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**STEERING COMMITTEE ON SOCIAL POLICY (CDPS)**

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**Item 7 of the draft agenda :**

**1993/1994 Coordinated Research Programme in the Social Field**

**Presentation by the Director of Studies of the report of the Study Group**

**THE INTERACTION BETWEEN THE PROVIDERS OF FAMILY SERVICES**

Draft final report

## PREFACE

1994 is the year of the Family. The General Assembly of the United Nations, in its resolution N° 44/82 of 8 December 1989, proclaimed 1994 as the International Year of the Family. Following this proclamation, major international events of specific relevance to the year have taken place, including the tenth anniversary of the Vienna International Plan of Action on Ageing, the conclusion of the United Nations Decade of Disabled persons and the World Conference on Human Rights. The forthcoming ones are the International Conference on Population and Development, to be held in 1994 ; the World Summit for Social Development, to be held in 1995; and the Fourth World Conference on Women: Action for Equality, Development and Peace, also to be held in 1995.

Among significant efforts expended for the preparation and the proper observance of the International Year of the Family, are the actions of the intergovernmental organisations, particularly the Council of Europe. An illustrative activity of the contribution of the Council of Europe to the preparations for the Year is the twenty-third session of the Conference of European Ministers Responsible for Family Affairs, on the theme "Family policies, children's rights, parental responsibilities" (Paris, 13-15 October 1993) as well as the preparation of a draft recommendation on "coherent and integrated family policies".

Indeed, ever since its inception, the Council of Europe has taken an active interest in the family, with the general goal of supporting and upholding it. This is reflected in its Medium-term Plans and Intergovernmental Programmes of Activities. Thus, the Third Plan (1987-1991) considers the family "as both a means and an end to preserve social cohesion in the face of the changes in European society in the years to come which 'will affect not only the individual but also the family, society's basic unit'"<sup>1</sup>.

The activities and achievements of the Council of Europe in the field of family policy and family law include :<sup>2</sup>

- a. Conventions and other agreements drawn up in the Organisation,
- b. Recommendations adopted by the Committee of Ministers,
- c. Activities included in the Intergovernmental Programme of Activities, particularly for 1993
- d. Conferences of specialized ministers,
- e. Work of the Parliamentary Assembly and the Standing Conference of Local and Regional Authorities of Europe, and
- f. Comparative studies and reports published.

Within this context, the Steering Committee on Social Policy (CDPS) has "family affairs" as one of the focal points, together with social exclusion and childhood policies, of its current work. Each year the CDPS recommends a subject on a theme falling within its competence and mandate, to be studied by a Study Group. The last years' topics : "the elderly", "homelessness" and "street children", are all related to the family. The subject of study selected by the CDPS for its 1993-94

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<sup>1</sup> Council of Europe Activities Concerning the Family (MMF-XXII (91)2), Strasbourg, 1991.

<sup>2</sup> Council of Europe Activities Concerning the Family (document MMF - XXIII (93) 4. Strasbourg 1993

Co-ordinated Research Programme in the social field deals with the family directly. It is "*the interaction between the providers of family services*".

This is an important subject of study to understand the dynamics, problems and trends of family services in Europe, with direct implications for policies and programmes. It is an appropriate and timely undertaking in order to draw "A European Picture of the Family" in the International Year of the Family.

### THE STUDY GROUP

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The Study Group met three times in Strasbourg in February 1993, December 1993 and May 1994 to co-ordinate a research programme, to discuss and elaborate on the results of the research activity, and to work on the report. This final report is jointly prepared by the Study group.

The task of the Study Group was to conduct a comprehensive study in the member states of the Council of Europe on "the interaction between the different actors providing family services in the public and private sectors, including families themselves." The comparative study focused on information about families and family services, family policies, types and characteristics of family services, who provides services, the interactions between the providers of services (public and private), problems in family services, and trends in family services.

### METHODOLOGY

To study these issues, a comprehensive questionnaire was prepared. It was finalised in the first meeting of the Study Group, to be sent to all the member states. This questionnaire was the main research instrument, it is provided in the Appendix.

Between the first and second meetings of the Study Group, the members first studied the situation in their own countries and then carried out study visits to two other designated countries. After each study, a report was prepared by each member. Eighteen comprehensive country reports were thus prepared on **Austria, Belgium, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, the Netherlands, Poland, Portugal, Spain, Sweden, Switzerland, Turkey, and the United Kingdom**. Additionally, a reply to the questionnaire was supplied by the Cypriot, Norwegian (in brief form) and Swiss authorities (incorporated into the country report).

The study visits involved extensive interviews with national representatives in each country. An effort was made to contact persons of key importance, of diverse points of view, at important policy making positions, representing different types of organisations, etc. This was done to obtain as much as possible a comprehensive picture of the situation in each country.

In the preparation of the country reports and the final report, the information provided by the study visits was used. Additionally, extensive reading materials (some of which obtained from the countries) as well as general relevant literature on the topic were utilised by the members in their reports.

Given the diversity of the situations in the countries studied, there is some variability in the degree of information available. Nevertheless, as the questionnaire was quite comprehensive, much comparative content emerged from the studies, which formed the basis of the resultant final report.

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## INTRODUCTION

The main focus of this study is the interaction between the providers of family services. To understand this interaction, however, we have to know about what services are provided, how and by whom. We also need to know how the family is construed by policy makers, service providers, and indeed by the society, itself to situate this interaction into perspective. Thus a holistic and comprehensive approach, rather than a narrow one, characterizes this study.

As discussed in several parts of this report, interaction is a concept that can be applied to several deferral interacting agents. Indeed in the literature dealing with family policy and family services, it is possible to find references to many types of interactions. Some of the most commonly examined ones are those between: the public sector and the private sector; the public sector, the market and the family; formal and informal provision of services; centralized and decentralized services; the state, the voluntary sector and the private sector (family, friends); the user (family) and the provider of services; and among the different services.

The above variety of conceptualization points to the complexity of the topic we are dealing with. There is also the additional variability introduced by the specific differences among the countries. It is, therefore, difficult to draw up neat categories to simplify the picture. Nevertheless, an effort was made to construe some structure, involving grouping of countries with regard to some basic similarities and differences. This has been done mainly as a heuristic device, to help with a better understanding of the present situation.

The systems underlying the family services in each country are based on somewhat different principles, deriving from their traditions and ideologies, adapted to their current political, social and economic conditions. Even rather similar countries in Western Europe with comparable GNPs have their differences.

Thus, there are variations in the extent, coverage, benefits, and financing of child care, maternity and parental leave, care of the elderly, pensions for the elderly, health and medical services even among the western European countries.<sup>3</sup>

Notwithstanding diversity, however, and particularly when viewed not from within but from a global perspective, there is also much similarity. The general picture is one of well-developed welfare states.<sup>4</sup> In most, the state is the main supplier of family services, though the provision may be through subsidizing private agencies or through decentralized systems of local authorities. The concepts of "family policy" or "child care policy" are commonly used and widely accepted. In these respects, for example, the European countries are quite different from the United States where no

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<sup>3</sup> Kamerman, S. (1991) Child care policies and programmes: An international overview. Journal of Social issues, 47, 2, 179-196.

<sup>4</sup> Kamerman, S. & Kahn, A.J. (1989) Family Policy: Has the United States learned from Europe ? Policy Studies Review, 8, 3, 581-598.

such explicit policies exist.<sup>5</sup>

There are also similarities, especially among the western European countries, with regard to social structures, demographic characteristics, living standards, life expectancy and health conditions, etc. This similarity was noted, for example, in the XXth Session of the Conference of European Ministers Responsible for Family Affairs (Brussels, 19-21 May 1987) on the theme "Recent Developments in Family Structures and Future Perspectives". Thus we are faced with a picture of diversity within likeness.

Furthermore, this is an ever changing dynamic picture. It is through this ongoing change that the concept of interaction is becoming increasingly relevant. It was made quite explicit in the context of "decentralisation" and its implications for family policy in Europe, the theme of the XXIIInd Conference of European Ministers Responsible for Family Matters (Lucerne, 15-17 October 1991). That meeting noted the tendency of decentralisation in family services in Europe over the last twenty years. The implications of this trend for an increased participation of the families in decision making and action concerning them were also noted.

In particular, the vertical coordination structures of decentralisation and deconcentration (expanding toward regional and local authorities) and the horizontal coordination structures (entailing interaction and cooperation between public and private sectors) emerge as important in these recent developments.<sup>6</sup>

This final report of the Study Group on the Interaction between the providers of family services examines these developments, builds upon the earlier conceptualisations and looks into the current situation, problems and trends in Europe. The main themes covered are: "Family in context", "family service models", "interaction between the providers of family services", "general issues in family services", "Privatization of family services", and "conclusions and Recommendations".

Several basic issues are dealt with, such as whether a reformist or a conservative ideology underlines the recent trends in many countries toward privatization; the advantages and disadvantages of privatization, whether decentralisation leads to greater user participation in decision making or fragmentation of services; whether complementarity or duplication prevails in service provision; whether there is a trend away from the welfare state in Europe; and whether an explicit, cogent family policy can be instituted despite diversity of country-specific conditions.

In some cases answers or solutions are ventured, based on sound evidence; in others, differing points of view are presented. On the basis of these discussions, recommendations are made at the end toward better policies and services for families in Europe.

Obviously, many things are missing in this report; it is not exhaustive. We have been constrained by the available information, at times sporadic, and by our own limitations. Nevertheless, we have tried to present an overall picture of the current situation on the interaction between the providers of family services and the problems thereof, as best we could. The report would serve its purpose if it contributes to the promotion of better family policies and better coordinated, effective services

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<sup>5</sup> Ibid.

<sup>6</sup> Conference of European Ministers Responsible for Family Affairs, "Family Policy & Decentralisation". Final Communiqué, Strasbourg, 18 October 1991, p.1,2

for the families in Europe in the years to follow the International Year of the Family.

Conducting this study and preparing this report has been a learning experience for the members of the Study Group. We are indebted to the national authorities for the invaluable assistance they provided. The Study Group also appreciates the support of the Council of Europe Directorate of Social and Economic Affairs, which served as the Secretariat to this undertaking. We hope and strongly recommend that the Council of Europe continues its efforts to contribute in significant ways to the well-being of the family in Europe.



## CHAPTER I - FAMILY IN CONTEXT

1. It emerged from the answers given by the nineteen member states<sup>7</sup> which provided specific information on this topic, that constitutional protection is afforded in **Germany, Greece, Ireland, Italy, Poland and Spain** to the family founded in marriage, and that all respondents consider the classical model of parents and children to provide the ideal natural primary social unit for the maximum development of the individual and the structuring of society. In other words, the integrity of the traditional core values of monogamy, and of intent to remain married throughout a lifetime, clearly are held in high esteem.

2. It also emerged, however, that a range of more liberal interpretations than this traditional, nuclear model is becoming increasingly acceptable, especially in relation to social security entitlements. Co-habiting partnerships are being recognised as *de facto* family units in this context in virtually all of these member states, even though they might not be experiencing comprehensive legal protection in a wider sense.

### 1. Working definitions

3. Although the legislative provisions relating to family matters are reported to be dispersed throughout various codes, statutes and legal instruments, the following countries have evolved useful working definitions which recognise and tolerate quite diverse criteria.

4. The **Austrian** State Office for Statistics considers the term to encompass:

Households composed of married couples or of pairs who co-habit with or without children, to include all children irrespective of age or occupation, whether they be of blood or adoptive relationship or receiving foster care.

5. The family in **Cyprus** is taken to be composed of:

A parent or parents with children together with the significant others in their lives to whom they are related and tied both emotionally and/or for reasons of responsibility or duty of care.

6. It is believed that most experts in **Denmark** would agree the concept to embrace:

a community of persons who

- a) live in the same household and co-operate with each other,
- b) are bound together by emotional, social and cultural values and everyday contacts,
- c) share common interests,
- d) establish a mutual caring and provision system for other members.

The requirement of a legal marriage or of the presence of children is not imposed as a pre-condition

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<sup>7</sup> Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Hungary, Italy, Ireland, The Netherlands, Poland, Portugal, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

to the achievement of this status. The registration of one-gender couples as a legal family is acceptable, and the adoption of children by such couples permissible.

7. The definition which is formally accepted in **Hungary** was devised by the Department of Family, Child and Youth Policy in consisting of:

a community of mutually interdependent persons in lasting contact and co-operation and bearing responsibility for each other,

- a) based upon a legally legitimate or socially accepted relationship between a couple and/or bonds of blood relationships,
- b) in the continuous operation of which the members are bound together by psychosocial, livelihood and cultural values and common interests,
- c) which, in producing children, establishes the fundamental form of social reproduction and continuity of education across the generations,
- d) which, as a consequence of mutual interdependency, represents a multifunctional caring and providing group.

8. In **Ireland**, the definition is confined to families founded only within a legally valid marriage, and Ireland is the only one of the participating countries which has not legislated for divorce.

9. In **The Netherlands**, the Ministry of Welfare, Public Health and Culture has adopted the definition suggested by the Netherlands Family Council:

a family is any primary living arrangement or social unit in which the education of a child or of children takes place.

Some Dutch municipalities are performing a form of wedding ceremony for couples of the same sex, and it soon will become possible for them to register as *de facto* marriages.

10. In **Poland**, a family is defined under the Family Code as consisting of married couples or of single parents with children.

11. The definition contained in the 1966 **Portuguese** Civil Code encompasses families based on co-habitation as well as on marriage.

12. In **Sweden**, given the respect accorded to individual freedom of choice, homosexual unions as well as those of co-habiting couples are accepted as normal family units.

13. The **Swiss** Family Report Working Party (1992) offers the interpretation of

a social group of a particular type based on relationships between parents and children and recognised as such by society, ie, institutionalised.

14. In **Turkey**, the *Report of the Special Expert Commission of the State Planning Organisation* describes a family as:

a basic social unit constituted of individuals related by marriage or other legal bonds and commonly living in the same household, which satisfies the individual's economic, sexual, social, cultural and psychological needs as well as ensuring his/her conformity to, and participation in, the norms of society.

15. Under the Children Act, 1989, of England and Wales (the **United Kingdom**) the key defining feature in relation to the existence of a family appears to be the presence of a child.

## 2. Changing structures and emerging needs

16. The reports of all nineteen member states draw attention to the rapid process of change which is occurring in the living arrangements of their populations.

17. Marriage rates are declining in every country except **Turkey**, and separation and divorce rates rising. The birthrate within marriage is decreasing and the incidence of childless and lone-child marriages increasing.

18. As a corollary, the number of single-parent and of reconstituted families is growing, as well as the number of children born out of wedlock. A general increase in the extent of the elderly population also is noted to exist.

19. These changes are accompanied by a number of further phenomena affecting family norms, such as:

- greater individual autonomy being asserted by young people, especially in relation to sexual liberty;
- increasing participation on the part of mothers in the paid labour force, leading to considerable emancipation from traditional household roles.

20. The most prevalent problems currently affecting the countries which provided information on this topic were believed to be the outcome of:

- difficulties being encountered in endeavouring to reconcile the demands of family life with working responsibilities. It is claimed that society as a whole has failed to provide the necessary facilities to support women engaged in paid employment. An adequate network of nurseries and general child care services is lacking in most, particularly in relation to the needs of single parents.
- the rising incidence of widespread poverty, the economic recession having been found to have increased the numbers experiencing unemployment.
- the unprecedented growth in the number of elderly persons living alone, engendering feelings of severe isolation and loneliness.
- restricted availability of housing, which is causing particular difficulties for younger couples and for those migrating to the cities.
- problems relating to substance abuse which is on the increase, as well as the incidence of child abuse and family violence.

21. In some countries, a number of difficulties have arisen by virtue of a particular set of social or political circumstances:

22. In **Cyprus**, the participation of so many young women in the guerilla struggle has led to their increased independence, and the mass displacement of some one-third of the population in 1974 has weakened family and community relationships.

23. Significant phenomena peculiar to **Denmark** include a high abortion rate, a decrease in the number of families composed of married couples with children to 15% of all families, and the termination of almost every second marriage in divorce. Some 50% of all births have been taking place in situations where the parents are not married to each other, although it is believed that most of these parents will be married by the time that their children have reached the age of seven years.

24. **Germany** is experiencing major readjustment problems as a result of the unification of the Eastern state with the Federal Republic.

25. The most prevalent difficulties occurring in **Hungary** came about as a result of the forty years of communist domination which terminated in 1989. The very high levels of migration from the countryside to the cities, which occurred after the Second World War, led to a weakening of fundamental familial bonds.

26. In **Italy**, the majority of marriages are taking place after engaged couples have reached the age of thirty years. Because of the lack of housing stock and of employment opportunities, it appears that these couples often are having to remain living for some years with their families of origin - hence, Italy is experiencing the lowest birthrate in European member states. Immigration from other countries is giving rise to social isolation, especially in suburban regions.

27. In **The Netherlands**, the existence of considerable numbers of unqualified, socially-isolated workers which is said to be largely the outcome of population immigration from previously-owned colonies and of migration from rural areas, is of considerable concern.

28. Increasing population density is occurring in relation to the larger suburbs of the principal cities of **Portugal**, again as a result of population displacement from previously-owned colonies and of the flight from the land. These groupings similarly are failing to integrate satisfactorily into urban living with ensuing severe social isolation.

29. Considerable difficulties are arising in **Spain** within the large gypsy population because of their high rates of illiteracy and lack of employment opportunities.

30. In **Turkey**, as a result of internal migration, many recent city dwellers have become marginalised.

### 3. Policy implications

31. Definitions of family are closely related to the concept of household in social security decision-making in the majority of countries under discussion, and are having a significant impact upon the individual's access to income maintenance support. Since the traditional nuclear model continues to be universally acknowledged as the cornerstone upon which the maximum social, physical and economic wellbeing and equilibrium of the family relies, it is natural that the law in

most countries seeks to guard the institution of marriage with special care. For this reason, the level of social security benefits payable to both married and co-habiting couples are kept in parity in that they are subject to a degree of limitation by virtue of the assumed advantages of living in shared accommodation.

32. The level of benefits payable to the members of other forms of common households are not, however, similarly curtailed. This brings into question the equity of imposing a differentiation between the entitlements of married and co-habiting couples and those of reconstituted or more loosely-constituted households in the light of the widespread diversity in conjoint living arrangements which has recently been occurring. In the case of such reconstituted families, the need to determine whether the income of the absent biological parent or of the present step-parent is to be taken into account in the assessment of child day-care payment contributions is a cause of controversy and confusion in countries such as **Finland**, as is the collection of child maintenance from absent fathers in the **United Kingdom**.

33. The criteria under which the fact of household or of family membership ideally ought to be determined are not, however, too easily identifiable. There appears to be considerable unanimity that claimants who are living alone bear heavier financial responsibilities than do couples living permanently in shared accommodation, but the situation in regard to other types of shared living arrangements is less easily determined. It would seem to be reasonable to assume that some level of financial savings will usually exist when close relatives or homosexual couples are residing together, but the existence of significant economies where co-residence is occurring on a friendship or merely a commercial basis, is much more difficult to establish. In order to differentiate between them, it would be necessary to investigate the exact nature of some relationships, a scrutinising and monitoring task which would require regular intrusion and surveillance. A second difficulty would arise in the determination of the criteria upon which the fact of household membership was to be decided in terms, for example, of the number of nights which it would be necessary to spend in order to establish regular residence together at the address in question, the number of meals to be consumed together per day or per week which had been prepared by the same person or rota of persons, the use of the same refrigerator or hall-door entrance or of shared kitchen or bathroom facilities.

34. Verification of the information provided could be difficult to achieve as well as detection of the possibility of evasion occurring through the fictitious separation of household members. The period of time over which the pooling of resources would be likely to continue could be difficult to establish. The question of proportionate economies occurring in households composed of more than two adult claimants, also would need to be addressed. The true extent of income sharing likewise could be at issue, considering the wide disparity in practices which could be occurring even within nuclear family homes where the observed income of individuals, in some cases, could be but a poor indicator of overall economic wellbeing.

35. Pending the availability of reliable research data as to the true reality of income-sharing, perhaps the phasing-in of a neutral policy in relation to social security eligibility might provide the most equitable interim approach to the treatment of individuals, families and households. The entitlements would then become payable at full rates to every individual, irrespective of his/her residential situation, and could be augmented by an additional supplemental payment to meet specific needs. This approach would also have the merit of according full acceptance to the principle of freedom of choice for all citizens in regard to the social settings in which they may make a decision to reside.

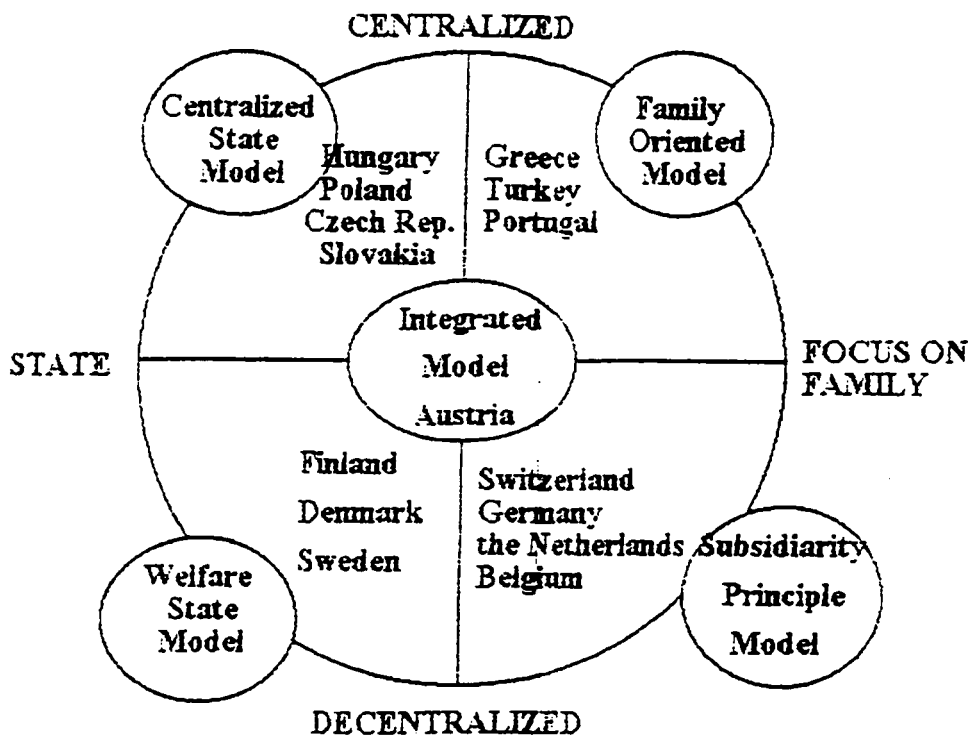
## CHAPTER II - FAMILY SERVICES (MODELS)

### 1. Characteristics of family services

36. Family services and the structure and coordination of the family service provision are very different in the European countries. There are some countries in Europe where the public provision is predominant such as the Nordic countries or the former communist countries. In other countries the role of the private sector is also significant, such as Austria, Netherlands or England. There are some countries where the voluntary activities are well developed e.g. in Germany.

37. The survey of all family service systems in Europe would take up a lot of time and is not necessary in this paper. We would rather like to outline the main characteristic features of family services in some countries and summarize them into "models". These models are not clear categories, most of the European countries show several mixed elements which partially overlap. Sometimes we could make quantitative distinctions among the family service provision of European countries and not qualitative. Nevertheless it appears to be meaningful to introduce these models as heuristic devices in order to illustrate the main tendencies of the family service systems.

