. Regional laws make explicit provision for the participation of pensioners' union organisations in welfare planning for the elderly (Merolla, 1998 and 1999). These federations also promote associations, such as the Auser (Associazione per l'Autogestione dei Servizi e la Solidarite), in which elderly people work on a voluntary basis for other elderly people.

2.2 Young jobseekers

A) Analysis of user groups, including their demographic and socio-economic profiles, and potential changes thereto

Following the substantial reduction in the birth rate in the 1970s and 1980s, both the number of young people and the proportion of the Italian population for which they account are falling. There were 8 750 000 young people aged between 15 and 24 in the 1991 census and 7 400 000 in 1998, i.e. a drop of over 1 300 000. Young people in this age group accounted for 15.6% of the population in 1991, but the figure has now dropped to around 12.8%. While the demographic decline is particularly marked in the 15-19 age group, there has also been a decline in the 20-29 age group. The trend seems set to worsen substantially in the future; according to recent projections, the Italian population aged between 14 and 24 is set to fall from some 8.1 million in 1995 to 6 million in 2005 (Prime Minister's Office - Department of Social Affairs, 1998). While this trend will be most rapid in the northern regions, the south will also be affected.

The definition of "young people" is changing over time and is tending to include a larger number of other people; its also differs from country to country. It takes account of differences and changes in the labour market, in family structures and in lifestyles (Lugaresi, 1997). The status of young person seems to last much longer in Italy than in other countries because young people tend to live longer with their parents. According to Eurostat's labour force survey, 87% of young Italians aged between 20 and 24 were living with their parents in 1995, like 89% of their Spanish and 82% of their Portuguese counterparts, but in comparison with 55% in Germany, 52% in France and only 29% of young people in Finland. The gaps between countries increase substantially in the 25-29 age group; 56% of Italians in this age group, like 59% of their Spanish counterparts, were still living with their parents, in comparison with 21% in Germany, 17% in France and the United Kingdom and around 10% in Finland and the Netherlands (Barreiros, 1997). Young Italians are tending to put off those practices that generally signal entry into adulthood: completing education, starting work, getting married and having a family (Sgritta, 1998). The term "Peter Pan syndrome" has been used to describe this delay in leaving the parental home (Livi Bacci, 1998); various surveys show that it is not just financial problems that are causing this delayed entry into adulthood, although they are important, but also problems such as finding a job or somewhere to live, which affect the social classes across the board (Sabbadini, Istat, 1999; CNR - Population Research Institute, 1999). The family plays a strong support role, with any disagreements seemingly resolved in general, while little attention is paid in terms of structures, services and even recognition by society. Young people nowadays seem to be an "invisible generation" and to have lost the social visibility that was common in the past (Diamanti, 1999).

B) Assessment of users' needs and analysis of the ways in which they would prefer these needs to be met

There are many sources of youth hardship.

- Unemployment in the 15-24 age group was 33.4% in 1998. Broken down by sex, the rates were 29.3% for men and 38.7% for women. The figures for southern Italy are three to four times higher than those for northern Italy;

Table 4: *Indicators of youth employment by sex – 1998*

(Young people – 15–24 age group)						
	Youth participation rate	Youth unemployment rate				Total unemployment rate
	Italy	North	Centre	South	Italy	Italy
Men	41.8	12.7	26.2	51.2	29.0	9.5
Women	33.9	22.7	36.7	64.3	38.7	16.8
Men and women	37.9	17.4	31.0	56.5	33.4	12.3

Source: ISTAT, *Labour Force Survey*

- very large numbers of young people are in precarious employment or at least in fairly irregular types of work which do little for their social integration and mean that their path towards stability is very long. Generally speaking, employment, even in good areas, is tending to become less standard; this development is affecting young people in particular. “Atypical” contracts are on the increase and are now, at least on initial recruitment, the norm instead of the standard model of full-time permanent employment. While this may benefit some individuals, a large number of young people pass through a sequence of precarious employment experiences that ultimately lead nowhere;
- schools are not playing the role that they should. Dropping out from school is a major problem in Italy, even at lower secondary level. Students tend to leave school prematurely for contrasting reasons: because work is attractive in the north and because of social hardship and school shortcomings in the south. Only 60% of students registering for upper secondary school actually complete their education (in comparison with an OECD average of almost 80%). The drop-out rate from university is just as high, and the ratio of graduates to first year students is very low. Vocational training is very slow not just to anticipate but even to keep up with changing needs;
- young people lack reference points, meeting places and institutional forums in which they can express their views and feelings. Information centres are also few and far between.

These issues need to be tackled through broader policies to restore growth, make employment more flexible with respect to GDP and find a better geographical and production balance. Policies to encourage young people to enter the working world cannot be seen in isolation from employment problems as a whole. Nevertheless, the policies implemented up to now have completely neglected the specific needs of young people (Young Social Forces Consultation Committee - CNEL, 1997).

The mechanisms by which supply and demand are matched also have many shortcomings. Young people are much more likely to find work through their networks of family and friends, whereas the public placement system, at least in the way that it has been run up to now, is extremely marginal and inefficient. In Italy, informal networks have made up for the shortcomings of the placement system and the lack of alternatives to the public monopoly (Casavola - Sestito, 1995). One of the main features of these networks of family and friends is, however, that they offer a narrower range of opportunities than a formal network. They also discriminate against the less advantaged, and work in favour of those who come from families that already have a solid network of relationships. There is a segmentation of the

labour market for young first-jobseekers where young people who are better off in human, gender and family background terms are more likely to find permanent jobs (Istat, 1997).

In comparison with the education systems of other European countries, compulsory education is currently very short, educational streams are very inflexible, wastage is high and education is too classroom-based and not adequately linked with the working world. There are high drop-out rates and large numbers of repeated years, no remedial policies, little connection between education and preparation for a job and a lack of training in keeping with changes in the labour market (Istat, 1996 and 1999). Although some 20% of young people who continue their education after lower secondary school leave upper secondary school during or after the first year, alternative educational options that focus on individual learning paths or that remotivate young people to learn are few and far between (Isfol, 1998).

These general factors go together with smaller-scale problems that also have a significant impact and intensify the social marginalisation of some young people. These include drug addiction, homelessness as a result of arguments with the family and deteriorating psychosocial circumstances, the lack of a family and problems with the law. These are all issues that exacerbate the shortcomings of training and the lack of employment and interact with them. A full personal recovery in such cases presupposes not only the resolution of the particular problem, but action that is specifically geared towards the needs of the individual user in the areas of psychological support, educational support and remedial measures, placement in work, links with the family and socialisation activities (Caritas, Diocese of Rome, 1998). Italian labour policies do not generally tend to take account of these wide-ranging needs that need to be addressed by social policies as well.

In Italy, young people's preferences are for self-employment and freelance work. Various surveys bear out this preference, which is in keeping with employment trends in Italy (Chiesi, 1997; Marini, 1999). According to a survey by the Corazzin Foundation among a sample of 15-29-year-olds, some two thirds of interviewees were hoping to set up a business in the medium term, especially as this would allow them to make the most of their own abilities. A large proportion of young people seem to want a route that combines flexibility and risk-taking with elements of stability and security (Marini, 1999). What they implicitly want is help in achieving this aspiration, through those instruments that mitigate the risks of self-employment, which also vary greatly between the north and south (Tarquini - Iucci, 1999).

C) More general measures to satisfy users' needs, particularly those requiring coordinated services and giving users a more active role

The fact that unemployment is such a vast problem has meant that action has usually involved general, often generic, instruments. Measures geared specifically to the problems of young people, and covering education and entry into work, have long been missing. Young people have tended to be seen as a single group and the particular features of different age groups disregarded. More recently, in particular as a result of the concerted action agreements of the 1990s (such as the Pact for Employment of September 1996) and the definition of European strategy in this area at the Luxembourg Summit, there has been a complete change of direction, which is still under way (Olini, 1997).

From the mid-1970s, and for a long time thereafter, labour policies took the form chiefly of payments of incentives to employers to encourage them to recruit young people under schemes offering partial relief from social security contributions or payment of these contributions by the state. The way in which the employment services were in the past

organised meant that schemes geared towards the characteristics of the unemployed and the specific features of the context were out of the question. More recently (from the mid-1990s and in particular under Law No 196/97) there has been a new focus on the role of these services, the aim being to make up for the delay in providing services able to match supply and demand. Whereas static mechanisms to protect workers from employers seemed necessary in the past, the focus is now on supporting workers' mobility and strengthening their position on the market outside enterprise (Liso, 1999). Steps have been taken to:

- decentralise the task of mediating between supply and demand to the regional authorities, through the transfer of powers to the regions and provinces that should be completed in June 1999, and the adoption by the state of a general role of guidance, promotion and coordination;
- remove the public monopoly, by opening up employment services to private concerns in order to make them more competitive;
- move away from placement services that merely draw up priority lists towards a service that offers a whole range of employment opportunities and is intended to cater for different groups, through the establishment of local employment centres;
- set up a coordination instrument, the Sistema Informativo Lavoro (Employment Information System), that should be complete by June 2000; the standard and integrated technical features of this system should pave the way for dialogue and exchanges of information on the labour supply and demand at national and European level;
- offer personalised guidance services, combining all the possible types of action, to help jobseekers to find work or training schemes;
- launch far-reaching retraining for personnel so that they can play a completely different role to their previous role;
- actively involve the social partners and local communities in the planning and implementation of measures.

At the same time, there is a focus on:

- school, vocational and university guidance;
- constructing an integrated system of education, training and research under which schools are to be made fully independent, compulsory education to the age of 18 will gradually be introduced using a wide range of formulae, and educational cycles are to be reorganised;
- providing an integrated system of vocational training, where activities are planned in ways that are in keeping with skills needs, on-the-job training is integrated with school education, employment contracts with a training component are upgraded through the relaunch of apprenticeship and the quality of training is improved through accreditation and retraining measures involving 2000 training agencies and their staff.

The inclusion, at both central and local levels, of the social partners, unions and enterprises in labour market and training regulation bodies, is helping users to play a more active role. Collective representation of users has been chosen because it is possible to make the most of the knowledge and information that these partners possess about the match between labour supply and demand and processes to improve human capital. There is a widespread awareness, however, of the problem of young people's representation as a result of unionisation levels (between 15 and 20%) that are much lower than among older generations and the lack of union facilities in workplaces in which young people first enter the working world (Lizzola, 1999; Marini, 1999).

A recent experiment in Italy has involved the Informagiovani network (youth information centres) following the creation in 1981 of some 500 such centres by local authorities. These are centres that provide information on public and private sector opportunities in the various areas of interest to young people (education, careers, leisure time, etc.). Many regions have coordination groups for exchanges of information and operators' training plans.

Measures in favour of young people are intended to be extended under a draft law shortly to be presented by the government which includes a "package" of measures for young people aged between 15 and 29. Under this draft law, young people's interests are to be represented through a new National Youth Council. The law also includes plans for new instruments through which a whole range of measures can be planned for young people, including a three-year youth plan, the rationalisation of the various local initiatives, giving local authorities the task of implementing initiatives and projects, and the creation of a national fund for youth policies (Sorcioni, 1997; Genovesi, 1999).

2.3 Mentally disabled adults

A) Analysis of user groups, including their demographic and socio-economic profiles, and of potential changes thereto

It is very difficult statistically to identify the number of mentally disabled people since the concept of mental disability is not precisely defined, making it impossible to provide accurate figures. According, however, to the multi-purpose survey of health in Italy, some 310 000 people, 53% of whom were women, had at least six years' history of "mental inadequacy" (according to the Istat definition) and were not accommodated in institutions or care homes in 1990. The incidence is 5.4‰. There is a strong correlation between mental disability and age; while the proportion in the 25-44 age group is 2.9 per thousand inhabitants, it rises to 4.6‰ between 45 and 54, 5.8‰ between 55 and 64 and to 7.5‰ between 65 and 74, reaching a peak among the very elderly population (Lori-Golini, 1994; National Child Protection Centre, 1996).

Up to the end of the 1950s, it was felt that the problems of disability could largely be resolved by rehabilitation, leading to the creation of special care institutions: disabilities were considered to be illnesses and sufferers were sent to "recover" in suitable facilities. Thousands of disabled adults and children were taken away from their family environment and placed in special rehabilitation centres. This kind of institutionalisation reached its peak during the 1970s. At the same time, however, people started looking for new solutions; institutions were called into question and social conceptions of and attitudes towards disabled people gradually started to change. Disabilities began to be seen as "differences" to be integrated into all social contexts. At the beginning of the 1970s, when the first disabled children were being integrated into normal schools (Law No 517/1977), there were also gradual moves towards de-institutionalisation (National Child Protection Centre, 1996).

At present, people with severe learning difficulties, after completing compulsory education, may, in the best cases, be placed in vocational training centres, social cooperatives or day centres. Social cooperatives of type a) provide home care or day centre services for these people. Social cooperatives of type b) (where a percentage of members have some sort of disadvantage) provide an opportunity to integrate mentally disabled people into the working world. This kind of integration is also being pursued through supervised apprenticeships, recognised nationally by Laws No 196/1977 and No 68/1999. Public attitudes towards

disabled people are gradually changing and are becoming more informed and realistic as a result of education and even some publicity campaigns.

The system still has many shortcomings, however, especially in some areas of central and southern Italy. Despite the various “routes” discussed above, mentally disabled people often “return home and stay there”. Very few local authorities provide home care and the services that are available are not sufficient to cater for all potential users. Alternatives to institutionalisation are beginning to proliferate - partly as a result of the increased life expectancy of people with learning difficulties - but are still few and far between and far from the norm.

B) Assessment of users’ needs and analysis of the ways in which they would prefer these needs to be met

Analysis of the needs of people with severe learning difficulties shows that action needs to be taken in a range of areas (health, welfare, psychology, education, relationships) which tends to bear out the fundamental hypothesis, widely accepted and nowadays standard practice, of initiatives in the area of integration (at school, at work, in society) that no service can take sole responsibility for supporting mentally disabled people along their path towards independence and integration.

This kind of action is also preferred by the families of users who feel that a broad mix of services to assist families and social measures is required to meet needs. According to a study by the Ministry of Social Affairs, the requests emanating from mentally disabled people and their families via the various users’ associations in 1996 and 1997 fell into two main categories: support measures to prevent institutionalisation and measures to protect disabled people where family support is no longer available (Vulterini, 1997).

The first category includes an improved system of services, more opportunities for care leave and early retirement for parents and family members who work, tax concessions of various types (VAT, tax deductibility of expenditure on care workers and life insurance, other deductions), relief from social security contributions for persons working as carers, concessions in the areas of compulsory welfare and social security contributions, care allowances, etc.

For families, the issue of “what happens when we are gone” is a major concern because of the increased life expectancy of the mentally disabled who in the past rarely outlived their parents. Proposed measures include the introduction of guardians (civic guardianship) and tax concessions on inheritances and legacies when the beneficiary is a person with severe disabilities (Vulterini, 1997).

C) More general measures to satisfy users’ needs, particularly those requiring coordinated services and giving users a more active role

Over the last twenty-five years the trend towards the socialisation of disabled people in the various spheres of social life has gathered pace, and in recent years the most significant changes for this group of people have included mass integration into compulsory education, innovative experiments with vocational training and work placement even for people who had up to then been considered impossible to place, a greater emphasis on non-ghettoising formulae and alternative types of training and innovative public and private (profit-making and non-profit-making) initiatives in the area of sheltered housing. Services, the methods of providing them and the people involved have gradually become better coordinated. Services

are increasingly being entrusted to organisations active in civil life (associations, the voluntary sector, social cooperatives and the Onlus). In practice, the process has been one of involving citizens' organisations whose anticipation, experimentation and support initiatives have only subsequently been ratified by national or regional laws.

Schools provided the first opportunity for disabled people to enter society. Law No 517 of 1977 which overhauled school organisational methods, set out particular solutions to ensure that disabled pupils were integrated into normal classes alongside able pupils.

This made it necessary for schools to work closely with local social and health services. This kind of cooperation is needed from the initial assessment of the disability to the end of the pupil's actual education and his or her transition to other training and employment services. In order to address this issue, the framework law on disability (Law No 104 of 1992) not only structured support services and their links with other service facilities, but also made provision for "agreements" between an area's various institutional and social partners; any integration initiative should be able to take place in a context of concerted and consistent social welfare (Coconari, 1985). The reorganisation of the training system (Law No 845/78) paved the way for similar initiatives and led to initial experiments in the area of work placements for mentally disabled people who had until then been excluded from the working world.

The parallel reorganisation of local social and health services led to growing de-institutionalisation and long-term efforts to coordinate the various institutions' different departments. The multi-disciplinary approach also made it necessary to review working methods in the area of personal services. Steps are being taken to organise linked services for families, schools and the working world. In this context, Law No 162/1998 launched trials of specific service formulae for people with severe disabilities for which local authorities can obtain funding from the Ministry of Social Affairs.

Law No 68 of 1999 re-affirmed and reorganised the right of the disabled to work. The right to supervised work placement was strengthened for people with psychic and intellectual disabilities. Rather than imposing a quota of disabled workers on employers, they can now enter into various kinds of contract with local bodies responsible for employment policy. These contracts can include solutions to support integration - call by name, personalised support, release of new recruits to attend vocational training in social cooperatives and tax concessions - linked to the specific needs arising from assessments not only of the disability but also of the abilities and attitudes of the person and the paths that they might follow. The new law makes provinces responsible for planning and shaping employment policies, gives the non-profit sector a role to play alongside public employment services in the provision of guidance, training and tutoring activities and recognises that social cooperatives can provide opportunities for integration following initial education and prior to genuine integration into the open market. The responsibilities of employment services, local authority social and welfare services and work placement services are structured and regulated, which should help to pave the way for the provision of personalised routes for the placement of disabled persons in work (Cocanari, 1999; Stelluti, 1999; Cocanari et al, 1996).

3. Case Studies

3.1 Elderly people living alone



Commune of Bologna – Social services for elderly people facing hardship

Social services for elderly people facing hardship in the Commune of Bologna are intended to help elderly people to maintain their independence and to limit the adverse effects of a lack of self-sufficiency, by integrating local resources and agencies in order to provide personalised and coordinated services.

Organisation

Legal status of the service provider(s).

In the area of the Commune of Bologna, social services are provided by the communal authorities and other operators: the Azienda USL (AUSL – Unita Sanitaria Locale - Local Health Trust), Public Welfare and Charitable Institutions (IPABs), social cooperatives, voluntary associations, non-profit-making organisations, private businesses and the Hospital Trust. On 10 July 1997, the Communal authorities signed a planning agreement with the AUSL, the Hospital Trust, the two IPABs already active in the area of sheltered housing and the trade unions, to step up and improve, by integrating the management of resources, the network of social and health services for the elderly with the aim of reducing institutionalisation and expanding home care services.

Financing

In 1998, the total cost of home care services was LIT 13 billion (EUR 6.7 million), funded almost entirely by the communal authorities (85%) and to a smaller extent by the AUSL and the fees paid by users.

Number of employees and users

There are some 860 employees, including 470 basic care workers, 90 professional nurses, 76 social workers, 70 doctors, some of whom do not work full-time in services for the elderly, and 109 office staff. There is also a much smaller number of rehabilitation therapists, care assistants and nursing home staff.

In the case of users, of the 100 000 elderly people in the Commune of Bologna in March 1999, 1 000 were receiving help through placements in residential facilities, 2 130 were receiving basic home care, 697 were receiving integrated home care, 240 were attending day centres, 585 were in retirement homes, 956 in sheltered housing, 333 in nursing homes and 2 900 were receiving minor services (taxi vouchers, laundry, financial aid, meal vouchers and city holiday breaks); a further 500 were using alarm call systems.

Origins and development of the initiative

The Commune launched its policy for the elderly in the 1980s in order to promote the role of the elderly in society, in particular by developing activities in the areas of culture, games and socialisation. During the 1990s, further ageing of the population meant that the Commune's policy for elderly people became more geared towards preventing the loss of independence and limiting the adverse effects of a lack of self-sufficiency. Nowadays, following the 1997 agreement, the range of services that Bologna provides is very extensive and includes:

- basic and integrated home care, day centres, nursing homes and sheltered housing, financial support for persons unable to bear the costs of assistance and financial benefits ranging from the minimum living allowance to meal and taxi vouchers;
- support for family carers and neighbourhood solidarity, the Geriatric Assessment Unit, alarm call systems and retirement homes.

Beneficiaries of the service

Description

The programme is aimed chiefly at people aged over 65 resident in the Commune of Bologna, irrespective of nationality, who are in one of the following situations:

- Insufficient income to meet the primary needs of life;
- Inability to look after oneself and maintain a normal social life without the assistance of other people;
- Elderly people convicted of crimes but not placed in prisons.

Purpose of the service

The main purpose of the social services available for elderly people facing hardship in the Commune of Bologna is to maintain the dignity and self-sufficiency of elderly people and to limit the adverse effects of any loss of self-sufficiency so that elderly people can continue to live for as long as possible in their own home and maintain their normal social life.

Features of the service

Key innovations

The main innovations lie in the integration of the social welfare and health systems from a structural as well as a procedural point of view, coordination of public agencies active in the sector under the planning agreement, the creation in each neighbourhood of a SAA (Servizio Assistenza Anziani - Elderly Assistance Service) as a single point of access to the network of integrated health and welfare services and the rationalisation of services so that they can be constantly geared to the needs of the elderly population.

Integration and coordination of agencies and within the agency providing services

A particular feature of the Commune of Bologna project is the integration of the various operators. A large proportion of services are provided by public or private operators outside the Commune on the basis of integrated procedures with guarantees in the form of accreditation.

The agreement signed by the AUSL and by two associations of accredited care homes, that is intended to improve the level of assistance for long-term care under convention, is also a good example of public and private integration.

Communication within the network takes place via the following technical operators: the SAA (Elderly Assistance Service), which is the single point for access to services, the UVGT (Unita di Valutazione Geriatrica Territoriale - Local Geriatric Assessment Unit), in which a multi-disciplinary assessment is carried out by neighbourhood (social worker), district (nurse) and hospital trust (geriatric consultant) staff, which ensures cooperation between these bodies and the integration of social and welfare services, and the case officer who is the reference point for the whole of the application procedure and assistance process once it has been started. Each service provider has also appointed welfare care liaison officers who are responsible for communications with other service providers.

The audit committees that meet every month and are attended by the five signatories to the agreement and the pensioners' union federations, are an important forum for communication between the services involved in the network.

For internal communication purposes, however, a standing committee with representatives from the communal authorities and the nine neighbourhood social services directors has recently been set up.

Issues raised by gender differences

The Commune of Bologna has set up a Women's City Management Committee, which in particular provides training for employees (including social and health workers) on gender issues and produces information in the form of leaflets and thematic guides. The communal employees' equal opportunities committee has also conducted projects in the area of working time and working hours.

Local competition

The call for tender system that the Communal authorities have set up to contract out the various services, in particular home care, is creating a climate of competition between the various cooperatives. While the main aim in the past was to keep costs as low as possible,

which was often reflected by a reduction of pay levels, quality and continuity of service have recently become more important criteria.

Employment conditions

There are major differences between the various categories of workers employed in the elderly services network. The collective agreements applied in the elderly services sector are the local authority agreement for communal and IPAB staff, the health industry agreement for health trust staff and the social cooperatives agreement for such bodies. Most employment is full-time and permanent. Part-time work is most prevalent in the cooperatives. From the point of view of pay, a cooperative employee in the same job on average earns 20% less than an IPAB employee. Depending on the agreements in force, working hours are either 36 or 38 hours per week distributed over 5 or 6 days.

User involvement

Elderly people are well represented in the Commune by the pensioners' unions which, in Bologna as in many other cities, are one of the largest groups and work permanently with local authorities to plan services and the forms that they should take.

The main experiment in this respect was the Agreement of 10 July 1997 under which the objectives to be achieved by 2000 in services for the elderly were planned by all the partners, including the pensioners' unions. Audit committees are also organised every month and attended by the five bodies that signed the agreement and the pensioners' unions.

The most significant experiments in the management of communal services by users are undoubtedly those of the social centres and allotments, which are self-managed and provide a space for socialisation and the prevention of isolation. Each of these has a management committee democratically elected by its members. These services are run under neighbourhood contracts.

Quality assessment

In 1995, the communal authorities drew up a total quality plan to monitor service quality, recording gaps between residents' expectations and their perception of services. Quality indicators were identified by working parties. In the area of home care, these include the turnover of care workers and the communication of this turnover to elderly people, hours of provision of services to the bedridden and non-bedridden, communication between elderly people and workers and transfer times between elderly people. Indicators and standards have been drawn up for each area. Monitoring is via weekly schedules drawn up by each home care team.

Main lessons of the initiative

Implications

Two particular features have played a major part in the initiative: social cooperatives, which have made substantial progress in Bologna, in terms both of service quality and organisational capacity, and the relational aspect of care which receives considerable attention in comparison with other countries.

Transferability

The organisational model is highly transferable. It should be borne in mind, however, that the area in which it is being applied is very favourable as there are many high-quality social

cooperatives, constant financial support is provided by the authorities and civil society tends to set up its own organisations, thereby providing a high level of voluntary resources.

Autonomous province of Bolzano - “Estate Serena” programme

The “Estate Serena” (Carefree Summer) programme is intended to diversify the services on offer, by providing a more extensive range of specialist services at various times of the year in order to take account of new and changing needs at different times. Under the Estate Serena initiative, a programme of action during the summer has been drawn up to prevent elderly people from facing new or worse hardship.

Organisation

Legal status of the service provider(s)

In 1991, the Province of Bolzano, which has primary responsibilities for public assistance, delegated all its welfare tasks to communal authorities and District Communities, which are made up of Communes with very small populations which are therefore unable to run such services on their own.

Given the larger number of residents (100 000) in the Commune of Bolzano, a social services unit divided into districts which run social and welfare services was set up.

Services are provided by public bodies, in particular the District Communities and, in the city of Bolzano, the social services trust. These, in turn, can contract out the provision of services to private non-profit-making agencies working in the province in assistance for the elderly or in training, retraining, assistance and refresher training in the social services sector.

Service provision under the “Estate Serena” programme, which takes a multi-functional approach, involves various voluntary organisations and associations providing services for the elderly, as well as public agencies.

Financing

Financing for the welfare of the elderly (LIT 12 billion, equivalent to EUR 6.7 million) by the Provincial authorities is almost completely for infrastructure and takes the form of grants to communal authorities and districts for investment (LIT 11 billion, i.e. EUR 5.7 million). The “Estate Serena” initiative is also financed annually by resolution of the Provincial Council of Bolzano which decides, on the basis of statutory criteria, the amount of grants to be awarded to the various associations involved in the project.

In general, the amounts that these associations receive vary in percentage terms, depending on the services offered, and the remaining proportion is made up by users and communal authorities. The percentage of costs covered varies from year to year depending on the funds available in the provincial budget, although the proportion of costs covered by users is very small, since these costs are in most cases covered by the public authorities. The provincial authorities run a special application procedure for the award of these grants. All activities run directly by the District Communities and by the social services trust in Bolzano, such as retirement homes, home care and the minimum living allowance, are fully financed by the provincial authorities.

Number of employees and users

The service is run in its entirety by volunteers from seven associations (in particular ADA and ANTEA). The 60 or so volunteers working on the initiative in 1997 provided 2000 hours of work and 700 services.

In 1997, slightly over 100 elderly people were using the service, largely women (80% of users) aged between 70 and 80.

Origins and development of the initiative

An analysis of the circumstances of elderly people in the Province of Bolzano showed that, despite the fact that the population of the Alto Adige can be considered relatively "young" in comparison with other Italian regions, the percentage of elderly people is constantly growing. Sociological analysis of this problem showed that there were different needs within the population of elderly people and that new demands for services not just connected with primary needs were rapidly emerging.

The Autonomous Province of Bolzano's social, welfare and health policy for elderly people focuses on maintaining elderly people's independence within their normal family environment and preserving their normal social relations. The conviction that elderly people are a social resource since they represent values and culture underpins this policy.

The "Estate Serena" initiative is aimed chiefly at elderly people and their needs during the summer, on the assumption that it is during this period, despite the area's social, welfare and health services, that those most in need of assistance are likely to be lonelier and more exposed to risk.

The initiative is in keeping with the measures planned by the Autonomous Provinces of Trento and Bolzano, in agreement with the Department of Social Affairs at the President's Office, to draw up guidelines through which the conduct of the initiative to provide essential public services for those people most exposed to risk during the summer period can be regulated.

Beneficiaries of the service

Description

The service is available for all elderly residents of the Province of Bolzano who are alone or require help during the summer. To obtain aid, they need directly to contact the social districts of the various Communes in which they live. In the Province of Bolzano, the elderly population is continuing to grow in both absolute terms and as a percentage of the total population. On 31 December 1997, the Province of Bolzano had a total population of 457 370, of whom 67 820 were aged over 65, i.e. 19.8% of the population, and 28 312 were aged over 75, i.e. 6.2% of the area's total resident population.

In 1997, 15 000 elderly people aged over 65 were using assistance services provided by public agencies (22% of the elderly population). The coverage of the "Estate Serena" initiative is much lower and involves some 1 per thousand of the population aged over 65.

Purpose of the service

The Estate Serena initiative was set up to provide a network of multi-functional services for the elderly, integrating services already available in the area, in order to promote their personal and social independence.

The following measures sum up the initiative's purpose:

1. Preventing new or worse situations of hardship;
2. Ensuring widespread use of public services already available in the area;
3. Ensuring continuity of the supply of such services through resource planning.

The initiative is part and parcel of the services available to elderly people from public agencies.

Agreements between public agencies (District Communities, health trusts) and voluntary associations, in which action strategies are set out, link the various welfare, social and health and information measures. In general, measures include:

- information, guidance and help with access to and use of services;
- psycho-social assistance and support;

and in particular:

- meals at home or in canteens;
- supply of goods of various types for those unable to buy them personally;
- launch of a system of emergency home care (alarm call systems) or continuity of assistance if it is already being provided;
- home delivery of medicines for those unable to collect them personally;
- home visits by family doctors;
- rapid repair service for small domestic repairs;
- small household moves;
- creation of equipped leisure facilities, providing transport where needed.

Features of the service

Key innovations

The initiative's multi-functional nature has provided good results over the last three years. This has led the Province and its partners to turn this summer experiment into an initiative that operates throughout the year.

Integration and coordination of agencies and within the agency providing services

Most social services are provided by public agencies; there are also, however, agreements with voluntary associations to provide integrated services.

Local competition

A number of voluntary associations from various backgrounds supply the volunteers working for the "Estate Serena" project. Cooperation and partnership seem to be more important than competition between these associations.

Employment conditions

The project is run largely by voluntary organisations working in cooperation with Bolzano's Centre-South health trust, the government commissioner, the Province of Bolzano and the Bolzano social services trust.

The work that is involved is not therefore employment in the strict sense, but voluntary work that, albeit structured, does not have the features of real employment. It should be borne in mind that the Bolzano area has a very low unemployment rate (an average of 2.2% in 1998 for men and women) and has therefore to be seen as an area of full employment.

The number of volunteers organised by each association is very small, ranging from an average of 4 or 5 to a maximum of 8, including the coordinator. Most volunteers are adult or elderly women.

User involvement

A survey of users' satisfaction with home care services in the various districts was conducted in the Province in 1996. Users were given a questionnaire containing 18 questions by the districts. The survey was conducted among 657 users, i.e. some 75% of the total. The results showed a high level of satisfaction. Complaints related to the limitation of services to weekdays (29.8%), the length of services (14.6%) and the limited extent of some personal hygiene and domestic cleaning services (13.2%).

Users are indirectly involved in the "Estate Serena" initiative as the voluntary associations include a number of associations of the elderly.

Assessment of quality

On the basis of information provided by the volunteers from the associations, the project promoter, at the end of each summer, assesses the services provided in order to evaluate the level of coverage of needs and the ability of the schemes that have been run to satisfy these needs. As this is a programme of action under a government initiative, reports on the progress of the "Estate Serena" project are forwarded to the Standing Committee for relations between the state, the regional authorities and the autonomous provinces which acts as a catalyst for all initiatives undertaken to achieve the programme's objectives.

The Province of Bolzano is responsible for surveying and assessing measures at local level and monitors, through the District Communities; the services provided and forwards its findings annually to the above committee.

Main lessons of the initiative

Implications

The strength of this experiment, which has now been run for a number of years, lies in the coordination of various local resources in order to provide answers in keeping with the needs of the elderly population.

Relations with users need, however, to be structured more systematically and more opportunities need to be provided for those involved to meet.

Bolzano's social services trust has drawn up an "Elderly Emergency" project, financed by the European Social Fund, which should place the initiative on a permanent footing by setting up a helpline and immediate response service for all elderly people who need it.

Transferability

The experiment can be readily transferred to other locations, both because of the type of needs that it addresses and the way in which services are provided. The specific tasks of the District Communities could be taken on by local authorities in other geographical situations.

Agro Nocerino-Sarnese – Area development plan for services for the elderly

The “Area Development Plan” for services of the Agro nocerino-sarnese (the north-west area of the Province of Salerno) is among the first experiments in southern Italy with inter-commune planning based on networking and projects involving all the partners working in personal services. It is the first experiment with the bottom-up planning of social and welfare services that has come about through local authority initiative rather than a specific statutory obligation. Its aims include the integration of social and welfare services, institutional services and the local community, and public, private and non-profit-making agencies as well as the promotion and involvement of the voluntary social and welfare sector.

Organisation

Legal status of the service provider(s)

The Plan is being promoted by the area’s “social policy coordination unit” which is made up of all the social policy commissioners of the communal authorities, the social policy commissioner of the Province of Salerno and a representative from the local health trust and the Diocesan Caritas. It is an inter-commune planning measure that is binding on the bodies that adopt it in terms of types of service, organisational models, quality standards, resources, and implementation and evaluation methods for the various projects.

Funding

Funding is chiefly by the regional and communal authorities and is channelled into a range of measures to be conducted in a period of time ranging from one year to 36 months. In the case of the multi-purpose social centres, there is also an extraordinary government appropriation of LIT one million under the “Territorial Pact” for each centre completed by 2002. Between LIT 50 and 100 million (EUR 26 000 and 52 000) have been set aside each year for the management of each centre. Alarm call systems, home care for the elderly and integrated home care are contracted out and the costs of the service are covered by communal authorities and local health trusts, pro rata to the number of users. The University of the Third Age (Università della Terza Et ) also has management tasks and each communal authority provides funding of LIT 10 million (EUR 5200).

Number of employees and users

There are currently some 50 employees in care services for the elderly (22 social workers, 6 doctors, 8 health workers, 8 office staff and 3 assistants) employed by the communal authorities, local health trusts and retirement homes. They are supplemented by 27 volunteers. Three social cooperatives are involved in the project, one of which runs cultural activities. From next year, employment should increase substantially as services are to be extended.

In June 1998, 153 elderly people were using home care services and 119 were using integrated home care. Social centres were being attended by some 330 users. The number of elderly users of the services offered by the area’s various communal authorities is increasing, particularly in the area of integrated home care.

Origins and development of the experiment

A research report on the circumstances of the elderly in the area, conducted in January 1996 by Caritas' Poverty Observatory, found that 19% of the elderly resident population wanted assistance. Over 65% of the population aged over 65 lived alone or as elderly couples. There was a demand for temporary and long-term care services and for domestic and personal care that had up to then been completely disregarded. The Campania Region had legislated for the regulation of care services for the elderly, making successive attempts to integrate social and health services. Measures were generally few and far between and those measures that did exist were not coordinated with the result that tasks and roles overlapped, to the detriment of quality.

These considerations led the Diocesan Caritas to organise a planning pact with local authorities and to draw up the Area Development Plan, which is part of a Caritas International initiative under the European network against the marginalisation of the elderly in urban centres. At the beginning of 1996, protocols of agreement were drawn up between the Diocesan Caritas, the Province of Salerno and the area's communal authorities, setting out coordination and permanent monitoring. Following a freeze on Community funding by a Court of Justice ruling that there was no legal basis for such funding under the Treaty, the experiment has continued at the initiative of the agencies promoting the Area Development Plan.

Beneficiaries of the service

Description

The programme is intended for the less advantaged groups of the population and, in particular, elderly people at risk of marginalisation.

Purpose of the service

Based on a research and development approach, the project aims to promote a positive role for elderly people, especially in inter-generational contexts, thereby preventing isolation and marginalisation, through:

- fact-finding studies of the circumstances of the elderly in the area;
- implementation of the projects set out in Regional Law No 21/89 on assistance for the elderly;
- coordination of local health trusts and Caritas volunteers for the provision of integrated home care;
- assistance activities, by volunteers from Caritas and the Association of Hospital Volunteers, at the "Casa Serena" retirement home in Angri;
- creation of a solidarity network helping elderly people to remain at home;
- training of social sector and institutional staff;
- a documentation and service centre for elderly people.

Some services are provided at the level of the Commune, such as elderly home care, integrated home care, day centres, information centres and social and cultural activities; others are provided at inter-communal level, such as assisted nursing homes and retirement homes. The service has been contracted out to a service cooperative following a call for tender.

Following a 300% increase in communal budget appropriations for the elderly over the last five years, by 1999 social and educational services for elderly people had been improved, each Commune had set up an elderly persons information unit and a multi-purpose social centre, at least 180 places had been provided in nursing homes and an alarm call service had been launched.

In each Commune the network includes a multi-purpose centre, an elderly persons information unit, the alarm call assistance service and operating premises for integrated home care in the health districts.

Prior to the launch of the programme, with the exception of one or two recreational initiatives, services for the elderly were practically non-existent.

Features of the service

Key innovations

The most important innovation is the Area Development Plan for services, the first experiment of its kind in southern Italy with inter-communal planning. It should be borne in mind that this Plan is being implemented in a context of administrative delays and a lack of coordination between central government and local authorities and can therefore be seen as an example of communal welfare where the emphasis is on local authority responsibility. Coordination of private, public and non-profit-making bodies in the health, social and cultural areas is a further major innovation.

Integration and coordination of agencies and within the agency providing services

The aims of the plan are achieved by ad hoc and efficient social measures implemented by a network of services that brings together and coordinates agencies in the health, social and cultural sectors. Protocols of agreement between the various partners have been drawn up for this purpose.

The plan was drawn up by representatives from all 14 of the area's communal authorities, its six health districts and the voluntary sector.

Employment conditions

Before the Area Development Plan, employment in the sector was very small. Workers employed in 1998 by the communal authorities and in retirement homes included 8 office staff, 22 social workers, 9 health workers and 6 doctors employed by the local health trusts. Subsequent support services for the elderly have not led to the creation of permanent jobs, but the use of 27 volunteers has helped to provide some work placement in the social services field. Next year, with the implementation of the Area Development Plan, the number of employees should increase threefold.

User involvement

In the area covered by the plan, there are already various instruments through which users can make their opinions heard: Consultation Units for the Elderly were set up in all Communes under Regional Law No 21/89 and the district association of elderly people, linked to Caritas, called "Silver Years". These associations were represented on the working group that drew up the Area Development Plan.

Assessment of quality

A survey of speed of response to requests for services from users is currently being analysed by the Area Development Plan working group composed of social and health workers.

Quality controls will start in 2000 and will be conducted quarterly. Parameters and penalties are being studied by a working group that has been set up at the quality assessment planning office run by the social policy coordination unit. It includes an inter-communal office and the local health trust. The health trust has a care services charter, but this does not specifically mention elderly people.

Main lessons of the initiative

Implications

The initiative's strengths lie in its procedures for concerted action and networking of partners in the area. Work by associations of elderly people for other elderly people should be promoted and communal consultation committees should be made more active and representative in order to step up the role of users. Employee training should also be intensified.

Transferability

From an administrative point of view, the experiment is fully transferable. Local authorities need, however, to be willing to introduce collective practices geared towards concerted planning, involving the constructive integration of public partners, volunteers and non-profit sector.

3.2 Young jobseekers



Employment agency, autonomous province of Trento

Since 1983, the Province of Trento has been running an initiative that is innovative in comparison with systems in the rest of the country; its aim is to provide an outlet for active labour policy, through vocational training and guidance initiatives, and to cut down on the red tape involved in employment services. Under this scheme, the social partners have also been involved in drawing-up a multi-annual plan of action. The main beneficiaries of this initiative are younger people who are among the least represented groups in the labour market and for whom many apprentice-training schemes are being run. The Trento initiative is taking place in a very favourable labour market context, since total unemployment was 4.5% in 1998 (national average of 12.3% and 22.8% in southern Italy). The problem of unemployment is limited to particular groups, particularly young people (with an unemployment rate in the 15-24 age group of 10.4% in comparison with 56.5% in southern Italy).

Organisation

Legal status of the service provider(s)

The Agency is responsible for its own management, administration and accounting and has its own management board on which the social partners sit. The network of public services to promote entry into or return to work includes the Employment Centres (formerly the district employment sections, whose powers were transferred to the Agency in 1996) whose remit is to promote the employment of workers, the Labour Market Observatory, the Employment Agency's Vocational Guidance and Placement Assistance Centre and a number of structures that are brought into play at different times depending on trends in the labour market.

Financing

The Agency has control over its management and accounts and uses its resources on the basis of a budget. Funding by the provincial authorities amounted to LIT 25.4 billion (some EUR 13.1 million) in 1998, organisation of the Agency's services accounting for LIT 1.8 million and active labour policies for LIT 1.7 billion. This does not include the costs of staff, who are employees of the provincial authorities.

Number of employees and users

There are 179 employees, including those of the Employment Centres, with a further 20 currently on fixed-term contracts. The central facility has 60 employees, although there are plans to reduce numbers by ten or so as a result of further decentralisation of guidance tasks. Around 40% of staff have degrees in various specialisations. The average age of employees is low at around 32-35. There is a high percentage of women, who account for 131 of the total of 179 employees.

Between 1991 and 1997, schemes run by the Agency involved 67 000 people, 56.7% in training and apprentice schemes and 32.8% in guidance schemes. Over the last year, 18 300 people have taken part in the various measures, showing a substantial growth over the average for previous years. According to estimates by the Agency, about 36% of these people were young people aged up to 24.

Origins and development of the experiment

Law No 19/1983 of the Autonomous Province of Trento established a labour market regulation system differing from the national model and created the Employment Agency. This was possible because of the Province's autonomous status which gave it powers that

remained at central level elsewhere. The vocational guidance centres set up in 1986 operated initially at a few locations and nowadays operate at almost all the Employment Centres. Since 1988/1989, the Agency has promoted training schemes for apprentices. In 1995, powers over placement and employment were delegated and transferred to the Province.

Beneficiaries of the service

Description

Apprenticeship, which is the most typical service for young people, is open to young people aged up to 24, or 29 in craft sector trades with a high vocational content. Most of these young people have not had very successful school careers.

Purpose of the service

The aim of the various labour policy plans has been to help young people to enter the labour market. In order to link the local production fabric and education system, the 1995-1997 Plan of Action promoted initiatives linking education and work, in cooperation with schools and enterprises. Brief work experience schemes lasting two months were organised for young people in vocational training, the third and fourth years of upper secondary education and university students, and slightly longer work experience of three months for young people leaving education and training. These initiatives offer young people an opportunity for socialisation through an initial experience of work and provide enterprises with a chance to monitor skills and suitability for recruitment.

The Daedalus Project, conducted and promoted by various provincial departments, is aimed at students in their last three years of upper secondary education and is intended to help young people to prepare for future training and work choices and to provide a link between schools and the working world. 470 training modules were given by experts in schools in the 1996/97 academic year and a further 270 initiatives to explain employment opportunities and look in detail at specific topics were organised by enterprises.

In order to find a better match between supply and demand, a service providing information on job vacancies has been set up and uses a database which is updated by enterprises looking for staff, which use the service on a voluntary basis, and is consulted by jobseekers or people wishing to find new jobs.

The Agency helps jobseekers to define their career objectives through a process of self-evaluation in order to pinpoint possible employment options and the steps needed to achieve them. For such evaluation, jobseekers can choose personal interviews with the assistance of a guidance counsellor (845 such interviews in 1997) or work on their own after a guidance course (19 in 1997) or a course in job-finding techniques. The personal interview method includes an initial interview, at which the service is explained, and two actual guidance interviews.

Work in the area of apprenticeship is particularly extensive and is constantly reviewed. At present, around 400 hours of training are given every year for three years, partly in enterprise with the assistance of a tutor (the entrepreneur or a skilled employee) and partly outside enterprise (the Agency's training workshops, vocational training centres, possibly schools in the near future and universities). Training modules are run for small groups and class lengths depend on learning speeds and attention spans. Craft workers acting as instructors and tutors generally attend a course of 120 hours over one year that prepares them to teach. All parts of

the scheme (length, curricula, funding for enterprise training, promotional work) are subject to concerted action with the local association of craft workers so that it is geared as far as possible to the needs of small enterprises. Attempts are also made to gear training schemes as far as possible to users' abilities. As these young people have generally not done very well at school, the focus is on learning methods that offer an alternative to school methods, disregarding practices (marks, homework) that bear the hallmark of evaluation and selection, and giving priority to group work. Training is designed to improve self-esteem, provide a positive view of work and develop planning skills. A wide range of organisational solutions are used to make schemes more personal, including work experience with different enterprises or registration for private business courses.

Following the innovations introduced by Law No 196/1997, the range of courses offered by the Employment Agency should be substantially extended in 1999 .

Features of the service

Key innovations

The Agency has tried to get away from the rigid separation of education and work and to incorporate work experience into education. This policy has also underpinned some of the innovations introduced by national regulations. The apprenticeship scheme is also an example of commitment to the weaker segments of the youth labour market.

Integration and coordination of agencies and within the agency providing services

Classroom education is linked with enterprise training through enterprise visits agreed by teachers and entrepreneurs that help students to find out about the production process and the organisation of work. Before the course starts, the technical instructor, who is often an entrepreneur and is responsible for training outside the workplace, visits the enterprise with an officer from the Employment Agency and agrees the practical training programme, which is shaped by what the enterprise actually does, with the employer. The instructor revisits the enterprise on two or three occasions to check that progress is being made with the programme.

The work of the Employment Agency requires integration and coordination with the provincial and local authorities, ordinary and vocational schools, universities, entrepreneurs' and craft workers' associations, trade union organisations and the network of enterprises (over 150 spread throughout the Province) offering training. A Steering and Monitoring Committee has been set up to handle aspects of training and has members from the social partners as well as from all the schools and departments involved in order to provide a system that integrates schools and the working world.

Issues raised by gender differences

At Sony in Rovereto, the Agency has promoted a scheme to increase the number of women in more highly qualified jobs; a gender awareness campaign was run at the same time. In disadvantaged areas of the Province, there have also been initiatives to help women to return to work after a career break using market research techniques.

Employment conditions

A fairly substantial proportion of women employees (some 27%) work part-time. Their working hours are calculated on a daily or weekly basis, taking account of each worker's

needs. Part-time employment can also be converted into full-time employment. People replacing employees on maternity leave are offered fixed-term contracts.

User involvement

Supervision by tutors provides support for apprentices as it reduces the disorientation that may be generated by a new job. The objectives of courses for apprentices are drawn up after consulting employers' and employees' representatives. There are constant attempts to simplify procedures and to speed up services both for jobseekers and enterprises.