38. In the description of our models two important dimensions seem to be relevant: the *vertical dimension* concerned with centralization versus decentralization, and the *horizontal dimension*, in which service provision is carried out mainly by the state (i.e. the public sector) or by **the family** (mostly covered by private, voluntary sector and the families themselves). With these two basic dimensions - using them as axes in a coordinate system - we could create the following figure:



39. As it can be seen from the figure, we could identify the following models in the European countries visited by the members of our Study-Group:

#### I. The "state models"

- 1.) The welfare state model
- 2.) Centralized state model

#### II. Mixed models

- 1.) Subsidiarity principle model
- 2.) Family oriented model

#### III. Integrated model

40. It should be noted that this conceptualization and the above figure are used as heuristic devices and are not meant to be absolute or exhaustive categories. There is bound to be some overlap among them, and some countries are not indicated in the figure, as it is not easy to place them in one of the models.

#### 1.1 The "state models"

41. In the "state models" there is predominance of the state. This means that the family service provision is the state's responsibility. There is a high level of confidence in these countries that the state as the main provider of services is able to minimize social differences. In the countries characterized by the term welfare state (such as **Sweden, Finland, Denmark** etc.) high GNP is characteristic, and a significant proportion of GNP (30-40%) is devoted to the well-being of citizens. Decentralization of family service provision is important in the welfare state countries, usually local governments are responsible for the services, while the private sector is less significant although it exists. In the countries characterized by the centralized state model (especially the former communist countries, such as **Hungary, Poland, Czech Republic, Slovakia**, etc.) the GNP is lower, the resources allocated for family services are more or less centralized, and a more strict state orientation and supervision are seen. Private providers are therefore unimportant.

#### 1.1.1 The welfare state model

42. The idea of social welfare state was most popular in the Nordic countries although much of its elements can be seen also in **Germany, Netherlands** etc. The main objective of this model is the idea of the caring state, that is, "the welfare state must take the responsibility for all the weak in the society". The Prime Minister of **Sweden** put it in the early 1930's in the following way: "The state is the home of the people".

43. These tendencies mean the overshadowing of private services. The "omnipotent state" had taken over all the responsibility for social services. Most services are free and available for citizens, thus private services can not compete with them.

44. We will illustrate the welfare state model by the example of **Denmark**, although **Sweden and Finland** are also typical countries of welfare state model.

45. The Danish family policy model has some special characteristics, which have been used as key words for family services for the last decades. These key words are the following:

#### **1.1.1.1 Decentralization**

46. Before 1976 the **Danish** social system was centralized, most social services were the central government's responsibility. In 1976 the whole system changed and "decentralization" became the main objective. Since then all local governments have established their social welfare administration and system. The costs of the services and social care system are covered by both the local community and the central government, but the management of the service system is the community's responsibility. Some of the social services are the county's responsibility, e.g. the special institutes for mentally disturbed children, hospital care, etc.

#### **1.1.1.2 Closeness**

47. The second key word is: closeness, which means that the service implementation should be arranged as close to people as possible. Therefore in the **Danish** model a great emphasis is given to day-care institutions instead of day-and-night services. The proportion of day-care institutions goes up to 90 %. They are mostly very near to the client's home. Most day-care institutions (or the groups within an institution) are small; they do not exceed 10-15 persons and they are near-milieu institutions, which means that the buildings, the inside arrangements, the furniture etc. are very familiar to the clients.

#### **1.1.1.3 Prevention**

48. Social services and social transfer payments target to equalize incomes, and most family services try to protect their clients' from the worsening of social and psychological well-being. There are 3 important nationwide organized networks which are in the service of prevention: a) the network of GP-s, who are really family doctors and take care of the health of the population living in their district, b) the network of nurses, or as they are called in **Denmark**, health-visitors, who are responsible for medical and psychological well-being of Danish children, c) the network of social workers working at local communities and being responsible for the social well-being of the inhabitants of their district.

#### **1.1.1.4 Flexibility**

49. The **Danish** social administration treats the families as whole units. The so-called systems-theory has impregnated the everyday practice of **Danish** social services which means that they look at the social problems as malfunctioning of a family in its environment. Maybe, a change in the environment can be helpful. Sometimes whole families are treated in a special way, in other cases the problem carrier member receives the service. Therefore in **Denmark** a very flexible social service network is organized. The special service which is needed in the particular case can be applied.



### **1.1.1.5 Primacy to the public sector**

50. Since the responsibility for the Danes' medical, psychological and social well-being is delegated to local governments, every municipality has established its social security administration and social welfare service system. Nearly all the social welfare services are financed by direct and indirect taxation, thus there is little room for private family service providers. The priority is given to public social service providers, private providers can work only if they get commission from the community to provide some special services.

51. Usually family services originate from government action (top-down). It does not mean that the authorities will not accept any private initiative. On the contrary, most civil initiatives, if they are meaningful, can attain the state's support (bottom-up). Both a "deficit" model (weaknesses to be compensated) and an "empowerment" model (inherent strengths to be promoted) underlie the services. Most social services are available for compensating the inability and incapability of the needy and handicapped people. But many of the services build upon to the clients' strengths as well.

### **1.1.2 Centralized state model**

52. The so-called centralized state model is represented in the former communist countries where the public sphere was the only source of social services for some decades. Recently, since the political changes, other actors have also appeared, however, public sector has remained the most dominant provider of family services. We are going to show this model by examining the example of Hungary:

#### **1.1.2.1 The concept of the "caring state"**

53. In the former communist countries all social services were delegated to the state. A "communal ideology" underlay the services: "We - the state - look after the well-being of our citizens". There was not significant unemployment and the life standard of citizens was stabilized on a low but safe level guaranteed by the state.

54. In **Hungary** the state administration of family services - as everything else - was organized on 3 levels:

- a) central government level
- b) county council level
- c) level of local governments.

The distribution of tasks and responsibilities showed a vertical (top-down) pattern; central government had the most considerable funds at its disposal. The government allocated tasks and resources to the county councils which distributed them among local governments. Service provision was usually the task of local governments, however, they received their financing funds from central sources through the mediation of the county level. Therefore service provision was a bit bureaucratic.

### **1.1.2.2 Ambivalent decentralization**

55. Since the political changes in 1989 state administration has changed: the medium level (county council) has lost its importance and decentralization of tasks and resources has become significant. In the last years most services have been taken over by local governments. It allows for a more consistent family policy but at present there exists double regulation of services. Central government has remained the main source of direction and regulation, but it does not have enough power and authority to form a consistent and coordinated family policy. Local governments do not have enough means and competence to realize their independent social policy although they are responsible for most of the social services. Most family services are organized on a direct maintenance principle, local government is entitled to family service funds on an individual level. There is a so-called "normative" quota/neediest persons. This quota is very low as it is said: "much for dying but too little for living". All local governments have a shortage of resources (only their minimal expenses are covered automatically). Central government, however, has bigger funds to cover the extra expenses of social service delivery. The extra redistribution of resources works only through competition, where the most skilful local governments are able to win extra funds. (The problem is, that these extra funds allow only to cover the expenses of local government's regular activity on the social field, and the others, who lose the competition remain without resources.)

### **1.1.2.3 The lack of NGO-s**

56. Civil society has been underdeveloped during the past 40 years. Communism was against private enterprise and against private capital. Therefore non-governmental organizations could not survive in the communist regime. In the past two-three years a slight change has been occurring. Churches have got back some of their previous properties so they can start operating social services in those properties. There exist some private counselling organizations especially in the training area for unemployed workers. They can easily survive because unemployment is a very big issue now in **Hungary**, therefore a market for job training possibilities developed in the past two years. There are many small foundations organized by local authorities or by action groups, self-help groups. These foundations are usually very small and lack resources. They are independent formally, but their existence and functioning depends on the state or big Fund's support. Non-governmental organizations can be more active in those areas which the government has already abandoned, e.g. many services for homeless people are provided by non-governmental organizations. Religious communities are more and more active.

57. Nevertheless, the relative proportional contribution of the "public" and the "private" sector to the total family service provision is estimated as follows: 95 % is covered by the state and 5 % by the private sector. It means that NGO-s do not play a significant role in family service provision.

## **1.2 Mixed models**

58. The mixed models rely both on public and private providers. Voluntary sector is well developed in these countries. Usually the focus of the provision is not on the provider but on the individual who receives the service. In those countries where the mixed model exists, more emphasis is put on the individual's responsibility to establish his/her well-being. The subsidiarity principle model (e.g. in **Germany**, or in the **Netherlands**) is based on the shared responsibility of individuals, families, local communities, voluntary and private organizations.

59. In the countries characterized by subsidiarity principle a preference is given to the private sector, while in the countries characterized by family oriented model the private sector is underdeveloped, most services are organized in a centralized way. On the other hand, a great emphasis is put on the families' own initiatives. In some of these countries closely-knit, functionally extended families exist which take over most care of their family members. The household may have nuclear structures but with close ties with other households, they function as extended families.

### **1.2.1 Subsidiarity principle model**

60. The subsidiarity principle means a shared responsibility for the citizen's well-being. Not only the state is responsible for the emotional and physical well-being of its citizens but the people themselves have to do a lot in order to minimize their suffering. We shall outline the characteristics of this model by giving the example of **Germany**; **Switzerland**, the **Netherlands** and **Belgium** provide other examples.

#### **1.2.1.1 Subsidiarity principle**

61. In the field of family services in **Germany** this means that where an individual or a family is unable to help themselves, assistance should be sought first from the individual's family, neighbours, self-help-groups and from voluntary welfare organizations. Only as a last resort the state should be called in. This subsidiarity principle governing state and, especially, local authority action is central to the relationship between public and voluntary welfare provisions. The voluntary social welfare agencies impose a certain system of priorities for their social work which is also embodied in the legal regulations.

#### **1.2.1.2 Social solidarity**

62. This model is based on the principle of *solidarity*: each individual has an obligation to act in a spirit of social solidarity, to practice individual and collective self-help and to act with social responsibility. Social solidarity appears to be in very concrete forms, not only in principles. One of the principles in **Germany** (as a social state) means that in individual cases of need where general services are not applicable or adequate, the individual in question will receive the help he or she needs. This help will not necessarily take the form of social assistance; it should be in the first line a more comprehensive form of personal assistance within the framework of social work.

#### **1.2.1.3 Well developed voluntary aid and private sector**

63. In **Germany** voluntary welfare covers the totality of all social assistance and self-help initiatives provided on a voluntary, non-profit and organized basis. Voluntary welfare services are provided by six umbrella organizations which, in order to pursue their common aims, have together formed the *Federal Association of Voluntary Welfare Agencies*. These umbrella organizations have a lot of members (private members, churches or -regional and supra regional independent associations). All the voluntary welfare agencies are alike in that they have assumed certain obligations of the state in the private sector. They receive public funds for their work, but they also contribute a considerable amount of their own funds, particularly from donations in money and kind. Unpaid voluntary work is a vital element for these associations. The work of the public and

voluntary welfare agencies has become closely intertwined in towns, rural districts and local communities as well as at regional and national level.

#### **1.2.1.4 The role of public authorities**

64. Each service and/or organisation is subsidized on an individual basis by the federal government, the Länder (province) or by the local community. At the lower level, public welfare is a matter for the autonomous local authorities (rural districts and towns constituting and partly the Länder who are responsible for making welfare provisions. In the core areas of social policy (namely social insurance, social maintenance and public welfare) the Bundestag and the Bundesrat (the supreme legislative authorities) have the last word. Within the federal executive, the Federal Ministry for Labor and Social Affairs and the Federal Ministry for Family and Seniors and the Federal Ministry for Women and Youth have prime responsibility for social issues. Public agencies have a statutory obligation to work in collaboration with voluntary welfare associations and with voluntary, non-profit facilities and organizations, particularly in the area of social assistance and youth welfare agencies. It is important to state that public agencies may not create new facilities of their own where voluntary agencies already have or are planning suitable facilities. The public agencies, however, have overall responsibility for planning social services and facilities.

#### **1.2.2 Family oriented model**

65. The family oriented model is based on the dominant role of centralized public sector in providing family services, while on the other hand the families' own initiative in self-help is also very highly appreciated. The latter is connected with the high rate of married mothers being at home and the strong relationship among generations living together. We are going to demonstrate the family oriented model by the example of Greece. Turkey and Portugal are some other countries where this model applies.

##### **1.2.2.1 Social policy based on the high value of families**

66. The integrity of the family is highly valued and the cross-generation relations are very firm. The strong position of the family also shows itself in a very common tendency of the young to stay at home until they get married. Family policy aims to support traditional families. It is considered important to respect the autonomy of all families, the strategy is therefore to offer help only if it is asked for by family members. Special weight in family policy is given to families with many children, single-parent families, or families with drug and/or substance abuse problems. Recently more emphasis has been given to new types of family services, such as childminding, foster families, home help etc. These services are targeted to avoid institutional care and strengthen the families' own initiatives.

##### **1.2.2.2 Dominant role of the centralized public sector**

67. The centralized public sector has a dominant role in designing, controlling and financing family services. Both the Ministry of Health, Welfare and Social Security and its welfare organizations (e.g. the National Welfare Organization) are responsible for the provision of most family services.

### **1.2.2.3 Minor significance of private sector**

68. The voluntary sector and Church organizations play a minor role in the provision of family services. Private companies are significant only in child day-care.

### **1.2.2.4 High value of families' own initiative in providing family services**

69. Families themselves are of great importance in providing family services. This is caused by the shortage of family services supplied outside the family but also by the fact that families are highly valued in Greece. A family-oriented family policy is feasible, because the majority (62 %) of married women are not employed. This fact and the close relationship among generations explain the popularity of kinship networks in providing family services.

## **1.3 Integrated model**

70. The integrated model (e.g. Austria) is really mixed in the sense that the state takes over the responsibility of its citizens' well-being, the services are coordinated and distributed on three different state levels (national, province and local level), but on the other hand private and voluntary sector is very well developed and the bigger and smaller NGO-s rely very much on state funds. In the integrated model public and private providers are treated in the same way. This model is in between the welfare state model and the subsidiarity model, where both the significant role of state regulation and individual preference are important.

71. We are going to demonstrate the distribution of tasks and responsibility among the different actors of family services by giving the example of Austria.

72. In Austria there is a very flexible network of family services which has the following characteristics:

### **1.3.1 The role of federal government**

73. The federal government has the right to outline the basic principles of social policy. The network of family helping centres belongs to the federal government's competence but otherwise the federal government does not have any direct function in the field of family services

### **1.3.2 The role of province government**

74. Most family services belong to the province government's competence. It means that the provinces have an obligation to guarantee the financial and professional preconditions of services, and they can choose what kind of solutions they prefer. E.g. in the Vorarlberg province most of the family services are privatized and private service provision is almost exclusive, while in Vienna both private and public sector are well developed. In Nieder-Österreich in the child day-care system the public sector is preferred, etc. Province governments have their own legislation upon social policy, children and youth matters, and they can determine and control the characteristics of family services.

### **1.3.3 The role of local government**

75. Local governments have the obligation to complete the social tasks prescribed in province legislation. Since a variety of social services exists, the local governments can easily choose. Local governments usually choose the best solution from the rich service supply following the province government's guidelines but they have the right to support also those family services which are important from local viewpoints.

### **1.3.4 A wide palette of family services**

76. In **Austria** there are hundreds of smaller and larger organizations which provide family services. E.g. in the child day-care public day-nurseries can be found, private organizations operate day-care institutions, there is a network of day-care mothers or child minders (mothers with small children, who care for some other children beside their own) etc. These solutions coexist and function in a parallel way, thus the family can choose and can get the best provision.

### **1.3.5 Public and private sector under the same conditions**

77. In **Austria** there is no difference between public and private family service providers. If a private provider can solve a task which belongs to the local government's responsibility he is entitled to the same support as a public provider. If a private provider demonstrates the required turnover of clients and certifies his professional entitlements, he is supported in the same way as the public providers.

78. Family services originate both from government action (top-down) and upon local initiatives (bottom-up). Both a "deficit" model (weaknesses to be compensated) and an "empowerment" model (inherent strengths to be promoted) underlie the services, depending on the type of problem involved.

## **2. Information about family services in the European countries**

79. Information can be collected from different sources in the European countries. In our review we focused our attention on the following: statistics available about family services, scientific research conducted in the countries upon family matters and the mass media information that can be obtained about family service possibilities.

80. In most of the European countries statistical information is collected on an annual basis. That is the case in **Austria, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, in the Netherlands, Portugal, Spain, Turkey**. In **Belgium, Germany and Sweden** the information is collected continuously. In **Sweden** the National Board of Health and Welfare (Socialstyrelsen) is the central body which collects all information.

81. In the **United Kingdom** a special institution is organized for gathering and processing information called Family Policy Studies Centre. It is also the centre of scientific research in family matters. In some of the countries such as **Poland, Hungary and Greece** the available information does not cover all family services because it can not reach the growing or expanding private and

voluntary organizations. In **Switzerland** information is collected in a continuous way at the cantons, therefore it is not available for central initiatives.

82. Scientific research is significant in those countries where a large and complex service system exists. In the **Nordic** countries, in **United Kingdom** and **Germany** scientific activity exists in this field. Much scientific research is conducted in these countries on the following topics; time use in child care, efficiency of social services, studies on immigrants, family policy research, issues in foster care, new possibilities in fatherhood, etc. In **Denmark** a special institute is set up, the Danish National Institute of Social Research which has a special section for children and family matters. In the foreground of their interest is family change, family structure, changing family patterns in the contemporary **Denmark**. Some other issues are also the topics of Danish investigations, such as internal organization of families, time use of family members, woman's conditions on the labor market, household economics, family economics, legal aspects of families, etc. A new topic on fatherhood has recently been gaining interest.

83. Similarly, in **Sweden** the Social Research Council is the main independent body which conduct research on all aspects of the family. In the former communist countries such as **Poland** and **Hungary** scientific studies are conducted about the impact of transitional period upon family life. In the **Netherlands** special research is carried out on the "internal improvement" of family service institutions. In Spain the high quality family services are monitored and evaluated by scientific research.

84. In **Germany** special institutions are set up for family policy and family service research. In **Austria** the Federal Ministry for Environment, Youth and Family publishes a report about the situation of Austrian families every 10 years. The last one was edited in 1989 with the title: The World of Family Life (Lebenswelt Familie). In this report all the fields of family life are surveyed by studies which are usually based on scientific research. The Institute for Marriage and Family in Vienna conducts research connected with family services: the evaluation of network of family helping centres, a research upon integrative dwelling-places as a new social innovation, sexual education of children at school and in the family, working organizations and family, etc. In Switzerland research involves data collection and building databases, this research is an example of co-operation between local authorities and universities. In **Finland** scientific research is conducted by the National Research and Development Centre for Welfare and Health, and by the voluntary organizations themselves.

85. In **Turkey** the Family Research Organization has recently been established within the Ministry of State in charge of the family. It both carries out research on its own and also commissions research concerning the family to universities and private research centres. In **Belgium** scientific research is conducted both in public institutions and private foundations. In other countries such as **Portugal, Ireland, Greece, Italy** little research is carried out upon family service matters.

86. The role of the mass media is different in the European countries. In those countries where the publicity of family services is very well organized, such as in **Sweden, Germany** and the **United Kingdom**, etc. the mass media does not play so important a role. The public can learn the use of services from other sources, from brochures, leaflets, local newspapers, cable television etc. The national TV and radio is engaged mostly with general questions of family policy making or questions of great interest, such as violence in the family, foster care, etc. In **Finland** a special research is regularly conducted about the role of mass media information in the society upon family services. (20 % learned it from newspapers, 6 % from local radio, 20 % from guidebooks and leaflets, 21 % has got no information, 43 % had no information at all.)

87. In other countries such as **Portugal, Ireland, Greece, Switzerland** the media has a predominant role in informing the public about services. In **Austria** and **Denmark** beside electronic media where the questions of general interest are raised, the local newspapers and cable televisions are full of information upon family services.

88. In **Poland** the media is a means of discussing the ideological issues e.g. abortion received a lot of publicity connected with the regained public acknowledgments of the Catholic Church. In the **Netherlands** media has got importance in different campaigns such as violence or foster care. In the **United Kingdom** TV and radio usually reflect on family policy issues.

89. In **Spain** the media do not play a significant role except for cases when media provides information in special cases e.g. mediation on divorce was very much promoted by television. In other countries such as **Belgium, Italy, Turkey** the media has less importance concerning family services.

### **3. Education, Training and Certification of Family Service Providers**

90. In most of the European countries a wide palette of education and training possibilities exists for family service providers. Usually the education takes place on different levels. E.g. providers of family services in **Sweden** typically have a high level of education and specialization. For example, preschool teachers, with special preschool teacher training at the university level, care for children in pre-schools (including day nurseries and play schools). Similarly, all family service providers in positions of decision making have a university education in the social/behavioral sciences, most of them with specialization in social work, psychology, counselling, family therapy, etc. Lower level field workers, home helpers, family child minders, and the like are typically high school graduates. They are expected to take (and usually do take) special courses on "caring and service" during high school or after high school. Persons who work at open pre-schools and leisure time centres often have special training in recreation pedagogic. Similar possibilities are available in many of the European countries, such as **Austria, Denmark, United Kingdom, Germany, Spain, Italy, Turkey, Switzerland, Portugal** etc. In **Hungary** after the transition a boom of training opportunities appeared for family service providers. This is connected with the growing problems of families (poverty, unemployment etc.) and the insufficient service system inherited from the communist regime.

91. Usually no special registration is required for family service providers in the European countries. In the so-called welfare states most providers are working in the public sphere therefore only the voluntary and private providers are expected to register themselves at the municipalities. In the **United Kingdom, Belgium** and **Switzerland** most services are connected with registration requirement. In **Ireland** no registration requirement exists although family service providers must hold at a minimum the basic qualification in their own discipline and registration with the relevant professional body.



## CHAPTER III - PROVIDERS OF FAMILY SERVICES

### 1. The main suppliers of family services; the state and/or the private sector

92. It is a difficult task to give a general overview of the main suppliers of family services in the countries visited and the countries that replied to the questionnaire. In some countries, the *public* family providers have preference on all levels of the social field (like **Denmark**), while in others preference is given to the private sector (**Germany** for instance). In some countries we see a strong mixture of private and public agencies (e.g. **Austria, Belgium, the Netherlands**).

93. In the following the main suppliers of family services are divided into:

- a. the state;
- b. the private sector;
- c. a mixture of both sorts of supplying.

94. It is to be noted that the conceptual approach in this chapter partially overlaps with the model presented in the last chapter but does not correspond to it completely. This is because here we are examining the providers of family services, whereas in the last chapter we considered general models of family services.

#### **1.1 The state as the main supplier of family services**

95. In a lot of countries the state has a dominant role in designing, controlling and financing the providers of family services.

96. In **Greece** for instance, voluntary organizations play a minor role in the provision of family services, and statistical data on their range is not available. As a rule, voluntary associations function privately without any financial support from the state, but in some cases this is granted, especially if an association has been accepted into the governmental programs. For instance, the Family and Child Care Centre belong to these voluntary associations. For the greatest part, however, money is collected from private sources such as membership fees, donations from sponsors and the Orthodox Church. Freedom to develop experimental activities is considered to be the advantage of voluntary organizations which also makes it easier to carry out programs tailored for such groups that have specific needs. An official permission for the establishment of a family service is always demanded and it is accorded by the Ministry or prefectures.