A Steering and Monitoring Committee has recently been set up to supervise all training and is made up of three union representatives, four employers' representatives and four representatives from schools, training and universities. The committee meets every fortnight and has set up 22 groups (some of mixed composition) to draw up training standards for the same number of occupational profiles.

Users are also indirectly represented at higher decision-making levels. The Agency's Board of Management is trilateral and has 10 members. The Chairman is appointed by the Provincial Council; its other members include three public service managers, three trade union representatives and three employers' representatives. Most Board members therefore come from the social partners which means that it is more participatory and that account can be taken of the needs of users put forward by the social partners.

Assessment of quality

For the apprenticeship courses, a schedule setting out qualitative and quantitative goals is drawn up when the technology instructor first visits the enterprise. The instructor monitors these objectives during subsequent visits.

The Agency has conducted surveys of apprentice training schemes. There have been evaluations of training outside enterprise in the years 1989-90 and 1990-91. The efficiency of this training in terms of post-training employment was evaluated and multiple-choice tests were used to evaluate the knowledge acquired by trainees. The opinions of instructors, apprentices and craft workers involved in the scheme were also sought. Training standards, based on work with the groups involved and a comparison of initiatives in other countries (Germany, France, Switzerland), have been drawn up for the enterprise courses and for the part of the scheme outside enterprise.

Main lessons of the experiment

Implications

The Agency's measures reflect the measures recommended by the OECD that have now become consolidated practice in Europe, but have taken a long time to become rooted in Italy because of the high levels of bureaucracy of employment services and the constraints imposed on them. The initiative shows that it is possible to give the public service a major role to play in matching supply and demand and that civil servants can undertake this task if they have appropriate levels of responsibility, management autonomy and motivation. Some areas for development of the Employment Agency's initiative are set out in the Concerted Action Agreement of 22 March 1999 between the provincial authorities, enterprises and trade unions. The system seems at present to be too local and closed off from the outside world. Inclusion in the Faber database requires residence in the Province of Trento or registration with one its District Sections. Similarly, enterprises must have their registered offices or places of

business in the Province. Information on the Agency's work at local level, which some feel is inadequate, is currently being discussed. Design of the more comprehensive system of employment services also needs to be completed.

Transferability

The main conditions for transferability are limited geographical coverage and direct participation of the social partners in the initiative.

The Societa' per l'imprenditorialita' Giovanile (IG – Young entrepreneurs' company)

This national agency promotes enterprise creation by young people, largely in southern Italy and in depressed areas. In addition to its direct work with young people, IG offers local services for enterprise creation, local leadership and training for public and private organisations working with young people. IG is not a conventional consultancy, but the coordinator of a very broad network of professional and relational skills. Young people receive assistance through a complex system of partners involving 900 youth enterprises, 300 tutors, training schools, associations, consortia and local bodies.

Organisation

Legal status of the service provider(s)

IG is currently a public limited company in which the Ministry of the Treasury has a holding of over 80%. IG took over from the Committee for the Development of New Youth Entrepreneurial Skills, set up in 1986 as a body administered by the Ministry for Southern Italy. It was converted in July 1994 into a public limited company to place it on a more operational footing, extend its action and improve its efficiency. The regional IGs are also public limited companies, with a shareholding by the regional authorities in one case (Basilicata).

IG, which was originally centralised in Rome, has been largely decentralised and rooted at local level. There are currently four regional IGs and others are being set up; it is planned that all activities in their respective geographical areas be transferred to these regional IGs. A network of Information Offices (Uffici Territoriali), with logistical and organisational support from the local authorities of thirteen towns and cities, has been set up since September 1997. With the opening up of new offices, all young southern Italians can now have access to an IG office in less than one hour. Decentralisation also promotes closer links with local forces.

Financing

IG operates, using national, regional and Community funds, through conventions with institutions, local bodies and private enterprises, administers Community programmes and takes part in national and international tenders. IG's role is one of intermediation with the result that the incentives provided under various laws do not pass through its budget. 1998 revenue was LIT 61 billion (EUR 31 million) showing an increase of 50% over the previous year. 56% of this revenue comes from payments under conventions with the Ministries of the Treasury and Labour. A further 28% comes from training schemes under Law No 608 and the remaining 16% from various bodies, in particular communal and regional authorities. Purchases of services from third parties (including long-term cooperation) account for 60% and labour costs for 27% of costs. In 1998, IG showed a positive trading profit (i.e. the difference between income and production costs) of LIT 460 million (some EUR 240 000).

Number of employees and users

IG currently has 234 employees, as well as a network of external consultants, freelance workers and local liaison officers.

Between IG's launch and January 1999, 1 100 new enterprises - out of a total of 5 700 projects submitted - with 6 700 members (mainly young people aged up to 29) have been set up under the instruments for enterprise creation (Laws No 44 and No 236). Funds distributed up to now (to some 950 enterprises) total LIT 2 300 billion (some EUR 1.2 billion). In their sixteen months of operation, the local Information Offices have provided information for over 21 000 young people and organised over 200 group meetings and 1 100 individual interviews to draw up business plans. IG uses the "prestito d'onore" (a kind of unsecured loan), in southern Italy and areas of high unemployment in northern Italy, to promote self-employment through specific funding and technical assistance services; 2000 self-employment schemes (not just involving young people) have received funding and courses are to be organised and loans arranged for a further 10 000 people in 1999.

Origins and development of the experiment

Law No 44 of 1986 made far-reaching changes to public enterprise creation measures. There was a shift away from direct entrepreneurial measures (state shareholdings) or payments of simple incentives and the public service was given the task of building on young people's energies and motivations by helping them to create enterprises in depressed areas. An agency was also set up to ensure the system's transparency and to separate policy-making (by the Ministry) from management of the scheme. The tasks of the Committee for the Development of New Youth Entrepreneurial Skills were initially largely to assess plans and to award incentives for new businesses proposed by young people (up to 29) in economically depressed areas. Action was then extended to include actual services, offering young people help by providing information on existing opportunities when they make their initial contact, through the drafting of business plans, to technical assistance and training during business start-up and consolidation stages. Law No 44/1986 (now 95/1995) assists production activities in the areas of agriculture, craft and industry and business supply services. The area of action was extended by Law No 236/1993.

The initial choice of centralisation was overturned in 1995 with the *Missioni di sviluppo* (Development Missions) programme for the most disadvantaged areas (western Sicily, Calabria, Campania). IG was given the task of promoting itself among potential beneficiaries and encouraging and supporting business creation through the organisation of local group meetings involving small groups of young people.

In March 1998, IG Students was set up, with assistance from the Ministries of Education and Labour and co-financing by the European Social Fund, to organise a business creation and management simulation programme for students in the penultimate year of upper secondary or university education. There are now over 4 000 participants, including tutors, coordinating instructors and local liaison officers.

Together with other enterprises working to develop southern Italy, IG joined, in January 1999, "Sviluppo Italia" (Develop Italy), a company whose task is to coordinate and provide management assistance for enterprises with shareholdings, and to start to rationalise their activities.

Beneficiaries of the service

Description

Young people aged up to 24 account for 38% of applicants for the “prestito d’onore” loan. According to an analysis of applicants’ motivations and aspirations, the number of people lacking any substantial formative experience of work is highest among this group; over one third are people with few skills. Slightly over 10% have a solid base of knowledge, but need occupational experience, while around half have job skills acquired from past work experience that need to be consolidated.

Purpose of the service

IG’s aim is to build up the initiative and entrepreneurial skills of younger people, by supporting new business creation especially in depressed areas. Paying incentives to potential young entrepreneurs is not enough to ensure business creation and start-up; what is needed is wider-ranging action (local development schemes, network services monitoring) and support in the form of training and tutoring for individual initiatives. Support for young people is not just direct, but is also provided through a wide range of services for private and public bodies, in particular local authorities, that ask IG to help them to plan their policies for young people.

Potential users are contacted through a wide range of promotional and publicity measures. Some 100 information points (the Informagiovani information centres) are run by local authorities or their consortia and their workers receive a free training programme on business creation. IG is well represented at local level through its participation in meetings and seminars (some 350 initiatives in 1998), and events and fairs, has launched a freephone information line (some 40 000 calls in 1998), has an Internet site offering a wide range of information, and runs campaigns in schools and a special local development programme (the *Missione di Sviluppo*).

More generally, IG offers young people, intending to set up a new business through the two instruments that it administers, an opportunity for assistance with the design of a new business. This is its first actual service and is available for anyone who has an idea to develop. Help with design includes two training stages (group seminars and individual meetings) and assistance with the drafting of a business plan. Some schemes are also geared towards training for intermediaries (staff from local authorities, banks and associations) so that they can play their part in business creation and development.

Tutoring starts after approval of the outline plan. The tutor (another larger enterprise in the same sector or a business consultant) helps aspiring entrepreneurs to draw up their final plans and to decide on investment; the tutor also works towards the plan’s success in economic and relational terms. Another service that IG offers is a general course in business creation that is not linked to the specific enterprise to be created. Once the final plan has also been approved, the tutor helps the young people involved by providing advice on management issues. Tutoring comes to an end when the start-up phase is complete.

Features of the service

Key innovations

The most innovative aspect has been to step up the ability of young people to create new businesses, by providing them with help during the various stages of business creation. The aim is to encourage young people to take active steps to create new opportunities for

themselves and for the other people involved in the project, rather than passively to prolong a frustrating wait for a job vacancy. Tutoring is another key innovation, since the practical assistance and transfers of knowledge that tutors can provide can ease the passage of young entrepreneurs through the start-up phase.

Integration and coordination of agencies and within the agency providing services

IG works closely with local authorities that request its assistance. It has conventions with institutions (public service, universities, public and private research consortia), regional bodies, financial institutions (banks) and private partners. The IG network includes some 2000 national and international partners. Work with “third” sector organisations substantially increases the number of young people that can be reached. The initiative is also intended to promote models of concerted action by local partners for coordinated development schemes. IG provides technical assistance to step up local skills in programming, planning, financial planning, evaluation of investment and monitoring of schemes.

Issues raised by gender differences

Since 1997, IG has been responsible for managing the Observatory for Women Entrepreneurs in order to make sure that women entrepreneurs throughout Italy are aware of the opportunities open to them and to conduct pilot schemes in this area.

Employment conditions

The average age of IG employees is 30; 70% have degrees. There are around twenty “atypical” workers (coordinated freelance workers, occasional workers, temporary workers). Most employees are women, even at the middle and senior management levels.

User involvement

The “focus on users” has been a prime mover of product and process innovation and has reshaped local organisational choices. Monitoring of the outcome of Law No 44 has taken place with the help of Asso 44, an association bringing together many of the enterprises set up under Law No 44. This association has become one of IG’s partners and has thus been able to suggest innovations in the service’s management and planning. This has generated some problems, however, from the point of view of aspiring entrepreneurs, since IG’s real users are not businesses that have already started up, but young people who are not yet entrepreneurs.

Assessment of quality

Monitoring was imposed from the outset to assess, among other things, the survival rate of new youth businesses. Among the 828 businesses that had been in operation for at least four years in September 1998 and excluding withdrawals of funding, this rate was 80.7%. Training is monitored both to evaluate its efficiency and to assess whether its content is appropriate. A survey has recently been conducted to find out whether services able further to consolidate the enterprises set up under Law No 44 are needed. The survey, run directly by IG, will be carried out at the offices of businesses. The aim is to design a range of modulated services able to build on businesses’ growth factors. A broader-ranging project to evaluate the quality of the service including an analysis of impact, in the short and long term, on young people contacting the agency has been running for about a year. The aim is to improve the self-evaluation process. A working party outside the company has also been set up and asked to provide an ex-post evaluation of results.

Main lessons of the initiative

Implications

The initiative shows that action to mobilise young people's energies is possible. Relations with users need, however, to be improved and structured. Work on the quality of social interaction is essential. Links with areas in which youth hardship is most marked need to be improved; "third" sector organisations may be a key relay here. There has been a gradual shift away from the focus on the world of youth and priority is now being given to the task of new business creation in general.

Transferability

Actual services for youth entrepreneurs are certainly reproducible, especially if accompanied by major financial incentives. Various schemes to transfer the IG experiment internationally have been launched, for instance through participation in the OECD's LEED (Local Economic and Employment Development) programme. There have also been contacts with governments and institutions in Eastern Europe, North Africa, South Africa and Latin America. Measures similar to Law No 44/1986 have been introduced in Bosnia, Tunisia and Colombia, based in particular on the model of actual services for young (aspiring) entrepreneurs.

"La Tenda" Association - Salerno Solidarity Centre

"La Tenda" is working in the very difficult context of southern Campania (average unemployment rate of 16.8% in 1998 in comparison with a national average of 12.3%). Young people have been worst hit by this problem and unemployment rates, in the 15-24 age group, are 38.4% for men and 57.6% for women. The production fabric is weak and physical and social infrastructure is backward, especially for young people facing hardship or with problems of social integration. La Tenda is a significant initiative, since it is trying actively to resolve this social hardship through prevention and re-integration schemes for young people with problems. Other local partners have been involved for this purpose and provide the initiative with essential back-up; an integrated system of work placement for disadvantaged groups that rallies public and private action has also been set up.

Organisation

Legal status of the service provider(s)

La Tenda is currently a non-profit-making organisation set up by a voluntary organisation. As it satisfies the requirements for work in the field of drug addiction, it also works as an auxiliary body of the Campania Region. Services are being developed at provincial level, but users come from other regions as well. Its main site provides support services for its other outlets, through a counselling centre and a semi-residential guidance community. There are also four residential communities in the Province of Salerno which have workshops covering various fields, a youth guidance centre, a multi-purpose centre for minors and an office for local planning. La Tenda functions via three social cooperatives, promoted by the association itself, one for the management of social and welfare services, one for local events (sports) and one for craft work (ceramics, tiles).

Funding

La Tenda's revenue comes from work under contract, from projects and from various grants. Total revenue in 1998 was LIT 2.7 billion (some EUR 1.39 million). Only a proportion of this

revenue is guaranteed and predictable, while a significant proportion is not guaranteed. Outgoings - operating and staff costs - are much less flexible (LIT 2.4 billion - EUR 1.24 million).

Number of employees and users

La Tenda caters for some 200 young people in its various residential educational and social schemes (some 80/90 users per 18-month period) and semi-residential schemes (60/70 people), with a further 120 people attending interviews, assessment and training. In 1998, 700 to 800 young people, largely aged between 15 and 24, contacted the counselling and guidance centres. 40 people are employed in the labour cooperatives run by the Centre.

There are 69 employees (39 men and 20 women), predominantly instructors and service workers, with only three to four actual office staff. Their employment relationships with La Tenda vary greatly: 32 freelance contracts, some on an occasional basis, 26 contract workers from the cooperatives run by the Centre and nine volunteers. Some 500 family volunteers provide the Centre with help in running its self-help activities and schemes and provide reception facilities for new families coming for initial interviews. Some 50 volunteers and 10 conscientious objectors on civil service also work on the various activities as well as volunteers from regional initiatives.

Origins and development of the experiment

La Tenda was set up in 1981 at the initiative of Azione Cattolica Diocesana (Diocesan Catholic Action) and the Movimento per la Vita (Life Movement) to help people in situations of social and existential hardship, especially drug addicts. It took up the principles and methods of the CIS (Centro Italiano di Solidarietà - Italian Solidarity Centre) of Don Mario Picchi, making young people and their families the protagonists of rehabilitation programmes in order to enable each person to work towards their own rehabilitation and find their place in society with all their rights and duties that this entails. The La Tenda initiative has therefore attached growing importance to work integration schemes, vocational training and guidance and set up workshops, training courses and work projects. The association set up three social cooperatives in 1994, launched the regional prevention programme in 1995 and extended services and measures, including workshop activities and a residential home, to the under-18s in 1996. This focus on personal needs on the one hand encourages increased cooperation with other institutions and groups, and on the other hand a decentralised internal structure which is nevertheless integrated and has a single focus. Between 1996 and 1998, an integrated project was set up under various Community programmes (Horizon, Integra and Youthstart) in order to provide reception, information, guidance, training, work placement and business creation services for young people facing hardship.

Beneficiaries of the service

Description

The beneficiaries of the services provided are young people and adults facing hardship (often drug addiction); adolescents aged between 13 and 18 who have not succeeded in traditional education and face social and financial hardship and family problems or have problems of truancy from compulsory education, young people aged between 18 and 21 and young unemployed people who are placed on specific schemes. Their families are also users of the service. Some users are referred by judgments of the Minors' Court. It is planned in the near future to extend work to other areas of hardship. The problems of these young people are, in addition to their original circumstances, low educational levels, lack of vocational training,

isolation and social prejudice. Many other users also come to La Tenda for help with problems such as school truancy and dropping-out, bullying and problems with relationships with adults.

Purpose of the service

Based on the notion that the person has to be central to any education or training project, La Tenda focuses on individual self-promotion; individuals are helped to find out more about themselves and to discover new ways of realising themselves. The Centre's organisation has been modified for this purpose, making it more flexible, extending the range of services and decentralising responsibilities. La Tenda closely monitors family backgrounds, involving families in its social, educational and treatment schemes and providing family counselling. The idea is that a full recovery also requires action in the family environment to which the young person will return after completing the scheme.

All the people working with the Centre have the common objective of promoting, organising and managing a range of prevention, assistance and information schemes in the area of social hardship, with a particular focus on dependants and minors. The Centre is active in particular in the areas of:

- vocational training and guidance and work placement for users of the Centre;
- promotion of work in cooperatives and the non-profit-making operations;
- psycho-educational and health and welfare schemes for the rehabilitation of drug addicts, making use of a range of educational and health measures;
- psycho-educational, training, care and residential housing schemes for minors and adolescents experiencing hardship;
- legal and administrative advice for users of the Centre.

The integrated reception, information, guidance, training, work placement and business creation scheme that has been set up is particularly important. This scheme includes:

- counselling and cultural centres for the prevention of youth hardship that involve schools, boy scout troops, Catholic Action, Caritas, cultural cooperatives and associations and sports groups and organise meetings and an assistance and guidance service for young people and families with problems;
- vocational guidance (reception, training, formulation of personal plans, mentoring) for disadvantaged people;
- training for young people using personalised schemes that develop functional skills and basic attitudes, for tutors and for local partners;
- a socio-occupational centre, with tasks of internal and external social promotion and planning;
- work placement in existing enterprises.

Users attend initial interviews and are placed in a group. Individuals are helped to return to normal development paths through group activities, individual assessment interviews and family involvement. In the guidance communities, work starts to choose the subsequent route to be taken. Any user can be referred to the various sites for various types of educational option, depending on their needs. Minors are offered activities in keeping with their circumstances (educational activities, training, socialisation and work placement) with their contemporaries. The route focusing on work (called the "Work Module") combines in-depth

work on personal problems with guidance, training and work experience, with the help of a “tutor” who is able to mediate between psycho-educational and occupational needs.

Features of the service

Key innovations

This is an integrated system of reception, information, guidance, training, work placement and business creation for young people that can be seen as a reference for the placement in work of disadvantaged groups especially in areas of high unemployment. The occupational profiles that have been chosen, i.e. tutors for those following work schemes and mentors for minors, are also important. For the young people involved, these tutors and mentors are both guides and craftsmen and have often had their own experiences of recovering from hardship.

Integration and coordination of agencies and within the agency providing services

As activities were expanded, the organisational structure was decentralised and integrated. Internal organisation is structured around four coordinated areas of action (psycho-educational, work, central services and regional services). La Tenda has opted for cooperation of a federal type with other protagonists active in the area of solidarity and key partners in local development in Campania. The voluntary sector, families, schools, associations, trade unions, employers and the public authorities are all involved. The Centre sees itself as a catalyst encouraging civil society to use all its resources and vitality to tackle problems. La Tenda has a network of relationships and cooperation with local, national and European institutions, as well as with associations and enterprises. It is a member of the Federation of Treatment Centres, has national conventions with various Ministries (Labour, Social Affairs, Justice, etc.) and cooperates and has conventions at local level with the area’s communal authorities, health trust unit, schools and universities in the area.

Employment conditions

Uncertainties about revenue have an impact on employment conditions, which are only partially stable. The way in which services are structured also leads to a wide range of employment or “quasi-employment” solutions which do not always fall within the current regulatory systems. This is also true of the problematic distinction between activities geared towards rehabilitation and genuine work. Workers receive work grants, are recruited under training contracts or provide consultancy services. Some volunteers (family members or former users) have their expenses reimbursed. Employees are subject to the collective agreement for social cooperatives. In recent years, training for workers has been greatly extended.

User involvement

Trainees on European project courses are given a self-evaluation form in which they are asked to draw up a proposal for the work to be carried out, specifying the role that the proponent intends to play.

Although they do not participate on a formal basis, users and their families are directly involved in rehabilitation, in project support and in logistical support. There are meetings to plan activities and ad hoc groups for individual projects involving users and/or families. There is no lack of continuity between users, educators and the management team. Many of the last two groups come from a planning group and have themselves been users in the past.

Assessment of quality

The Association, as an auxiliary agency of the Campania Region, must ensure that specific standards are met (dealings between staff and users, maximum number of beds, professional qualifications of staff, etc.). Periodic checks are conducted by the regional authorities and by the local health trusts. Projects and activities undertaken under convention with public bodies are continuously monitored and supervised. From the point of view of internal monitoring, both individual and group schemes are monitored. Users and teaching staff are issued with questionnaires about course work. To prevent self-assessment from raising any problems, external observers systematically assess activities.

Main lessons of the initiative

Implications

The La Tenda experiment shows that support schemes for young people and in particular those groups most exposed to risks of social marginalisation are possible even in the south, which is a problematic area because of its long-term unemployment problems and the backwardness of public services. The ability to forge communication and cooperation links between a wide range of partners runs counter to the stereotype of the south which is often seen as too family-oriented, with little sense of community and paying too little attention to “broader” networks. The integration of public and private partners, and the focus on users’ overall needs are components that should be developed in Italian labour market management. Some users of La Tenda drop out of training, however, because it offers opportunities but does not guarantee jobs.

Transferability

La Tenda has undertaken to exchange its work experiences with other national and international associations. The transfer of an initiative of this type requires acceptance of the objective of individual self-promotion and of a process through which users recover their psychological equilibrium and motivation and accept a system of rules. Whether or not an initiative of this type is transferable also depends to a large extent on a willingness and an ability to network, to set a process in motion rather than to manage it. Account also has to be taken of the psychological resistance raised by a rehabilitation process.

3.3 The Mentally Disabled



The Centro Socio Educativo (CSE - Socio-Educational centre), Lissone (Milan)

The objective of the Centro Socio Educativo (CSE - Socio-Educational Centre) in Lissone is the socio-educational rehabilitation of people with severe mental disabilities who are above the age of compulsory education. It is a non-residential facility offering day care. The Centre has various innovative features such as high-level integration between public, private and non-profit services, an integrated range of educational, health, welfare and relational services, the formulation of personalised rehabilitation and training plans, the multiplying role played by users' families and the strong motivation and identification of employees.

Organisation

Legal status of the service provider(s)

The facility, currently a Socio-Educational Centre, is managed by Milan's ASL 3 local health trust. Services are provided under a zone programme. The CSE operates on an inter-communal basis under delegation from six communal authorities.

Financing

In 1998, the total annual budget of the Lissone CSE was LIT 1.2 billion (slightly over EUR 600 000). Labour costs account for some 80% of total costs. The overall cost per user is some LIT 40 million (EUR 20 000) or LIT 28 million (some EUR 14 000) if regional grants are taken into account. In recent years costs have remained stable. The service is co-financed by the Lombardy Region, the communal authorities involved and the ASL 3 Monza health trust.

Number of employees and users

Under a regional law, the Centre cannot accommodate more than 30 users. It is estimated that there are 39 people with severe mental disabilities in Communes involved with the result that the service, which cannot take more than 30 users, provides 70% coverage.

The CSE currently has 19 staff. There are also five volunteers working as educational assistants and five conscientious objectors who are on civilian service rather than military service and work as educational assistants and drivers. Employees include 12 instructors, 2 psychologists, 1 professional nurse, 3 auxiliary workers and 1 technician. 18 staff members, including four of the volunteers, are women.

Origins and development of the experiment

Lissone's Socio-Educational Centre was set up in 1971 as a special school administered by the Commune of Lissone and the "Stefania" local parents' association with a primary section and a state nursery section for disabled children. Medical, psychological and educational support for the school was discontinued in 1973. In 1977, the school closed the primary school as a result of the abolition of special schools for disabled children, but continued to run the rehabilitation service for the functional rehabilitation of persons with neuromotor disorders that was opened in 1973 by the Commune of Lissone with funding under the framework law on disabilities. Between 1978 and 1982, the Commune of Lissone converted the facility into a vocational training centre and during that period entered into agreements with the Ministry of Health (1 January 1978 - 1 July 1979) and then with the Region of Lombardy (up to 1 May 1981).

Beneficiaries of the service

Description

The CSE now caters for 30 users. They are people with mental disabilities aged between 20 and 40. There are no age limits on eligibility for the centre and the number of users has remained at the highest level allowed by the 1991 law. At present, there are also two occasional part-time users. The average age of users has increased over the years.

Purpose of the service

The CSE works in the areas of socialisation, integration and inclusion in the community, development, maintenance and recovery of cognitive and social potential and abilities and support for the families of people with severe mental disabilities.

Every user follows an individual educational rehabilitation plan drawn up following an analysis of their circumstances and needs. One of the CSE's main aims is to provide support for families - especially when its users are adults - and to provide a local facility where such people can meet.

Educational activities focusing on learning and the recovery of personal potential are run by instructors, in some cases with the help of specialists, depending on users' clinical needs.

Activities are designed to facilitate personal autonomy, social autonomy and socialisation, to improve psychomotor abilities and expression, to provide occupational skills and learning about craft activities, to support cultural levels and to provide specialist support in the areas of psychology, physiotherapy, music therapy and equestrian therapy.

The Centre is open from 08.30 to 16.00, i.e. a total of seven and a half hours, from Monday to Friday, i.e. for a total of 210 hours per year.

Features of the service

Key innovations

The most significant improvements in recent years have included:

- An extension of the range of welfare, culture, recreation and sport services offered.
- Major endeavours to introduce teaching and technological innovations through a detailed review of methods being used and new techniques that could be introduced.
- The integration of the CSE's services with services offered by non-profit-making organisations.
- The use of voluntary associations.
- A review of internal organisation (placing much more of an emphasis on team work, involving team assessment of individual cases and programmes of services and giving every employee more responsibility for their work and duties) to ensure that the service operates as efficiently as possible and can be developed.
- Involvement of families in the Centre's work.

Integration and coordination of agencies and within the agency providing services

CSE users are provided on site with an integrated range of educational, health, welfare and relational services. This is possible through close links with the local health trust, users' communes of residence, rehabilitation facilities and the Stefania Association. There is also vertical integration with work placement programmes for users who have more autonomy; there are, however, few such cases, given the serious disabilities of the CSE's users.

Employment conditions

Since 1986, there has been a gradual intake of social cooperative employees who work as instructors and as social and welfare auxiliaries: the Centre therefore applies two different types of contract. Most employees are permanent and covered by the national health scheme, although staff recruited more recently (seven instructors and social and welfare auxiliaries) are subject to the less favourable social cooperatives agreement. The selection of the cooperative, which manages such personnel, takes place through periodic calls for tender. There are often changes of cooperative after these calls for tender.

The replacement of one cooperative by another raises contractual problems and problems of continuity of employment, leading in turn to increased turnover and therefore an impact on relations between employees and between employees and users.

User involvement

In order to provide efficient communication between the Centre and families and to step up participation by parents in management, representatives of the families' association meet the management at least once a month and meetings are held for all parents and staff to monitor each user's individual objectives every three months.

These meetings take the form of individual interviews with the psychologist and instructors to explain what educational activities have been planned and what activities their child will undertake (on the basis of individual needs). This also helps to foster continuity between the Centre's work and action by families. Apart from meetings that individual parents may

request, families are called to meetings three times a year: in September, when the yearly programme is explained, in January, for initial monitoring and at the end of the academic year for final monitoring. Group meetings are also held to provide information on activities such as holidays, gymnastic displays and future activities.

An informal group for participation in the life of the Centre has been set up in order to involve families of users in the planning of the service. This group, linked to the Stefania Association, gathers users' opinions and requests, helps with planning, and in some cases helps out with Centre activities. Parents elect three representatives who attend meetings with the Centre's director, two representatives of instructors and where appropriate representatives of other personnel. If necessary, a local health trust manager responsible for social policy for the disabled also attends meetings. Although the group has been set up on a permanent basis and has well-defined tasks, the Centre's founding regulation does not make provision for it; this raises problems from the point of view of its validity and questions about the group's identity and function.

Family representatives play a very active role in planning and service provision. Their involvement dates back a long way, to the 1970s, when the facility was managed by the Commune of Lissone and parents through the "Stefania Association" which, together with the communal authorities, became its sponsors. In some cases the association acts as a promoter and finances innovative initiatives. Once these have proved to be useful and efficient, families urge the competent structures to take note and to take over their funding from parents.

Assessment of quality

Quality controls take place through weekly team work, interviews with families (at least three a year) and audits by the communal authorities financing the service.

Quality controls take place in-house and are conducted in particular by the functional evaluation unit of the Centre's management and team of instructors. This evaluation takes the form of case studies of users and possibly of external users receiving psychotherapy or guidance and support.

If quality standards have not been met, the particular problem and objectives are reviewed. An analysis of user satisfaction with the overall service is conducted periodically (through meetings with individual families and with the parents' group that represents families). The results obtained show that there is a high level of overall satisfaction. Similar results were obtained from an evaluation of the extent to which the service satisfied the needs, requirements and wishes of users and their families.

Main lessons of the experiment

Implications

The Lissone CSE initiative shows the importance of an organisational structure via which educational, health, welfare and relational services can be integrated and individual training routes provided, in order to meet the whole range of users' needs. Giving users the best possible opportunity for socialisation and autonomy requires a whole range of services that the Centre cannot provide on its own and that require good networking. The range of solutions offered can be increased in this way, without moving away from the Centre's functional specialisation which offers comparative advantages and guarantees of quality.

The strong involvement of users' families is a constant stimulus to improve service quality; it is evident from this initiative, however, that families can play a more profitable role if they possess knowledge and professional skills that can be transformed, as in the case of the Stefania Association, into initiatives and proposals for new activities. This provides a foundation through which user empowerment can be improved, making it possible, on the one hand, better to counter the service's monopoly and, on the other hand, partially to offset the information imbalance between the user and the service supplier and/or organiser.

The most evident limit on the CSE initiative is its lack of financial autonomy which tends to separate the management of the facility from those who authorise spending decisions, who are not involved at the place at which needs arise. This makes procedures slower and more complicated, drastically reduces management powers and limits the efficiency and correct operation of the facility. The best route would be therefore to provide full financial autonomy, to make managers much more responsible for the quantitative and qualitative results of services and drastically to simplify evaluation procedures. These are all issues that are currently very topical in Italy.

Transferability

The organisational structure, formed by the working group for personalised projects, and the strong role played by the families' association are the key factors in transferability.

The Capodarco Vocational Training Centre, Rome

The CFP (Centro di Formazione Professionale - Vocational Training Centre) is one of the services that the Capodarco Community organises for disabled people in Rome. It is a national reference point for vocational training for people with learning difficulties, because of the very innovative methods that it uses, its focus on a range of groups at risk of marginalisation and its links with the production world.

Organisation

Legal status of the service provider(s)

The Capodarco Community in Rome is a non-profit-making social utility organisation (ONLUS) active in 10 Italian regions and has 16 local communities and four associate communities with a total of some 600 members. The Capodarco Vocational Training Centre (CFP) has strong links with the Capodarco Community in Rome, whose services it uses (administrative and personnel management, links with institutions, possibly specialist health or welfare consultancy). Many CFP workers are members of the Community and some are represented on the management board that supervises the association.

Funding

The CFP's work is funded under an ongoing training convention with the Lazio Region; in 1998, funding under this convention was LIT 2.6 billion (some EUR 1.3 million). This funding represents the CFP's largest and most stable source of revenue. Funds are also obtained from the Youthstart, Horizon, Leonardo, Helios and CAMF programmes. The CFP's operating costs total LIT 2.6 billion (EUR 1.34 million), staff costs accounting for 80%, student costs for some 10% (cost of living, food, transport, insurance) and general costs for 6% (furnishings, utilities, maintenance, consumables, etc.).

Number of employees and users

The Capodarco CFP employs 44 people for its work with the mentally disabled (a director, three on-site coordinators, two programme designers, five office staff, one auxiliary, one volunteer and 31 trainers). 16 of these staff are women.

The CFP has 185 users; 40 students are under observation, 80 are on work experience with various enterprises and 80 attend training at the centre. 184 days of training (1200 hours) are provided every year; the yearly intake of new trainees is around 40 on average.

Origins and development of the experiment

The first Capodarco Community was set up in December 1966 at Capodarco di Fermo (Marches) by a group of disabled people who, together with a priest and some volunteers, decided to live together. In 1971, a group of members moved to Rome and launched various community experiments in the areas of social hardship, integration of the physically and mentally disabled, young delinquents, minors in care, immigrants and the weakest groups from the point of view of work. The Vocational Training Centre was set up in 1974 and has been supplemented over the years by a rehabilitation centre, a day centre, a community for minors and the social integration centre. Five integrated social cooperatives occupy a particular place in the “geography” of Capodarco. In 1987, together with ENAIP and the Cooperative League, Capodarco founded the Co.In - Integrated Cooperatives Consortium, which currently includes some 35 social cooperatives for the work placement of disadvantaged people, 30% of whose members are disadvantaged themselves.

Beneficiaries of the service

Description

CFP trainees have medium to severe learning difficulties and minimal reading and writing skills. Requirements for entry into the CFP are completion of compulsory education or registration on the placement lists; applicants must also have obtained formal recognition of their civil invalidity or a diagnosis of invalidity drawn up by a public agency. Some 60% of users are men, the majority of whom have lower secondary school certificates. Only a few have attended the first two years of upper secondary education. The average age is 18-24. Social backgrounds are very varied.

Purpose of the service

The main objectives of the Capodarco CFP are the full integration of disabled people and a better awareness by society of their need for full participation; for this purpose:

- users are helped to regain their dignity and to believe in their own abilities as trainees, workers and, in particular, as people;
- trainees occupy a central position and are the protagonists of their training, as the first step along a path towards more general emancipation;
- there are close links between the CFP and its local area: work placement has to be built up locally and has to have a new dimension that is in keeping with the degree of autonomy of the trainee.

The training route at the CFP is currently being reviewed to make it more flexible and in keeping with individuals’ needs. Some stages can, however, be pinpointed:

1. Guidance and basic multidisciplinary training. Users attend a preliminary period of observation of approximately one month, moving between various training workshops, to find out whether their manual skills and intellectual abilities are good enough for them to attend the course. Their behaviour and the relationships that they manage to forge within the group are also monitored. During this period the CFP works with the local rehabilitation unit and the local mental health centre.
2. Actual vocational training, structured over four years, the first stage of which (lasting from six months to two years, depending on the team's evaluation) includes attendance of the CFP for six hours five days a week. Multi-skill courses are run in the fields of carpentry, ceramics, floriculture and leather goods. Every trainee attends at least one of these modules and a computing module (compulsory for everyone). Remedial courses in basic skills are also provided.
3. Work experience. This is a stage lasting two years or so enabling trainees to acquire skills and actual experience in a real working situation. The aim is not just to gain a qualification or a trade, but in particular to acquire the ability to work, i.e. the ability to work together with other workers, to be profitably employed throughout the working day and to achieve adequate levels of productivity.
4. Work placement via periods of work experience targeted at recruitment by enterprises or social cooperatives.

Learning is perceived as “learning to learn” and training is modular so that account can be taken of different levels and paces of learning. Group work, multi-skilling, multi-industry and multi-disciplinary skills and self-evaluation are all key factors.

In recent years, there have been a number of organisational measures to improve the quality of the service: reception at the centre and links with services (social and welfare) and schools have been placed on a systematic footing, a convention has been signed with the Lazio Employment Agency for an accreditation manual for guidance centres for disadvantaged people and courses have been overhauled with the launch of four multi-skill courses, all including a computing module.

It is estimated that in Rome some 1000 disabled people leave lower secondary education every year: some 400 of these people (40%) can be seen as potential users of vocational training (Downs syndrome, medium to slight cognitive difficulties, learning difficulties, psychoses and neuroses, autism). The Capodarco CFP takes an average of 40 such people every year (10%).

Between 1974 and the present, some 20% of trainees have found jobs. This percentage has risen sharply in recent years (some 45%). This is a very good result, given the problems of the target group. The improvement is due to changes to the CFP's organisation and objectives, changes in the local and national regulatory framework introducing new and effective instruments for the work placement of disadvantaged people, better assessment of people applying for admission to the CFP and a reduction of unsuitable users to a minimum, close links with employment services and the extension of the local network of links with businesses and their consortia.

Features of the service

Key innovations

Innovations have been introduced in fields of action (computing and creativity) and from the point of view of users (from people with mental disabilities to those with psychological problems, drop-outs and travellers) local links (trade associations) and organisational status (from a CFP to a local guidance and placement agency).

Integration and coordination of agencies and within the agency providing services

Capodarco has entered into almost 100 conventions with enterprises or employers' trade associations, in cooperation with the Regional Employment Commission and the Provincial Labour Directorate, for the purposes of the work placement of people with learning difficulties, and into cooperation agreements with local health trusts, upper and lower secondary schools, the communal, provincial and regional authorities and trade unions.

Local competition

The Capodarco CFP takes part in European Social Fund projects involving calls for tender for the award of the management of training schemes, together with other operators (private, public, Onlus).

Employment conditions

Workers are full-time and permanent. Replacements for workers on leave are recruited under fixed-term contracts and four trainers in particular subjects, such as computing, are on freelance contracts. 60% of workers have degrees and the others have diplomas in the subjects that they teach. Under the convention with the Lazio Region, every worker can take five hours a week for own-initiative refresher training which has to be documented to the CFP's director. An annual amount of hours is also available for training schemes organised by the training agency itself. Subjects recently included in training schemes include evaluation, work placement, communication (with trainees, families and outside partners: institutions and enterprises).

User involvement

Weekly meetings are held for individual and group assessment and at least three meetings are held every year with families and the "Istrice" and "ADDAH" parents' associations.

Users' families take part in a Social Participation Committee (together with a representative from the training agency, a representative from the trade union, a representative from enterprise, two trainers, and a representative of the office staff) elected at each training site at the beginning of the year. This Committee is consulted about the content and objectives of the training proposed by the trainers' council. It meets at least three times a year, including a meeting at the beginning of the year to approve the training plan. One parent is a member of the board of governors of the "Comunità Capodarco di Roma" association. Families are often afraid to express any criticisms in case their "children lose their place" and because they lack any knowledge of similar services with which the CFP Capodarco can be compared or because they feel grateful to a facility that has "taken on" their child's problems.

Assessment of quality

In addition to periodic audits by the regional authorities, as the financing body, and by the Centre itself (focusing in particular on the efficiency of training and links with the local network), two studies, one looking at training needs' analysis (1993) and the other

“evaluating” the Community’s services (1996), should also be mentioned. The following were examined: history of the service, description of the situation (objectives, resources, worker motivations, team work, flows and methods of acquisition of financial resources, service organisation, links between the service and the Community, dealings with users, external contacts) and its evaluation (volume of services, services and results, nature of services, quality and cost viability). This study will be repeated next year.

Main lessons of the experiment

Implications

The Capodarco CFP is playing a pilot role in training for the mentally disabled: the importance that has always been attached to work experience, and in general to targeted placement, close links with social cooperatives, long-term links with trade unions and experiments to introduce computing into training courses are all factors that have consolidated the initiative, while leaving space for innovation.

Problems include, however, multi-annual delays in payments by the regional authorities entailing cash-flow problems from the point of view of project management, a lack of impact on the policy decisions of the authorities managing funds for the conduct of local projects, the poor state of repair of some facilities in which services are supplied and the fatigue that the hard work involved entails for employees.

Transferability

Its participation in many European programmes and networks (Helios, Confédération Européenne pour l’Emploi des Handicapés – CEEH) and membership of a number of national networks (National Coordination Unit for Accommodation Communities - CNCA) and local networks, has given Capodarco considerable experience with exchanges of know-how and in particular comparisons of methods. Transferability factors include:

- the initiative’s high level of credibility among institutions and the business world;
- qualified and highly motivated multi-skilled workers who are able to deal with users and families and with institutions and businesses;
- the mix of social and technical abilities that each worker must possess;
- training of specialists in work placement;
- strong local roots through comprehensive networking with businesses, services, associations and families.

The “Alto Vicentino” Servizio Integrazione Lavorativa (SIL – Work Placement Service)

The main features of Thiene’s work placement service (SIL) are its very clear organisational model, the major involvement of institutions and economic and social actors, its inclusion in a network system and its cooperation with other social and welfare services.

Organisation

Legal status of the service provider(s)

The SIL is a social service of the local health and social services trust (ULSS – Azienda Unita Locale Socio Sanitaria) administered by the Social Services Directorate and provides services for the residents of the 32 Communes covered by the ULSS.

Funding

The SIL is financed from the regional social fund (fixed quota pro rata to the number of residents covered by the ULSS and financing of specific projects) and by the Communes of the ULSS with a per capita quota per resident. The SIL also obtains resources from the ESF, the Drug Prevention Fund and from foundations.

Analysis of costs for the period 1992/93 shows that, in comparison with an overall operating cost of some LIT 450 million (some EUR 232 000), the annual average cost per user for the SIL was LIT 4.2 million (some EUR 2200) while the average cost of a user of guidance and counselling services was around LIT 300 000 (some EUR 155).

Number of employees and users

The SIL has seven workers (professional instructors and care workers), four of whom are women.

Between 1986 and 1998, the SIL assisted a total of 600 disadvantaged people.

In 1998, 135 of the 181 users of the service (including 80 with psychic disorders, 42 physically disabled, 31 mentally disabled, 17 with multiple disabilities and 9 drug addicts), were placed in work: 106 disabled people, 25 mentally disabled people and four drug addicts. At the end of the year, 56 of these people were in employment and most of the others were on work experience.

Origins and development of the experiment

The task of the SIL, set up in 1986 to carry out the specific tasks in the area of the social and work integration of disabled people assigned by regional legislation to local health and social services trusts, is to find ways of resolving the problems raised by:

- the high demand for work placement following on from the new culture of integrating disabled people into schools;
- the problems of applying the law on compulsory employment quotas;
- an awareness of the need to address the problem in an organic and global way;
- the need for a coordination structure able to network rehabilitation and training measures, identify existing job opportunities, specific trades and any needs for adaptation of work stations and provide support for specific integration routes that may involve the voluntary and social cooperative sectors.

The SIL mediates between disadvantaged people and the production system linking rehabilitation and training measures with employment measures. Forms of coordination and agreements between the actors involved are then developed in order to move beyond the recruitment of disabled people as a statutory obligation which leaves little space for people's personal and professional growth and places them on the fringes of the production fabric in sheltered working situations.

Beneficiaries of the service

Description

Beneficiaries of the service include people with physical, mental and psychic disabilities and drug addicts. Between 1986 and 1994, 228 users were assisted and placed in the area's

various production outlets; of these people, 24.1% had physical disabilities, 41.2% had intellectual difficulties, 12.7% had psychiatric problems, 11.0% had psycho-physical problems and 1.8% had sensory disorders. In the case of users solely of guidance and counselling services, 44.9% had physical disabilities, 23.7% had intellectual disorders, 24.2% had psychiatric problems, 11.1% had psycho-physical problems and 6.3% had sensory disorders.

Purpose of the service

The SIL's purpose is one of placement and gradual adaptation so that disabled people can gradually be fully integrated into work through the following kind of action:

- guidance;
- preparation of training plans, work experience and support methods;
- mediation with production outlets and evaluation of support measures;
- mediation with the employment services;
- tutoring during placement and training schemes.

The SIL therefore promotes cooperation between the various institutions and labour market and social solidarity actors and promotes information and awareness measures.

Each year the SIL draws up a plan setting out priority action, objectives to be achieved, priorities, deadlines, resources, checks at the various levels of action and those persons involved in achieving objectives.

SIL offers various types of measure:

- counselling and information services for employers and other local partners;
- guidance services;
- back-up for disabled people and the formulation of work placement plans.

“Back-up” is provided following assessment of the person by a district disability unit (UODH – Unita Distrettuale Handicap). An inter-disciplinary team of operators meets at the Social and Welfare District in order jointly to evaluate each situation and plan the most appropriate measures. An integrated and agreed working plan is then drawn up, taking account of all the resources available in the area, laying down deadlines, methods of operation and methods of assessment and ensuring continuity of service. The interdisciplinary and inter-institutional UODH team is made up of staff from the services involved or likely to be involved in the situation (social and health services of the local health trust, other services in the area, including schools and communal and private accredited services). The programme is then proposed to the disabled person and his or her family. The UODH is the point of entry to and the coordinator of the network of services.

Each work placement project, which has social aims as well, can use different methods that can be structured to address different circumstances and can be constantly verified. Each placement is prepared, supported and assessed by an enterprise working party which identifies the logistical area, plans work training and periodically assesses the trainee's progress in terms of attitude and learning. The working party's members include staff from the enterprise and a SIL staff member.

For high-quality and efficient work integration, work must be organised such that tasks are clearly allocated, everyone outside is fully aware of the work being carried out, team work is constantly used and workers are highly professional. Successful mediation between disadvantaged people and the social and production system depends to a large extent on these workers. Assessment of the potential of disadvantaged people and planning of action likely to favour their growth and to remove or mitigate disabilities requires the use of specific methods and instruments. The rehabilitation challenge that the SIL takes on is precisely one of mediating between the needs of disabled people and the surrounding world.

Features of the service

Key innovations

The main aspects of the SIL initiative are:

- a clear organisational model structured around separate levels;
- a policy management level (Guidance Group) actively involving the various institutional partners and economic and social forces (communal authorities, local offices of the Ministry of Labour, employers' associations, trade unions, vocational training centres, voluntary associations and local health trusts);
- a technical level (SIL) involving a team of workers whose task is to translate this policy remit into work placement projects;
- highly professional and motivated full-time workers involved in mediation and working as a team;
- a project-based approach and the progressive refinement of methods;
- considerable organisational flexibility and networking;
- inter-disciplinary cooperation with other social and welfare services (psychiatry, drug addiction, occupational medicine, the disability certification commission) and with training agencies, the communal authorities, cooperatives, associations and schools;
- strong local roots;
- the recognition and clear-cut place of the SIL in the organisational system of the local health trust.

Integration and coordination of agencies and within the agency providing services

Integration and coordination are achieved internally through the team work of the district disabilities unit. External coordination is through the enterprise working party that supports disabled people throughout their work placement and the Guidance Group that works towards coordinated local action.

Employment conditions

Workers are permanent public sector employees, on the payroll of the local health trust, but working solely for the SIL. One is part-time. In 1999, two new workers were recruited. Workers must be:

- able to mobilise resources in the area and act in a coordinated way;
- able to make decisions and use information;
- able to understand the workings of a social group (family, enterprise, service, etc.) and to pave the way for change;
- be an active and credible partner of the social partners, able to persuade enterprises, disabled people and their families and institutions.