97. In **Ireland** the State is the main supplier of family services at national, regional and local level, especially since the State is the source and supervisor of social security funds and of virtually all hospitals and part-finances the voluntary sector. The costs of statutory sector family services are met almost entirely from central taxation.

98. Especially since the introduction of the Agreed Plan, there is a main task for the **Spanish** government to initiate basic services. The Agreed Plan for developing the basic provision of social services, through the formula of the administrative agreement, aims to coordinate this

economic and technical cooperation between the central government and the autonomous communities. This is done in order to collaborate with local authority in order to collaborate with local authorities in meeting their obligations in accordance with the regulation of Local Authority Bases Act, regarding the provision of social services. So the central government and the autonomous regions work together for jointly financing a network of Municipal social services for the citizens. Thus in Spain, the state is the main actor in the field of the family services. The Ministry of Social Affairs grants aids to various organisations who work with families and children too (for instance the Spanish Red Cross and Caritas).

99. This is also the case in **Turkey**, where the bulk of the services are publicly funded, although private charity foundations and voluntary associations are active also.

100. In the **United Kingdom** there is a long standing and well-established welfare state, especially notable in comprehensive health care for all. Nowadays this welfare system is highly criticized because of the economy of the health care. In the UK the state provides the vast majority of services, especially in cash provision, through social security benefits. Social services are also organized and controlled at the national level, but delivered at the local level. More and more the government views its own role as opening up opportunities for families by providing help where needed and by assuring that they assume their own responsibilities, for example for the welfare of their children. Indeed, informal care by family and relatives is the most prevalent type of care for children and the elderly.

101. In the *former communist states*, like **Poland** and **Hungary**, the state still has a dominant role in designing family policy, but the situation has undergone remarkable changes since the transition period began.

102. The Local Self-Government Act in **Poland**, that was passed in March 1990, signified the beginning of decentralization; the implementation and funding of many family services were transferred to local authorities. However, the governmental agencies are still in charge of programming and supervising services and they also give financial aid for family services provided by municipalities. The money available from public resources is not sufficient for keeping family services in compliance with requirements, which in turn has put pressure upon the private sector to intervene in the provision of services.

103. In **Hungary** the main supplier of family services is the state, primarily the local governments that get their funds from central allocation. The relative proportional contribution of the "public" and the "private" sector to the total family service provision is estimated as follows: 95 % is covered by the state and 5 % by the private sector. The service provision is the responsibility of the local government, so it can choose whether it provides the service from its own sources or it entrusts private organizations with special services. Non-governmental organizations can be more active in those areas which the government has already abandoned, e.g. many services for homeless people are provided by non-governmental organizations. Religious communities are becoming more and more active.

## 1.2 **The private sector as the main supplier of family services**

104. In many countries the state, apart from the local authorities (municipalities), is not the main provider of family services. However, most often services are certified, controlled and subsidised by the public sector, primarily the Communities and the Regions, although the situation varies greatly according to the type of service provided.

105. In **Cyprus** for instance, the private sector is a main provider of family services, although family services in the private sector are mainly provided by voluntary agencies, ranging from national bodies to local authorities, church groups, voluntary organisations, community network groups, self-help groups, extended families and others. Voluntary organisations derive their funds from various fund-raising activities which they organise, from voluntary contributions and from government grants through a special scheme run by the Department of Social Welfare Services.

106. In **Germany** there is a wide range of different organisations in this field. Most of the family services are provided by private organisations who are (totally or partly) subsidised by the authorities and the churches.

107. In **the Netherlands**, the close neighbour of Germany, most of the family services are provided by private organisations who (totally or partly) are subsidised by the authorities. Concerning youth welfare, the Youth Welfare Law dictates a division of the country into regions. Under this system, the provinces arrange their own regional sub-divisions, in accordance with the Law on common statutory regulations as their point of departure. These divisions can be made to correspond with current divisions into youth welfare regions. These regions are of importance, because the Law prescribes that each region must provide adequate facilities, in line with demand. These services are required to collaborate, so that for example, a regional policy on placing children away from home and crisis intervention can be developed.

### **1.3 Both the public and the private sector as the main suppliers of family services**

108. As we have seen before, in the field of the family services, the state usually plays a role in subsidising the private organisations and in the provision of public services (health care, children's allowances, pensions, etc.). Nevertheless, even in countries where formerly the state was the main or even the only supplier of family services we can see a tendency for a growing equilibrium between the role of the state and the private sector. But in other countries this equilibrium has already existed for a long time.

109. In **Austria**, for instance, both public family service providers and private actors provide family services. Local authorities are responsible for all family service provisions, and they can decide independently whether they prefer the public provision or the private sector, i.e. non-governmental organizations and private companies.

110. Under the decentralisation legislation in **France**, most public sector provision is at the département or local authority level. These services are supplemented by those provided by voluntary organisations and associations, which in France are not treated as 'private' organisations, a concept which is associated with profit and private enterprise. Certain services, such as children's summer camps, are organised by private firms, but company expenditure on services in general appears to be limited and insufficient to meet the needs generated by the growth in female employment.

111. The **Portuguese** state is the main supplier in global terms but accepts, supports and values the contribution of the non-profit voluntary sector known as private social solidarity institutions. Agreements are drawn up whereby fixed amounts are paid to these institutions per capita. Technical help also is afforded in the form of expertise with regard to equipment and to working conditions.

112. In **Switzerland** both the public and the private sector provide family services. The private sector, more than the public sector and the private charity, tries to develop actions to promote the creativeness, education and the autonomy of the people. Private organisations work in the local communities, but when different private services work in the same field, they try to integrate and to create a cantonal or federal organisation.

#### **1.4 Other suppliers of family services**

113. The range of grassroot voluntary work is impossible to estimate, but in almost all countries **volunteers** participate in the activities supplied by governmental and voluntary organizations. Some of these volunteers have originally been beneficiaries and having been recovered, they have started as lay helpers in a group of newcomers (their own experience is very helpful for new clients).

114. In many countries (like **Germany, Greece**) the Church is not significant as an independent provider of family services, but it collaborates with other agencies by, for example, placing a flat or other facilities at their disposal. Instead of providing family services, the Church mostly concentrates on charity activities by, for instance, dealing out money or food and clothes to poor families.

115. Besides the participation of volunteers and the Church(es) in some countries, commercial family services are supplied by private commercial agencies. To give an example, in Greece and Turkey a relatively large number of privately-owned child day care centres exist. Private enterprises are also in charge of holiday facilities to a remarkable extent. In addition, most home help is provided in a traditional way by privately hired maids.

116. Finally families themselves are of great significance in providing family services. This is caused by the (natural) shortage of family services supplied outside the family (in almost every country), but also by the fact that the family is highly valued. A family-oriented family policy is feasible, because in a lot of countries the majority of the married women are not employed. This and close relations between generations explain the popularity of kinship networks in providing family services. In all countries this form of family service is still very popular (or even becomes more so).

## **2. Different sorts of service providers**

117. In the foregoing, some sorts of family services have already been mentioned, but it is difficult to give a complete overview of the different sorts of family services and organisations which provide family services. Most of the family services are provided by private organisations who (totally or partly) are subsidised by the public authorities.

118. In this paragraph an overview of the most different sorts of service providers will be given:

\* *pre-school education*. The greatest part of pre-school education is public, but it is also supplied by private day care centres and by some voluntary organizations.

\* *infant day-care centres* are often organised by the municipalities or by associations under contract with one or more local authorities.

\* *education services* (schools and preschool education) come under many different organising bodies (municipalities, provinces, the Communities, private grant-assisted schools etc): for example, nursery and primary schools in the public sector are often organised by the municipalities or by the private school network (a large proportion of which is Protestant or Catholic);

\* *substitute care for children*. Major grounds for substitute care are usually parents' intoxicant abuse or mental problems or child neglect.

\* *maternal and child clinics*. In a lot of countries all children under school age are entitled to services of public maternal clinics, and this right also includes pregnant mothers.

\* *family help services*. These services can be supplied by private associations, either working closely or not with certain social or medico-social organisations (mutual insurance schemes etc.), or by the municipalities, provinces or other public bodies.

\* *social services for families* including prevention, such as:

- special assistance for deprived families;
- special assistance for families taking care of dependent elderly persons;
- special assistance for families taking care of handicapped persons;
- special assistance for the families of migrant workers, refugees and ethnic minorities;
- special assistance for families taking care of young people in difficulties;
- special assistance for families taking care of children in difficulties;
- foster children.

\* *child guidance and family counselling centres* are for families with problems. The major ground for using this service are the problems with children or marriage problems.

\* conciliation services before divorce is optional and it is supplied by the municipalities, the family counselling centres of private agencies or by the church.

\* *home help*. There are usually different forms of home help services: home help served by home makers, support services consisting most often of ready-made meals, and home care allowances, paid for a relative who takes care of a disabled person.

\* *vacation facilities* (e.g. holiday camps and houses) are for children, elderly and handicapped as well as for the whole families who have no other opportunity to arrange a holiday place for themselves.

\* *shelters*. There are two major types of shelters, shelters for young single mothers who can stay in a shelter home for some months (usually limited to six months), and shelters for battered women with or without children.

119. This is not an exhaustive list. In almost all the countries that were visited similar kinds of family services were found, with variations.

120. Besides the family services mentioned above, the governments in the countries provide economic family supports. These economic supports can be divided in:

- benefits to single parents;
- benefits to the surviving spouse;
- medical benefits during sickness;
- disability benefits;
- maternity allowance;
- benefits to the unemployed.

121. Most of these economic family supports are provided through the Social Insurance Scheme and the Child Benefit Scheme, in most cases administered by the Ministry of Social Insurance (or the Ministry of Social Affairs) and/or the Ministry of Labour.

122. Some countries have specific allowances. **Cyprus**, for instance, has a Missing Person's Allowance, payable to the wives of persons who are missing after the Turkish intervention in Cyprus in 1974.

123. In the public sector, the State is usually the provider of services and programmes for benefiting families. In most of the countries the major goal of family services provided by the State is: to strengthen family life and help individuals to overcome specific problems and develop better skills in order to function effectively in society. Target groups are families and individuals with specific needs as well as groups and organisations concerned with family matters.

### 3. The subsidizing of the family service providers

124. In **Austria** the biggest private organizations are financed in three ways:

- a. large sums are allocated for them from central state funds or from private foundations
- b. 1/3 or more of their expenses are covered from province budget
- c. the smallest part of their budget is originated from business activity.

The smaller private services have their commitment with local authorities or are related to state funds. Some of the private organizations are supported by private funds. Some of the private service providers are working on free-market level, mostly in the field of training and postgraduate studies, especially in those areas which do not belong to the state's primary competence.

125. As for the funding of services, in **Belgium** it often comes from different sources: subsidies from the FESC for the services concerned, subsidies from the Communities and the Regions (in posts), aid or subsidies from local authorities (municipalities, CPASs), even from institutions like mutual insurance schemes and from individual contributions. For some services, there are no significant differences between the public and the private sector.

126. **Denmark** is divided into 14 counties and 275 local municipalities (Copenhagen and Frederiksberg counts extra, they are both counties and local municipalities). Local and county

authorities are independent, politically governed, integral units with their own tax base. Social services are to a large extent the responsibility of local and county authorities within the broad legislative framework laid down, in the main, by the Social Assistance Act. The maintenance area (social pension, sickness benefit, family allowance, cash benefit, etc.) is governed by uniform, central rules about amounts paid and personal entitlements. Local authorities are responsible for a wide range of costly services in the social field, including care and services for the elderly, child day-care facilities, rehabilitation as well as measures for activating and supporting non-insured jobless persons. In addition, local authorities administer sickness benefits and disbursements of social pensions, etc. County authorities are responsible for a number of more specialized services which are outside the scope of local authorities: measures for the disabled, the partially disabled, and disadvantaged families with children. Included in that category are residential homes for children and young persons, rehabilitation centres, institutions for the disabled, plus supervisory and counselling functions related to those fields. The central government and its top institution in the social field the Ministry of Social Affairs and the above mentioned Inter-Ministerial Committee on Children are responsible for the overall control of development in key areas of the social sector. It establishes the broad legislative and financial framework for social policy, but it does not control and rule in detail. Determining the size and identifying the recipients of transfer payments remain central government tasks.

127. Since World War II the "omnipotent state" had taken over all the responsibility for social services. Most services were free and available for citizens, thus private services could not compete with them. In the early 1980's a slight change had occurred. 'The state cannot provide everyone with welfare and well-being. Needs expand more rapidly than the state's abilities and resources to meet those needs. Thus voluntary work and private initiatives have regained something from their past fame for the last decade. In this sector we can find voluntary agencies, private organizations which have strong commitment and dependence on local and other state sources and independent private service providers as well. Most private family service providers aim to provide special services on a less alienating, more personal level. The majority of the private services have their commitment with local authorities or are supported by state funds. Some of the private organizations are supported by private funds, but this is more or less exceptional. Some of the private service providers are working on free-market level, mostly in the field of training and postgraduate studies, especially in those areas which do not belong to the state's primary competence. Most private actors are voluntary organizations or private foundations. Some of them function as small companies. Private family service providers can be found all over Denmark, however, most of them are concentrated in highly populated areas, where social problems, homelessness, refugees-homes, drug- and alcohol-problems are over represented, especially in Copenhagen.

128. In **Germany** most of the family services are provided by private organisations, who are subsidised by the government (local, regional or state) or by the churches. This has a lot to do with the subsidiarity-principle. Some of the family services are partially maintained by private fund-raising (donations), contributions or subsidies from foundations. Private initiatives can be stimulated by giving help, assistance and support (mostly given by private organisations) or by financial support (by the local authorities). If families want to help themselves (e.g. through self-help groups, neighbourhood schemes and similar initiatives) they are supported by public or private agencies.

129. The **Italian** state is directly involved in the provision of medical services except in relation to the elderly whose health care needs are subject instead to the control of the social assistance services organised by the local authorities; in practice, medical treatment is said to be

only available only to the elderly in hospitals so that the main burden of care for the elderly falls on the family. Education and social security services also are state regulated and provided, while social assistance provisions are delegated by law to local government. The Ministry of the Interior is responsible for services for the disabled and for minors, vagrants and immigrants. The Ministry for Social Affairs, which was recently established without portfolio, is concerned with similar problems, as is the Ministry for Migration, also without portfolio. Public intervention in family affairs has been decreasing. In Italy many private organisations are deeply involved in the provision of family services, often subsidised by the state whose role is to supervise and coordinate their activities. The commercial sector also has some involvement, particularly in relation to the provision of creches.

130. There is no tradition in **Italy** for the creation of self-help groups, although a number of the larger centres have begun to encourage such initiatives with the support of the religious organisations. In particular, the areas of school and of physical and mental handicap have been in the forefront in this regard. All voluntary organisations must enrol with the local authority register. At present there are more than one million registered volunteers throughout the country.

131. In **the Netherlands** most of the family services are provided by private organisations, who are subsidised by the government (local, regional or state). Some of the family services are partially maintained by private fund-raising (donations), contributions or subsidies from foundations (like the Juliana Welzijn Fonds, Stichting Kinderpostzegels Nederland and the Bernard van Leer foundation). The Youth Welfare law obliges parents to pay a contribution if their children are placed under the care of services providing (semi) residential support or foster care. The Law also states that the children themselves with their own means of support should also contribute to certain forms of residential care (when they have sufficient means of their own).

132. The **Portuguese** state provides family services at central, regional and local level. Social security payments come under its control as well as the municipal health centres. The public sector service provision has not recently been increasing. Social solidarity institutions receive support from the state and also possess autonomy and have access to a private budget. They carry out a variety of activities with the assistance of organised volunteers.

133. In **Spain** the 17 autonomous communities provide welfare and social services and other services relating to family matters or directly concerned with children and young people, such as education, justice and so on.

134. In **Sweden** the public sector provides family services at all levels, national, county and municipality. The strong trend toward decentralization and deregulation of services has meant a greater allocation of resources and responsibilities to the municipalities from the national and the county administrations. This is in line with a long tradition of local self-government in Sweden. National social insurance is provided by the state; health and medical care by the county councils; and social services and family welfare by the municipalities.

135. Within the last two years, there have been important cuts in the family services provided by the public sector. This is currently a topic of much debate and concern. The government and some observers welcome the change in the interest of greater privatization, assumed to improve efficiency and freedom of choice in the use of services. Opponents point to its risks in possibly leading to less equity and higher (self)selection in the population and thus a detraction from



comprehensive coverage, together with less control of private services and thus eventual higher (rather than lower) costs.

136. In **Switzerland** a lot of private family service providers are subsidised by the state (usually the cantons and the local communities).

137. In **Turkey** the Directorate of Social Services and Child Protection is the most important provider of family services in the public sector. It provides for:

- Children in need of protection,
- The disabled,
- The elderly,
- Day care for children of working parents, and
- Social assistance to the family.

138. In **Turkey** there are also a lot of foundations.<sup>8</sup> Most of the foundations and associations providing family services are those established for the promotion of women's and children's well being and health. There are also voluntary charity organizations which serve the family, as well.

139. In **the United Kingdom** the Department of Health, which employs 1 million people and spends 37 billion pounds a year, is the largest public sector organization in Europe; it receives 5-6% of the GDP. Growth in real spending on health services is used mainly to cater to the needs of the growing elderly population (with over 45% of health authority expenditure being spent on them). Local authority social services are also under the Department of Health, which provides 5 billion pounds a year to local authorities for carrying out (or purchasing) social services in the community (called Standard Spending Assessment). Social security benefits are also provided by the public sector through the national social insurance scheme. All the family services mentioned in question 13 of our questionnaire (see Appendix) are provided by the public sector.

140. In the former communist countries the situation is somewhat different different from the other countries. In **Hungary** the provision of most social services is the local government's responsibility. The central government, however, has a big fund to cover the extra expenses of social service delivery because all the local governments are in a shortage of resources (only their minimal expenses are covered automatically). Thus the extra redistribution of resources works only through competition, where only some local governments are able to win extra funds. The county council level is organized only for professional and financial control. County councils are not in the position to provide any other services. (there are two important exceptions: the Institutes for Child and Youth Protection which have a predominant role in child protection, are organized on the county level. The other exception is the network of Labor Market Offices in which also the county level plays a predominant role, especially in organizing training and job-search activities.)

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<sup>8</sup> Foundations are non-profit making organizations which were originally based on religious or charity concerns and which are locally organized.

141. The private organizations in the former communist countries can exist only by state support or by other foundations' financial aid.<sup>9</sup> Otherwise all the small initiatives can apply for the support of the central government and they have the same chances as local governments. Most services are functioning in the form of a foundation or non-profit organization. Some family services have formed associations. Most private services are located in Budapest and the big cities. Smaller towns and the countryside have less private organizations.

142. To give an example of this, we will focus on the situation in Poland in some detail:

143. Because of the severe recession, the state and local authorities in **Poland** are willing to welcome *private agencies* to bear the responsibility for the provision of family services. Voluntary organizations have become active in this respect. During the Communist regime it was difficult for them to act; a licence was needed and activities were strictly controlled, therefore the number of nongovernmental organizations was limited. The Associations Act (1989) gave permission for citizens to establish nongovernmental organizations which very soon proliferated. It has been estimated that the number of voluntary organizations was approximately 1000 in 1989, whereas three years later it was as high as 4500. All voluntary organizations are obliged to register themselves in order to be authorized to collect money. The state no longer regularly finances them, but governmental agencies and especially local authorities may grant some financial support for them if the budget permits. Specific projects are favoured.

144. There are two types of voluntary organizations, associations and foundations. The former can be set up by a minimum of five persons, the latter also needs a capital of a minimum size. Both of these organizations provide family services. According to a recent study of 1621 voluntary organizations, 1175 or 72 percent provide family assistance and/or services. The most popular target group consists of families with disabled children (42 percent of the organizations provide assistance for these families), followed by children and the young in general (32 %), families with sick members (32 percent) and families with many children (23 percent). No central union for nongovernmental organizations has been formed due to repugnance for any centralization so characteristic of the Communist regime but nevertheless, many of them are large nation-wide organizations with a number of local associations.

145. In general, voluntary agencies concentrate their activities on such services as are not provided by the public sector, therefore services are mostly *complementary*. However, because of the budget deficit in the public sector, voluntary organizations have to direct a good deal of their activities to those services that the state or local authorities are responsible for. This has interwoven the public sector and voluntary organizations with each other in an interesting way. The system is most visible in schools and child day care centres. In so-called social schools, nurseries and kindergartens, at least half of the expenses are funded by the public sector (salaries of teachers and nurses). Voluntary associations that are mostly set up by parents, are responsible for the other half of the expenses caused by e.g. daily meals and different kinds of equipment. The parents' associations are often required to solicit additional financial aid from sponsors in order to maintain the standard of services at previous levels.

146. Generally speaking, the Church grants financial aid to poor families; it also provides certain family services (see below). During "real socialism" *trade unions* and particularly *state-*

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<sup>9</sup> E.g. The Soros Foundation founded by a Hungarian born American millionaire supports many people. This foundation supports many small initiatives and private services.

*owned enterprises* were significant providers of family services for the employees and their families - kindergartens, sanatoriums and holiday facilities having been the most common services. During the transition phase the situation changed drastically; enterprises, whether they are state-owned or private, do not supply any longer family services due to the necessity to economize. Some of the child care centres run by state-owned enterprises have been closed or transferred to local authorities. Trade unions now concentrate more on salary issues and acting as pressure groups for more satisfactory public social policy. However, the members are still granted a small stipend when having a child.

147. *Privatization* started in 1989 when the Business Bill of Rights was passed. Enthusiasm for privatization was at first high, soon reaching the social sector also. One motive for this was the sense of freedom, the other was the myriad of scarcities in the area of public social services. The process was not preceded by extensive public debates; instead changes in the social sector were based more on spontaneous activities related to the general ethos of privatization, promising something better than was possible during "real socialism". The most glowing enthusiasm for privatization has waned, since the expenses for private family services proved to be too high for most Polish people. For this reason, the number of commercial family services has remained marginal. However, it may be slightly greater than the statistical data indicate, because part of family services are supplied by private persons (e.g. nurses and pensioners) working in the "grey zone", i.e. as unregistered workers. The development of the private sector may be helped along by the adoption of provisions allowing the public agencies to allocate some funds to the private social sector. According to the Law on Establishments (1992), the supplier of public funds has a right to sign a contract with agencies regardless of the type of ownership. Municipalities, in particular, use this right and they also supervise and monitor the implementation of such services. However, so far it is too early to ascertain how much these contracts will advance the expansion of private family services. At the moment, this seems to be unlikely due to the budget deficit that makes the state give priority to public services and to abandon private agencies more or less to their own devices. The Polish government does not actively encourage the development of action groups or other similar *civic activities*, but neither does it try to prevent them. The problem with this issue is more on the side of citizens who are not used to civic activities due to the heritage of "real socialism". But even this statement does not fully describe the situation, for "real socialism" also "taught" people to use personal social contacts for their own benefit, thus neighbourhood and family support networks are important.

#### **4. The providers in the private sector**

148. As we have seen before, in most of the countries the private sector is a significant and sometimes the only provider of (non-economic) family services. The family services in the private sector are mainly provided by voluntary agencies, such as church groups, voluntary organisations, community network groups, self-help groups, labour organisations, extended families and others. They also range from nation-wide bodies to local groups.