User involvement

The SIL's institutional remit of improved autonomy and integration of disabled people makes it necessary to involve users in choices and ensure that they are fully aware. At the reception stage, therefore, attempts are made to establish a climate of trust: users must feel that they are being listened to and understood.

The SIL's organisational structure includes a "Guidance Group" formed by political, enterprise, trade union, employment service, vocational training centre and voluntary association representatives, possibly with representatives from other agencies and other social partners. Associations representing users can consequently act at this level and - beforehand - on the formulation of the "Area Development Plan" which is the basic social services plan for the Communes in the area of the local health trust of which the SIL is part. The Group draws up guidelines for coordinated local action and assesses and approves the programmes and technical proposals put forward by the SIL.

Assessment of quality

A high level of satisfaction emerged from interviews with the families' association and assessments of the individual work placement programmes.

A survey is being conducted to check the level of satisfaction of the SIL's "clients" (disadvantaged people and entrepreneurs). A number of quality indicators have been identified for this survey: ease of access, courtesy, transparency, consistency and completeness of information for individuals and users, understanding of users' needs, acceptance of their requirements, personalisation of measures, communication, credibility (understood as the ability to respect planned and operational commitments) and workers' technical skills.

The SIL's work is assessed by monitoring of placements, ongoing follow-up by workers, weekly team meetings, comparisons of the various local areas involved and links with the main regional and national initiatives.

The SIL periodically meets the Social Services Directorate of the local health trust to examine progress with work, report on the various projects and underscore critical points and priorities. To translate strategic choices and policy into practical programmes, the SIL constantly identifies any changes that may be needed, resource needs and compares working hypotheses with data based on actual experience.

Data and information on work, results and projects are disseminated through periodic reports and are systematically forwarded to the various institutional and social partners. A computerised service charter is being formulated and will be posted on the Internet for consultation.

Main lessons of the experiment

Implications

The initiative shows that the work placement of people with mental disabilities is a process that has to be built up patiently, drawing on workers' skills and comprehensive networking.

Transferability

The SIL experiment can be transferred to other places provided that the issue of work placement is addressed by all the partners involved and is supported by a policy of agreements and wide-ranging forms of cooperation. Professionally trained workers must work as teams and on projects. The project-based approach and the methods used by the SIL have been adopted by other health trusts in the Veneto area.

4. Case study: Commune of Bologna – Social services for elderly people facing hardship

4.1 Introduction

- 4.1.1** Why was the case chosen?
- 4.1.2** Origins and past development of the initiative.
- 4.1.3** Factors bringing about change.
- 4.1.4** Key changes in services.
- 4.1.5** How these changes relate to the needs and preferences of users and workers.
- 4.1.6** Key issues: integration / coordination; more user empowerment.
- 4.1.7** Description of customers.
- 4.1.8** Number of employees, accounts and volume of resources, customers; legal status of the service.

4.1.1 Social services for elderly people facing hardship in the Commune of Bologna are intended to help elderly people to maintain their dignity and independence and to limit the adverse effects of any loss of self-sufficiency. The aim is to help elderly people to live for as long as possible in their own homes and maintain their social life. On 1 January 1999, 26% of the Commune's population was aged over 65 (21.5% of men and 29.9% of women); 30% of these over-65s live alone. 25% of the elderly population is aged over 80, 35% of whom live alone.

The initiative seems particularly significant as a result of:

- the wide range of services offered;
- the integration of the social and welfare system and the health system from both the structural and procedural points of view;
- coordination between the public agencies working in the area under the planning agreement;
- the role of the “third” sector and of accredited private concerns;
- the establishment, in each neighbourhood, of an Elderly Assistance Service (SAA) as a standard point of access to the range of integrated social and health services.

4.1.2 The Commune's policy for the elderly was launched in the 1980s and involved activities in the areas of culture, games and socialisation. During the 1990s, further ageing of the population and the resultant increase in the number of people lacking self-sufficiency (currently 5000-6000) led the Commune, partly as a result of a delegation from the regional authorities, to target its policy on the needs of this population group. On 10 July 1997, a planning agreement was signed with the local health trust, the hospital trust, the two public welfare and charitable institutions (IPABs) already working in residential care and trade union and employers' organisations, in order to upgrade and reorganise the network of social and health services for elderly people, reduce institutionalisation and step up home care services.

The range of services is now very wide and includes basic and integrated home care, day centres, nursing homes and sheltered housing, financial support for persons unable to bear the costs of assistance and financial aid ranging from the minimum living allowance to meal and taxi vouchers, support for family carers and neighbourhood solidarity, the Geriatric Assessment Unit, alarm call systems and retirement homes.

4.1.3 The typical changes that have been affecting social services in recent years are all reflected by the Bologna initiative:

- demographic changes entailing substantial ageing of the population and a growing isolation of elderly people leading initially to policies to recognise the elderly and very elderly and to step up services for them;
- institutional decentralisation. The communal and regional authorities play the main roles and have obtained greater budget autonomy in recent years. This has been followed by decentralisation to neighbourhoods;
- the rescaling of public sector service provision through a complex system of tenders involving concerns of various types;
- the health sector, in particular, has undergone national changes, involving its conversion into businesses and local organisational reform;
- the system of calls for tender has introduced competition between suppliers focusing initially on price and then on quality;
- changes in employees' employment conditions have led to a wide range of employment conditions and pay levels among workers.

4.1.4 In recent years there have been major endeavours to adjust policy for the elderly, shifting the focus away from institutionalisation towards a wider range of home care services. Other key factors include attempts to integrate welfare and health services, improved user access, improved technological equipment, partnerships with the social partners, the voluntary sector and groups representing users and the increasing attention that is being paid to the quality of the service.

4.1.5 The communal authorities have committed themselves to ongoing rationalisation of services in order to bring them in line with the changing needs of the elderly population. For instance, in keeping with the policy to reduce any unnecessary institutionalisation of elderly people, the average number of elderly people receiving basic home care, using alarm call systems or accommodated in day centres has risen from 1524 to 2044, while numbers in residential facilities have fallen from 1006 to 974 (data from the social budget).

There are various channels of communication to ensure that changes are in line with users' needs; there are, however, fewer such channels for workers.

The IDEA programme is an attempt to link new production opportunities with the satisfaction of the needs of the elderly. Following a survey among the elderly to find out about their needs and requirements, a competition involving the design of new technological resources able to improve the lives of the elderly was run among young designers and enterprises.

4.1.6 The integration of the various public and private partners is one of the Commune of Bologna initiative's particular features. Most services are provided by operators outside the Commune, some of which are public (local health trust, hospital and IPABs) and some private (cooperatives, private concerns), using integrated procedures and guaranteeing quality through accreditation.

Management of services for the elderly has been completely decentralised to the neighbourhoods which are the focal point for residents. Access to services has been improved

by the creation of the Elderly Assistance Services in each neighbourhood which are a standard point of access to the network of social and health services.

For coordination between the communal authorities and the neighbourhoods, the latter forward their qualitative and quantitative objectives for scrutiny and possible comment by the communal council. The neighbourhoods then make the final decision. The necessary links between workers are provided by a standing committee made up of a representative of the Commune and the nine neighbourhood social services directors.

A good example of public and private integration is also provided by the agreement signed by the local health trust and two associations of accredited retirement homes that is intended to improve levels of assistance for the long-term bedridden under an agreement that appoints the Hospital Geriatric Assessment Unit as an advisory structure for the formulation of personalised assistance plans guaranteeing continuity of care between hospitals and local agencies.

Elderly people are well represented in the Commune by the pensioners' federations. In Bologna, as in other cities, the pensioners' unions of the main confederations work permanently with the local authorities to plan services and the forms that they should take. Mediation by the pensioners' unions has also improved user representation in retirement homes as residents do not have to report problems individually. The pensioners' unions are not as effective in the area of home care, as users are dispersed through the area. In the local health trusts and IPABs, mixed consultative committees for the management and planning of services play an important role. There are also informal opportunities for meetings, that are used whenever necessary.

4.1.7 The programme is aimed chiefly at people aged over 65 of any nationality who are resident in the Commune of Bologna, and who are in one of the following situations:

- insufficient income to satisfy primary living needs;
- inability to care for oneself and to maintain a normal life without assistance from others;
- elderly people convicted of offences but not placed in prisons.

4.1.8 Taking account of all the signatories to the planning agreement, there are some 860 employees in the network of services for the elderly.

The following data are taken from the “social budget”:

Table 5: *Employees in services for the elderly in Bologna (May 1999)*

	Communal authorities	Local health trust	<i>Poveri vergognosi</i> charity(*)	<i>Giovanni XXIII</i> charity (*)	Social cooperatives	Total
Basic care workers			33	240	150	423
Professional nurses		50	11	76		137
Nursing home staff		5				5
Welfare officers				21		21
Social workers	57		3	16		76
Care assistants			2	4		6
Rehabilitation therapists			2	10		12
Doctors (**)		59	1	9		69
Office and other staff	34		10	65		109
TOTAL	91	114	62	441	150	858

(*) The figures also include staff working in these facilities under agreements

(**) Estimate of staff, some of whom do not work full-time in the sector

Source: *Survey among the facilities listed*

Table 6: *Costs per type of service in LIT millions*

Services	1996	1997	1998	1998/1997 % var.
Home*	11 052	12 750	13 148	5.2%
Residential	20 265	21 973	23 026	4.8%

(*) Home services include day centres, basic home care and alarm call systems (partial figures for 1998).

Table 7: *Sources of funding by type of service in LIT millions*

Sources	Services	1996	1997	1998	1998/'97 % var.
Charges	Home	800	835	1 164	39.4%
	Residential	0	0	0	
Local health trust payments	Home	625	750	1 000	33.3%
	Residential	0	0	0	
Communal authorities	Home	9 627	11 165	11 254	0.8%
	Residential	20 265	21 973	23 026	4.8%

In 1998, the overall cost of home services was over LIT 13 billion (EUR 6.7 billion) covered almost entirely by the communal authorities, and to a smaller extent by the local health trust and by the charges paid by users. The proportion of expenditure covered by users is, however,

tending to increase sharply, with a growth of 39.4% over the last year. Reference should be made to Table 8 for details of users.

4.2 Quality of the service

- 4.2.1** Information on performance, speed, accessibility, coverage.
- 4.2.2** Changes in performance - links with reforms and modernisation.
- 4.2.3** Experiments with more integrated service provision.
- 4.2.4** Experiments to improve user empowerment or involvement; improved range of choices and improved consideration of users' requests.
- 4.2.5** Experiments involving users in the planning of the service and relative evaluation.
- 4.2.6** How are quality standards formally drawn up?
- 4.2.7** User satisfaction (including the opinions of users and service providers).

4.2.1 The point of access to services is the neighbourhood Elderly Assistance Service which schedules appointments with the social worker handling the case. The social worker then arranges for the various services that the applicant needs. The social worker has an initial meeting with the elderly person, if necessary at their home, to find out about their circumstances. The general practitioner's certificate is then examined and a visit by a specialist or by the Geriatric Assessment Unit (UVG) of each of the Commune's five social and welfare districts may be requested. The UVG is made up of the neighbourhood social worker, the district nurse and the hospital geriatric consultant. A personalised and integrated social and welfare programme is then drawn up; the social worker sets in motion the services for which he or she is responsible and makes arrangements with the district for any health measures.

This flow of communication between workers in different fields has provided excellent results up to now. As a result of the drastic reduction of hospital stays, a new need has recently emerged for emergency care for people discharged from hospital before they are fully recovered and for persons likely to be admitted to hospital because there is no other option. A procedure is currently being tested by the local health trust, with the agreement of the communal authorities, under which care, including welfare care, is provided for patients within 24 hours. An agreement under which medical specialists make home visits and an agreement with a cooperative to provide welfare care have enabled this trial, which currently involves some 200 cases. This emergency care is making it possible substantially to reduce the numbers of people admitted to hospital because home care is not available and because there are no facilities for treating them at home.

The integrated home care service is outsourced to cooperatives and the relative contracts provide for coverage between 07.00 and 18.00 on weekdays and Saturdays and between 07.00 and 12.00 on Sundays.

In order to improve access opportunities, the communal authorities have also set up a call centre which operates up to 18.00. Central Booking Centre (CUP) facilities for specialist and hospital visits are also being extended, with new booking points at pharmacies and general practitioners' offices.

Financial and objective auditing methods are used to monitor the waiting lists for home care every four months. The problem of the surplus demand for sheltered housing, i.e. residential facilities monitored by nurses and doctors, whose high construction costs mean that supply is

unable to satisfy demand, is more difficult to resolve. The number of elderly people on the waiting list may well be overestimated, however, either because people are waiting to get into a particular sheltered housing scheme and are unlikely to accept offers of placement elsewhere, or because applications have been made as a precautionary measure or before people have reached a final decision with the result that they may rethink their options when they are actually offered housing.

4.2.2 An audit of the planning agreement in March 1999 showed that planning objectives have been achieved to an extent that the union is considered to be satisfactory, bearing in mind that the date for completion of the programme is set at the end of 1999 for some services and the end of 2000 for other services.

Table 8: *Audit of the planning agreement for services for the elderly – March 1999*

	Prior to agreement	Audit March 1999	2000
Alarm call systems		500 users	500 users*
Basic home care	256 000 hours 1 417 users = 1.43% of over-65s	350 423 hours 2 130 users = 2.15% of over-65s	483 280 hours 1 986 users = 2.00% of over-65s*
Integrated home care	280 users	697 users	740 users*
Day centres	6 centres x 100 places	13 centres x 240 places	14 centres x 258 places
Sheltered flats	18 places	105 places	236 places
Retirement homes	1 234 places	585 places	Conversion to sheltered housing
Sheltered housing	789 places	956 places	1426 places
Nursing homes	45 places	333 places	549 places

(*) for these services, the deadline for the achievement of objectives is 31 December 1999.

Source: *Agreement to improve and upgrade integrated social and health services for Bologna's elderly population. Data on the March 1999 audit were supplied by the Bologna pensioners' union.*

Both the communal authorities and the local health trust have set up a number of groups to improve service integration, home care and access to services, particularly for elderly people with problems of dementia. These initiatives provide a forum for discussion and exchanges of ideas by the various partners involved. Staff from the different sectors involved and users' representatives have served on these groups. The working method has been one of quality analysis. On completion of their work, research reports have been drawn up and a number of initiatives, some of which have reached an advanced stage, implemented in order to improve the areas under study.

4.2.3 The Commune of Bologna project is based on a high level of service integration. However, integration of the health and social components of integrated home care is still raising some problems. Attempts were made in 1988 to improve communication flows between these two areas and between the workers involved.

The voluntary sector has always played a major role in social services, especially in home care. There are two main organisations, Auser and Caritas, in this field, as well as a number of small local associations and parish groups that work with the public sector. Auser and Caritas

have conventions with all the neighbourhoods under which they are committed to providing volunteers at the request of social workers, who evaluate whether people need, in addition to home care, help with small or non-specialist tasks, such as companionship, shopping, or help with walking. Simple nursing services, such as changes of posture or injections, are also provided in some cases. The two organisations together provide, within the Commune, some 400 hours per week of voluntary services thereby reducing the burden on communal or cooperative employees and freeing them to assist new elderly people. This has made it possible for cooperative employees to dedicate themselves solely to more delicate tasks such as personal care.

The use of the voluntary sector was seen by the trade unions as an attempt to cut down on staff costs, since the communal authorities, to comply with administrative regulations, initially paid the association an hourly flat rate rather than refunding actual expenditure. The communal authorities pointed out that voluntary work in social services in Bologna has always respected the law and that it had encouraged volunteers to forge direct links with residents without involving the municipality.

The voluntary sector's contribution makes it possible to supply services that the Commune would not otherwise be able to provide because of a lack of human and financial resources. The "Elderly in the City" project, based on synergies between social centres, the voluntary sector and the Commune, is very important. Under this project, fortnight holidays are organised throughout the summer for elderly people, who are likely to feel lonelier in the summer months, in the parks and gardens of the city's social centres. They are picked up by minibus in the morning and taken to social centres with parks and gardens where they spend the day in company, joining in activities organised by a number of neighbourhood home care workers who work during these periods at the social centres rather than at the elderly people's homes. Meals are provided by the social centres and the elderly people are taken home again in the evening. This project has involved some 300 single elderly people. Two centres have also run the project during the Christmas break.

4.2.4 The most significant initiative in the area of management of services by users themselves is undoubtedly that of the social centres and allotments which provide an opportunity for socialisation and prevent isolation. Each of these has a management committee elected democratically by its users. These services are managed, under conventions with the neighbourhoods, by non-profit-making recreational, cultural and solidarity associations.

In the case of the other services, the pensioners' union has set up audit committees that meet every month and are attended by the five bodies that signed the planning agreement and the pensioners' unions. In order, moreover, to monitor the demand for services and highlight critical areas, the protocol of agreement on auditing of the Elderly Persons' Agreement of 1997, signed on 12 April 1999, states that account should be taken of all residents applying to the Elderly Assistance Services, irrespective of whether or not the service has been provided.

The charges that users pay to communal departments are set every year by type of service, on the basis of the average direct costs of these services, excluding administrative and processing costs. The tariff of charges is given to the user before services are supplied. If people consider that the charges are beyond their means, they can ask the district social services to pay a proportion of these charges. In order to calculate the amount of the charges to be paid, the district social services obtain information on the financial circumstances of the applicant, their

spouse, any children living with them and, with the person's authorisation, also of children not living with them. Charges are banded by income bracket and increase proportionally from one bracket to the next.

4.2.5 The Agreement of 10 July 1997 provided the main opportunity for users to play a part in planning, as it involved the pensioners' unions, together with the other operators involved, in planning the objectives to be achieved in the area of services for the elderly. The voluntary sector and patients' associations are also represented on the local health trust's mixed consultative committees.

4.2.6 In 1995, the Commune drew up a Total Quality Plan in order to:

- bring services into line with changes in residents' needs by offering a wider range of services, introducing more flexible organisational methods and providing services geared to results;
- empower users, since their satisfaction has to provide a guideline for the organisation and management of services;
- create channels of communication between public bodies and residents;
- monitor the quality of services, by recording gaps between residents' expectations and perceptions of services;
- undertake ongoing improvement measures, including measures to motivate employees.
- In this context, the Improvement Groups have tackled various issues affecting elderly people. The results have been welcomed by users who feel that closer attention is being paid to their needs and that service suppliers are looking to communicate with them.

As part of the total quality plan, the "Suppliers' Project" includes audits of critical areas whose findings can then be taken into account in subsequent tender specifications; in cases of failure to satisfy agreed criteria, negotiations are opened up with the supplier who may ultimately have to pay penalties.

The quality indicators for basic home care and residential facilities have been selected by working groups in these areas. In the case of retirement homes, they include facilities, personal services, socialisation, food and staff. In home care, they include turnover by basic care workers and communication of this turnover to the elderly person, hours of provision of services to the bedridden and non-bedridden, communication between elderly people and workers and workers' transfer times from one elderly person to another. Indicators and standards have been drawn up for each of these fields. The weekly schedules drawn up by each home care team enable monitoring.

Improving the quality of personal services does not just involve high-quality professional skills on the part of workers, but also quality controls of home care and residential facilities. In the case of services provided by the Commune, including those provided by cooperatives, internal controls are conducted, while quality control of accredited facilities is carried out by a third party.

4.2.7 User satisfaction is measured every two years by surveys conducted by specialist companies; the findings of these surveys help the Commune to find out about and eliminate any weaknesses in services. During the initial survey, for instance, residents complained about the extremely high turnover of workers with the result that provision was made in the

new tender specifications for a period during which both the old and new worker attend the elderly person. The results are generally positive, with an average score of around 8/10.

In the 1997 survey of basic home care, the areas judged to be most successful were, in decreasing order: workers' compliance with hygiene standards, workers' courtesy and willingness, humanity in dealings with and respect for users, workers' discretion and respectfulness and good communication between workers and elderly people. There was less satisfaction, however, with the speed of provision of services in cases of emergency, the supply of personalised auxiliary services and the level of rotation or turnover of workers which was felt to be too high. The main proposals for improvement included the harmonisation of the services for the elderly offered by the different neighbourhoods, the possibility of receiving services other than those planned, information on the services available, the need to pay more attention to human and psychological problems and the identification of the actual assistance needs of people unable themselves to request this assistance.

The results of the survey of retirement homes show a higher level of satisfaction with the convenience of visiting hours, the hygiene of inmates, staff cordiality and willingness, freedom to come and go, friendly atmospheres and furnishings and fittings. Complaints related to a lack of psychological support for the elderly. The most recurrent proposals for improvements included admission even in cases where families are still able to provide some assistance for elderly people, the provision of substitute services while awaiting admission, regular exercise and physiotherapy, psychological support services and organised entertainment.

The pensioners' union considers that the planning agreements have had positive results, making it possible to achieve good quantitative levels, but criticises the excessive importance attached to user satisfaction. As the people involved are generally elderly people with severe or very severe problems, or their families, the union feels that the evaluation may not be based on objective parameters. The union considers that this criterion should be balanced by an assessment of the quality of services by workers, by an assessment of the quality and quantity of work and by the achievement of objectives for individual users.

4.3 Quality of working life

4.3.1 Who are the employees and what is the occupational content of their work?

4.3.2 Working conditions and hours

4.3.3 Working environment and technology

4.3.4 Changes in working conditions: flexibility and involvement in decision-making; reconciliation of life and work

4.3.5 Support measures: reconciling life and work; professional skills, development and training

4.3.6 Job satisfaction

4.3.7 Communication structures and networks, both internal and between services

4.3.1 The status of workers in the Commune of Bologna's network of services for the elderly differs greatly. Public sector employees working in the neighbourhoods, the IPABs and the local health trust work alongside employees of cooperatives working chiefly in home care services and day centres.

There are some 860 employees in total, 10% of whom are men. Part-time work accounts for 10% of employment; almost all part-time workers are women. Fixed-term contracts account for a very small proportion (some 1%) and largely involve women. There are also private sector employees working in convention-regulated facilities and volunteers. Men account for approximately one third of these employees and volunteers.

Cooperatives' basic care workers have recognised vocational qualifications, having attended regional vocational training courses lasting some 900 hours. Shortages of personnel of this kind mean, however, that unqualified people also have to be used; it is then up to the cooperatives to provide them with vocational retraining. Cooperatives use part-time workers, especially for replacement purposes, but also to cover peaks in workload, for instance mornings and mealtimes. Workers on part-time contracts account for some 15% of the total and generally work 18/24 hours per week. Payment is made for the set number of hours, even when workers have worked fewer hours. Whenever necessary, however, longer hours may have to be worked. The local unions consider that part-time work accounts for too high a proportion of employment.

Local health trust employees working exclusively in services for the elderly are largely professional nurses who provide integrated home care. Service managers consider that their numbers are in keeping with demand. Over the last ten years, retraining schemes have made it possible to move nurses from hospitals into local services where they were too few in number. Most staff of the IPABs are permanent employees and external workers are used solely for replacement purposes. Basic care workers all have vocational qualifications. One of the main features of the recent personnel policy of both of the IPABs is heavy investment in management and supervisory staff.

In the case of the Commune, employees working in services for the elderly work in the nine neighbourhoods, each of which has a social services director, five of whom are former social workers and eight of whom are women.

The average age of employees in services managed by the cooperatives is fairly low since, after a number of years, these staff, especially if they are qualified, tend to move on to jobs in the public sector offering more secure employment. Services directors tend, however, to be older with an average age of over 45.

4.3.2 There are major differences between the various groups of workers in the network of services for the elderly. The collective agreements applied in the sector of services for the elderly are the local authority agreement for communal and IPAB staff, the health agreement for local health trust staff and the social cooperatives agreement. Public employees have more secure employment and better conditions than the other groups.

Public sector employees are recruited following competitions and private employees are recruited directly. From the point of view of pay, for the same job, the employee of a cooperative on average earns 20% less than an IPAB employee.

Commune employees work 36 hours per week, spread over five days and including two afternoons. Cooperative employees work 36-38 hours per week over six days, generally from 07.30 to 13.30. In social services, however, employees are very willing to be flexible to ensure better organisation of services and to deal with peaks in demand at specific times of day or periods of the year. In basic home care, for instance, most work is concentrated in the

morning, when elderly people are getting up, and critical periods of the year such as the summer when elderly people are less able to rely on family support.

In terms of workload, a recent survey showed that the case officer/elderly people ratio varied greatly, depending to a large extent on the type of area involved. In better-off and better-educated neighbourhoods, the ratio was 1/80. In more working class neighbourhoods, the ratio was 1/26 or 1/30 as users in these neighbourhoods, although lacking self-sufficiency to the same extent, were less able to purchase services for themselves or to make choices and therefore required more support from social welfare services.

4.3.3 The law on safety in workplaces has been implemented from the point of view of the occupational medicine stipulations relating to clothing, disposal of materials, etc. A summit took place with the employees of some home care cooperatives who considered that elderly people's homes should be seen as workplaces and should therefore satisfy all the requirements laid down for workplaces. The Commune's view was that the law referred to premises used permanently as workplaces, but accepted some of their demands and asked the neighbourhood directors to take action to improve safety, especially in cases where homes were in precarious conditions, using the funds set aside to help elderly people to remain in their own homes.

The use of tried and tested technologies is a key point of the programme. The main innovation has been the introduction of alarm call systems. The experiment was launched in the first few months of 1997 and involved a substantial financial investment for the purchase of the units and for the agreement of conventions with the call centres operating the service. Under convention with the Commune, the service has been set up by the IPAB "Giovanni XXIII" under agreement with the communal authorities and it is ISO 9000 certified and is managed by an external company. In autumn 1998, at the end of the trial, management of these alarm call systems was passed over to the neighbourhoods. There are also plans to introduce remote assistance and remote surveillance.

To prevent the growing use of these technologies from depersonalising the service, the call centre operators, using records of personal and welfare details, always try to speak to elderly people in as personal a way as possible. A social and health information system has also been set up to network the Single Booking Centre's (CUP – Centro Unico di Prenotazione) information systems.

4.3.4 As this is a network of services involving workers with very different kinds of status, it is impossible to look in any depth at changes in working conditions. It has been mentioned above that the work of basic care workers has become more demanding and responsible. Real pay levels have been maintained. Little provision is made for the systemic involvement of workers in the management of the service, but employee participation in management is very widespread in practice. In basic home care, employees meet every week with the social worker responsible for the service to evaluate results and suggest ways of improving the service.

4.3.5 Increased external pressure on social services has increased workloads, despite increases in staff numbers. Hours are not, however, particularly demanding, especially in non-residential services, thus enabling a good reconciliation of work and family life. Workers can also opt for various forms of part-time work.

From the point of view of training, workers are often recruited, especially in the private sector, without specific qualifications and are then trained by the enterprise; in public sector employment, however, the staff recruited must already possess the required qualifications. Refresher courses are then run by the bodies in which the worker is employed. Alzheimer's disease is an issue about which workers themselves would like to be regularly informed and receive psychological support.

Further training for social workers, taking the form of a one-year intensive course, is arranged after a few years. Team work in the UVG has enhanced social workers' jobs as a result of the multi-disciplinary assessment that has not been part of social workers' training in the past. Nurses and charge nurses currently involved in home care are at present taking part in a training project to harmonise types of nursing services and their methods of provision in home care. Information seminars are also being held for nurses involved in the UVGs so that they are able to assist elderly people with problems of dementia or cognitive disabilities.

4.3.6 A survey of communal staff satisfaction was conducted at the end of 1996 and looked at various factors such as work environment, business image, human relations, professional development, labour organisation, leadership styles, involvement in service provision and job satisfaction.

A comparison of the needs and expectations of staff showed that priority areas included the working environment and human relations. The most marked differences between expectations and perceptions were in the areas of professional development and job satisfaction. Differences were below the average among older staff and above the average among younger staff. Differences in the areas of job satisfaction and professional development were higher among women.

4.3.7 Within the network, the contact points responsible in practice for channelling communication flows are the SAA, the local UVG and the case officer, and welfare liaison officers, while the contact points for communications between service providers, have been appointed in the various agencies (the SAA's case officer, the UVGT's social worker, the social worker working for the hospital social service and the hospital superintendent for hospital health issues, the director of welfare activities in the IPAB "Giovanni XXIII" and the coordinator responsible for facilities in the IPAB "Poveri Vergognosi").

The audit committees that meet every five months and are attended by the five signatories to the planning agreement and the pensioners' unions are an important channel of communication between the services in the network.

In the case, however, of internal communication, a standing committee has recently been set up and is attended by Commune representatives and the nine neighbourhood social services directors.

4.4 Prospects and relations

4.4.1 Users, families, organisations representing users, service providers; policy-makers; their views of changes and reforms.

4.4.2 Have relations between the various groups involved improved or worsened?

4.4.1 There is unanimous support for the achievement of the quantitative targets set out in the planning agreement.

The employees' union feels, however, that working conditions have worsened in recent years and that this has tended to have an impact on the quality of the service, especially in basic home care. There are various reasons for this. First, planning is a problem for the neighbourhoods; for employees, the repercussions of this problem are fluctuations in the amount of work they are required to do and less secure employment relationships. This is particularly true of those employees of cooperatives on part-time or fixed-term contracts. Another factor that has worsened working conditions, in particular by increasing workloads, has been the use of volunteers for tasks that do not require specific vocational training and are less exacting. This has increased the workload of qualified workers who now provide only the more delicate and demanding services with adverse effects on their physical health. Another critical area is the cut-throat competition between the social cooperatives to offer the lowest possible prices when calls for tender are being run. This leads to major pressures on costs and has adverse effects on pay levels. The result is a very high turnover of personnel possessing the basic care qualification which is highly sought after in the market. The uncertainty that the tender system entails for employees has been offset to some extent by the wholesale recruitment of the staff of the previous cooperative by the cooperative awarded the tender. This has not always worked in the interests of employees, however, especially in cases where they have had to leave one of the larger cooperatives where they have some recognition and where they feel more secure.

Both the pensioners' unions and users have tried to improve this system of tenders awarded for the lowest possible cost, leading in turn to a continuous turnover which does little to develop professional skills or for relations between workers and users. The problem has to a large extent been resolved by including quality and continuity of service alongside financial aspects in the criteria for the tender bids.

Ultimately, while worsening working conditions may well cut costs, the substantial increase in staff turnover is not in users' interests and impedes vocational training and advancement.

The voluntary associations feel that their integration into services is satisfactory, but stress that a large number of elderly people, even though they need assistance, do not receive communal services, since they are just above the limits laid down for eligibility for assistance. These people are currently assisted by volunteers, but should also be able to obtain and pay for services from facilities that have been accredited and therefore offer guarantees from the point of view of quality of service and charges.

Auser has a positive view of the services for the elderly provided by the Commune of Bologna, but feels that there are still many needs that are not being met. The President considers that coordination between the various agencies offering services for the elderly has improved in recent years, as a result of mutual recognition and respect that has paved the way for optimum cooperation.

The main concern of the Commune's senior management is the impact of further population ageing on the demand for services and, therefore, possible conflicts in resource allocation. The Commune cannot, on its own, provide services for everyone who applies. Since 1500 people reach the age of 75 every year in the Commune of Bologna, the demand for home care is growing at a faster pace than the Commune can handle. It has therefore been decided that the public sector should specialise in the more difficult areas of assistance, i.e. in integrated care for persons with severe problems of self-sufficiency, and should encourage private accredited facilities to supply other services directly to residents. In practice, this solution, which seemed to be the best possible option in view of the large number of agencies among which residents could choose, has proved to be difficult to implement because operators in the area are not keen to offer services directly to residents. Only two associations and a bank foundation have up to now opted to invest their own financial resources in home care.

The lack of residential facilities is not felt to be a problem, as the social services approach tends to exclude institutionalisation which is seen as a solution only for severely ill or severely disabled people. This choice requires, however, considerable investment in facilities and the Commune has started to build facilities that include more high-tech welfare, medical and nursing services.

4.4.2 Users have undoubtedly started to play a more substantial role in recent years. The inclusion in the planning agreement, at the initiative of the unions, of provisions obliging service providers to achieve specific objectives and to conduct periodic audits of results, bears witness to this.

There is cooperation and mutual recognition between the local authorities and the pensioners' unions, although their differing views on service methods and practices have occasionally led to major tensions between the two parties that have, nevertheless, been resolved.

Because the pensioners' unions play such a significant role, there are few other associations for the elderly. These associations include the tribunal for patients' rights and CODES, whose representative nature is felt by their directors to be difficult to pinpoint, as there is no delegation of any type, especially when the focus is not on the respect of rules but on choices of welfare assistance. A social mutual company has recently been set up into which residents can pay towards their old age.

4.5 Conclusions and proposals for service improvement

4.5.1 Links between quality of working life and quality of services;

4.5.2 Measures to improve policy coordination and service integration

4.5.3 New job creation and promotion of equal opportunities

4.5.4 Key lessons and potential transferability

4.5.1 Part of the pay of public sector employees is linked to productivity: the productivity bonuses paid following participation in particular initiatives, such as quality circles and rationalisation and innovation projects. In the Commune, incentives are managed by the neighbourhood director who also decides on areas of action. Bonuses of this kind are not paid in the private sector.

The unions point out that workloads are becoming heavier, especially in home care, which inevitably has an impact on quality. For a high-quality service, flexibility and security need to be balanced so that workers are able to plan in the medium to long term, thereby encouraging long-term loyalty. Work needs to be better reconciled with family life if staff turnover is to be reduced.

4.5.2 Bologna sets great store by its ability to promote dialogue between and integrate services provided by operators with differing legal status, organisational structures and philosophies of action. The results have generally been favourable, but further integration is needed, especially in integrated home care, and suitable initiatives need to be undertaken in this area by ad hoc improvement groups. Initiatives of this type should also be placed on a permanent footing to ensure ongoing innovation and improvement. Employees need to be encouraged to play an active role in this respect and user groups involved using focus group methods. Voluntary work in services for the elderly tends to be largely in the area of socialisation services, whereas volunteers could carry out more skilled work, thereby keeping such services free of charge.

4.5.3 In 2000, the achievement of the objectives set out in the planning agreement will have a major impact on employment with the creation of some 900 new jobs: 600 basic care workers, 200 nurses, 50 physiotherapists, 30 doctors, 20 office staff and managers. The challenge is currently more one of developing market services not provided directly or indirectly by the public sector, where the public sector acts more as a guarantor of quality and a regulator.

As regards equal opportunities, the Commune of Bologna has set up a Women's Committee for City Governance which has in particular provided training for employees (including social and health employees) on gender problems and has provided information through leaflets and studies of particular issues. The Equal Opportunities Committee for staff employed by the communal authorities has worked on projects in the area of working hours and working time.

4.5.4 The planning agreement method has brought the parties together, despite considerable potential for conflict, and has rallied them in a way that has provided satisfactory results for all the agreement's partners, especially from the quantitative point of view. The issue of quality has led to some criticisms, but even here there have been significant improvements. The most striking aspects for an outside observer are:

- the social cooperatives, from the point of view of both the quality of the service that they provide and their organisational ability. These cooperatives are genuine social entrepreneurs, each with their own particular methods of staff selection and training;
- the relational aspect of care, which is more advanced than in other countries. For instance, whenever possible, it is preferred to help elderly people to do their shopping, rather than to deliver their shopping to them in order to provide them with an opportunity for socialisation and give them a feeling of autonomy. The organisational model has considerable potential for transferability. It should be borne in mind, however, that the initiative has taken place in a very favourable context, combining a large number of high-quality social cooperatives with ongoing financial support from the authorities and a tendency in civil society towards self-organisation with the result that substantial voluntary resources are available.

5. Case study: The Centro Socio Educativo (CSE - Socio-Educational Centre), Lissone (Milan)

5.1 Introduction

- 5.1.1** Why was the case chosen?
- 5.1.2** Origins and past development of the initiative.
- 5.1.3** Factors bringing about change.
- 5.1.4** Key changes in services.
- 5.1.5** How these changes relate to the needs and preferences of users and workers.
- 5.1.6** Key issues: integration / coordination; more user empowerment.
- 5.1.7** Description of customers.
- 5.1.8** Number of employees, accounts and volume of resources, customers; legal status of the service.

5.1.1 The Centro Socio Educativo (CSE - Socio-Educational Centre) of Lissone is a non-residential day community for the social and educational rehabilitation of the severely mentally disabled who are beyond the age of compulsory education. The Centre's innovative features include high-level integration of public, private and non-profit services, a wide range of educational, health, welfare and relational services to promote users' socialisation and autonomy, the formulation of personalised rehabilitation and training plans for each user, the multiplying role of the users' families group which is fully involved at the various levels of the Centre's work and the strong identification and motivation of employees underpinned by in-depth initial training and continuing and refresher training.

5.1.2 The CSE of Lissone was founded in 1971 as a special school run by the Commune of Lissone and by the "Stefania" local parents' association. The school also included medical, psychological and educational support. In 1973, the Commune of Lissone opened a rehabilitation department to provide health and rehabilitation services for the functional rehabilitation of people with neuromotor disorders and psychological problems. Many users, who completed their education in the special school, were thus able to stay on at the facility. In 1977, following the abolition of special schools, the primary school was closed and far-reaching changes set in motion. From 1978 to 1982, the Commune of Lissone converted the Centre into a vocational training centre and at the same time implemented agreements with the Ministry of Health and the Lombardy Region. The facility, currently a socio-educational centre, is managed by Milan's third health trust. Services are part and parcel of a zone programme. The CSE operates at inter-communal level under delegation from six Communes.

5.1.3 Factors bringing about change, at national and regional level and as a result of pressure from local protagonists, have included:

- the Law (No 517/77) on the inclusion of disabled students into normal classes alongside their able counterparts;
- the gradual decentralisation of social and welfare responsibilities to regional and communal authorities;
- closer links between public bodies and private concerns to provide a wider-ranging service;

- the use of social cooperatives, to supplement public sector employees, through periodic calls for tender which entail a market approach and have changed the status and working conditions of some employees;
- pressures to improve the service by the users' parents group and by a local users' association (the Stefania Association).

5.1.4 In recent years, the most significant improvements at the CSE have included:

- a wider range and more organic planning of activities to improve users' potential;
- improvement of employees' vocational skills and the launch of continuing training;
- a wider range of specialist skills at the Centre;
- greater involvement of families.

The use of social cooperatives has undoubtedly been another key change in services, especially in view of the number of cooperatives that have been involved (four in the space of 12 years).

5.1.5 Users' families and service employees undoubtedly feel that the first four changes are in line with their needs and preferences. Families place the emphasis on the quality of the service and workers on their improved identification and professional working skills. The outsourcing of the management of services to an outside agency, and in particular a social cooperative, is not viewed so positively, however: keeping costs as low as possible seems to be the main objective. This development is not viewed positively by families who feel that there is no guarantee of continuity of education or by employees who feel that their jobs are less secure and that a distance is created between employees.

5.1.6 The CSE integrates a range of services of different types (educational, health, welfare and relational) provided by different suppliers (public, private, non-profit making). The local network also seems to be significant.

The families' group plays an active role in the planning and provision of services. This role is, on the one hand, supported by the Centre's explicit operational choices and, on the other hand, underpinned by the solid support of the Stefania Association network. The latter has always actively put forward suggestions, exerted pressure on institutions, participated in the life and problems of the Centre, provided support, been involved in the service, in some cases by promoting and channelling its own resources into innovative initiatives that, once tried and tested, have been transferred to the public sector for management and financing.

5.1.7 The CSE accommodates 30 users which is the maximum allowed by the regional authorities. They are people with mental disabilities aged between 20 and 40. There are no age limits for admission to the centre and the number of users has been at the maximum level since 1991. At present, there are also two occasional part-time users who are on an experimental plan agreed with the Communes in which they live. Apart from exceptional cases, there is little user turnover because of the serious nature of users' disabilities.

5.1.8 The Centre has 19 employees and a further 10 volunteers and conscientious objectors. In 1998, the total annual budget of Lissone's CSE was LIT 1.2 billion (slightly over EUR 600 000). Staff costs account for some 80% of total costs. The overall cost per user is some LIT 40 million (EUR 20 000) or LIT 28 million (some EUR 14 000) if regional grants are taken into account. Cost trends have been stable in recent years.

The service is co-financed by the Region of Lombardy, the communal authorities involved and the Monza 3 local health trust.

Table 9: *Funding of the Lissone CSE by source*

(annual amounts)

		LIT millions	EUR thousands
Region of Lombardy	Health service	190	98
	Social service	120	62
Communal authorities involved	Grants for resident users	900	465
Monza 3 local health trust	The salaries of a psychologist and a professional nurse are paid by the health trust	105	54
TOTAL		1315	679

5.2 Quality of the service

5.2.1 Information on performance, speed, accessibility, coverage.

5.2.2 Changes in performance - links with reforms and modernisation.

5.2.3 Experiments with more integrated service provision.

5.2.4 Experiments to improve user empowerment or involvement; improved range of choices and improved consideration of users' requests.

5.2.5 Experiments involving users in the planning of the service and relative evaluation.

5.2.6 How are quality standards formally drawn up?

5.2.7 User satisfaction (including the opinions of users and service providers).

5.2.1 The aims of the CSE are socialisation, integration and inclusion in the community, the development, maintenance and recovery of potential and cognitive and social skills and, where possible, placement in sheltered work and support for the families of the severely mentally disabled.

Education in the areas of learning and enhancement of personal potential is the task of instructors who are assisted in some cases by specialists, depending on users' clinical needs. Every activity has a set of objectives, including:

- personal autonomy as regards the various necessities of daily life;
- social autonomy and socialisation;
- psychomotor skills and expression;
- employment and learning of craft skills;
- cultural support;
- specialist support in the areas of psychology, physiotherapy, music therapy and equestrian therapy.

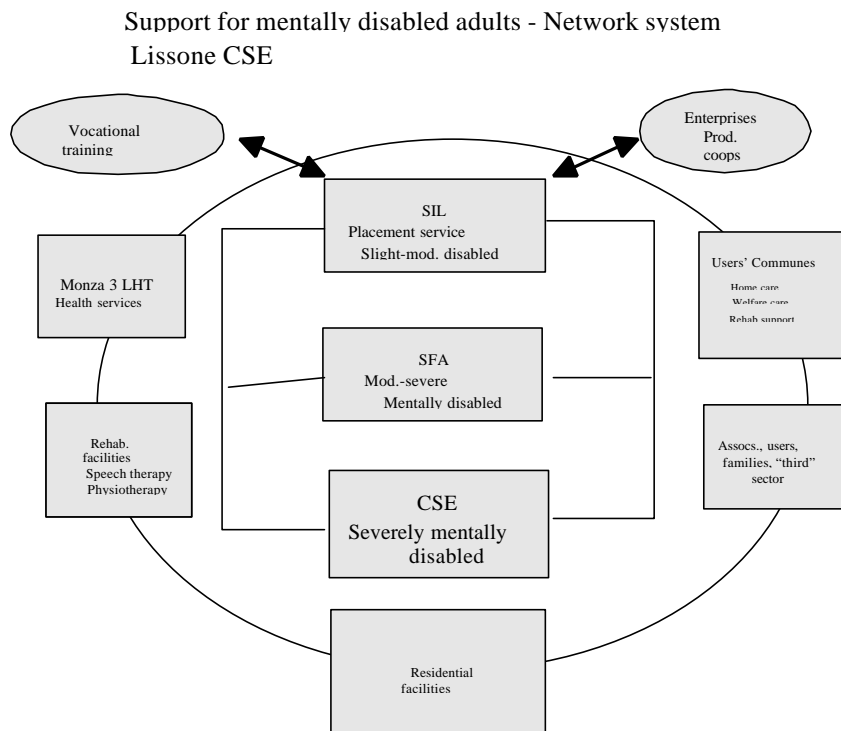
The service is open from 08.30 to 16.00 Monday to Friday and operates for a total of 210 hours every year. A transport service is available for users. The Centre is not open during public holidays and during the summer from the last week of July to the end of August.

It is estimated that there are 39 severely mentally disabled people aged between 14 and 60 in the Communes involved; the service therefore provides 70% coverage. After a period of development when user numbers grew, coverage has remained unchanged since 1991. User turnover is low. Between 1993 and 1998, some 10 users, at an average of two per annum, were placed locally (in neighbouring CSEs or with the Stefania Association which organises personalised plans).

Up to nine people have been on the waiting list for admission; the waiting list has been reduced by placing these people in similar services such as other CSEs, the SFAs (service centres for the moderately to severely disabled managed by local health trusts) and social cooperatives. At present, there are two potential users on the waiting list.

5.2.2 A representative of parents feels that the improvement of the service from the 1980s has been largely shaped by the improvement of employees' professional skills. Organisational endeavours have focused on the planning of activities, for details of which reference should be made to section 1.3. In recent years there have also been far-reaching changes in the doctor/patient (user) relationship. One mother remembers that 20 years ago in Italy, people who were sick were seen as patients to be cured and doctors did not feel that they needed to be informed and involved in their treatment. Doctors were very remote from patients who were often not informed of diagnoses, possible outcomes or treatment. Families of disabled children have gradually shaken off any vestiges of shame and no longer isolate themselves; they are taking a more proactive stance, tend not to place their children in care and are putting forward requests for assistance and for the respect of their rights.

The quality of the service has been improved, therefore, by a number of legislative opportunities and by advances in the socio-cultural context which have made users and families more aware of the opportunities available to better their circumstances and achieve their potential.



5.2.3 Close links with the local health trust, communal authorities, rehabilitation facilities and the Stefania Association have made it possible to offer an integrated range of educational, health, welfare and relational services. There is also vertical integration with work placement programmes for users with more autonomy; there have, however, been few such cases because of the serious disabilities of CSE users. However, the integration of these services is not set in stone. The local health trust, which has a new management team looking to cut costs, is now questioning whether specialists should be available on site. This could have repercussions on educational programmes.

5.2.4 To provide effective communication between the Centre and families, and improve parent participation, the Centre's management meets the families' group at least once a month and parents meet staff individually every three months to check on each user's objectives. The educational objectives planned and the activities to be carried out are explained in order to create continuity between the Centre's work and family activities. Group meetings are also held to pass on information about activities. Other information channels include the Centre's annual report and "CSE informs", a two-monthly magazine prepared by the Centre's users. Two studies, one in 1995 and one in 1998, conducted respectively by the Province of Milan and by the Centre, assessed user satisfaction in order to find ways of improving the management of the service and helped to improve communications with families. Direct involvement in group activities (social events, exhibitions of works, drama) also helps to step up user participation.

5.2.5 A group for participation in the life of the Centre has been set up informally in order to involve users' families in planning the service. This group, linked to the Stefania Association, gathers user's proposals and opinions and helps with planning; in some cases group members also help out with the Centre's activities. Parents elect three representatives who attend meetings with the Centre's director, two representatives of instructors and, where necessary, a manager from the local health trust. The group has a permanent remit and well-defined tasks but, as no provision is made for it in the Centre's founding regulation, its validity raises problems.