149. The voluntary organisations derive their funds from government grants (subsidies), voluntary contributions, and from various fund-raising activities which they organise. Most of the services provided by the private sector are preventive and/or therapeutic. Usually they are family supportive services handling care and protection needs, and issues such as violence, matrimonial problems, sexual problems, lack of communication and understanding, behavioural problems, financial needs, drug- and alcohol-problems, problems of disabled and/or aging

people, people with special needs, normalisation of marginalised groups, help to maltreated or sexually abused women and children, and many other sorts of problems.

## **5. The increase in family services provided by the private sector**

150. In the 19th century and in the first decades of this century most family services in a lot of countries were carried out by private providers, church and voluntary organizations. Between the two World Wars the so-called welfare state developed in the western countries and after World War II this tendency became even stronger. The main objective of this trend was the idea of the "caring state". This meant the overshadowing of private services. The "omnipotent state" had taken over all the responsibility for social services. Most services were free and available for citizens, thus private services could not compete with them.

151. In the early 1980's a slight change had occurred in these countries. The state cannot provide everyone with welfare and well-being any longer (if ever). According to Habermann the relative quantity and quality of services became worse, less money was available and "all this, combined with constantly higher taxes, has blurred the principle of solidarity and made the idea of the Welfare State less popular than before ...".<sup>10</sup>

152. Thus voluntary work and private initiatives have regained some of their past function. In this sector we can find voluntary agencies, private organizations which have strong commitment and dependence on local and other state sources and independent private service providers as well. This trend can be seen in almost all the northern and western countries in Europe.

153. While the state plays a leading role in the provision of overall services, the principle of subsidiarity on which such provision is based controls the extent of its intervention in order to encourage as far as possible the involvement of the private sector and of families themselves. Local grass roots services, self-help groups, as well as neighbourhood organisations, have been on the increase.

154. In the last decade, in a lot of countries there has been a gradual increase in the number of family services provided by the private sector, although the proportion of private family service providers is minimal (in financial terms) compared to the public sphere. This can be a result of the decrease of public intervention in family affairs or of the increase of private services, because they have been created in order to remedy what were considered to be "important areas of unmet need".

155. In the former communist states there has been a boom of small private organizations in the last two-three years: their number increases very rapidly, although the size of these services is still very small.

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<sup>10</sup> Ulla Habermann, *Voluntary Work in a Nordic Welfare State*, 1989.

## CHAPTER IV - INTERACTION BETWEEN PROVIDERS OF FAMILY SERVICES

### **1. Introduction**

156. It was following the XXIInd Conference of European Ministers Responsible for Family Matters (Lucerne 15-17 October 1991) that the theme of interaction became a central political concern: "(...) *the changes in family life have been so great during the last decades that it was inevitable that closer links be created between family services and the users*"<sup>11</sup>. It is the question of links which lies at the heart of the theme and, more particularly, the link between the user-family and the services, institutions and sometimes complex systems born of administrative devolution and/or decentralisation. Insofar as this complexity "*may amount to a lack of transparency and may result in very uneven treatment, relying too much on the capacity of the user-family to find its way through a plurality of institutions*"<sup>12</sup>, there is good reason to organise the legal and administrative structures as well as possible and to enquire into how families may best use their own abilities. Furthermore, this concern is closely akin to the central theme of the International Year of the Family, *the resources and responsibilities of the family in a changing world*. Interaction is likely to favour and in return benefit from the flexibility, adaptability and closer co-operation between the public and private sectors. To summarise: interaction has the goal of the closer involvement of families in the provision of services and even in the process of political decision-making.

157. Recently there has been much thinking and debate about the issue of interaction in family services. We have, therefore, chosen to reflect these considerations in this chapter, in addition to covering the responses we have received to our questionnaire.

### **2. Aspects of interaction**

158. Does not the closer involvement of families in the providing of services create more problems than it claims to solve? This question catches the political concern on the wrong foot. In other words, close involvement in an action is not self-evident: it presupposes a real commitment on the part of the individual whose "cost" involves the time devoted to the action or the financial contribution to the service. The more involved he is in the providing of the service, the more the user must be involved in communication and the more responsible he becomes for the smooth running of operations. By being more involved in the providing of the service, the user runs the risk of difficulties in the relationship established with the provider. Professionals in the field of personal services are very familiar with the phenomenon of the "exhaustion of the relationship" which threatens those whose essential task is to maintain or create links: teachers, nurses, social workers, home helps. ... Interaction, which requires working methods where verbal expression and communication are essential presupposes an almost spontaneous unflinching personal commitment and the respect of often implicit rules of conduct

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<sup>11</sup> Conference of European Ministers Responsible for Family Affairs, "Family policy and decentralisation", Final communiqué, Strasbourg, 18 October 1991, p. 5).

<sup>12</sup> idem, p.5

which make the individual, his status and manners the keys to the quality of the service. To come to a close interaction, user and provider of services are therefore compelled to control themselves in order to maintain their role in the communication.

## **2.1 Another pitfall of interaction: the cultural connivance**

159. As a conclusion to this first approach to interaction, an initial pitfall of closer involvement of families must be pointed out: interaction probably favours the cultural connivance between the user and the provider of the service. This risk has been brought out particularly strongly in Switzerland by the research of P.-Y. Troutot of the University of Geneva in the field of early childhood.<sup>13</sup> Over the last twenty years we have witnessed a social recomposition of the clientèle of day care facilities for children. To put it simply: the medium and high-level categories of socio-professionals have taken over the child day-care milieu. A new alliance has developed between these new social categories and the professionals who run the institutions. The author shows that the alliance between users and professionals has various effects: it favours the quality of care, if only by raising the level of knowledge and ability of the professionals whose intense demand for training is in part linked to the high educational level of the new clientele of the creches: but once these abilities have been acquired and put into practice by staff they tend to favour those parents and families capable of developing relationships which go beyond the concern of the care given to the children.<sup>14</sup>

## **2.2 Professional qualification and equality between men and women**

160. It is not a question, however, of belittling the continuing training of providers of services or to deny the need for it, but rather of indicating the social and cultural implications of the family-user's involvement in the service: in addition to cultural connivance, user/provider interaction increases the professionals' demand for training: the new skills acquired transform the service provided and redefine institutions' action. For example, in the area of young children it appears quite obvious that, particularly in the countries where pre-school education is very developed (Denmark, France, Belgium), child-minding arrangements have been transformed into reception places as a result of the socio-cultural transformation of users and the retraining of professionals. Insofar as these are jobs usually filled by women, occupational upgrading (qualifications and status) is needed if the equality of women and men in the job market is desired.

## **2.3 Interaction and the subject of equality**

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<sup>13</sup> P.-Y. Troutot (et al), "Crèches, garderies et jardins d'enfants. Usage et usagers des institutions genevoises de la petite enfance". (Crèches, child-Minders and Kindergartens. Uses and Users of Geneva Establishments for Young Children), Geneva. Department of Sociological Research, Cahiers no. 28, 1989, p. 160.

<sup>14</sup> A. Dubois. "Quel accueil de la petite enfance?" La Revue Nouvelle, juillet-août 1993, no. 7-8, pp. 75-83.

161. The problems of interaction therefore take us to the heart of the theme of equality: the equality of families in the access to family services (social equality), the equality of men and women in the workplace (gender equality), the equality of users in the providing of services itself (cultural equality). This search for equality is part of the strategies of families, women and users.

162. Let us consider family strategies first: in a recent study of families' educative strategies, J. Kellerhals and C. Montandon tried to correlate parents' educative styles, not only with their social and cultural characteristics, but above all with the dynamic of family interactions. Their research shows that, while the whole process of socialisation remains dependent on the class situation of parents, education is also the product of a certain idea of the family, for example in the co-ordination of parents with the school. While all parents regard the school as having an important mission, they are divided as to the education in moral issues, where as a slight majority do not wish to see the school in competition with the family. It is in this field that clear differences of attitude can be observed according to family type: nuclear families being less prepared to accept the involvement of the school in this area<sup>15</sup>.

163. Without embarking on an analysis of the use of family services according the dynamics of family interactions, our study confirms the importance of family strategies in the provision and use of services. For example, in **Poland** some parents' associations collaborate with local authorities, for example in the negotiation of extra-curricular programmes and the collecting of money for kindergartens: some parents even help during the day. In **Denmark**, a flexible social network is attempting to satisfy the needs appropriate to different types of family: the young child of a working mother may be looked after in a public kindergarten, a private nursery school or an integrated institute. The same varied supply of facilities is to be found in **France** which, with its "parental creche" model, places great value on parents' personal investment in and commitment to child-minding.

164. Women's strategies are not limited to the strategies of the women working in family services. In a recent study in France on the solutions used by working parents during children's minor illnesses, F. de Singly shows how many solutions depend on the image women have of themselves in their commitment to work and on the conception they have of the child's welfare<sup>16</sup>. With the aid of interviews, three models of mothers were developed - the teaching mother, the protective mother and the mother who seeks help - which derive from different "strategies" and "images". The authorities must meet them in all their complexity unless one particular family model is to be privileged. In other words, the increased importance given to families' own resources must be accompanied by consideration of the interactions which develop, particularly for women, between the various roles, those arising from the professional activity, from family life and perhaps also the roles connected with personal social commitment.

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<sup>15</sup> J. Kellerhals and C. Montandon, "Les stratégies éducatives des familles. Milieu social, dynamique familiale et éducation des pré-adolescents". Neuchâtel-Paris, Delachaux et Niestlé éd., 1991, collection Actualités pédagogique et psychologique, p. 181.

<sup>16</sup> F. de Singly, "Parents salariés et petites maladies d'enfants. Le congé pour enfant malade". Paris, La documentation française, 1993. Research financed by the Women's Rights Department (Ministry of Social Affairs, Health and the Town).

165. Lastly, it is important to consider users' strategies, that is the combination of "the potential for action an individual has and the opportunities he takes". This definition is taken from L. Verhaegen's study of new psychiatric careers. The author shows that for some patients "*hospitals have become their preferred home*". Thus certain patients display integration strategies in relation to psychiatric hospitals, that is to say they seek to enter one and to stay there as long as possible.<sup>17</sup> If L. Verhaegen's analysis can be transposed to the field of family services - which is far from impossible - there is good reason to take account of the fact that users' strategies may have objectives different from those intended by the authorities. Indeed, the political objectives of the involvement of users in family services has something of the nature of "the necessary emergence of new standards" in the interactions between "private" and "public" sectors.

## 2.4 Interaction between the state and families

166. As M. Segalen explains "*The inter-relationship between private and public is becoming increasingly complex. The family is the kingdom of elective choices, but it is also the subject of increasing state intervention, both through the setting of the norms upon which it is based and the processes of social justice and redistribution*"<sup>18</sup>. States do not simply adjust themselves to family behaviours: laws and the rules and priorities of access to services are indicators of the social regulation the authorities operate on and with families. Family services are at stake in the struggle to determine the state's and individuals' duties. The changes in interactions between the state and the family, between public and private is not being carried out in just one direction: they vary from state to state and from one area of intervention to another.

167. In **Hungary**, as a result of privatization, a debate is emerging about the services which are the responsibility of the state or local authorities, their financing and, above all, the humanisation of the provision of services: there are various institutions, particularly children's and old people's homes, which provide services regarded as alienating for the individual.

168. In **Finland**, the public debate on the privatization of family services is also topical as a result of the economic crisis, which is calling into question the Welfare State, and the emergence of new ideological trends. Although a degree of division of labour is in fact already in place between the public and private sectors (for example, child-minding and the basic care of the elderly appear to be better dealt with by the public sector, while part-time care and extra-curricular activities seem to be the concern of the private sector), the discussions on the division of responsibilities is producing modest results: only 6% of municipalities have discussed basic services and reached conclusions.

169. In **Turkey**, since the institutional care of children in need of protection has been considered inadequate and expensive, family care (in the child's own family, a foster family or adoption) is favoured and may or may not be given financial support.

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<sup>17</sup> L. Verhaegen, "Quelques éléments pour une analyse des nouvelles carrières psychiatriques". *Sociologie et sociétés*, vol. XVII, no. 1, April 1985, pp. 51 - 60 (p. 55).

<sup>18</sup> M. Segalen, "Sociologie de la famille", Paris. Armand Colin, 1993, collection U, série sociologie. 3ème édition revue et augmentée.



170. In the **Netherlands**, the question has arisen of enabling social workers to know which other people and services are involved with a particular family: the idea of a central register has been suggested but is encountering a number of obstacles such as the respect for the user's private life.

171. In **Ireland**, where the Constitution defines the family on the basis of marriage, family services are continually being developed to deal with new or crisis family situations.

172. In **Norway and Sweden**, the problem of the illness of a child whose parent works is dealt with by a type of parental leave: the question is not, however, relegated to the family, as such leave is remunerated.

173. In **Belgium**, particularly in the French-speaking Community, since the ratification of the International Convention on the Rights of the Child, the Councillor for Youth Aid has been responsible both for co-ordinating the people and services involved and being the legal interlocutor of children, young people and families.

174. In **France**, the early childhood policy is the subject of new political instruments (for example, children's contracts) which bring together the municipalities, family allowance offices, those involved locally and families. Furthermore, in order to facilitate the creation of new jobs and fight unemployment, families receive benefits for the employment of registered mothers' helps and tax allowances: these measures essentially benefit families with average incomes or above but are socially compensated by the great variety of family services provided "on a means-tested basis"

175. This incomplete list of initiatives, debates and questions being asked in various states at least shows that the problem of interaction is not neutral: it may involve a disengagement by the state to the benefit of the private sector, whether the market or charities; it may aim for the humanisation of relations between users and the providers of family services; it may place greater emphasis on those involved locally and on the political implications; it may or contain emerging social demands in the family sphere.

### **3. The loci and modes of interaction**

176. Interaction between the providers of family services takes place before, during and after the service itself. It concerns (among other things):

#### **3.1 The subject (or user) and (the) family**

177. A characteristic of family services is the difficulty of identifying the real beneficiary of a service. For example, places where young children are cared for combine child-minding (for working parents) and care (for the children). The interaction between these two functions rests, at least partly, on the dynamics of family interactions and the interaction between the roles and responsibilities of professional activity and family life. In another area, family assistance or home help, the same type of difficulty arises: the person receiving help in the home may be an old or dependent person but the assistance relieves the family of part of its responsibilities. Very aware of the interactions involved between the user and his family, most home help and services seek to adjust their action according to family interactions: helping a dependent person

in order to relieve the family, or helping a family in order to give them more time to devote to the dependent<sup>19</sup>. The latter approach probably requires the development of a contractual relationship between services and families.

### 3.2 Families and providers

178. As the reports on various countries (the **Netherlands, Ireland, Switzerland, the United Kingdom**, etc.) show, voluntary (family) services or actions are tending to increase and/or diversify to cope with numerous new situations. While some services such as home help or family help are creating a new "image", family services as a whole remain "vague". Family/services interactions are feeling the effects of this, all the more so since the categories of users likely to express needs and demands are increasing. Remaining in the area of help in the home: the old, more and more of whom are dependant (senile dementia, Alzheimer's disease, etc.), the chronically ill, one-parent families, individuals and families excluded from society, etc. are all (potential) service recipients.

### 3.3 Providers themselves and the areas of competence

179. For example, what are the limits between health care and social care in home help? The question is all the more relevant since in some states (**Cyprus, Turkey**) such measures sometimes come under the Ministry of Health, sometimes the Ministry of Social Welfare. The effect of (female) unemployment on the development of family services must also be considered since it can create competition (moonlighting), distortions (employment of the unemployed under measures for social or professional integration), tensions between professions (cleaners/home helps/nursery nurses/childminders or mothers' helps, social workers/voluntary workers, etc.).

180. To these are added interactions: between the theoretical models and practice, between the public and private sectors, between professionals and volunteers, between participants and the people responsible for the development of legislation.

181. Within the same logic of understanding the interaction between the providers of family services, the G.R.E.P.F.A. (Groupe de recherche européen en accueil familial)<sup>20</sup> has sought to identify possible modes of interaction which would make it possible to get one's bearings in

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<sup>19</sup> The remarks on home help and care in the home are inspired by a CISAD document (Conseil International des Services d'Aide à Domicile) which brings together individuals and associations from several European Community countries and Switzerland: "Les professions d'aide et de soins à domicile dans des pays d'Europe", Commission Plate-forme européenne, document d'étape, mai 1993.

<sup>20</sup> GREPFA now exists in England, Germany, Austria, Belgium, the Netherlands and France. Its role is to stimulate clinical and institutional debate, co-ordinate the application of research seeking to assess foster family care, compare it with other so-called alternative practices, to discuss why it is an important instrument for the maintenance or the restoration of entitlements and a therapeutic tool. The examples in this report are taken from M. Wetsch-Benqué, W. Vutgeveen, B. Meliarenne (eds.) "Les interactions en accueil familial. Interactions in foster family care". Toulouse, Editions Erès. 1993

family foster care. Foster family care consists of organising an individual's, child or adult, stay in a family which is not his own. Foster family care is of particular interest because it exists in one form or another in all the countries visited and because it is at the heart of the debate on the privatization, co-ordination and humanisation of services.

182. Individual/family interaction is the subject of work carried out in **France** at Rouvray Hospital (Sotteville-les-Rouen). Family placement is seen "*as a succession of thinking devices situated one after another like concentric circles enveloping the child*"<sup>21</sup>. The first circle is formed by the foster family but it is supported by, among others, a district nurse who is at once the interlocutor of the family (or child minder) and third parties concerning the child. According to the authors, this method neutralises the illusion of a total correspondence between the foster home and the child's needs. Experience also shows that foster care and institutions are not necessarily substitutes for each other but are complementary.

183. Again in **France**, the recruitment of families in the area of therapeutic fostering is the subject of an administrative order (Arrêté of 1 October 1990). At Fains Hospital (Bar-le-Duc) families are selected according to a system inspired by systemic theories. The method is very demanding (two visits from social workers, two filmed interviews, a committee), selection severe (four families out of nine are accepted), but seems to help prevent family dramas in foster families<sup>22</sup>. In addition, the family can contact the hospital at any time in case of emergency.

184. In **Germany**, on the other hand, legislation on foster care is almost non-existent. Furthermore, foster care is in competition with other methods of patient reintegration: sheltered housing, therapeutic housing, (post-treatment) hostel. At the Rheinische Klinik in Bonn the emphasis is placed on the foster family rather than on the patient so as not to discount the knowledge of the foster parent. Here the patient is invited to adapt himself to the rules of the foster family.<sup>23</sup>

185. In the **Netherlands**, the same variety is to be found as in Germany. For example, the Wim Wisman foundation in Rotterdam receives and houses 50 people from psychiatric hospitals, homes and social services. They live in a community and are cared for in three different ways: domestic help and individual guidance, psychiatric care (by the peripatetic mental health department) and medical treatment<sup>24</sup>.

### 3.4 Who (inter-) acts?

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<sup>21</sup> M. Amar, D. Moncond'huy, F. Duval. "Psychose infantile: interactions en accueil familial et émancipation". Les interactions en accueil familial, pp. 149-158.

<sup>22</sup> P. Princet, "Le recrutement des familles d'accueil", Les interactions en accueil familial, pp. 139-145.

<sup>23</sup> T. Held, "En Allemagne", Les interactions en accueil familial, pp. 27-32.

<sup>24</sup> H. Beijers, "Supported living arrangements in the Netherlands", Les interventions en accueil familial, pp. 81-90.

186. In order to deal with the question of interactions between the providers of family services in the various countries, we have constructed family situations likely to involve public or private agencies, including the families themselves. The first situation continues the theme of foster family care:

#### **3.4.1 Children residing in an institution who are in need of protection**

187. In **Belgium, the Netherlands and the United Kingdom** the situation is clearly a matter of the assistance or protection of young people (or children). In the **United Kingdom**, it is the responsibility of local authority social services: a decision is taken by the child protection committee after a conference to which the parents and the child may be invited.

188. In **Sweden**, it is also the responsibility of the local authority: social services decide on the placement of the child and bear the cost. Public or subsidised private institutions may be involved: when the child is placed in an institution, it is usually for a short time and in the company of his mother.

189. In **Switzerland**, the relevant supervising authorities are responsible but the actual participants very varied: they may be public or private and, in the latter case, are subsidised.

190. In **Cyprus**, the director of the Department of Social Welfare is responsible for legislation concerning children. Voluntary groups support children in institutions. Outside these, social workers work with teachers where necessary.

191. In **Turkey** the General Directorate of Social Assistance and the Institute for the protection of Children has the responsibility for children in need of protection.

#### **3.4.2 Child of a drug-addicted single mother**

192. The situation is dealt with in more or less the same way as the above with some variations:

- \* greater involvement by the health departments or services (**Cyprus, Switzerland, Sweden**) and the police (**Ireland, the Netherlands**);
- \* the separation of mother and child (**Turkey, Sweden**);
- \* interaction of family services and programmes for combatting drug addiction (more than 100 programmes in the **United Kingdom**).

#### **3.4.3 Sick child of working parents**

193. In one group of countries (**Hungary, Switzerland, the United Kingdom, Germany, Spain**, etc.) one of the parents must stay at home, possibly with the benefit of health insurance (**Hungary, the United Kingdom...**).

194. Some countries (**Norway, Sweden**) have developed a system of "parental leave" or an analogous system (in **Belgium**, leave for urgent reasons of 10 days per year). The **Swedish** system seems to be the most developed: 60 days per year indemnified at 80% (the first 14 days) then at 90% if a child under 12 is at home.

195. In **France**, the problem is dealt with in cases of handicap or prolonged illness by the family benefits system (Allocation d'Education Spéciale).

196. In the field of family services properly so-called, outside voluntary organisations and self-help groups, only a few countries have developed initiatives:

- \* in **Switzerland** through the family assistance services (if available);
- \* in **Turkey** through the Ministry of Health's "Voluntary Nurse" programme which can be mobilised and co-operate with the General Directorate of Social Assistance and the Institute for the Protection of Children;
- \* in **Cyprus**, through the intervention of the services of the Social Welfare Department in some cases (or the involvement of public assistance in cases of significant loss of income as a result of an interruption of work);
- \* in the **United Kingdom**, through the informal private services.

197. Recently in **Belgium** a sum has been allocated to the Fonds d'Equipements et de Services Collectifs (National Family Allowances Bureau for Employed People) for the services and initiatives for the care of sick children.

### 3.4.4 Adolescent pregnancy or abortion

198. This situation comes under several departments (youth services, health, social services, etc.) and poses the problem of the co-ordination of youth services (**Belgium, the Netherlands, Sweden, etc.**), health services and family planning (**Turkey, Cyprus, Switzerland, the United Kingdom, Germany, etc.**) and of co-operation between the public sector (**Hungary, Cyprus, etc.**) and private associations (**Switzerland, Spain, etc.**). The configurations of interaction, co-ordination and co-operation are multiple and demonstrate the emergence of:

- \* associations (Catholic women in **Switzerland**, the Association of Single Mothers in **Spain**);
- \* mediation practices (in **Cyprus** the services of the Department of Social Welfare provide mediation with the girl's family if necessary).

### 3.4.5 Death of a young child

199. This type of situation is essentially dealt with by private associations (**Belgium, Denmark, etc.**), support groups (**Denmark, Switzerland, etc.**) including in countries where the public sector provides a large proportion of family services (**Hungary**). In addition, the psychological situation created by such a death is still dealt with by religious bodies (**Hungary,**

**Denmark, Switzerland, Sweden, Germany, Spain, Turkey** etc.), probably because of the "private" nature of mourning. In the **United Kingdom**, financial aid is possible through the "Social Fund".