Family representatives play a much broader active role in the planning and provision of the service. This involvement is now consolidated and dates back to the 1970s when the facility was managed by the Commune of Lissone and the Stefania Association. The association is now responsible for managing:

- a labour cooperative for the psychiatrically disabled led by a teacher and a number of volunteers which produces sweet boxes, picture frames, etc.;
- a garden maintenance and agricultural cooperative;
- a residential centre for disabled people accommodating 20 severely disabled people who lack autonomy;
- a day centre for guidance and work induction for users aged between 14 and 18 with moderate to severe disabilities;
- personalised afternoon services.

Users and their families have never been involved and have not participated, however, in decision-making at the local health trust.

5.2.6 Planning and general evaluation of the service take place at three times during the academic year. Proposals for internal reorganisation or to make planned objectives more

efficient, and families' reactions are analysed. Proposals for development and extension are put to the health trust's disabilities department. Quality controls take place via the weekly team meetings, interviews with families (at least three per annum) and audits by the communal authorities financing the service and cover internal organisation, needs analysis, development plans and the supervision of individual plans. The quality of the services offered is assessed against various criteria: quality of reception, family response times, ability to meet individual needs, personalised educational plans, efficiency of conventions and contracts, dealings between users and services and training routes. Quality controls are administered by the functional assessment unit of the Centre's management. If quality standards have not been met, the particular problem and objectives are reviewed.

User satisfaction with the overall service is analysed periodically and has provided good results. A Charter of Services for the Disabled has been drawn up for the work of the local health trust. Work is underway to design a technical quality audit with the communal authorities, which have requested the establishment of a working party for periodic auditing of the service.

5.2.7 Families are satisfied with the work of the Centre in which they feel that they play an active part. Issues that they have raised include better training of workers, recruitment of specialist personnel and the launch of new activities such as drama. The problem of managing time in the afternoon "after the Centre", where voluntary workers could play a part, has also been raised.

The Centre's employees and management are also satisfied. A particularly successful experiment related to holidays organised in normal hotels, among other people, that help with socialisation and disabled people's self-esteem and help the able-bodied and the disabled to get to know one another, thereby broadening ordinary people's horizons.

5.3 Quality of working life

5.3.1 Who are the employees and what is the occupational content of their work?

5.3.2 Working conditions and hours

5.3.3 Working environment and technology

5.3.4 Changes in working conditions: flexibility and involvement in decision-making; reconciliation of life and work

5.3.5 Support measures: reconciling life and work; professional skills, development and training

5.3.6 Job satisfaction

5.3.7 Communication structures and networks, both internal and between services

5.3.1 In March 1999, the Centre had 19 employees with a further five volunteers working as educational auxiliaries and five conscientious objectors on civil service as an alternative to military service working as educational auxiliaries and drivers. Employees include 12 instructors, 2 psychologists, 1 professional nurse, 3 auxiliaries and 1 technician. 18 staff, including four of the volunteers, are women.

The director is a 46-year-old psychologist and the deputy director is one of the instructors. Employees are on the young side and are aged between 27 and 50. No employee is on an "atypical" part-time or fixed-term contract.

There is a particularly marked divide between those who are permanent employees of the local health trust and those who have been recruited by the social cooperative “Il Quadrifoglio”. The latter has recently been awarded the tender and has replaced another cooperative that had had the tender for the previous 18 months. The cooperative awarded the tender has changed on a number of occasions, but almost all employees have been taken on by the new cooperative providing some continuity of employment. Changes of cooperative raise problems of a contractual type, of continuity of relationships and of faster turnover. These have an impact on relations between employees and between employees and users.

Table 10: *Lissone CSE staff*

<i>Occupations</i>	March 1999		
	Total	Men	Women
Instructors	12	8	4
Psychologists	2	1	1
Professional nurses	1		1
Auxiliaries	3	1	2
Technicians	1	1	
Total employees	19	11	8
Volunteers	5	1	4
Conscientious objectors	5	5	
Total working for the service	29	16	13

5.3.2 The Centre has drawn up contracts with social cooperatives for the provision of instructors and social and welfare auxiliaries. These staff have worked alongside health trust staff since 1986 and are coordinated by the Centre’s management. Two different contracts are therefore applied at the Centre. Most employees are permanent and covered by the national health collective agreement, but cooperative employees who have been recruited more recently (seven instructors and auxiliaries) are covered by the relevant agreement. Health trust employees are recruited by public competition and social cooperative employees are recruited directly.

The social cooperative “Il Quadrifoglio”, with offices at Pinerolo (Turin), set up in 1981, manages services in various north-eastern regions and currently has 1461 members. The cooperative, originally set up by the Commune of Pinerolo for the work placement of disabled people, has been awarded various tenders with public bodies. In 1998, its turnover was some LIT 30 billion (some EUR 15.5. billion) and it has obtained UNI EN ISO 9001 certification. The cooperative provides the CSE with the staff that it needs to meet the standards required for the facility’s accreditation, but is not involved in any way in the management of the actual service. As specified in the call for tender, it has an area officer who supervises its workers.

The level of unionisation is high both for local health trust staff and for social cooperative staff. Cooperative staff have been helped by the union at difficult times and during conflicts. Union action also ensured continuity of employment when the new cooperative awarded the tender took over.

There are obviously major differences in working and pay conditions and in working hours. The pay of social cooperative employees is, for the same jobs and qualifications, 20% lower than the pay set out in the national health collective agreement, with a monthly net difference of LIT 300 000 (EUR 155). Public sector employees work a 36-hour working week (managers working 38 hours) and cooperative employees work a 38-hour week. Working time is from 08.30 to 16.00 from Monday to Friday for public sector employees, and to 16.30 for other employees. Health trust staff have 32 days of leave and social cooperative staff have 26 days of leave.

5.3.3 A training course has recently been completed on Law No 626/1994 on safety at work (in its turn implementing various Community Directives, including Directive 391 of 1989) which introduced a participatory approach towards prevention in workplaces into Italian legislation. As set out in the law, the trend in the CSE is towards more worker involvement in issues connected with health and safety at work. In recent years, the introduction of innovative technologies and support materials have improved the situation and have also improved the quality of the service.

5.3.4 The main innovations in recent years that have had an impact on working conditions are the provision of some staff by the social cooperative and greater worker involvement in the management and planning of the service, especially the attention that is paid to employees' proposals relating to techniques, initiatives and planning. No measures have been taken, however, to make working hours more flexible or to introduce "atypical" work. Pay linked to results and quality of service has not been introduced, although the national agreement provides for it.

The following table summarises the effects of the various changes in working conditions in the opinion of the Centre's employees.

Table 11: *In recent years, employees' work has become:*

✓ Less secure	More secure	Unchanged
More demanding and onerous	✓ Less demanding and onerous	Unchanged
✓ More responsible	Less responsible	Unchanged
Not as well paid	Better paid	✓ Unchanged
✓ More differentiated	Less differentiated	Unchanged
Less satisfying	More satisfying	✓ Unchanged

In recent years employees have therefore started to feel less secure about their employment (largely as a result of the provision of some staff by the social cooperative). Overall, innovations have made work less demanding and onerous. This finding, borne out by meetings with workers, can also be attributed to the fact that volunteers and conscientious objectors have taken some burdens from employees. In the other case study in this report relating to services for the elderly in Bologna, the result was exactly the reverse. The use of volunteers in Bologna seems to have made work more onerous, since the less demanding tasks (shopping, accompanying elderly people) have been taken away and work centred on the more demanding tasks. This difference can be explained by the ceiling on the number of users (30), which is not the case for services for the elderly in Bologna.

The CSE employees feel that they have taken on greater responsibilities and have become more involved in recent years without any improvement of pay and job satisfaction, although conditions have not become worse. The fact that there have been no pay increases has to be seen in the context of Italy's recent economic development and the moderation policies that have been introduced.

The pay differential between public employees and employees of the cooperative is naturally seen as a negative trend.

5.3.5 Employees do not feel that innovations have had any particular adverse effects on the reconciliation of work and family life which is still shaped to a large extent by working hours (36 hours, without shifts, over five working days) which tend to work in favour of those who have "normal" family responsibilities. No particular efforts have been made to help employees better to reconcile work and family life, apart from the introduction of flexible times at which employees can start (between 08.30 and 09.00) and leave (between 15.30 and 16.00) work. Much more of an effort to counterbalance the introduction of innovations has been made from the point of view of improving the human capital of employees in order to improve the service. Educational staff periodically attend refresher training courses; a course on techniques of communication with autistic people and networking has recently been completed. It should be noted that the CSE's employees placed the good training opportunities offered by the facility at the top of their list of strengths. Even employees of the social cooperative said that, in their opinion, this factor balanced out their lower pay and the disparity of their working conditions.

5.3.6 Interviews with workers showed that overall they identify very strongly with their work, which is helped by team organisation, their wide-ranging involvement in activities and interesting training opportunities. Users' families also felt that employees' attention and willingness went beyond the call of duty. Employees feel very strongly that their work is socially important and see it almost as a "mission". Job satisfaction among employees is also high and tends to improve their participation in management and in the results of the service. There are frustrations about the different working conditions of the CSE employees and the employees of the Quadrifoglio social cooperative. The latter also have problems because the parent facility is so remote, leading to fragmentary relations which do not give them any sense of belonging and provide few opportunities for participation; they may well be members of the cooperative, but do not feel that they are. The cooperative does not organise training for its employees in the CSE, probably because their employment is likely to be temporary and to end at the next call for tender, with the result that investment in human capital does not appear to have any advantages since there would be little return in the short term. These contradictions do not seem, however, to have much short-term impact on team work, which is of a high standard, both as a result of employees' personal involvement and the time that they spend with users which may go beyond their actual working hours.

5.3.7 Facilities for internal communication include the periodic team meetings which take place weekly. Working closely together ensures efficient communication even in cases of unforeseen events. Facilities for external communication are less systematic - the Centre's Director attends meetings of the local health trust's disabled group and the health trust manager responsible for managing welfare for the disabled attends meetings at the Centre.

5.4 Prospects and relations

5.4.1 Users, families, organisations representing users, service providers; policy-makers; their views of changes and reforms.

5.4.2 Have relations between the various groups involved improved or worsened?

5.4.1 The CSE's recent past has been marked by various reorganisation measures, common to many Italian and European initiatives in recent years, that have been set in motion at various decision-making levels (national, regional, local and within initiatives). In very simple terms, these measures have had the twofold, and in some cases controversial, objective of containing costs and improving service quality and have involved changes that have had a far-reaching impact on the Centre.

The Table shows that the impact of these measures on the objectives of containing costs or of improving the quality of the service has not been unequivocal. The CSE's development, as determined by external and internal pressures, cannot be described as a triumphal procession towards improved quality without cost considerations or constraints. Nor can it be seen as a downward spiral brought about by the introduction of market forces and public funding cuts.

The views of the various partners involved consequently differ, as do their views of changes and reforms.

The Centre's management stresses the efforts that have been made to plan educational action and to attract professional skills to the Centre that are in keeping with the needs of users and the objective of greater social integration. The Director does not feel that these results are set in stone, but that progress has been made along a difficult path and that constant action is needed to prevent any backward movement. Human and resource management is felt to be a particular problem. The Centre does not have budget autonomy and any expenditure has to be authorised. The fact that some personnel come from the cooperative does not seem in practice to reduce expenditure since lower pay is offset by payments to the cooperative that have an impact on costs. According to the Director of the Centre, a clear division needs to be made in the variegated world of the non-profit sector between bodies that are predominantly purchasers of a service for their members or the people they assist (the Stefania Association for instance) and those whose role is largely one of selling a service through a system of calls for tender.

The social cooperative's spokesperson is not in agreement with this view. Cooperatives like Il Quadrifoglio have a great deal of experience and professionalism in the social and welfare sector. Only a system that ensures genuine comparison of the costs and the quality of the service provided by various operators (in other words within a competitive market) can provide everyone with access to such an initiative and allow it to become consolidated within the sector. These comments can be explained by the particular nature of the CSE. The sense of belonging of the cooperative's employees is low in cases of mixed public and private management. Differences in the conditions of public sector and cooperative employees are more evident in such cases and in turn generate problems of turnover and dissatisfaction. The spokesperson also felt that the situation was very different in services run entirely by the cooperative.

Users' families are largely satisfied with events in recent years that have given users' representatives a more important role which is constantly defended and improved. One key

factor, the integration of services and workers, is set to become even more important in the near future. The ageing of users makes work to support these disabled people more demanding and difficult and ageing parents have less and less ability and strength to support their children. This is raising new problems in the division of tasks between families and external facilities and explains the plans for a new residential centre catering for users' future needs.

The director of the Carate Brianza health district considers that priority channels for users' health coverage need to be further developed. These would include visits by medical services to the Centre and the launch of preferential channels for access to other health services. There are plans to develop a physiotherapy project for the three CSEs in the district's area.

The director of social services of the Commune of Biassolo considers, on the basis of assessments by families, that the service is of good quality. The communal authorities note, however, that there is also a need to use the CSE for emergencies, possibly outside of normal hours. These include, for instance, situations where families are temporarily unable to care for disabled people or a demand for such a service, which may not be formal, which exceeds the supply. A further objective is to set up more solid and complex evaluations of the service that go beyond financial reporting.

5.4.2 A largely positive view of the way in which relations between the various groups have evolved emerges from protagonists' comments about the CSE initiative. The starting point was, moreover, favourable as local authorities were sensitive to the problems of the disabled and families were in a position to carry out structured and incisive action. Wide-ranging cooperation between all the partners has undoubtedly been improved by the decision to give users' families a major role to play in the Centre's educational programme and activities and by the greater responsibility and emotional involvement of workers in their work. This is also true on the broader scale of, for instance, dealings with the institutions. The CSE's parents' group is accepted and recognised by the authorities. This recognition is mutual and is the result of deep-rooted social habits and regional legislation. It is ultimately a very open relationship, based on cooperation, but not in principle excluding the possibility of conflict between families and institutions, between families and service providers and between the various service providers.

Table 12: *Organisational measures by the Lissone CSE focusing on main objective (*)*

	Measures taken	Improving service quality	Containing costs
Outsourcing of the service or parts of the service	Some workers are provided by a social cooperative	*	***
Outsourcing of the service to several competing operators, with the option of termination of the contract if agreed standards are not met	The cooperative is selected through a call for tender	*	***
Extension of the range of services	Extensions in the area of welfare, culture, recreation and sport	**	-
Teaching and technological innovation	Introduction of new methods and techniques	**	**
Integration of a non-profit-making organisation of volunteers	Stefania Association	**	**
Overhaul of internal organisation	More responsibility for workers, team work, planning of teaching	***	**
User involvement	Parents' committee	***	*

The table shows the impact of each type of action on the achievement of the twofold objective of containing costs and improving the service. A three-point score has been used:

- (*) a set of measures having a limited impact on the objective;
- (**) a set of measures having a significant impact on the objective;
- (***) a set of measures having a major impact on the objective.

5.5 Conclusions and proposals for service improvement

- 5.5.1 Links between quality of working life and quality of services
- 5.5.2 Measures to improve policy coordination and service integration
- 5.5.3 New job creation and promotion of equal opportunities
- 5.5.4 Key lessons and potential transferability

5.5.1 The CSE initiative shows that quality of working life plays a key part in a high-quality social service. In defining the key components of high-quality working life, it is not enough just to look at employees' original qualifications obtained from their initial training and the ways in which they were recruited. Over time, professional skills more in keeping with the service have brought about a gradual improvement at the CSE.

Account also needs to be taken of the way in which the work factor is integrated into an efficient structure able to meet users' demands. The CSE seems to be a streamlined organisation, despite the extent and critical nature of the needs that it addresses, without too many hierarchical levels that would detract from the initiative's efficiency. Workers are highly motivated and responsible as a result of team work, are involved in planning and activities and believe in their work. Attention is paid to encouraging new interests and employees are keen to improve their personal skills. Training that is in keeping with and supports this demand is available. The risk of problems of burn-out, i.e. fatigue and exhaustion that employees suffer as a result of caring for the severely disabled, is tackled by worker rotation and a major emphasis on outside activities away from the Centre itself; training activities are felt to be useful for this purpose since they provide new stimuli and different points of view. There have not been any particularly original solutions in the area of

the reconciliation between employees' work and life, but employees do not in any case see this as a priority since working hours are fairly fixed without shift work or work at anti-social hours (nights, weekends) and because most employees are relatively young. It seems likely that this situation would change if opening hours were to be extended, as has been requested by the communal authorities, or if employees become older.

Employees, the union and even users' family members all noted, however, that the long-term sustainability of such a high level of identification with work in a context of different working conditions and major uncertainties about continued employment posed a problem.

The relationship between the quality of working life and the quality of the service could be improved:

- by finding a better balance between flexibility and security and between competition for the service and long-term contracts, which would allow everyone (workers, tendering cooperatives, health trust) to make appropriate investments in human capital and would step up the participation and responsibility of the social enterprise, even though a wide range of partners are involved;
- by harmonising employees' working conditions to avoid any risks of a lack of responsibility on the part of some employees and of excessive turnover;
- by establishing a direct link between quantity and quality standards of the service provided and staff pay, which, as well as providing an incentive for employees, would help to improve the monitoring of the service against tried and tested parameters;
- by giving employees a sense of the utility, importance and responsibility of their work;
- by allowing employees to change their pace of work as they progress through their life cycle;
- by providing adequate psychological support for workers enabling them better to tackle the demanding nature of their work.

5.5.2 At present services at the CSE are well integrated as a result of the strong focus on users' needs and the low number of users and small geographical area covered. There have been, in some cases long-standing, innovations in the mix of public, private and non-profit-making partners. Areas for improvement largely involve various needs that have not at present been met.

One of the problems raised by families is what to do after the Centre has closed, i.e. activities for users in the late afternoon and at weekends. Increasing the Centre's opening hours is problematic because it would be difficult to find the resources and also because parents feel that this may not be the answer as it might prove too demanding for users. At present, each parent makes their own arrangements and the social lives of users and their families are drastically reduced at times when the Centre is closed. There are plans to organise, with the Stefania Association, an "after-centre" during which recreational activities could be organised for a couple of hours in the afternoon. A viable alternative would be to forge links within other associations and groups (scouts or parish associations) and with the voluntary sector or to set up exchanges with schools, for instance for drama workshops. It was pointed out, however, that the social fabric of the Lissone area, which has few small businesses, a social environment geared largely to work commitments and is more closed than Milan itself, is the main problem. Although the disabilities of CSE users generally prevent them from working, the possibility of finding limited work in cooperatives, even if part-time, for the less severely disabled who could then attend the Centre for fewer hours, should be explored.

5.5.3 The potential for new job creation lies in the new needs that are emerging, i.e. the problems of the ageing of users and their families. The removal of architectural barriers and new equipment (alarm call systems) are in particular being discussed and could pave the way for professional skills and employment both in the profit-making and non-profit-making sectors. Another area is that of meeting the demand for new residential facilities, put forward strongly by families, in order to provide disabled people with a future that is not lonely.

From the point of view of equal opportunities, it should be borne in mind that the existence of a high-quality and accredited service such as the Lissone CSE reduces the burden of care which is shouldered, in Italy in particular, by women (mothers, sisters, grandmothers, etc.). This helps to ease the burdens that are placed on women and gives them more freedom from the point of view of their work, relationships and emotional life. Looking at equal opportunities from the point of view of employees, the main beneficiaries of any measures to help people to reconcile work and family life and to prevent burn-out will be women, who are undoubtedly most exposed to such risks.

5.5.4 The Lissone CSE initiative shows the importance of an organisational structure via which educational, health, welfare and relational services can be integrated and individual training routes provided, in order to meet the whole range of users' needs. Giving users the best possible opportunity for socialisation and autonomy requires a whole range of services that the Centre cannot provide on its own and that require good networking. The range of solutions offered can be increased in this way, without moving away from the Centre's functional specialisation which offers comparative advantages and guarantees of quality. The strong involvement of users' families is a constant stimulus to improve service quality; it is evident from this initiative, however, that families can play a more profitable role if they possess knowledge and professional skills that can be transformed - as in the case of the Stefania Association - into initiatives and proposals for new activities. This provides a foundation through which user empowerment can be improved, making it possible, on the one hand, better to counter the service's monopoly and, on the other hand, partially to offset the information imbalance between the user and the service supplier and/or organiser.

The most evident limit on the CSE initiative is its lack of financial autonomy which tends to separate the management of the facility from those who authorise spending decisions, who are not involved at the place at which needs arise. This makes procedures slower and more complicated, drastically reduces management powers and limits the efficiency and correct operation of the facility. The best route would be therefore to provide full financial autonomy, to make managers much more responsible for the quantitative and qualitative results of services and drastically to simplify evaluation procedures. These are all issues that are currently very topical in Italy.

Just as the initiative's organisational and method structure is the key feature, it is also the key critical factor in its transferability. If other factors such as an appropriate logistical structure with specific standards, qualified human resources and appropriate financial resources, all important in their own way, are available, the start-up time of a facility such as a CSE is not particularly long - usually one or two years. Creating a context similar to that of the CSE, especially as regards family involvement and relations with institutions, will undoubtedly require a longer period.

6. Conclusions and recommendations

In Italy, gradual progress is being made towards a global approach to the problems of social exclusion. Social policy itself has been slow to take up instruments and methods paving the way for a broader commitment that combines a variety of re-integration measures. The failure to meet the multi-faceted needs of the users of social services has a number of causes: the limited nature of basic services and the resources channeled into them, the weakness of the public machine and policy formulation that is traditionally centralist and uses unchanging methods. Attempts are now being made to make up for lost time (for instance the reforms of employment services and of health and welfare), but Italy is still lagging behind other countries. At Community level, the notion that marginalisation is not just the result of inadequate income, but requires a range of measures for social and occupational integration, including access to training, employment, accommodation, collective services and medical treatment, is more consolidated. Under this approach, disadvantaged people are not just seen as a group needing protection, but as people with a right to a place in society. What is needed is a strategy of re-integration that makes the most of people's potential, tries to achieve equality through equal opportunities and fights against all kinds of discrimination (Marino, 1999).

As Manuela Samek of the IRS notes, the social services theme of this report highlights the need to pay more attention to policies of workfare that target social expenditure on genuine assistance needs and promote the social (re)-integration of the weaker strata of the population through work. More attention needs to be paid to the role of active labour policies and in particular policies that promote participation and integration into work (employment services, training, employment subsidies, etc.). In many cases, this requires better local integration of social (welfare) policies, labour policies and training policies.

For a society, an improvement of quality of life depends less on the quantity of goods available than on the enhancement of the opportunities for self-realization that are in practice offered to individuals. Social well-being should not be measured by the total supply of particular goods, but rather by the attributions that people possess and the abilities that these attributions give them from the point of view of what they can and cannot do. Whether they can dominate circumstances rather than being dominated by them (Sen, 1984). There is still a need for public intervention, although this intervention should be more in the form of regulation and guidance, less cumbersome than in the past, but incisive, paving the way for a "simple state" rather than a "minimum state" (D'Alberti, 1998).

The areas covered by this report: services for elderly people living alone, for young jobseekers and for people with severe learning problems, play a key part in any definition of social well-being. Unfortunately, in general terms, as we have demonstrated in the first two chapters, the situation in Italy is far from encouraging. There are few services for the elderly (only 20% of local authorities have started to provide home care services) and what services there are tend not be comparable throughout the country, with greater shortcomings in the south. The employment services system has required a complete overhaul, which is not yet complete, since it was completely unable to meet the objective of matching the labour supply and demand, links between schools and the working world are lacking and any instruments to help the population group that is most at risk of marginalisation, i.e. young people who, in addition to having no work, are facing deteriorating social and mental conditions, are

completely lacking. Opportunities for the mentally disabled to attend vocational training centres, social cooperatives or day centres are also limited.