### **3.4.6 Unemployment of both parents of a young family**

200. With the exception of **France** where, in addition to unemployment insurance, family benefits can cover certain situations "on a means-tested basis", most countries cover the risk of unemployment by social security or a combination of social security and welfare benefits or assistance (**Cyprus, Switzerland, the United Kingdom**, etc.). It is striking to observe the problem of interaction which arises between state financial benefits and local services or voluntary organisations (**Germany, Austria, Spain**, etc.). In **France**, there is a problem of the interaction of different legislation between the R.M.I. (Revenu Minimum d'Insertion) and family benefits.

### **3.4.7 A disabled or dependent elderly person**

201. This situation poses, in particular, the question of "triangular" institutions/services interactions in the home/family. If available, some countries take charge of the person in the public sector (**Hungary**) and provide homes (**Spain**) or Rehabilitation Centres (**Turkey**). Most countries tend increasingly to favour family assistance (**Sweden, Switzerland**) or home help (**Belgium, Cyprus, the United Kingdom**) on a local (**United Kingdom**) or municipal basis. In Sweden, municipalities take care of 300,000 people through family assistance and 400,000 people by transport services; in addition, 400,000 voluntary workers are available. We must note here a possible problem of interaction between families and voluntary workers.

### **3.4.8 Victim of family abuse**

202. There are numerous situations in which the police prove to be providers of "family services" (**Ireland, the Netherlands, Switzerland, Germany, Austria**, etc.). There is sometimes a problem of interaction with youth assistance or protection (**Belgium, the Netherlands**, etc.) which is more or less resolved by legislation (decrees or laws relating to children and /or young people within the framework of the International Convention on the Rights of the Child), sometimes with voluntary services such as telephone help lines (**Switzerland, Germany, Spain**, etc.). **Spain** is characterised by the wide variety of systems (help lines, educational assistance, battered women's refuges, agencies for child protection, foster families, etc.); **Turkey** by the joint intervention of several departments (Ministries of Labour-Child Unit; Social Assistance; Education, Youth and Sport); the **United Kingdom** by the numerous documents providing information. In **Denmark**, the situation is the responsibility of the public sector or of private crisis centres. In **Cyprus**, there is an association for the prevention of domestic violence.

203. At first sight the diversity of family services and the modes of intervention in this area can be explained by the authorities' uncertainty when it is a question of intervening in the family: there is a genuine willingness to combat domestic violence but it comes up against questions of method (repression/prevention) and therefore problems of interaction between different services (police/psychological associations or services, placement in an institution/fostering, specialised services/general services, etc.).

### 3.4.9 Juvenile delinquency

204. The same type of interaction problems as in the previous situation are found here, except that juvenile delinquency is perceived as a public problem in which the family is regarded as responsible and less as a victim. The services sometimes come under the Ministry of Justice, sometimes youth services, with problems of interaction in countries like **Belgium** where repression and prevention are attributed to different authorities (Federal Executive and Communities). This type of situation also displays trends different from the other family services with centralisation rather than decentralisation. In **Sweden** the trend clearly appears to be the result of criticism of communities and municipalities for their failure to deal with these problems.

### 3.5 Interaction between public and private actors (including families themselves)

205. In this section we attempt to resituate the problem of interaction around questions relating to co-ordination, effectiveness of co-operation, and help given to families who want to help themselves.

206. In **Belgium** most family services come under the Communities and Regions. There is great encouragement of co-operation both in social services and care in the home, but it clashes with the organisation of society into different "worlds". Families manage self-help essentially on a local basis and as a result of the professionalisation of social workers and the autonomy of the beneficiaries of the services.

207. In **Turkey**, the interaction of families and services is positively perceived but the activities of the public and private sectors are not co-ordinated so that they tend to organise similar activities. The question of specialisation of services must be faced, not only between the public and private sectors, but also as to the form of services provided (at present, social assistance and financial or material aid). The General Directorate of Social Assistance and the Institute for the Protection of Children is the most important body organising and directing family services and has the power to co-ordinate the activities of public and private agencies (Article 9 of Law no. 2828).

208. In **Finland**, there is no formal co-ordination of the activities of the public and private sectors providing family services but the services supplied are on the whole complementary: the public sector concentrates on expensive institutional services while the private sector deals with small units and non-statutory services which are not provided by the public sector. Co-ordination is conducted on a territorial basis (consultative committees, village committees in the rural areas) and by subsidising voluntary organisations. Experimentation is possible through public financing (Slot machine Association) and may sometimes result in incorporation in the public sector, sometimes in introduction on a broader scale. Interaction in the training of volunteers and professionals exists as well as co-ordination within the large voluntary organisations and the Lutheran Church. The obstacles are essentially socio-cultural (protecting the autonomy of the sectors, the passivity of citizens in relation to a public sector responsible for welfare, etc.).

209. In **Hungary**, the co-ordination of the public and private sectors is fortuitous because of the predominance of the public sector in family services. Thus, interaction takes place at the grassroots in the form of exchanges of experiences between workers. The situation is evolving towards an increase in social programmes: for example, the training of the unemployed is done

by State institutions but some of the trainers come from private organisations. Family services are lacking in many fields (e.g. home help) but families are involved in new services, such as fostering.

210. In **Ireland**, the public and private sectors generally act independently. Interaction is desirable and could be encouraged by the creation of a ministry or body specifically responsible for the defence and promotion of the interests of the family. Responsibility for child services is divided between different departments (Health, Justice, Education, Social Welfare). Similarly, the involvement of parents is regarded as desirable, for example in the organisation and running of extra-curricular activities, but is not officially formalised.

211. In the **Netherlands**, there is little co-ordination of the public and private sectors but it is sometimes stimulated by the authorities which subsidise activities. Co-operation in the youth field is stimulated by the Youth Welfare Law which divides the country into regions and provides for a correspondence between demand in those regions and the facilities available. This law also provides for a co-operation agreement at regional level in the running and co-ordination of activities, the exchange of information and supervision of the work of the youth welfare advisory body. Organisations create links with each other in the various areas of family services but co-operation remains weak outside Health Care and Youth Welfare. The interaction of those working in the services is often informal but there are many self-help groups which are very important. Representation of parents is ensured by investigating groups attached to the Ministry of Justice in the field of child protection or by the organisation of annual parents' action groups days.

212. In **Cyprus**, the public and private sectors are traditionally independent but voluntary organisations enjoy the technical and financial assistance of the services of the Department of Social Welfare. The voluntary sector is co-ordinated on a territorial basis (local and district committees) to promote community development and social activities. The Pancyprian Welfare Council is the highest co-ordinating authority for the voluntary sector and co-operates with the authorities in social affairs. Interaction is also being facilitated by the emergence of pressure and interest groups in social service fields.

213. In **Denmark**, co-ordination exists because private family services come under public authorities or attract attention to the needs of specific groups which are then dealt with by the state. There is significant interaction among professionals thanks in particular to the possibility local authorities have of paying a private worker (for example, a psychologist as the supervisor of a residential institution). Nevertheless, there are still barriers to co-operation due to the state's traditional involvement in responsibility for social welfare. It is in the area of training that there is the greatest interaction between public and private sectors: private institutions are financed by the State and public services may call in private specialists to supervise teams. Self-help groups and local initiatives are supported in different ways: the use of municipal premises or facilities, subsidies, the promotion of self-help with the authorities and in public opinion (through the National Committee on Volunteer Effort in Denmark).

214. In **Switzerland**, the co-ordination of the public and private sectors is favoured by subsidies to private services at local and cantonal level and bringing workers together in professional unions. The almost general subsidising of private services avoids duplication but weakens services in periods of economic recession and/or shortage (fostering, etc.). Family/politician interaction is facilitated by local democracy (voting, referenda) but a majority can prevent the setting-up of innovations or services demanded by specific groups.



215. In the same way, in **Sweden** public subsidy of private family services favours the co-ordination of the public and private sectors. Co-ordination is perceived as a way of decreasing state expenditure but, at the same time, the tradition of welfare provided by the authorities weakens the spontaneous co-operation of the providers of services and individuals. The private sector is of little importance in training: this is sometimes inadequate, for example for foster-parents in municipalities. Some parents' organisations are supported by the government as are other voluntary organisations.

216. In the **United Kingdom**, co-ordination is favoured by the subsidising of private sector services and state supervision of the providing of services. As in other countries, co-ordination is more intense in the sector of child protection: the 1989 Children Act provides for the co-ordination and interaction of social services and public and private organisations. The promotion of family self-help comes into play in programmes such as "Contact a Family" which provides for support and information to parents' groups on a voluntary basis.

217. In **Germany**, the co-operation and (sometimes) the co-ordination of public and private sectors generally takes place at the level of the workers. The new Youth Assistance Law (KJHG) could make it possible to bring about a unified development of services in the federal state. As in other countries, the principle of subsidiarity is at work: solutions to the problems of child care and family assistance must first be sought within the family itself. This principle favours the respect of private life, gives authority to private services/workers, but tends to confine problems in the family, all the more so since various departments and ministries are concerned. Action groups may be subsidised by the state or Länder, particularly in the field of child protection (see KJHG).

218. In **Poland**, the fall in national income has resulted in a lowering of benefits and greater financial participation on the part of the beneficiaries of services. Cuts in the state budget tend to be compensated by the funds collected by voluntary organisations or by recourse to sponsors. Interaction, which is perceived positively in the framework of privatization, is carried out by working groups or committees which are established to assess and study the living conditions of families. The Church plays an important part in this.

219. In **Spain**, the Agreed Plan introduced vertical and horizontal co-ordination but the true situation is still not ideal. Vertically, the Co-operation Scheme consists of concluding a Programme-Agreement between the Ministry of Social Affairs and the governments of the regional Autonomous Communities to develop basic social services at local level. Horizontally, the township is responsible for family services. But the major problem is the lack of the resources necessary for the development of private providers of services while the needs are very great, principally because of high unemployment. Some barriers to interaction remain between professions, for example in the area of child abuse. Voluntary organisations are supported by the state, the Autonomous Regions or the municipalities.

220. **France** is characterised by a varied supply of family services, fiscal measures designed to help the family financially, or for precise issues such as fostering. The family is an important field of state intervention and social (and fiscal) transfers. Family services are in part social services required to co-ordinate within the framework of the laws on decentralisation (on a departmental or local basis). The new policy of the Town is introducing a new dimension into co-ordination and co-operation by involving the various political and social actors and families in projects. But measures have been taken to preserve consistency nationally, for example the

"label petite enfance", co-ordinates local initiatives, available resources (for example, the C.A.F.s - Family Allowance Offices) and political priorities.

221. In **Austria**, co-ordination takes place at three levels: federal, provincial and municipal. The federal level intervenes only in the provision of services: priorities are determined at provincial level and municipalities have a duty to provide the social services prescribed, at the same time maintaining freedom of choice in the solutions to be adopted. The co-operation of the public and private sectors is significant at professional level and in training and supervision. The obstacles to interaction of the services themselves depends upon the orientations adopted in each province. Self-help groups and local initiatives are supported in various ways (use of premises, subsidies, etc.).

222. In **Portugal**, the Ministry of Social Affairs is eager to improve the co-ordination of services which is poor at present. The private and public sectors are complementary or overlap in different cases. Co-operation is gradually being developed through pilot programmes financed by the European Community in the field of the fight against poverty. Although there is no law on interaction, the regional health and education authorities are invited to co-ordinate access to health care and education. It is also in the educational field that the government is encouraging the creation of parents' associations, but there is no tradition of subsidising families to develop support groups.

223. In **Greece**, as in other countries, co-ordination is informal but, as voluntary organisations have to be registered, the services come into contact with the government and regional or local authorities. This opens discussions on the criteria and standards of the services to be provided. Co-operation is more obvious within the framework of the National Welfare Organisation whose objective is to maintain the smooth running of community life by making available multi-service centres where the differing needs of local citizens can be satisfied.

224. In **Italy**, co-ordination appears more obvious in the northern regions of the country, but services are not really co-ordinated. Once again, it appears that co-operation takes place more at local level or in the continuing training of the providers of services. Families who want to join self-help groups can do so in voluntary organisations; as in Portugal, the government encourages them to form groups in the educational field

## CHAPTER V - PROBLEMS IN FAMILY SERVICES

### 1. The reformist ideology or a conservative ideology

225. It is suggested that the recent emphasis placed on the private provision of family services (through families themselves, social networks, self-help groups, family support, etc.) may reflect either a reformist ideology or a conservative ideology. A reformist ideology has been characterised as the ideology to make formal service delivery less alienating and more ineffective for recipients. A conservative ideology is used to justify the cutting back on existing formal services.

226. In almost all the countries where the emphasis is placed on the private provision of family services usually a *reformist ideology* underlies this approach.

227. In **Belgium** the two points of view (the reformist and the conservative ideology) coexist with regard to the emphasis placed on private provision of family services: for instance, co-ordinated health care in the home is encouraged as much for financial reasons (an increase of the costs of the health care in the social security system) as for humanitarian reasons (the well-being of elderly people in particular). In this particular case problems result more from the fact that health care in the home is partly paid for by the Communities, whereas hospitalisation is paid for under the social security scheme (which is federal) - which implies selectivity when the Communities intervene - and they also stem from the fact that in a number of cases home intervention is more costly for the recipient and his immediate circle (time), because they have to pay for this homehelp or do it themselves. As a general rule, the private provision of family services translates into a greater contribution (in time and money) by the recipient and/or his entourage and/or an undermining of the status of the workers who provide the services (freezing of wages and intensive use of workers contracted through unemployment absorption schemes in the Regions, for example the ACS, Subsidised Contracting Agents).

228. In **Cyprus** there has been a growing recognition lately that voluntary and community organisations/networks have a partnership role to play alongside government in meeting various social problems. It is believed that community service providers are more responsive to local needs, more flexible and that the relationship between the State, the community and the recipients of services is reciprocal and more balanced. In addition, community awareness and participation are enhanced, people are mobilised and make collective decisions concerning their own lives. Though the reformist ideology is gradually expanding, the State is still considered the responsible agent for providing services.

229. There is not a significant shift to the private provision from public services in **Denmark**. It is true that voluntary work has had a renaissance in recent years and private service provision also emerges. A reformist ideology underlies the emphasis placed on private provision of family services, i.e. to develop a more personal, more specific and less alienating service delivery.

230. In **France** assistance to families is tending to become focused on the final beneficiary and to be viewed in new contexts, such as job creation, with the result that there appears to be a preference for the transfer of resources to individuals (via benefits and tax concessions) rather than the direct financing of services (especially in the area of pre-school care).

231. Although the recent unification of **Germany** means that there are budget cuts in social expenditure, this may not be seen as the justification to promote self-help. In Germany there exists a reformist ideology: this means that the general opinion is that it is better to promote people to help themselves if possible, and also to help make formal service delivery less alienating and less ineffective for recipients (solidarity- and subsidiarity-principle). As mentioned before, these different forms of self-help can be financed by the local authorities. Another development is the new attention for foster parents. This development from residential homes to foster parents has more to do with the idea, that - in general - it is better for a child to in a foster family rather than in a children's home than that it is cheaper to live in a foster family. However, there is a need of good foster families.

232. The recent emphasis in **Hungary** placed on the private provision reflects both a reformist and a conservative ideology. The budget of formal services is less and less from year to year because of the high inflation rate. It means that the local governments can provide only a minimum level of family services, thus they encourage every private initiative that can minimize their expenditures. This is not a conservative ideology but rather a conservative practice. On the other hand there are some areas where a reformist ideology underlies the preference of private provisions. E.g. in the training of unemployed workers or in the provision of services to old people private organizations play an increasing role in order to provide a less formal, less alienating service delivery.

233. In **Ireland** the increasing emphasis placed by government on the importance of developing health care services in the community, although reformist in intention, can turn out to be conservative in effect in reducing the level of existing formal services. Little public debate has taken place on this topic.

234. The provision of family services in **Finland** is relatively adequate, especially with regard to the day care of children under 3 years old. Most probably there will be some deficit of day care in the case of 3-6 years old children, because it is not a statutory service. The municipalities have also had difficulties with how to arrange the life of those young people who have severe mental and social problems, as well as with those children that need child welfare measures, like substitute care. Small communities, in particular, have problems in this respect, and they are mainly due to the delicacy of the matter (intervention in the family).

235. Recent emphasis on private provision represents a conservative approach for the purpose of cutting back on existing public services in **Italy**.

236. In **the Netherlands** we also see that more emphasis is placed on the private provision of family services, but this reflects as well a reformist ideology (e.g. a new program in the Netherlands, called: 'social renewal') as a necessity to cut down the expenses. Behind this development the firm conviction has been that the power of any central government in the shaping of society should not be too much (a diminishing responsibility of the central government).

237. In **Poland** the emphasis placed on the private provision of family services was first understood to reflect *a reformist ideology*, but enthusiasm in this respect has waned. Nevertheless this does not mean that privatization would now be suggested to reflect a conservative ideology, people rather think that it simply does not work in Poland due to the costs that appear to be too high for most recipients of family services.

238. Although in **Portugal** a conservative ideology would seem currently to be dominant, given the wish by government to cut back on the cost of services, it must be remembered that the voluntary sector has long held a special place in the delivery of services in Portugal.

239. In 1985 only 30% of the **Spanish** old people (20% with their spouse, 10% alone) lived independently; the rest lived among their extended families, where three or four generations lived together. Now, the largest proportion of the elderly lives independently. The percentage of old people living with other relatives (mainly their sons and daughters) has declined from 70% to 24%; this tendency is expected to continue. The urgent necessity of supplying care for the aged and of establishing social services is mainly caused by the abandonment of the function of the care of old people by the family. The entrance of women into the world of paid work has resulted in the diminishing of informal care.<sup>25</sup> Private care has been replaced by public care; informal care has decreased in favour of more professional care.

240. This tendency still exists. Nevertheless, the governments are searching for a good balance between professional and informal care. For instance, the new centres for the (mainly) dependent elderly are and will be situated in the towns rather than in large residences far from the towns. A part of their places will be allocated to temporary lodging, in order to support the families that are in charge of an elder. Another (new) service is keeping the elderly in their own environments and supplying support and cooperation to their relatives and friends by lodging during the day in Gerontologic Centres (day centres). Apart from supporting the family of the individual in question, this service puts the elderly in contact with others, makes him participate in the centre's activities and prevents, in many cases, the cocooning and from the loss of autonomy resulting from the situation of dependency.

241. Formally, the emphasis on private provisions reflects the reformist ideology in **Spain** (client-centred), but no one denies that there is also an economic necessity to initiate self-help groups, etc. The above given example shows that a good equilibrium can be found between the reformist ideology and the cutting on existing formal services.

242. The current **Swedish** government policy, as elaborated in the other chapters of this report, is for privatization in the provision of family services, officially to improve efficiency. However, many believe that the real intention underlying this policy is to decrease government expenditures; the sceptics also fear that, eventually private provision of services will be more expensive for the client and will, therefore, lead to segregation among the population, with the lower income groups not having access to necessary services.

243. In **Switzerland** the question of how much private services have to be financed by the public authorities, has never been solved. The recipients are divided in their appreciation. On the one hand, as citizens, they appreciate the direct democracy and the local initiatives. On the other hand, as recipients of the services, they criticize the non-engagement of the public authorities (e.g. the pre-school education).

244. In **Turkey** we can talk of a reformist ideology in characterizing the encouragement of private initiatives in the provision of family services. This is because, while private initiatives are supported, public commitment has not decreased. In fact, as indicated above, services are

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<sup>25</sup> P. Rodriguez, 1992.

predominantly public, and furthermore there are attempts at diversifying and improving the existing public services.

245. As elaborated before in several contexts, the present government policy in the **United Kingdom** stresses privatization in the provision of services, though often publicly funded. This is officially to increase efficiency, cost effectiveness, element of choice and competition, and more humane, informal, accessible services for the people in general. However, there is concern that the real intention is to cut public expenditures, and that this may be at some cost. For example, there may be a risk of very serious (and costly) problems (of disability, etc.) not being dealt with adequately, or conversely, that only the very dependent would get care, and in general those in need without adequate financial means would not have equal access to services. There is also concern that the private sector may provide more cost-effective services by exploiting their personnel (paying lower wages) or by employing less qualified personnel, which would jeopardize the quality of services.

## 2. Complementarity or duplication/overlap between public and private providers

246. Between and among the public and private actors' services there can be either mainly complementarity or duplication/overlap in terms of types of services provided, the types of families reached and the locations where services are provided. When different actors are working in the same field the working methods can differ, they do not have to construe the same problem in the same way. Thus the views obtained in our study on this issue vary widely

247. In almost all the countries visited there is complementarity. Such is the case in **Austria**<sup>26</sup>, in **France**<sup>27</sup>, **Hungary**<sup>28</sup>, **the Netherlands**<sup>29</sup> and in **Switzerland** where private services cover those special fields of care that are missing from the public palette. However, private services also appear to be an alternative of public provision in several cases and therefore rivalry is not rare at all among the various actors, especially in the field of child-care. Duplication does not seem to be a failure of lack of co-ordination but is rather a policy which tries to guarantee the best choices and opportunities to everyone. In the field of family helping centers complementarity and co-operation between private and public actors exists. It is connected with the uniform funding status of private and public actors covered directly by the federal Ministry of Environment, Youth and Family.

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<sup>26</sup> Although there is also duplication in Austria.

<sup>27</sup> Public and private services are particularly likely to complement each other when the latter operates within the framework of a contract with the public authorities, which may involve recognition, a formal agreement or even a subsidy or grant.

<sup>28</sup> Duplication in family service provision between public and private actor's services is very rare.

<sup>29</sup> The public sector concentrates more on juvenile offenders and on financial support.

248. In some other countries, like **Italy** and **Portugal**<sup>30</sup>, there is some overlap and some duplication in the content of the services provided. This duplication can lead to gaps and overlap in provision in that different agencies could be targeting the same families for the same services.

249. In **Belgium** the co-ordination of services clashes with the organisation into different 'world', particularly along the denominational divide between the State and Catholic Church. As the quantity (and sometimes the quality) of family services offered is deficient in some cases (like home help, infant day care centres, extracurricular services), the problem of co-ordination is not that great.

250. In **Cyprus** the public and the voluntary sector generally complement each other in terms of types of services provided, the types of families reached, the locations where services are provided. However, duplication (mostly among the voluntary sector) has not been totally avoided.

251. In **Denmark** complementarity exists in many cases. Private services try to cover those special fields of care which are missing from the public palette. Nevertheless, duplication is not rarity in Denmark at all. Private services appear to be an alternative of public provision in several cases and even the public sector sometimes create alternatives for itself. In Denmark a flexible social network exists which is likely to satisfy the family needs as well as possible. Duplication does not seem to be a failure of lack of co-ordination but is rather a policy which tries to guarantee the best choices and opportunities to everyone.

252. The family services provided by the public and private actors in **Finland** are mainly complementary. The public sector concentrates more and more on expensive institutional services, while the private sector focuses on small-scale support services which are non-statutory and which are not provided by the public sector. Typical family services provided by the private sector are lay-helpers, phone-in-services, shelters, projects for the development of new ideas within the domain of family services and holiday and recreation activities. Overlapping concerns family counselling, children's homes and homes for elderly, and child day care centres, to a lesser extent.

253. There is hardly any overlap among public and private actors/services in **Germany**. Because of the great number of different family supplements/family grants in Germany there can be an overlap with other branches of social security with family and child components. The equalization of family burdens is usually complimentary. Between private services/actors themselves there might be a duplication in some cases, where the client did not tell that he has contacts with other services. Most of the service providers are not afraid of this overlap, because they think that at the working level there is a good co-operation with colleagues of other organisations and that most of the clients are very honest in telling what other kinds of support exist for their families.

254. One of the main problems that exist nowadays is the division of the competency of the ministries in this field. Since 1988 there are two ministries who mainly deal with family matters:

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<sup>30</sup> Good co-ordination often exists in rural areas, e.g. for families with problems. On the other hand, Lisbon provides both public and private kindergartens, whereas these are sparse or non-existent in some rural regions. This lack of co-ordination leads to the dispersion of resources.

the Bundesministerium für Familien und Senioren and the Bundesministerium für Frauen und Jugend. At the level of the civil servants there exists a rather good co-operation, but at a higher level (political functions in the ministries) there is a competitive struggle (which ministry has the best project?). To give an example: at both ministries a research-project with regard to 'violence in the family' (racism) had been initiated, without any contact between the two ministries involved. It is expected that after the next elections both ministries will (again) be unified into one ministry for Welfare (including, Families, Women, Youth and Elderly).

255. As to the division of labour between different agencies in **Greece**, there appears to be some overlapping of family services, particularly with regard to child day care and holiday facilities, while some other family services are more complementary.

256. In **Ireland** there is mainly complementarity between the content of services provided, but it seems likely that overlap occurs concerning the types of families reached and the locations where services are provided. According to some research recently co-ordinated by the Community Action Network, no coherent policy exists as to which voluntary activities should be promoted by the State nor as to the approach which should be taken to funding them.

257. Thanks to the new "Agreed Plan" there is a form of basic social service in every township (above 20.000 inhabitants) in **Spain**. This form of family service is at basic level for every person in need. Besides these basic services there are residential homes (2nd level) and other institutions or organisations that are private organisations but subsidised by the Ministry of Social Affairs or the Ministry of Health. These private organisations deal with separation and divorce (like APSIDE and UNAF), and there exists, where necessary, a kind of complementary approach.

258. In **Sweden** some duplication in day care is apparent. This is probably due to the high demand for day care, given the very high labour force participation of women in Sweden. With privatization, duplication in health care may occur. Everyone is reached by the family services in the cities, but in some of the remote areas in the north 100% coverage can not be achieved. Services are better in the cities, where demand for services is high.

259. Though not unaware of one another, the public and private actors in **Turkey** tend to duplicate each other's efforts. This is because there is lack of specialization in the services provided (their types, targets, etc.) and thus very similar work is done by the public and private bodies. In general, public services have a much greater impact, given their wider application and stronger financial means.

260. In the **United Kingdom** both complementarity and duplication in services is seen between the public and the private sector. Even in the case of duplication, however, the services are additive, the private sector taking up where the public sector stops. With the recent National Health Service Reforms, decentralization and competitive market economy is being introduced into the management of health services. As for co-ordination among public services themselves, some head way has been made, especially among the Departments of Education, Employment and Health regarding quality control and co-ordination of social services, such as day care centres. There is also close co-ordination between Social Services and the Employment department at the local level for following up unemployment cases or between the Employment Department and the recently established Child Support Agency, which arranges and collects for children (from estranged parents).



### 3. The adequacy of the provision of family services

261. In the questionnaire it was asked how adequate - in general - the provision of family services is, how the service delivery varies with regard to urban-rural dwelling, ethnic status, etc, if there are any serious supply/access problems (e.g. a too limited supply, or needy families not being aware of available services and/or having little access to them and how the different service needs of different types of families are being met. We received a lot of different answers to these questions.

262. Family service provision is very well developed in **Austria**. It means that a variety of different services exists, the recipient can choose among alternatives and can find the best solution for him/herself. Geographically there are not big differences among the provinces. Perhaps in the east part of the country, in Burgenland there is not such a richness of social services compared with others but in general we can state that the family service provision is adequate in the whole country.

263. In general the provision of family services in **Belgium** is of the right kind, but insufficient: the shortage of places in care institutions and the freezing of family help hours implies geographical, social and even 'ethnic' inequalities in provision (for example, we see that the attendance at care institutions by foreign children in the South-West area of the Brussels region is at 23.4%, whereas the population of non- Belgian children residing in the same area is at 43.2%) despite the fact that the attitude of the state is rather good in this matter.

264. Given the fact that **Cyprus** is a small country as regard both its population and geographical area, it is possible to maintain open channels of communication between providers and consumers. Efforts to make family services as responsive as possible to the different needs of different types of families is a goal of the Department of Social Welfare Services. Various measures have been taken in order to achieve this goal, including legal provisions.

265. In **Denmark** a variety of social services exists both geographically and in terms of the recipients' special needs. Two of the key words of Danish social policy; decentralization and closeness show that family service provision should meet the recipients' needs all over Denmark. In big cities, especially in Copenhagen, where more social problems can be found there is a variety of social services, but it does not mean that the citizens living in a village on the countryside have access problems to services. In general it can be stated that family service provision is adequate in Denmark.

266. Generally speaking, **Germany** - as a social state - has a lot of different sorts of family service provisions. In Germany, being a modern welfare state, social reality is faced with a multitude of social problems. These problems are met by an equally vast array of social activities carried out on a private, voluntary, local authority or governmental basis. The benefits system as it has been handed down rests on the following pillars:

- a) social insurance,
- b) social maintenance and social equalization and
- c) welfare.

267. The benefits system is conceived as an unbroken social security net with social assistance forming a safety backup at the bottom of this net below the higher social benefit sectors, in particular, social insurance. Nevertheless, there are of course people who fall through this social security net. In general, the provision of family services is adequate. In every social system there are people who are hard to reach (some drug addicts and alcoholics, mentally ill, tramps, etc.).

268. All the voluntary service providers are alike in that they have assumed certain of the state's obligations in the social sector. All these voluntary agencies today operate a considerable number of indispensable services, facilities, homes, schemes and events. The work of the public and private service providers has become closely intertwined in towns, rural districts and local communities as well as at regional and national level.

269. The increasing numbers of the long-term unemployed in the face of the continuing poor employment situation (also because of the unification of Germany) have meant that the conditions for claiming statutory unemployment benefit and assistance are becoming increasingly difficult to satisfy. This might also be the case with family services when the subsidies are no longer sufficient to provide service in a proper way. The social system still functions very well in **Germany** and the budget cuts - until now - do not mean that the provision of family services has become inadequate.

270. The provision of family services is not adequate in **Greece**. The budget sets limits to the sufficient expansion of the public sector and the private sector is not able to supply the deficiency. Particularly the rural areas suffer from the shortage of services, therefore governmental organizations have directed their activities especially to the countryside. The National Welfare Organization has been active in this respect: most of its 400 community centres are located in rural areas. It has also set up 73 seasonal day care centres serving approximately 5000 children in rural areas at harvest time.

271. The provision of family services in **Hungary** is very different from region to region. In general the provision in big cities and towns is adequate, that is, more organizations, and experts are available. The countryside is in a disadvantageous position: there are less organizations and less professionals, the place of provision sometimes is very distant from the needy individuals. Ethnic minorities, especially the gypsies are in a handicapped position - they usually live far from the service stations in areas where the provision is ordinarily weak. Family service provision can be differentiated, but not for those who are in need. One can find high quality provision in areas where the experts live, especially in Budapest. In other areas there is a lack of professionals. There are many family helping centres in the countryside where for example one can hardly find a psychologist.

272. In **Ireland** service delivery is likely to vary between urban/rural areas where supply problems are adversely affected by high unemployment and high dependency ratios. This discrepancy is equally likely to emerge within each region. The families of the travelling population (gypsies) constitute the majority of those in greatest need but are the most difficult to serve. Access problems can occur for some rural families by reason of location, especially in regard to community care facilities. It is not possible to ascertain whether the different service needs of different types of families are receiving an adequate response.

273. There exists at present a lack of policy and planning in **Italy** in relation to the family as a unit, but it is hoped that this lacuna is in a process of being filled. The distinctions between

services addressed to the population in general and those specifically to problem situations are not always clear.

- a) The public service is said to function poorly in some areas. Differences in access to health care and to basic compulsory schooling can be caused by geographical location. Quality and quantity can vary greatly nationwide. Vital Minimum payments granted at municipal level for those with inadequate economic means can vary considerably across and within regions.
- b) Access problems can occur for some rural families in regard to drug addiction services and services for the elderly and for the mentally disabled, but there is no organised information available with regard to access and range of provision.
- c) The different service needs of different types of families clearly are not being fully met. Insufficient attention is being paid to the organisational structures and to the personnel responsible for implementation. There is no collective bargaining in regard to family issues.

274. The provision of family services in **the Netherlands** is rather adequate. There are no great differences in conditions of service delivery with regard to urban-rural dwelling (Holland is a small country) or ethnic status, and it is tried to give an 'even' or 'fair' distribution of services and benefits over the population. The overall impression is that of a rather even distribution of benefits and services according to family type, though the impression exists that single people and families with more than three children do not have an even share of profits from the system.

275. Most professional workers do have the possibility to visit the family at home or make an appointment in an office in the village where the client lives (to avoid curiosity of the neighbours of the client).

276. In general it is not possible to ascertain whether the different types of families are being reached equally. Within the category of older people, research showed that organized home help was relatively often provided to people with lower education, widows/widowers and single people with low incomes. However, people may not be well informed about their rights and possible benefits. A research (in 1990) by a consumer organisation showed that more than 50% of the people, living on a minimum level, did not ask for the 'special financial assistance' they are entitled to.

277. In **Poland** the provision of family services is not adequate, not even in urban areas which are, in general, better equipped with family services than rural areas. There are also great differences between regions with regard to unemployment which renders the regions with exceptionally high unemployment less capable of providing family services up to requirements. Some surveys also indicate that lack of information about available services is a barrier to their effective use. Low income level in the public sector is also a severe problem.

278. The political structures of the **Portuguese** state embody the principles of regional and local autonomy and the decentralisation of public administration. In 1976 the state delegated the task of protecting the family to "natural communities" consisting of local authorities, corporate bodies, voluntary organisations, private institutions and the families themselves. The financial dependence of local authorities on central government gives rise, however, to a number of

liaison and co-ordination difficulties, although a measure of informal interaction appears to exist between the local co-operatives.

279. For **Spain** it is hard to give an answer to the question whether the provision of family services is adequate. The general opinion is that when the Agreed Plan with regard to the basic services in all the municipalities with more than 20000 inhabitants could come into full operation, the provision should be adequate. Only in rural areas there might be some problems with the execution of the Plan. Because of a lack of money, the Agreed Plan does not function as it should.

280. Besides this economic problem, it is thought that in a lot of family services, the working methods are not proper to meet the present family problems. Instead of working with all the family members, most of the family services direct their family assistance only to the person in need. In most of the family services there is a very high turnover in the professional staff (some well qualified workers only have a contract for 3 years), which means that there is too little opportunity to develop professional skills.

281. In general, and compared to other countries in Europe, **Sweden** has had an exceptionally good provision of family services. In all services, the active principle is comprehensive coverage for all and equal opportunity and freedom of choice for all. However, these are difficult ideals in times of economic difficulty, and this is the situation now. There are limits, and the present government is trying hard to make the ends meet. Whether privatization is the answer is being debated.

282. The methods of the family services in the **Swiss** towns are more developed than in the rural areas.

283. In **Turkey** conditions of service delivery shows variation according to the level of development of the area concerned. In general more concentrated and organized service delivery is seen in urban centres and more developed areas than in remote rural areas and less developed regions of the country. This type of economic polarization is a problem that is being addressed. The problems are more of supply than of access. Every effort is being made to inform the needy of the available services and to serve them as much as the means allow. More recent attempts at diversification of services and professionalisation in their provision should be of great help.

284. Debate in the **United Kingdom** often emphasizes justice and in services, and this is realized especially in health and medical care (NHS). In other areas of social services, particularly in the social security scheme, justice equality are not emphasized or achieved to the same degree. The individual is held responsible here for paying toward his own insurance (group or private) above and beyond the relatively low level of benefits offered by the state. Despite a long tradition of the social welfare state in the U.K., social insurance benefits are generally lower than in other European countries, such as Sweden, Denmark, Netherlands, Germany, France and Italy. For example, certain part time workers and many employees of small companies are covered only partially or not at all by the social insurance system. Similarly support for families with young children in the form of child care and allowances for loss of income is considerably lower than in the above countries. Carers of the elderly get poorly served, and due to lack of resources, only the very dependent get served (for example with sitting service or respite care), thus there is prioritization in services.

285. There is a poverty index (including age, dwelling, income, etc.), used by the government, but it is rather crude and may therefore be unfair. The national trend toward decreasing subsidized housing and to increase care in owner-occupied housing may favour the well-to-do and may result in increased homelessness.

#### 4. The evaluation of the family services

286. The **Austrian** Institute for Marriage and Family (Institute für Ehe und Familie) followed a research in 1992 about social support systems, funding status and functioning of the network of family helping centres. The research was focused on evaluation of the family service provision from the recipient's point of view. This research will be a very good feed-back in further development of network of family helping centres.

287. In **Belgium** the evaluation of services is developing, but the criteria will depend on an integrated approach to the issues by political decision-makers, service workers and scientific researchers. Among recent studies in the area of evaluation, we should mention: 'The analysis of structural and organisational accessibility of care institutions subsidised by the French Community of Belgium', carried out by a team in the Public Health School of the Free University of Brussels (ULB), at the request of the ONE (the Birth and Infancy Office of the French Community in Belgium).

288. In **Cyprus** the family services are subjected to periodic evaluation. Some of the criteria used are whether assistance is given in line with existing social standards as revealed by various social indicators, whether they are quantitatively and qualitatively satisfactory in meeting existing needs, whether therapeutic as well as preventive goals are being achieved by the existing programmes of family services and whether services need to be expanded or new ones need to be created.

289. The **Danish** National Institute of Social Research (Socialforskningsinstituttet) is especially involved in applied research connected with political and administrative decision-making. This institute is engaged among others with the evaluation of family services. Significant studies were followed upon day-care services and their effects. Some surveys are engaged in the problem of being cared by others, while other research makes comparison between day-care institutions and family day-care at children of 0-3 years. Several studies are devoted to cognitive development, personality development and well-being and satisfaction of children being in day-care. Similar studies are also followed in other research institutes, e.g. in the Research Institution of the Counties and the Municipalities (Amternes of Kommunernes Forskningsinstitution).

290. In **Germany** the private service providers are controlled by the authorities who finance the welfare agencies, but only as far as these providers receive subsidies. This financial control has nothing to do with a regular evaluation of the work of the service providers. It is assumed that all service providers themselves evaluate their work once or twice a year. This evaluation is laid down in an annual report. When there are serious complaints about the service provider, the authorities can stop the subsidies. There is no systematic way of evaluating the different service providers. The authorities may not control the private dossiers of the clients. Of course, the service providers themselves have made evaluative criteria, but this may differ from one organisation to another. Most annual reports mention data about the number of clients, the contacts, the sorts of problems and the time invested.

291. Besides this evaluation per agency, investigations/research is done by organisations like the Deutsche Jugendinstitut in Munich and the Institut für Entwicklungsplanung und Strukturfor-orschung in Hannover. Besides these organisations research to the effectiveness of the family service is done by universities and (Landes)jugendämter.

292. In **Hungary** the family services are not subjected to evaluation. The institutional child-care system is subjected to professional evaluation but not from the viewpoint of outputs. The network of family helping centres has developed in the past 5 years thus it was engaged with forming the conditions of functioning. Evaluation could be the next step.

293. Family services are not subjected to regular formalised evaluation in **Ireland**.

294. In **Finland** the family services are regularly subjected to evaluation carried out by the National Research and Development Centre for Welfare and Health and the Ministry of Social Affairs and Health. The municipalities are also responsible for evaluating the adequacy and the costs of family services, in addition, they have to assemble information on how satisfied local people are with services. The state subsidy reform that in principle accords permission to the municipalities to allocate the state allowance as they wish, requires the establishment of the national basic security council which is responsible for the evaluation of the standard and adequacy of services that the municipalities provide. The municipalities who do not fulfil the required standard, are obliged to do it under penalty. A great number, if not all voluntary organizations also evaluate their own activities. This is important for the development of the activities and for authorities who finance them.

295. In **France** the national family allowance fund has evaluated the *contrats-enfance* (children's contracts) system, but such appraisal is mainly left to the discretion of the local authorities.

296. The **Greek** Family services are evaluated by the Ministry of Health, Welfare and Social Security as well as by regional and local authorities. The Ministry has planned to set up a specific section for evaluation by sociologists, psychologists, teachers and social workers. The evaluation is now focused on the estimation of the adequacy of family services but it also includes the supervision of their standard. Private family services are supervised by authorities but the private providers also evaluate their own activities in order to improve them. Governmental welfare organizations carry out this sort of evaluation as well.

297. Family services in **Italy** are not subjected to regular formal evaluation but efforts are being made by government to remedy this deficit. The Census Office currently is attempting to evaluate the satisfaction of the consumer through the use of a social indicators approach.

298. There is not a regular formalised evaluation in **the Netherlands**. In the field of youth welfare the role of the *independent* Youth Welfare Inspectorate has given the opportunity to examine whether the clients are helped in a proper way. The most important task of this Inspectorate is to supervise voluntary welfare support services, partly on the basis of the quality requirements which have been set down. In carrying out this task, the inspectorate can make use of various means of assistance, including working plans, welfare programmes, reports and registration data of youth welfare advisory bodies. On the basis of its experience, it can also encourage new developments by supporting initiatives and by giving advice. The inspectorate will review its work and findings in annual reports.

299. The inspection of family guardianship societies and institutions for judicial child care and protection is the responsibility of officials of the Ministry of Justice, supported by the Child Care and Protection Boards. In January 1994 both inspectorates were merged into one *Integrated Inspectorate for youth welfare and youth protection*.

300. The evaluation of **Polish** family services is mainly run by governmental agencies through normal supervision and monitoring. Significant in this respect will be wide-scale studies on family support and services that are being undertaken at the moment. Several studies that are being conducted by different governmental agencies and research institutes also aim at evaluation of the current situation. In addition, evaluation has been made by international agencies.

301. In **Portugal** no legal provisions exist with regard to government controls. The task of monitoring the quality of family policies is entrusted to the public and private bodies which implement them at national, regional and local level. Private institutions lay down their own criteria and methods.

302. In **Spain** the Agreed Plan meets with the need for evaluation and the need to know the results of coordinated action, recording its effectiveness in terms of fulfilling the Plan's objective: the shaping of a network of municipal social services. Beyond this immediate utility of the information commitments, the data on the development of the facilities, properly processed and made available to signatory Authorities, provides a way of exchanging information on the basis of joint action, which did not previously exist. This quantitative and qualitative development will provide statistics on cover, demand and results, which can be of great institutional value. The exchanges of information within the framework of the Agreed Plan is part of an overall process of Evaluation. The Agreed Plan also meets the evaluation of the management and immediate results of the facilities and their effects. These information commitments are materialising initially in standardized documentation for the presentation of projects, a half-yearly report, an annual evaluation and financial report.<sup>31</sup>

303. Most of the private organisations do these sorts of evaluations. This evaluation is laid down in an annual report. In general there is - except the basic services - no systematic way of evaluating the different service providers. In Spain, like in many other countries, the authorities may not control the private dossiers of the clients. Usually in the annual reports data about the number of clients, the contacts, the sorts of problems and the time invested are given, but they also give a financial survey of the previous year.

304. The basic evaluative criterion for well-being in **Sweden** is "reasonable standard of living", which at times can cause conflict between the municipal service providers and the courts. Nevertheless, it can be seen to reflect an "adequate" level by all international standards. "Investigations" of the situation are often carried out by the National Board of Health and Welfare (Socialstyrelsen) or parliamentary commissions to evaluate the services and to recommend changes. Scientific research is also carried out to inform policy. The Social Research Council (Socialvetenskapliga Forskningsradet - SFR) is the main body which conducts research on the family.

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<sup>31</sup> Booklet on the Agreed Plan of the Ministry of Social Affairs, p. 12 and 13.

305. In **Switzerland** the professionals themselves have to evaluate their services. There is no strategic evaluation of the different sorts of family services in this country, although at cantonal level there is a tendency to co-operate in this field to promote a joint answer to family problems.

306. There are certain evaluative criteria for family services in **Turkey**. These are integrated into the projects and activities of the public and private agencies. However, inter-agency comparative evaluations are not carried out by independent bodies. Within the context of National Development Planning and yearly programs, goal-setting and baseline assessment are done. The general criteria used are international, not local. The State Planning Organisation conducts extensive "state of the art" studies, focusing on the family among other topics. These studies form the basis on which social planning is designed. In more recent years some universities and independent research centres have been conducting research evaluating services, especially of early childhood care and education, adult education, etc.

307. In the **United Kingdom**, evaluations are carried out, and investigations are done on service provisions. Local authorities have the responsibility to prepare annual reports on their service activities. There is an attempt to render services more publicly visible to increase accountability. A general problem is the assessment/evaluation of the effects of a new policy or application. With vague outcome measure, financial evaluation assumes priority, which may jeopardize quality.



## CHAPTER VI - GENERAL ISSUES IN FAMILY SERVICES

### 1. Impact of services on the family

308. Few indicators exist in any of the respondent countries in regard to the impact of family services upon family functioning because little quantitative assessment has been taking place in this regard. Nevertheless, based on the responses we have received to our questionnaire item enquiring about the impact of services, we can point to some examples of perceived impact of family services on family functioning. The increasing availability of support services for children, the elderly and the handicapped appears to be facilitating to a greater or lesser degree the growing participation of women in the paid labour force, the economically active female population ranging from 90% in **Denmark** to 37.9% in **Cyprus**. In **Finland**, however, the high participation rates reported are attributed in the main to the existence of an adequate wage structure for working women. The economic recession has slowed down female employment levels in **Spain**, although those so engaged are proving able to retain their jobs for longer periods than had previously been possible because of the improvements being effected in their educational opportunities.

309. In countries such as **Cyprus, Greece, Ireland, Poland, Portugal** and **Turkey**, the inadequacy of existing child support systems presents a considerable obstacle to the employment prospects of young mothers, although it is thought that some are reluctant in any case to engage in work outside the home. The high female work participation rates occurring in **Portugal** are believed to be determined mainly of economic necessity, leading in turn to a radical decline in fertility - a recently introduced measure, to enable the mothers caring fulltime for children aged under three years to hold on to their jobs, appears to be proving helpful in this regard.

310. The establishment in **Finland** of Home Care Allowances, and in **Hungary** of child care allowances, has created a welcome element of choice in regard to decisions concerning the amount of time being devoted by mothers to the care of the family. This is particularly the case in **Hungary**, where the comprehensive network of nurseries and kindergartens which had been instituted under the earlier Communist regime had the express objective of ensuring mother's fulltime involvement in industrial production.

311. Significant changes too have been occurring in role distribution. Women are becoming increasingly independent and the traditional authority of the male within the family is in decline. The availability of paternity leave in **Austria, Finland** and **Sweden** is believed to be successful in enhancing the quality of paternal involvement with the child. As an indicator of these trends towards emancipation, in **Germany**, non-employed mothers are as keen as their employed counterparts to have access to day-care settings for their children, in order to allow more time for their own self-fulfilment and the pursuit of leisure activities. There is also a growing recognition in many countries that day care and pre school experiences are important for the children, themselves, regardless of their mothers' work status. Thus, these services are required for children's developmental needs, also. The overall high quality and universal coverage of early child care services in **Sweden** is believed to be markedly pro-natalist in effect.