Interesting experiments that may be important points of reference are, however, emerging from this situation which is not overall very encouraging. The report has analysed nine good practices in the three areas, in order to pinpoint the potential for measures that can be taken up and transferred to other contexts. The criterion for choosing initiatives was that they had made major efforts to meet users' needs by integrating services and coordinating all the partners involved. Priority was given to initiatives targeting a wider range of needs and able to find answers much more in keeping with users' different circumstances, possibly through highly personalized services.

These are, in brief, the cases examined and the reasons for their importance:

Elderly people living alone

- *Social services for elderly people facing hardship in the Commune of Bologna*
Wide range of services offered; integration of the social and welfare system and the health system from both the structural and procedural points of view; coordination between the public agencies working in the area under the planning agreement; the role of the "third" sector and of accredited private concerns; the establishment, in each neighbourhood, of a standard point of access to the range of integrated social and health services;
- *The "Estate Serena" programme of the Autonomous Province of Bolzano*
Intended to diversify the services on offer, by providing a more extensive range of specialist services at various times of the year in order to take account of new and changing needs at different times;
- *The "Area Development Plan" of the Agro nocerino-sarnese (the northwest area of the Province of Salerno)*
The first experiments in southern Italy with inter-commune planning based on networking and projects involving all the partners working in personal services with the integration of social and welfare services, institutional services and the local community, and public, private and non-profit-making agencies and that involve the voluntary social and welfare sector.

Young jobseekers

- *Employment Agency of Autonomous Province of Trento* where an innovative initiative has been running since 1983, in comparison with systems in the rest of the country, for active labour policy to cut down on the red tape involved in employment services, through vocational training and guidance initiatives and the involvement of social partners also in drawing-up a multi-annual plan of action;
- *The SOCIETÀ PER L'IMPRENDITORIALITÀ GIOVANILE (IG - YOUNG ENTREPRENEUR'S COMPANY)* for local services, largely in Southern Italy and in depressed areas, for enterprise creation, local leadership, training for public and private organisations working with young people. IG coordinates a network of professional and social skills;
- *"la Tenda" association- Salerno Solidarity Centre* for prevention and re-integration schemes for young people with problems. Other local partners have been involved and an

integrated system of work placement for disadvantaged groups, which combines public and private action, has also been set up.

The mentally disabled

- *The Centro Socio Educativo (SCE- Socio-Educational Centre), in Lissone (Milano).* Socio-educational rehabilitation of people with severe mental disabilities through high-level collaboration between public, private and non profit services, an integrated range of educational, health, welfare and social services, the formulation of personalised rehabilitation and training plans, the supportive role played by users' families who were fully involved in the centre's activities, the strong motivation and identification of employees helped by a continuous training programme.
- *The Capodarco Vocational Training Centre in Rome* - a national reference point for vocational training for people with learning difficulties, because of the very innovative methods that it uses, its focus on a range of groups at risk of marginalization and its links with the labour market.
- *The "Alto vicentino" Servizio Integrazione Lavorativa (SIL- Work Placement Service) of Thiene* for its very clear organisational model, whose objective is that of mediating between disadvantaged people and the production system, linking rehabilitation and training measures with employment measures. The involvement of the various institutional partners and economic and social forces and the network structure are other remarkable features.

These case studies have also helped to highlight what impact the changes under way are having on the quality of services for users and on the working conditions of employees.

Social public services, employment and working conditions

Employment in the social services has traditionally been the preserve of women, a fact that is fully borne out by the nine case studies; women employees account for over 50%, and in some cases much more, of the total, with even higher percentages in the system of services for the elderly in Bologna or the Trento Employment Agency where women account for close on 80% of employees. The growing number of women in more highly qualified jobs is, however, a new development; women are not just building on their predisposition for human relations and care work, but are also acquiring high-level professional skills. The proportion of graduates also seems to be very high, bearing in mind that these are services with a high human capital content, and is tending to grow; 70% of employees in the Young Entrepreneurs initiative are graduates as are 60% of employees at the Capodarco vocational training centre for disabled people. A fairly wide range of professions are involved, ranging from medical, nursing and social welfare staff to instructors and cultural leaders, sociologists, psychologists and in general social sciences specialists. Whatever their professional background, the profile required is very often that of a worker able to mediate between psychological and educational needs and more technical and professional needs. This is true of tutors in services for young people and the mentally disabled, although similar requirements also have to be met in services for the elderly. The average age of employees in the nine cases examined is generally low, between 30 and 40, since these are fairly recent initiatives. There is also a high turnover of employees, as these are demanding jobs with a strong emotional component and pay that is not always felt to be adequate.

Trends in working conditions in the social public services sector cannot be seen in isolation from more general labour market trends. The main trends here are the crisis in the standard

model of employment based on uninterrupted permanent and full-time employment from the time at which people leave school to their retirement. The diversification of each of these components is leading throughout Europe to a wide range of opportunities and combinations (part-time work, fixed-term contracts of various types, temporary exits from and returns to employment and so on). There are also new types of contract, which are blurring the distinction between employment and self-employment (Van Bastelaer, 1999). This is true in Italy of subcontract work. Major changes are also taking place in labour management in response to changes in demand; much more use is being made of flexible working hours, often accompanied by short-term recourse to atypical contracts. The extent to which these various forms of flexibility are used in social public services depends on national contexts, legislation and collective agreements, prevalent models of labour organisation and the most recent innovations. In the nine Italian cases examined:

- part-time work is much less frequent than in other countries. In general, no more than 10% of employees are part-time, as in the case of services for the elderly in Bologna, although in many cases there are no part-time employees. This is particularly true of public sector employees and reflects Italy's more general situation on a smaller scale. These are low percentages, common to southern Europe as a whole, in comparison with much higher figures in health and social services in other EU Member States (66% in the Netherlands, 44% in the United Kingdom and around 30% in Germany and France; Pillinger, 1998);
- there are few fixed-term contracts which are almost always used to replace personnel on leave. The possibility of recruiting temporary staff via employment agencies, recently introduced by legislation, has not been taken up in any of the cases. Where there are greater uncertainties about revenue, employment has been only partly stabilised; in one case (La Tenda) there is a very wide range of employment or "quasi-employment" relationships;
- coordinated freelance contracts and more episodic types of cooperation (IG, CFP Capodarco, La Tenda, Salerno) are growing in number and forms of employment lying somewhere between employment and self-employment are on the increase;
- there is widespread and growing employment of employees of social cooperatives in a context characterised by a wide mix of suppliers of different legal status. This is undoubtedly the most typical way in which work is being made more flexible in the social services sector and has offset the rescaling of the direct supply of services by the public sector. This is also a form of work that is somewhere between employment and self-employment and has been encouraged by labour costs that are lower on average (by some 10% for the non-profit-making sector as a whole; CNEL - Social Market Research Group, 1998a). This is borne out by the case studies: at the Lissone CSE and in Bologna, the pay of social cooperative employees, for the same jobs, is almost 20% lower than that of public sector employees. Another problem that is being raised by this development is the insecurity of jobs that are subject, with a few correctives, to the uncertainties of periodic calls for tender;
- there is substantial use of voluntary personnel from associations of various kinds, and of young conscientious objectors. Some of the former have their expenses reimbursed which has in some cases led to conflicts with the unions. Voluntary labour is an important resource that makes it possible to extend services and concentrate employees on certain tasks. In the case of Bologna, employees' work has become more demanding since voluntary workers have taken over their less demanding tasks;
- there is widespread and almost general use of team work to make schemes more efficient within appropriately streamlined organisations, in which management and workers work

fairly closely together. Problem-solving based on wide-ranging decision-making autonomy is more prevalent than compliance with bureaucratic procedures. Information circulation is in some cases based on formal structures and in others on less formal structures.

The case studies (Bologna and the Lissone CSE) show that the working conditions of public sector employees and members of social cooperatives are very different. The latter seem to be disadvantaged by major uncertainties about job security, due to the system of calls for tender, and by their lower pay levels. Despite some corrective measures that have been introduced to reduce job instability, their disadvantages are reflected by a very high turnover, that is exacerbated in the two areas studied by good alternatives in other sectors; this may well have adverse effects on the continuity of relations with users and on the return that the parties can derive from investments in human capital.

The attention that is being paid to the development of human capital is evident from almost all the cases, especially those that are more consolidated, like the Bologna and Lissone CSE case studies. This commitment to supply a wide range of training is highly appreciated by employees.

Links between quality of working life and quality of service

The links between quality of working life and quality of service do not merely depend on employees' original skills. The case studies show that the way in which the labour factor is integrated into the organisation of activities plays a key part in providing an efficient structure able to meet the demand from users. Employees identify highly with their work because they feel that they are undertaking important work and take pride in work that is useful for others. This is helped by team organisation, participation in planning of the service and the attention that is paid to training opportunities and, in some cases (La Tenda), by the immediate identification of employees who have often been users themselves.

Involving everyone in this way creates a sense of belonging and promotes process and service innovation (Galgano, 1999). In the cases studied, commitment, involvement, cooperation and in particular intelligence are demanded of workers in order to obtain a high-quality service; these are all attributes that employees are keen to support. Identification with work is high, because the initiative, which is seen as an important "mission", solicits and recognises workers' intelligent cooperation. In most cases this involves cooperation at a functional and operational level and the "natural" involvement of workers in day-to-day production, but does not involve more advanced kinds of participation in the destiny of initiatives such as economic participation (profit-sharing or capital holdings) or institutional participation (on supervisory boards for instance) which are often outside the scope of management itself. This also applies to the social cooperatives which ought to be better adapted for this purpose but in some cases have only modest mechanisms for substantive participation.

There is, however, a contradiction between this strong emotional involvement in work and dissatisfaction with working conditions. Relative security of employment and some job stability are an essential prerequisite for intelligent cooperation, while insecurity is the worst enemy of participation (Accornero, 1999). This would seem to be a major risk factor for the good practices that have been analysed and has been pointed out by both the trade unions and by users' representatives.

If they are to sustain the quality of the service in the long term, the parties obviously have to find **a fair balance between flexibility and security**, as has been confirmed on many occasions in Europe. The trade-off therefore has to be between commitment, cooperation and adaptability and relative security of employment for workers. A balance of this type has to be compatible with the institutional rules that govern the service supply and demand, such as call for tender mechanisms. The problem is therefore one of **reconciling the market mechanisms** that ensure, if they are functioning correctly, a better price/quality ratio, **with a prospect of relative security** which allows suppliers and employees to plan in the medium to long term. The major human and professional skill losses that are brought about by a high turnover can be countered by **providing more opportunities for people to modify their working commitments throughout their working lives**, which is a key factor in preventing people, especially women, from leaving the labour market because of personal and family circumstances. The **commitment to training** must be pursued both because of the key role that it plays in the quality of a service and in developing new services that are in keeping with users' needs and because it strengthens the relationships between employees and an enterprise. **The utility, importance and responsibility of employees' work needs to be emphasised**. Enterprises must be **willing to take care of their human capital** and also to negotiate **methods of participation**. Instruments that make people aware of and provide information on plans and results and that pave the way for systematic relationships and better cooperation mechanisms are indispensable (Accornero, 1999). **Employees' pay needs to be linked to the quantity, quality and economic viability of services**. What are needed are methods that offer incentives for creativity and "idea banks" in which proposals that have not been developed and potential solutions can be stored (Molinari, 1999).

All these objectives can be achieved by legislative guidelines, possibly at Community level, and wide-ranging negotiation between trade unions and enterprises. Without running counter to the principle of subsidiarity, it would be perfectly possible for a European forum, in particular involving the social partners, to formulate guidelines in this area, as was the case when some major agreements on the issues of parental leave, part-time work and fixed-term employment were being drawn up.

Impact of changes in services on the quality of the service and its evaluation

The cases studied contain highly structured methods of evaluation of the quality of social services, in line with developments in other contexts (Koch-Nilsen, Treebak, 1998). These include the public service charters that have been drawn up in particular for facilities linked to health trusts. In some cases (Bolzano, La Tenda, Capodarco) service quality is controlled largely through audits by the financing body and is not an ordinary activity that is part and parcel of the "production" process.

User satisfaction is a widely used instrument (Bologna, Thiene SIL, more sporadically Lissone CSE and Capodarco); the results of such surveys are generally very positive. Service suppliers do not feel, however, that the results that this instrument provides fully reflect reality. The quality perceived by a user is defined individually; it depends on their expectations and past experiences with the result that evaluation scales may differ. This is also linked to the issue of the information imbalance for users who may find it difficult to obtain detailed information on possible alternatives. Moreover, as such people are in a situation of major hardship, they probably tend to overevaluate quality because they may fear repercussions if they give a negative answer. It is for precisely for this reason that the pensioners' union criticises the excessive weight attached to the criterion of user satisfaction which should be balanced against an assessment of the quality of a service by workers using

parameters linked to the quality and quantity of work and the achievement of objectives for individual users. The total quality plan drawn up by the Commune of Bologna seems to be more in keeping with this requirement. Working parties have identified indicators and standards for each field. Monitoring takes place through the compilation of weekly schedules drawn up by each home care team.

Almost all the training and work integration schemes (Trento Agency, Young Entrepreneurs, Lissone CSE, Thiene SIL) make provision for an ongoing assessment of results against the objectives set by working groups or by tutors. In some cases (Trento, IG), the time horizon is extended through research reports that monitor training measures against longer-term working routes.

The issue of quality does not seem, however, to have been adequately explored in Italy. In particular the recent reform in public health legislation (1999) is now making possible a considerable improvement in the assessment procedures of the quality of services. New rules on the relationships between the public and private sector are being designed to ensure that citizens receive high quality and reliable services; regulations have been introduced for the accreditation of facilities, establishing a kind of quality certification, guaranteed by a national commission, in which users can participate; they promoted staff participation through the health trust council, the evaluation of trusts' strategic choices to improve quality and the personalisation and operational nature of services.

Efforts have been made to avoid any "bureaucracy" of quality, i.e. the excessive proliferation of controls, much work remains to be done in this area. Experts in the area consider that a "contracting culture", i.e. expertise in evaluating cost and service quality ratios in calls for tender, is largely lacking, which is obviously a major problem at a time when contracting out is becoming widespread. In order to fill these gaps, the Ministry of Social Solidarity set up, in February 1998, a Social Quality Group that is preparing a census of quality evaluation systems in the social and socio-educational fields in order to pave the way for exchanges of experience. It has published an initial study of quality systems, some of which are specifically intended for social cooperatives (Ministry of Social Solidarity, 1999). **Considerable investment in training** is needed to enable tendering bodies fully to control the system. **Major involvement of users and their representatives** is needed to provide efficient auditing and control systems whose results can be fed back into the service supply. **Greater attention needs to be paid to the quality of the services that citizens purchase on the free market**, to make up for the information imbalance from which purchasers in most cases suffer.

Mechanisms for coordinating multi-dimensional needs

The ability to meet differentiated needs is shaped by the ability to promote dialogue between and to integrate services run by various operators with different legal status, organisational structures, philosophies of action and different locations. This networking makes it possible to call on different skills and specialisations as facilities obviously cannot meet every need on their own.

While the trend towards bringing in the skills needed for rehabilitation work and integrating them with other public and non-profit-making services has been consolidated at the Lissone CSE, the other cases are moving towards even more sophisticated networks. At IG, action for young people takes place through a complex system of partners involving 900 youth enterprises, 300 tutors and training schools, associations, consortia and local authorities. The

same is true of work for the mentally disabled at the Capodarco CFP or the Thiene SIL where cooperation with the various institutional partners and economic and social forces, as well as the agreement of conventions with enterprises or enterprise trade associations for work placements, are playing a key part. For the elderly, the initial problem is one of setting up a dialogue under planning agreements and in the day-to-day management of social, welfare and health services; in Bologna, this has led to a standard point for access to the network, multi-disciplinary assessment of cases by the Geriatric Evaluation Unit and ongoing monitoring of the condition of elderly people who are being assisted at home through meetings between home care workers and case officers. In order to satisfy a wider range of needs, considerable use is made of voluntary associations, for instance in Bologna and Bolzano.

This is not a purely organisational problem, but involves the attitude, as at La Tenda in Salerno, of not working in isolation and ensuring that the community as a whole tackles problems using all its resources. It is also a question of political philosophy, since the spheres of competition and cooperation need to be defined in ways that do not overlap.

Generally speaking, the ability to work in an integrated way is lacking in Italy, where the approach tends to be vertical. The problem is therefore one of **reorganising the overall system to promote cooperation between services and operators**, as is currently the case. Action also needs to be taken to promote **wider-ranging transfers of experience, practices and expertise**. This requires solid work to ensure that information is circulated about the implementation of good practices, the methods used, alliances, the results obtained and new ideas that grow out of the original initiative. The transfer of human resources from those centres where good practices have been initiated needs to be promoted so that new experiments can be set up and, moreover, so that the workers involved can gain direct experience: this requires training aids, pay incentives, mobility incentives and recognition of professional skills through the certification of results. **Article 137 of the Treaty of Amsterdam is a clear invitation to greater cooperation between the Member States in order to combat marginalisation and promote exchanges of information and good practices between the Member States, to promote innovative approaches and to evaluate experiments** (Marino, 1999). It may well be that Community action could take the form of coordination of measures and schemes, along the lines of the employment model, leaving the Member States the task of formulating policies of social integration.

User empowerment; more scope for users

According to Paola Piva, a Ministry of Social Solidarity expert, the supply has retained its dominance over the demand in the social services dynamic. Citizens, as final users of the service, are not normally involved in the relationship between the producer and the purchaser (the Commune and the health trust), except in a few rare cases where authorities survey user satisfaction. The shift from a public sector to a private or cooperative supplier does not in itself place the user/purchaser in a better position with respect to the supplier (Piva, 1999).

The case studies show some solutions to the problems of user empowerment. All the initiatives involving training for the mentally disabled include periodic meetings between instructors and families to check on progress and to provide information on programmes. In the three good practices for young jobseekers, widespread use is made of tutors as a reference point for the whole process of training, rehabilitation, business start-up and work placement, often with the explicit aim of combining psychological support with more strictly professional support. The enterprise working group that supports work placements for the disabled at the Thiene SIL offers a similar solution.

In other cases, voluntary associations often run by users or users' families are involved in the promotion (Caritas in the case of elderly people in the Nocera area) or in the supply of the service as in Bolzano. Bologna's Auser and Caritas provide elderly volunteers who work to support other elderly people with greater needs.

The Stefania Association of families of the disabled at the Lissone CSE offers a particularly interesting example; in addition to supplying services for the disabled, the Association provides a forum for high-level involvement of families, thereby providing an ongoing stimulus for quality, initiatives and new solutions. This shows that **user empowerment is the more efficient the more it is based on a solid structure of knowledge and professional skills**, because this offsets the monopoly of the service supplier and also makes up to some extent for the information imbalance between the user and the service provider/administrator.

Work in the area of service planning involves local concerted action in which the social partners have a key role to play. In Bologna, the pensioners' unions helped, when the 1997 agreement was being drawn up, to plan the objectives to be achieved, alongside the other partners, and managed to set up audit committees for service quality. Users' representatives are undoubtedly playing a more active and important role. The local authority and the pensioners' unions have forged a relationship of cooperation and mutual recognition, although there are still conflicts, largely a matter of course, about some basic choices. These developments in the 1990s have not come about spontaneously but mirror the model of national concerted action.

The social partners have also had an important role to play in the pioneering experience of the Trento Employment Agency, whose management board has members from the trade unions and employers' associations in order to try to close the gap between the agency's work and users' needs. Guidance and steering committees with more targeted remits, for instance the Guidance Group of the Thiene SIL whose members include local partners, are also endeavouring to make the most of the role that can be played by the social partners.

The more general situation is not, however, so favourable; **local concerted action must be stepped up**, because it is currently neither widespread nor efficient; the same applies to direct user representation which is not significant anywhere, even among elderly people. The user empowerment set out in the recent health reform is a step in the right direction. **Associations need to be strengthened**; while it is true that citizens are partially aware of and can to some extent monitor the quality of a service, representative organisations, whose role should be to support and inform citizens, also have a major part to play here (Piva, 1998b). There is a similar problem for young people; **indirect representation by unions and the social partners should be supplemented by more direct representation by youth associations**, taking the precautions needed to ensure that they are genuinely representative and to move away from the mechanism of political cooption where the controller is taken over by the controlled. User empowerment should also focus on an area which has up to now not been explored, that of **mediation between the market and the individual**. Mediation of this kind is needed for services that are purchased directly by citizens, either because it is up to them to do so or because bonuses and vouchers give them the ability to choose between services. Here again, the information imbalance needs to be countered by advice about and promotion of services, networks of accredited suppliers, quality branding and certification.

Equal opportunities

In Italy, where the burden of care of people with hardship falls on the family, and therefore predominantly on women, stepping up social services objectively strengthens the role of women in society, as the Employment Action Plan notes (Ministry of Labour, 1999). Measures of this kind are fully in keeping with the employment guidelines adopted by the Council of December 1997, and are particularly essential in view of the larger numbers of elderly people who are likely to lack self-sufficiency in the future (European Commission, 1998).

The large numbers of women involved in social public services both as users and as employees nevertheless raises gender problems (Pillinger, 1998). In decisions on resource allocation, institutional structures and organisational methods, women are most exposed on both these fronts. Among employees, women generally take on jobs requiring fewer skills and are not well represented in management. The case studies show some reassuring developments, however, given that there are instances of women in jobs that are not subordinate, highly professional skills, involvement and interest in continuing training. While these situations are undoubtedly not the norm, they are indicative of current trends and also of the opportunities that are open to women in a context where the focus is on a high quality of service.

Labour market strategies that allow for flexible working hours for employees and policies that favour the family, that increase women's participation rate and that reconcile work and family life for men and women are therefore essential. In Italy, this requires **the development of a policy on working time in which legislative incentives play a major part, the introduction of better and more innovative bargaining, the approval of the law on parental and training leave and changes in urban timescales.**

Social services and job creation

Social public services are a sector with a high employment density in which there are major opportunities for job creation. Delors' White Paper saw them as an instrument for competitiveness and a chance for employment (European Commission, 1993). According to some estimates, these services have a major job creation potential (Boitani, Pellegrini, 1997; De Vincenti, Gabriele, 1999). However, a high potential demand that is currently unsatisfied co-exists with major obstacles, from the point of view of both supply and demand, that prevent the development of new activities. The economic policy objective is one of public intervention in which direct production is less important than **strengthening markets through measures to support the demand and promote the supply that are able to build up markets**¹. The former include the issue of vouchers to consumers that are modulated on the basis of needs and ability to pay and cover a variable proportion of the price of the service, using users' associations to stimulate demand and setting quality standards for services that can be audited through periodic "quality accreditation" in order to provide guarantees for users. On the supply side, measures include the launch of real services (in the areas of information and training) as well as financial services for new enterprises and non-profit-making organisations in the sector, reductions of the social security charges on labour

¹ For a more detailed analysis of the obstacles in the way of the development of existing services and the launch of new services, reference should be made to the following studies that reach similar conclusions (Boitani, Pellegrini, 1997; De Vincenti, Gabriele, 1999) and also to the President's Office - Social Affairs Department, 1999.

and simplified payment schemes along the lines of the French model, access to a wider range of contractual instruments for employment relationships and working hours that provide a better match between supply and demand.

Public support for the construction of new markets immediately opens up a need for increased public expenditure, but also means that fewer efforts are needed because taxation revenue is increased and burdens are reduced as a result of increased employment. The doses of public expenditure needed for the start-up phase can also be gradually reduced as markets become more mature. Many estimates in various European countries show that the cost/efficiency ratio of a social services job is more favourable than that of other measures and is also greater than that of public investment (Boitani, Pellegrini, 1997; De Vincenti, Gabriele, 1999).

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