312. Increased levels of social security payment rates have achieved some measure of success in improving the living standards of the poorest families in many member states, although a

conflict of opinion is said to be occurring in the **United Kingdom** concerning the effect on family solidarity of the higher levels of benefits payable to single parents and to young persons living alone.

313. The many literacy problems occurring in rural areas, and in relation to the socially marginalised, are not considered to be receiving sufficient attention to ensure their alleviation and ultimate elimination.

## 2. Interaction between services and families

314. Satisfactory levels of interaction are occurring in a number of countries between services and families, particularly in relation to residential care provision for children with special needs. A legal requirement in fact exists in the **United Kingdom** to ensure the involvement of the consumers and the carers in decision-making concerning service provision. In **Switzerland**, the private organisations are finding it easier to interact with each other, but in **France** a section of the population is believed to be relatively unenthusiastic about any increased involvement on the part of government in this regard, lest there might be a danger of an erosion in the right to family privacy and/or a potential denial of entitlements to services. In **Ireland, France, Portugal and Italy** only limited formalised opportunities exist for families to thus interact other than as consumers. In **Sweden** likewise, only a low level of interaction of families in service provision is proving possible -- but, in this instance, for the reason that the high level of employment ratios is allowing little opportunity for parents to spend much time with their children.

315. There is an obvious need for structures to be devised in each country to ensure maximum interaction and collaboration between public and private agencies and families themselves in the provision of services, so that a consistent division of labour will be achieved and piecemeal intervention avoided. Responsibility for policy implementation in this area will need to be vested in the state which will also need to be mandated to provide the necessary financial resources to ensure such interaction.

## 3. Interaction between the public and private sector

316. In countries such as **Belgium, Cyprus, Denmark and Finland**, considerable efforts are being made to strengthen levels of co-ordination and interaction between public and private service providers and to reduce the numbers of actors intervening in any particular case. In others, such as **Germany, Greece, Hungary, Ireland, Italy and Spain**, it is proving more difficult to discern any significant trend in this regard. While the various providers often appear willing to seek closer co-operation, they clearly can be hampered by the lack of specific policies or strategies for this purpose. It is also suggested that some personnel might feel threatened at the prospect of the greater sharing of roles and of work expertise. Only when a satisfactory mixed economy of welfare in terms of government financing is to become established, is it considered to be possible for the objective of mutual interaction to be fully achievable.

317. As a result of economic pressures, the emphasis in some countries is shifting from a hitherto strong welfare solidarity base in favour of greater private and voluntary sector activity, whereby clients can avail of the option to choose and/or purchase different service. Greater intensity of interaction can be observed in some instances when new service provisions are being initiated, but it is not too certain as to how systematic an approach can be maintained in the long

term in this regard. It is also noted that the preferences of a family at times can be at odds with those of the state, as has been occurring in the **United Kingdom** in relation to the collection by the government Child Support Agency of child maintenance from estranged fathers.

318. In most member states, the degree of family participation in the provision of services is perceived as a whole to be strengthening. Interest groups concerned with mutual support structures are emerging in increasing numbers in relation, for example, to the needs of physically and mentally handicapped children. The private organisations generally are considered to be more successful in interacting with each other than those in the public sector, particularly in terms of the spread of information and the degree of inter-group co-operation for the purpose of seeking legislative reform in common problem areas.

#### **4. Issues in family services**

319. It would appear that family services in some countries are characterised by richness and diversity, both in their range of provision and of geographical density, with a fair balance occurring between the public and private sectors.

320. In others, a considerable number of unsatisfied needs obviously still need to be addressed. The main problems appear to centre around:

- the adverse effects of budget cuts and of uneven funding procedures.
- the significance of unemployment and of changing work definitions in terms of the retention of social security entitlements.
- the increasing participation of women with children in the labour market as a factor in increasing the demand for family services.
- the need to address the realities of modern societies in terms of definitions of family and of the importance of the paternal role.
- the steps to be taken to assist marginalised groups in areas such as early school leaving, social interaction, housing and gainful employment.
- the welfare of children in the light of the rising incidence of child neglect, substance abuse and family violence.
- the importance of the collation and annual publication of relevant statistical data to assist the determination of important policy trends and the direction of future intervention strategies.
- the inclusion of the findings and recommendations of relevant reports and opinion polls concerning the views and attitudes of widely representative groups in the formulation of policies, while ensuring public acknowledgment by the state as to the ways in which these results are being utilised.

- the need to develop indicators to measure the impact of the different services and the facilitation of reliable research studies to ensure the availability of valid, systematic feedback from recipients as to the outcomes of existing policy measures.
- the importance of striving to establish a greater degree of co-operation between the different actors involved in the provision of family services in order to reduce the number of agencies intervening in any particular case.

321. A case also seems to exist for the family services in some countries to become further decentralised and integrated so that varying local conditions, and the contribution that the families themselves can make to the cohesion of local communities, can be taken into account in responding to need.

322. In conclusion, the family policies in operation in each country clearly need to be made more explicit in order to raise the consciousness of politicians and of the general public concerning such vital societal issues. The ultimate aim must be the creation of a comprehensive range of services which will have the capacity to respond to the needs of each family as a single entity and to involve the families themselves in decision-making concerning their general welfare and the protection of their civil rights. Ideally, these services should be sufficiently well-developed to copper-fasten the interaction between home, education, welfare, health and justice.

323. How these objectives can best be achieved is an issue which is not easily resolved. The appointment of an Ombudsman to ensure smooth co-ordination is a suggestion made in one of the country responses, while a number of others favour the establishment of a specific government ministry for this purpose.

## CHAPTER VII - PRIVATIZATION OF FAMILY SERVICES

324. Up to now, we have examined several aspects of family services and the interaction between the providers of family services, based mainly on the country responses to our questionnaire. In this final topical chapter we discuss an apparent trend in family services in Europe - privatization. We study it in a separate chapter both because of the visible current debate on it, and also because it appears to be a trend that is here to stay and that needs to be understood well.

### **1. Trends**

325. The distinction between the public and private sectors is not absolute, while a large number of private services are financially supported by governmental, regional and local authorities, in some countries (e.g. Germany) it is even underlined that there is no difference between these two sectors with regard to public funding. The final criterion for the private sector adopted here is the type of agency that is in charge of the implementation of the service concerned. Accordingly, private family services consist of those supplied by nongovernmental organisations as well as by informal groups and networks, commercial enterprises and families themselves no matter what their financial resources are. The main attention is paid to these agencies without, however, omitting completely the Church and other semi-public agencies (e.g. trade unions) which are considered as far as it is reasonable.

326. Privatization began to become a disputed issue among scientists in the 1970s when a number of books were published on this topic. It is interesting to note that anti-welfare state views began to gain popularity at the time when welfare state system was under construction in many European countries. In the 1980s, a multitude of experts, professionals and politicians entered the discussion about privatization, first, in the **United Kingdom** and then in **Sweden, Denmark** and **Finland**. In the 1990s, similar debate among experts and politicians has been under way at least in **Austria, Hungary, Poland and Turkey**, at the moment also in **Italy** where the debate was initiated by the new rightist parties that won the Parliamentary election in March 1994. In **Sweden** and **Finland**, the debate has also reached a broader public in the 1990s, **United Kingdom** having experienced this some years earlier. These are the countries where privatization process has got started. In **Austria**, the province of Vorarlberg has gone even further, as it has privatized all family services.

327. The facts described above warrant the conclusion that privatization is a kind of escalating process, proceeding step by step from ideas of small expert circles to concrete political measures, the whole process taking quite a long time. Provided that this is a universal process, we can make an assumption that in the near future, concrete measures will be taken for privatization in those countries where the experts and politicians are now debating it. An interesting feature in the process is also that privatization has become a target of a broader public debate hardly any earlier than the measures for privatization have been taken. Ordinary people thus tend to react to concrete measures rather than to ideas. At such a moment, critical arguments against privatization tend to become more obvious, at least if experiences of privatization have not been favourable.

328. Although privatization has not been a real tendency in most European countries, the private sector nevertheless tends to expand nearly all over. In most cases this does not occur at the expense of the public sector. To draw conclusions from this and the information presented

above, two types of privatization should be distinguished. Only in cases where privatization is put into effect by reducing the scope of the public sector, we are dealing with privatization proper as in the case of **United Kingdom, Sweden and Finland**. In other cases we can talk about the simple expansion of the private sector. The following description concerns privatization in different fields of the private sector regardless of the way it has taken place.

### **1.1 Nongovernmental organizations**

329. In most countries, family services supplied by nongovernmental agencies have recently been on the increase, in some cases this trend has even been characterized as a renaissance of voluntary work. The trend is also discernible in post-socialist countries (**Poland and Hungary**) where voluntary associations were previously very marginal. The major part of this trend is caused by civic initiatives increased in number, but the attitudes of governmental authorities towards voluntary work have also become more and more sympathetic. Although the majority of authorities express their willingness to encourage the activities of action groups, only in few countries this has led to real efforts to stimulate concrete grass roots activities. Persons that are increasingly involved in voluntary work are particularly those who or whose family members are in need of services, this having also become a policy of authorities. For example, in many countries parents are persuaded to set up parents' associations for kindergartens and schools and even occasionally to participate in daily work there. In some countries, parents are obliged to become involved in many types of services in order to get their children and old parents to benefit from the services. This sort of cooperation is favoured because of the commitment that people tend to engage in when their own interests are in question. Voluntary work is thus regarded as a form of self-help as well as as a means to improve the quality of services.

### **1.2 Families themselves**

330. This is another field of the private sector that has become a target of an increased preference. The trend is discernible particularly in those countries where welfare state system is far advanced. The new policy aims at stimulating families to help themselves and to keep children, the elderly and disabled people within their own families as long as possible. There seems to be a need for restoring people's capability to solve their problems themselves, a capability that they are perceived to have lost during statism. The shift in views has slightly strengthened the role of the family as a provider of services, particularly in the domain of care. In those countries where the role of the family has remained strong until now, the tendency to intensify the significance of the family as a service provider is not as apparent, on the contrary it is more probable that the family will lose its importance in this respect. These two opposite trends, if going on, make European countries converge each other in this respect; at the moment, differences between the extreme nations are yet fairly remarkable.

### **1.3 Commercial family services**

331. The number of commercially organized family services have somewhat increased in all countries, particularly in child day care. In the case of other family services, commercialization is less prominent, even in those countries where privatization proper has characterized the recent policy. Even in the former socialist countries where enthusiasm for privatization was great after the collapse of the Communist Regime, commercial services have not really gained ground, except in certain service domains, such as recreational facilities. In certain countries, some measures have been, however, taken that make anticipate the advancement of commercialization in the future. For example, vocational schools for social work and homemaking have launched

business courses in their programmes and unemployed workers of the social sector are persuaded to set up enterprises of their own (e.g. **Finland**).

#### **1.4 The Church**

332. The significance of religious organizations are not any more remarkable in the provision of family services, but European countries differ from each other in this respect. In post-socialist countries the Catholic Church has become more active in the provision of services after the collapse of the Communist Regime. In other Catholic countries religious organizations have more or less maintained their previous fairly prominent position as providers of family services, but even in these cases their role is more significant in charity work proper while dealing out financial support, food and clothes to poor families. In Protestant countries, the role of religious organizations is of least significance and there are no signs of an opposite shift in this respect.

#### **1.5 Trade Unions**

333. Trade unions together with state-owned enterprises were very important providers of family services in socialist countries, but after the collapse of real socialism their significance in this respect has dramatically diminished. In other countries, trade unions have not given a sign to increase their contribution in the provision of family services.

#### **1.6 "Grey zone"**

334. At least in some countries, the number of unregistered workers in the field of family services have been on the increase, but as lacking sufficient information, it is impossible to ascertain its extent. The trend is apparent in former socialist countries and most probably also in countries with high unemployment as well as in countries with a long tradition of black market economy. The most common service within black market appears to be homehelp.

### **2. Reasons for privatization**

335. The reasons for privatization can roughly be divided into two categories, on one hand, reasons are more or less practical, on the other hand, they are ideological. Practical causes very much come from **economic recession** prevalent in Europe for some recent years. In many countries this has led to budget cuts in the social sector, and consequently, to a growing pressure on the private sector as a whole to fill in the gap between supply and demand. It is also evident that the public sector, irrespective of the present economic situation, cannot meet all those requirements that are increasingly directed to welfare state. In order to satisfy all these needs, the state should raise taxes or become heavily indebted. The state has resorted to both of these methods in all countries, but in many of them the state dept and taxes have reached so high levels that it is politically not feasible to keep on raising them. Economic factors have been at issue in another way as well, when considering the benefits of privatization. There is a fairly general belief that private services are more efficient and accordingly less costly than those supplied by public agencies. Similiar advantages are seen to be attained by competition between divergent service providers.

336. In spite of the fact that recession has put pressure on the private sector to supply more family services, we must remember that the debate for privatization already began before recession. **Ideological** grounds were dominant in this debate and they have continued to be important thus far as well. Ideological and economic factors are often interwoven with one another to the extent that it is difficult to distinguish them from each other. When looking at privatization as a historical process, ideological grounds appear seldom to be a sufficient precondition for privatization proper. In addition to ideological reasoning, it requires economic grounds, such as recession that finally legitimates privatization. Sweden and Finland are good examples of this sort of process: recession gave a decisive impetus to privatization that was ideologically drafted in expert and political conversations. Right-wing governments finally sealed the shift in policy.

337. The significance of ideological views regarding privatization clearly come out in current discussion about the **advantages and disadvantages** of the private and public services. In this respect, the public and private sectors are strongly confronted with one another: the former is characterized almost exclusively in a negative way, while the latter is loaded with positive features. Private providers are said to be able to supply client-oriented and personally-tailored services, whereas the public sector is said to standardize its services too much. Private services are therefore seen to be in accordance with the needs of clients and hence more democratic than services supplied in the public sector. The private sector is also perceived to be able to provide small-scale services, while the public sector tends to give priority to large institutions. All these features that have been associated with the private sector have gained popularity also more generally, therefore they can be seen as reflecting a more general shift in cultural and mental atmosphere. Freedom of choice has become a fundamental component of the present mentality, particularly for people who live in affluent societies and appreciate individualistic values. This shift in mentality tends to favour privatization.

338. The ideological grounds presented above, albeit quite generally approved, are not unambiguous after all. In every country there also exist **opponents** of privatization who in extreme cases try to refute privatization argument by argument. Among the opponents are, first, Social Democrats and other left-wing parties that have traditionally favoured welfare state system, but significant are also those who are employees in the public sector. Their opposition is based on fear of losing their jobs, if privatization advances to a greater extent. This clearly and strongly came out in the world congress of Public Services International (PSI) held in Helsinki, in August 1993, and in a more moderate way in responses given to our questions in this study by representatives of the public sector. The opposition to privatization is not an insignificant factor when anticipating the future development. Even if it cannot entirely hinder the efforts on behalf of privatization, it nevertheless can slow down its speed.

339. Because experiences in privatization are relatively few and of short duration so far, the opponents - as also the advocates -of privatization base their arguments on assumptions about probable consequences. Opponents point out that there is a risk of privatization to lead to less equity and more selective access to services so that only the very dependent would get care, and in general, those in need without adequate financial means would not have equal access to services. There is also concern that the private sector may provide more cost-effective services by exploiting their personnel (paying lower wages) or by employing less qualified personnel, which would jeopardize the quality of services. It is also doubted whether the costs are lower in the private sector, at least with less control, private services may cost more than public services at the moment. As these comments tell, the main criticism is directed to commercial services, whereas family services provided by voluntary organizations and informal groups are less



critically judged. Their most obvious disadvantage is seen to be uncertain permanence, particularly when if financial resources are scarce.

### **3. Feasibility of privatization**

#### **3.1 Subsidy**

340. Privatization is very much dependent on subsidy granted by governmental, regional and local authorities, without it the possibilities of private providers to supply services with sufficiently high quality are relatively slight. Among the different types of subsidy that are in use at present, **direct subsidy** granted to an agency on application, is most common. This subsidy is available only for non-profit agencies, which gives a clear priority to nongovernmental organizations. **Contracts** that municipalities, in particular, make with private service providers to purchase their services have gained some ground in countries with high GNP, whereas in countries with lower GNP, contracts are very rarely made, if at all. In this subsidy system commercial and voluntary agencies are more or less in the same position. In the case of **vouchers**, the money is granted to a client who is allowed to purchase a service of her/his choice, in which case the service providers are more dependent on clients' preferences than in the two former subsidy systems. Voucher system does not make any difference between commercial and voluntary organizations. Vouchers have only recently gained ground in certain countries (e.g. France, Sweden), but even there they are available only within few services.

341. All subsidy systems are in the same position when authorities make resolutions on money allocation. With the exception of **Germany**, in all other countries public agencies are given priority at the expense of private agencies in case if the state budget does not permit to allocate money to all the service units that have applied for it. This has come out both in countries with low GNP and in countries that have met with severe recession. There is thus a risk of the private sector to be reduced, which is a paradox in those countries where efforts at advancing privatization have recently borne fruit. In post-socialist countries, the situation seems to be more problematic in this respect; inspite of the new laws that gave citizens permission to set up nongovernmental organizations, they face difficulties when they try to expand their activities.

#### **3.2 Care allowance**

342. Care allowance as a subsidy system is granted to those persons who take care of their infirm family members (small children in general, sick children, the elderly, disabled people). Care allowance is not available in all countries, but where it is granted, it has slightly increased the number of women staying at home. Because of recession, the future outlook of care allowance is not very promising, on the contrary, its scope and particularly its amount has been on the decrease. This in turn tends to increase the unwillingness of women (and men of course!) to stay at home. Low allowance does not provide them with a real alternative to employment, in which case they are able to utilize care services provided by public and private agencies.

### 3.3 Female employment

343. Feasibility of the service provision by families themselves is dependent, first of all, on female employment. In every European country women's employment has been on the increase in the long run, including mothers with small children as well. However, countries still differ from each other in this respect to a great extent, **Sweden, Denmark and Finland** representing one extreme pole (about 80 percent of women aged 30-40 are employed), **Ireland and Greece** the other extreme pole (about 40 percent of women aged 30-40 are employed). Female employment is the most decisive factor in the case of child day care, but it is significant for many other care services as well, for example, the care of the elderly, handicapped and disabled children. Another consequence of high female employment is that parents do not have free time enough to take part in voluntary work outside home, which sets limits to the expansion of this sector.

### 3.4 Extended families

344. Although the proportion of extended families (three-generation families) has never been high in Europe, their numbers nevertheless have been so significant in certain countries that extended families have been of some importance in caring for family members. This concerns countries such as **Greece, Portugal and Turkey**, in particular but even there extended families have recently been on the decrease. However, they still afford, to some extent, an opportunity for the care of the elderly at home. Young children also benefit from three-generation families, being cared by their grandparents. In countries where modern individualistic values and privacy are highly regarded (e.g. the Nordic countries), the elderly prefer to live on their own. This also concerns the nuclear families of the next generation and grown-up children. However, problems of isolation and loneliness also emerge in this context.

### 3.5 Unemployment

345. Unemployment has the same kind of effect as low female employment with regard to services provided by families themselves: when without a job, people are able to take care of their family members. This has increased the amount of care at home, but high unemployment (23 % in Spain, 18% in Finland) has also raised a question about a right to service, for example, it has been debated whether families with an unemployed adult could be entitled to child day care facilities or should they take care of their children personally. This dilemma may extend to concern other family services as well, if economic conditions get worse.

346. Unemployed people have also been seen as a natural reserve of volunteers, especially as a large number of them are willing to do voluntary work. However, if voluntary work is remunerated, then it is not any more so attractive an alternative for unemployed people, because in this case they lose part of their unemployment allowance. Additionally, if voluntary work done by unemployed persons tends to increase to a remarkable extent, workers in the social sector most probably will be against it, since it threatens to deprive them of their jobs. Unemployment thus mostly tends to increase the service provision that families themselves are responsible for.

### **3.6 Open care**

347. Open (informal) care has become a more and more popular form of care in practically all countries. Open care is preferred instead of the round-the-clock institutional (formal) care, because it affords the elderly and disabled people an opportunity to live at home and because it is less expensive than care at home. Since open care is given by homehelpers, nurses and other supporting persons visiting a client's home, this type of family service tends to strengthen small-scale service providers whether they work as entrepreneurs or employees of voluntary organizations. Open care may therefore advance privatization. As to families themselves as providers of open care services, it appears to be obvious that family members are getting involved more and more in these services, if open care services do not expand to the same extent as institutions are closed.

### **3.7 Ideological and moral atmosphere**

348. Privatization is very much dependent on the ideological and moral atmosphere prevailing in each country. This roughly divides European countries into two groups; on one side are those who favour private agencies as service providers, albeit the state and municipalities may pay most of the costs, on the other side are those who can be called state-oriented countries. Irrespective of the origin of the ideology in the latter case, the public sector is regarded as being responsible for the majority of family services. Both sorts of orientations seem to be deep rooted, this clearly coming out, for instance, in welfare states that inspite of the present trend toward privatization, has not yet put the process into effect to a considerable extent. In addition to ideological views, practical reasons prevent privatization from moving on very rapidly. Well-established practices are very difficult to change within a short time.

349. The family has a special position in relation to ideological and moral values. Although the family is everywhere highly valued, European countries still differ from each other in respect of the range that families themselves are engaged in service provision. In traditionally-oriented countries, family ties and cross-generational bonds are very much appreciated, which make people turn to their family members while in need of help. In these countries women also want generally to take care of their young children. In countries where modern individualistic values are more pronounced, women are more generally employed and people tend to resort to family services supplied outside home, both of these tendencies being at least partly connected with the adherence to the welfare state system. In former socialist countries, the situation seems to be in between: strong statism together with high female employment (partly enforced) gave rise to resistance against both of them, which now is manifested by women's increased inclination to stay at home when their children are small as well as by a critical stand on public child day care that is blamed for not so high a standard. Despite the current differences between countries with regard to family orientation, it is probable that differences in this respect will diminish.

## **4. Future prospects of privatization**

350. Privatization proper, i.e. privatization that is put into effect by reducing the scope of the public sector, has been a discernible trend in only few countries thus far. This tendency has been most probable in countries with a large public sector, high taxation rates (these two relating to each other) and high GNP. The decisive impetus to privatization was recession, while right-wing

governments deserve the credit for it to become politically feasible. All these factors may be relevant when anticipating the future trends in other countries. For example, the relative strength of right-wing and left-wing parties in Parliaments will most probably influence the lot of privatization.

351. However, privatization may also be a more general process that tends to expand even if the above-mentioned factors do not exist. In this case the advancement of privatization would resemble cultural diffusion or fashion. It may also reflect a general shift in ideological atmosphere, in which case privatization could be regarded as representing the spirit of the time. In order to avoid an uncontrolled process in this respect, lessons learnt in countries where privatization has been put into effect should be analyzed, reported and widely distributed.

352. Privatization will make the division of labour between the public and private sectors a topical issue. Privatization is nowhere intended to embrace all family services, hence the main question will be what family services would be most suitable for the private sector. For the time being, discussion about the division of labour has mostly been quite general. On one hand, it has been suggested that the public sector should be responsible for the basic family services, whereas the private sector would be in charge of complementary services. On the other hand, it has been suggested that the division of labour should be more flexible between the public and private sectors as to the implementation of family services, in which case the state and municipalities would act as final guarantees of sufficient number of available family services. It is, however, underlined that the public sector should be responsible for the provision of certain services as a whole, as, for example, those services that require confinement (forced substitute care and juvenile imprisonment), as well as services aimed at the most infirm persons.

353. The most urgent task in relation to the division of labour is the determination of basic services that the state and municipalities are responsible for, whether the implementation of these services are in the hands of the public or private sector. This also implies resolutions on priority of services. Current recession has laid special stress on the question of priority, unlike during the constant economic growth when it was possible more to extend the social sector to embrace new family services. Priority most probably will also concern the standard of each service classified into basic services. If the standard is raised very high, it may result in not enough services enough for all those in need of them. Raising of the standard of family services could in that case take place by utilizing voluntary work.

354. The combination of paid work with unpaid voluntary work has been carried out in many ways, for instance, in parents' associations, cooperatives, service workshops and even in kindergartens and old people's homes. New experiences are also sought and surveyed through pilot projects. According to experiences thus far, the combination of paid work with unpaid voluntary work requires an initiative and active involvement of participants, to which most people are probably not used. Additionally, it is not very easy to point out tasks that are suitable for volunteers in such service units that are organized on the basis of paid work, professional competence and established daily routines. In most cases, volunteers need guidance, which may become laborious for professional workers, particularly, if voluntary work is temporary as it often tends to be.

355. The above-mentioned reasons lead to the conclusion that unpaid voluntary work when combined with paid work cannot be a significant solution, but there are also some factors that make the prospects look more promising. Voluntary work appears to be most successful, if volunteers can provide services for their own family members, since own interest seems to be

the best guarantee of their commitment after all. A large number of associations established by, for example, the parents of handicapped or otherwise sick children is a clear indication of this. That sort of commitment emerges in voluntary services provided by family members in kindergartens and old people's homes.

356. High **unemployment** that unfortunately has proved to become a phenomenon of long duration in many countries, has increased the number of people who are willing to take part in voluntary work. If this is seen as a desirable trend, it is necessary to reform the norms concerning unemployment allowance that now restrict too much the voluntary work of unemployed people. On the other hand, this trend is problematic, because, being a cheap solution, it may be preferred instead of creating new jobs in the domain of family services. As to unemployed social workers, nurses and other workers in the public sector whose number has been increasing during last years, they have been requested to set up service units of their own. The prospects of this sort of privatization to become successful are dependent on the support public authorities provide for these service providers, such as placing an apartment or other facilities at their disposal.

357. The more the private sector tends to expand, the more significant the question of **supervising and control** will be. This should be, however, restricted only to certain matters, such as the standard of services and working conditions of workers, both of them to be regulated so that a sufficient standard should be reached. However, programmes should be controlled than is now the case, given the importance of freedom of choice and flexibility .

358. The inclination to strengthen the role of the **families themselves** in the service provision is an ambivalent question. On one hand, it has many advantages, without forgetting that most people want to live at home as far as possible, on the other hand, the terms of this type of service provision are too discriminating for women. For historical reasons, the responsibility for the huge majority of those services that are provided by families themselves fall upon women, therefore the development of this part of the private sector is very much dependent on women's inclination to stay at home or be employed. It is justifiable to say that women's own views in this respect should be taken into account when planning services that families themselves are responsible for. Gender equality also includes a more severe consideration of the role of fathers in the service provision, since up to the present, gender equality in this respect has advanced too slowly.

359. Along with gender equality, services provided by families themselves need some supporting measures in order to become attractive alternatives. People who take care of their disabled family members, are in need of leave from time to time, therefore they need a substitute person. In many cases it is also good to have occasional home help. The need for this kind of services may lay a good foundation for small-scale private service units.

360. Although the term privatization is often associated with commercialization solely, for the time being, the role of the commercial sector has been of minor significance in the provision of family services. The main cause for this fact is that family services, if not subsidized and if needed for a longer time, are too expensive for the majority of people. It is also obvious that commercialization cannot be put into effect rapidly. One way to proceed smoothly is to provide part of public service units with profit responsibility that affords them financial autonomy. Later on, their autonomy could be enhanced so that in successful cases, they can be transformed into profit-making private service units. Profit responsibility has recently become an established

system in certain fields of the public sector. It can be applied in the social sector as well, but in that case it is reasonable to begin with experiments to examine the issues involved.

361. The public sector that, in spite of a trend toward privatization, will continue to be responsible for the majority of family services provided outside homes. Public services should, however, be developed by taking into consideration those features that at present are regarded as advantages of private services. These have gained popularity and have caused criticism of public services, as well as a strong confrontation of the public sector with the private sector. The characteristics that are now favoured and exclusively associated with the private sector are variety, flexibility and intimacy, these in turn being linked to the view on democratic participation as a goal as such and also as a means to make the service provision correspond better with the variable needs and wishes of clients. These demands are a challenge to the public sector, but as can be seen, it already has reacted positively to this challenge in many countries by, for example, loosening norms and handing over authority to local authorities and individual service units as well. If this trend continues, the confrontation of the public sector with the private sector will not any longer be of great importance, which in turn may make the demand for privatization less intense.

## CONCLUSIONS AND RECOMMENDATIONS

Much has been covered in this report, aiming to provide a thorough examination of the interaction between the providers of family services in Europe in 1993-1994 and beyond. In doing this, we have considered several related topics in some detail. In particular, we have dealt with the family in context; family services; providers of family services; interaction between family services; privatization of family services; problems in family services; and trends in family services. There is a great deal of discussion in each topic which can be studied separately in each chapter or in relation to one another, spanning the whole report.

In this final chapter, we will present the conclusions or basic principles that can be derived from these discussions. We will also venture to spell out some more specific recommendations based on these conclusions. These will be directed specifically to the Council of Europe with regard to some possible future activities toward promoting better family services and in general the well being of the family in Europe.

### **1. Conclusions**

#### **1.1 Coherent, integrated family policies and services**

The basic principle informing family policies and services in Europe has to be "upholding the well being of the family". This principle should have priority over others, such as economic concerns. In other words, the driving force behind family programs should be to promote the well being of the individual and the family, rather than economic targets, such as decreasing public spending. Cogent, well-integrated family policies aiming to support the family provide the necessary structures for effective family services. Thus, concerted effort should be spent on establishing such policies where lacking and to improve the already existing ones.

For example, the ongoing changes in the family and possible future trends need to be understood and integrated into family policies, and increasingly broadening definitions of the family need to be used in order to reach the different types of families with services. Similarly, family policies should not function as centrifugal forces against family integrity. For example, social security benefits should be based on the individual as the unit and should not penalize cohabitation (i.e. reducing benefits for those living together encourages solo living, not family living arrangements).

Furthermore, as much as possible, the intersecting (rather than conflicting) needs of family members need to be targeted by policies and programs. In this context the needs of women and children should be given special consideration. For example, in attempts to get families involved in services (families helping themselves), care should be taken to ensure that women are not overburdened. Similarly, children's developmental needs should be given priority in

providing "quality care" and school preparation to all young children, even those whose mothers are not working.<sup>32</sup>

In order for programs to help uphold the well-being of the family, they should be improved in quality and expanded in coverage to reach all families, in particular those that need them the most. This requires universal coverage as well as targeting (those in need). It is also necessary to empower the family, in the process of serving it, to ensure that it makes more effective use of the available services. To achieve the above goals of providing coherent and effective services, integrated family policies are needed which involve efficient coordination and interaction among the several service providers in a decentralized structure.

In the following discussion, we will elaborate the above points further. We will also summarize the conclusions regarding the more specific topics covered in this report.

## **1.2 Conclusions regarding decentralization of services**

Decentralization of services is desirable in order to provide better services, catering to the special needs of the families and involving "closeness", "flexibility", and "adaptability" of services. However, for decentralization to serve these purposes and not to lead to fragmentation of services, the following conditions have to be met:

- Service provision should be well-coordinated, with the effective and continuous interaction among the service providers. This requires both "vertical" coordination between the central governmental authorities and the local (regional/municipal) authorities, as well as "horizontal" coordination between the public sector and the private sector (including commercial services, the voluntary sector, and the families, themselves).
- Duplication in services should be avoided, which again necessitates effective coordination.
- Every effort should be made to ensure family participation in the decision making process (particularly in the choice and use of services).
- There should be effective state control of the services that are provided at the local level and especially by private service providers. Such quality control should entail the establishment of standards and the regular supervision of services.
- To maximize efficiency in service provision in a decentralized structure, the minimal size of the regional units should be determined, so as not to fall below viable service provision requirements.

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<sup>32</sup> Council of Europe has paid special attention to the needs of children. The "Childhood Policies Project" of the Council (1992-1995) seeks to reflect at the European level policy implications of the United Nations Convention on the Rights of the Child.



### **1.3 Conclusions regarding interaction among service providers and between providers and users**

To ensure better service provision, two types of effective interaction are required. These are the interaction among the service providers and the interaction between the providers and the users of services.

The first type of interaction necessitates good coordination at both the vertical and the horizontal levels of service provision, as indicated above (among the different levels of public service providers, and among the public and private service providers, respectively). The second type of interaction, that between providers and the users of services, necessitates concerted efforts to ensure the active participation of the families.

Families should be encouraged to make decisions about the choice and the use of appropriate services; to evaluate the services they receive; to initiate action for change (improvement) in services if needed; and in general to be active participants in the process of service provision/use. Toward this end, public officials should also be urged to interact with the families.

To achieve the above goals, special attention should be paid to develop the mechanisms that help to integrate the work carried out by the professional service providers with the work undertaken by the family members and by the voluntary workers. Such integrative and coordinative mechanisms can be established in day care centers, in the homes of the elderly, and in other contexts where service provision takes place. For example, such mechanisms can help empower the elderly, through regular interaction with family and service providers, so that the elderly are not isolated, and they feel useful (functional) in family and society.

Such mechanisms may implicate special training and sensitization of the professionals to appreciate the potential of the informal service providers (the family and the volunteers), and again to interact with them in constructive ways.

In general, it can be concluded that the more effective the interaction is rendered among all the relevant components of service provision, the better results can be achieved. There should also be coordination and interaction between different types of services, such as health, education and other family support services. Indeed, a fruitful way of conceptualizing integrated/coordinated services would be to see them as an infrastructure of family services, similar to other public services, such as education, health, etc., from among which the families can choose the ones they want to use, such as child care, care of the elderly, etc.

### **1.4 Conclusions regarding the improvement of services**

There are variations in the services provided to the families in the different countries studied, both in quality and quantity. Numerous factors play a role here, ranging from historical to economic, from demographic to ideological ones. Nevertheless, in every country there is room for improvement. Better family services can be conceptualized in terms of more universal provision (quantity) of services on the one hand, and also in terms of higher quality of services, on the other.

#### **1.4.1 Provision of services**

Especially with the ageing of the European populations, and the changes in family structures (more nucleation and smaller number of people living together or solo living), the costs of services are on the increase. This has to do also with the rising expectations of ever-expanding and improving services. This situation should not deter from the universal provision of services to all families on the one hand, and targeting those families with special needs, on the other.

Satisfactory provision of services can be achieved without costs increasing to exorbitant levels if effective coordination, interaction, and decentralization measures are taken, as discussed above. Allocating a certain percentage of the public income to family services would be a good way of ensuring continuity in family services and would prevent their reduction.

Accessibility of services is of prime importance. The existing service capacity is of value only if it is made use of. Service provision fails if the families that need the services are not reached. If widespread and easily accessible information about services is available, there is less danger of the marginalization of the socio-economically disadvantaged families in society.

Accessibility has at least three requisites: 1) A universal distribution of services, 2) Wide dissemination of information about the available services, and 3) Ease in obtaining services. Lack of information, bureaucratic barriers, uneven distribution of services, lack of coordination and fragmentation, resulting in duplication and overlap in some areas and inadequate services in others all hinder effective service provision.

#### **1.4.2 Quality of services**

Ensuring consistent high quality in service provision should be a high priority goal. Again there is variability in the quality of services between countries as well as within countries, and there is room for improvement in every case. Mechanisms should be built into the service provision system for quality control. The state has a key responsibility in this endeavour. Certain basic principles can be pointed out in this context.

- Career development and upgrading of service providers are needed. Adequate formal education, on the job training, upgrading programs, certification, supervision, monitoring and evaluation of service providers are important measures to improve the quality of services. These upgrading activities should be characterized by regularity and continuity. Quality control and upgrading procedures should be carried out by the state or by some independent body, qualified to serve this function.
- Clearly defined standards of quality need to be developed in order to evaluate the adequacy of service provision. These standards should be based on both scientific evidence and professional expertise (such as developed in psychology, social work, etc.) and also on social norms and values in a society. It should be recognized that the standards are not immutable but can be changed and improved as needed.
- Effective information processing is needed, including regular stocktaking and statistics of the family services provided by different service providers. Such information processing is valuable for evaluation, coordination and quality control.

- There is a need for specialized services, to be carried out by multidisciplinary teams of professional service providers in targeting vulnerable groups. The frail elderly, the mentally or the physically handicapped and children are target groups for specialized services, where quality is pertinent.
- Quality also implies a preventive rather than a curative orientation in services. Family services should be designed to empower the family to cope with its problems, rather than undertaking drastic measures after the family breaks down. For example supporting a family and enabling it to care for its child, where feasible, is to be preferred to placing the child in foster care. Similarly, good services can function as preventive measures. For example, provision of quality services for an autistic child can prevent serious family disruption.
- Quality can and should be upheld in cases of informal care, where family and friends or volunteers provide services. To ensure this, effective interaction between professionals and non-professionals is required.

## 1.5 Conclusions regarding privatization

Privatization of family services is an ongoing phenomenon in many European countries. Given its several advantages, privatization also appears to be a trend for the future. However, privatization also involves some risks. There should be a recognition of these (potential) disadvantages, and every effort should be made to prevent them from occurring.

First and foremost, privatization should not result in inequity in service provision, with those families with the financial means and/or living in more central areas having access to services and others with less means and/or living in remote areas not. Privatization should not lead to the marginalization of some families and groups in society.

Secondly, privatization should not mean that some types of problems are attended to while others are not. Such selectivity in services may mean, for example, that only the very dependent get care. Finally, provision of cost-effective services by the private sector should not mean the employment of less qualified service providers or the exploitation of service providers (with low wages and/or unfavourable working conditions).

In addition to the above problems which need to be attended to, there is also the issue of discrimination against women in the case of "families helping themselves". Historically and currently most home care is carried out by women. The currently increasing expectation from families to take care of themselves should not result in the exploitation of women. Measures such as home care allowances and paternal leaves can help ensure gender equality.

In general, with privatization, it becomes even more important to guarantee that the minimum standards of family services are established and met. Quality control assumes special importance in privatization; it requires continuous supervision and evaluation. Privatization should not imply a situation of laissez faire, laissez passer.

## **2. Recommendations**

Most of the above conclusions have also entailed some general recommendations, with regard to how problems can be avoided and how family service provision can be improved. In attending to the recommendations drawn by our Study Group, therefore, this whole last section, "Conclusions and Recommendations" needs to be taken into consideration. Nevertheless, at this point we would like to spell out some more specific recommendations that derive from the discussions above.

These recommendations are basically directed to the Council of Europe in its role of leadership in efforts to promote the well-being of the European family. The following recommendations, as well as the above-mentioned proposals of action, included in the conclusions, are intended as guidelines to follow by the governments of the member states of the Council of Europe in order to provide more effective services to the family. It is of particular significance that these guidelines are followed in the year 1994 and beyond, given the general mandate of the International Year of the Family.

### **2.1 Concerning information**

In order to ensure access by all to information about available family services,

- a. Information centers should be established in all countries, which contain all the current information about the existing family services and which can advise and direct families to the appropriate service providers. Information in these centres should be updated regularly.
- b. In every country a comprehensive handbook of family services should be prepared and provided free of charge. It should include both public and private services.
- c. Continuous stocktaking and statistics should be kept up by the relevant authorities in every country regarding the public and the private provision of services, the supply and demand figures, and the problems thereof.

### **2.2 Concerning exchange of information**

It is important to establish exchange of information and experience between European countries about family services so that each can learn and benefit from the experiences of the others. For this purpose,

- a. The Council of Europe should initiate an organization through which exchange of information occurs among the member states.
- b. Periodic meetings of experts should be held within the auspices of the Council of Europe for the exchange of different country experiences with family services.

### **2.3 Concerning interaction of service providers**

To increase efficiency in service provision, different types of interaction among service providers should be encouraged. Toward this end,

- a. In all countries, existing types of interaction (horizontal-vertical, among service providers and between the providers and the users) should be evaluated, and new improved interaction mechanisms should be tried out through experiments and pilot projects with state funding. These activities should be undertaken by the national governments and/or by independent bodies.
- b. The Council of Europe should coordinate the above experiments and pilot projects and should disseminate their results widely.

### **2.4 Concerning Privatization**

While privatization is going on, there is a need to study it in order to assess its benefits and costs and to develop the mechanisms for its more effective functioning. For this purpose,

- a. Research should be conducted on privatization in countries where it has been going on for a while, with special attention to its consequences.
- b. The Council of Europe should coordinate this research and should disseminate its findings to all member states. This would help the member states where privatization has not yet progressed to learn from the mistakes made in other countries and not to repeat them.

### **2.5 Concerning better services**

Several points discussed in the "Conclusions" refer to measures to improve family services. It is recommended that the member states attend to the proposals for action entailed in the several conclusions. Specifically, the following measures, among others, should be taken by the national governments for

- a fixed proportion of the national budget to be allocated to family services;
- legal remedies and procedures to be made available to families for undertaking action when not satisfied with services;
- evaluating services provided by both the public and the private sector on a regular basis;
- supervising and upgrading the quality of service providers in both the public and the private sector;
- maximizing the availability and the accessibility of information about family services;
- the provision of services to all families, while targeting vulnerable groups;

- ensuring full participation of families in the process of service provision.

### **3. Final word**

Family services, in general, and the interaction between the providers of family services, in particular, are of great significance for promoting the well-being of the European family. Given the importance of the subject and the fact that 1994 has been proclaimed "The International Year of the Family", the Study Group recommends that a special effort be made to publicise the findings contained in this report and to disseminate them as widely as possible during the remaining year.

APPENDIX  
THE QUESTIONNAIRE

INTRODUCTION

The Secretary General of the Council of Europe has decided to devote the 1993-1994 Co-ordinated Research Programme in the Social Field to a study on "*the interaction between the different actors providing family services in the public and private sectors, including families themselves*". It is hoped that this study will throw light on existing family services and help promote them to better serve the well-being of families.

The Study Group would be grateful if you could help it in its work by replying to this questionnaire as thoroughly as possible. Please base your answers, whenever possible, on recent evidence and data. Please also provide relevant documentation or statistics to substantiate your replies. In replying to the questionnaire you are asked to take into account the list of family services which appears on page 3.

Where appropriate reference may be made in your replies to information contained in your country's national reply to the questionnaire for the 22nd Conference of European Ministers responsible for Family Affairs (Lucerne 15-17 October 1991) as well as to information in the summaries of national replies prepared for the Conference.

Thank you for your kind cooperation.

## NON-EXHAUSTIVE LIST OF POSSIBLE AVAILABLE FAMILY SERVICES

- i. Families own resources and initiatives
- ii. Child day care
- iii. Pre-school education
- iv. Substitute care for children in need of protection in institutions and foster families
- v. Child and adolescent guidance including juvenile delinquency
- vi. Maternal and child clinics and health centres
- vii. Family emotional assistance (e.g. family therapy, marriage counselling, mediation before divorce)
- viii. Support for specific groups
  - disabled people
  - elderly people (including the frail elderly)
  - sick people
  - ethnic minorities
  - families of unemployed people
  - economically disadvantaged families
  - migrant families (including refugees)
  - families suffering from substance abuse
- ix. Home help (assistance with household chores and other tasks at home)
- x. Vacation services (e.g. children's camps)
- xi. Shelters (for women, children and homeless families)
- xii. Assistance given by juvenile and family courts and liaison officers



## TOPIC I

### FAMILY IN CONTEXT

*To ascertain the services provided for the family, the family itself needs to be better understood. The following set of questions is designed to assess some of the basic characteristics of families in your country which provide the data base for family services.*

1. Is there a formally accepted definition of the family which is used in formulating policies and services ?

If so, please state it.

2. Which are the most prevalent family problems in your country (e.g. work-related pressures, mobility and isolation, economic problems from full and partial unemployment, single parenthood, adolescent parenthood) ?

3. What are the basic cultural values and beliefs about the family in your country ?

Is there a family ethos ?

Is this ethos stable, or is it changing ?

Is harmony or conflict of values the rule regarding the family in your country ?

4. Is there a specific family code, or are legal matters relating to the family dispersed in various codes or statutes ?

## TOPIC II

### FAMILY SERVICES

*A better understanding and appraisal of family services constitute the core of this study. The Study Group would like to learn, in as much detail as possible, about family services in your country. The following questions are designed to provide the information needed.*

#### **A. Information about family services**

5. What kinds of statistics are there available about the existing family services in your country ?

Please indicate sources.

How frequently are these statistics collected ?

6. Are there data based on scientific research on family services in your country ?

Please indicate sources.

7. Do the media provide information about family services in your country ?

To what extent is the information provided by the family services in your country reproduced by the media (the press, radio, television) and other forms of communication (for example public computer networks) ?

Please specify.

What are the family services which have recently obtained most attention in the media ?

Does the public learn from the media and the press what family services are available and how to have access to them ?

## **B. Characteristics of family services**

8. Are family services in your country organised and integrated into a cogent family policy ?
9. Are the family services provided in a continuous and stable way, or are they provided only in emergencies and/or in a discontinuous or ad hoc fashion ?
10. Defining characteristics of family support programmes denote them as supplying "*information*", "*emotional and appraisal support*" (e.g. empathy, reinforcement to parents and access to other parents), and "*instrumental assistance*" (e.g. transport and referrals to other services).

Do family services in your country show these characteristics ?

If so, to what extent ?

If not, how would you define the characteristics of family services in your country ?

11. Are family services in your country organised in a bilateral way (from the provider directly to an individual family) or do they work through the mediation of social networks (such as local neighbourhood organisations, religious communities and the like) ?
12. Please describe the basic principles and main features of family services in your country. State if a "*deficit*" model (weaknesses to be compensated) or an "*empowerment*" model (inherent strengths to be promoted) underlies the services.

Do family services in your country mainly originate from government (national, regional or local level) action (top-down) or do they mainly arise from grass roots demands emerging from neighbourhood organisations, etc. (bottom-up) ?

### **C. Kinds of family services**

13. Please provide a detailed descriptive listing of the kinds of family services currently available in your country. Indicate for each one
- a. the family or family members which receive it
  - b. the proportion of the families who receive the particular service they need
  - c. the duration of the service

Your replies may, if desired, be presented in the form of a table. (By kinds of family service, the domain or content of the service is meant, such as child care programmes, parent education programmes, health programmes, etc.)

For examples of family services please see the non-exhaustive list on page 3.

### **D. Education, training and certification of family service providers**

14. What kind of education and training exists in your country relevant to the family and family services for the providers of such services (e.g. social workers, psychologists, doctors and others in the helping professions) ?

Please give details.

Of the overall course material, what percentage of time is allocated to family studies in the training of these professionals ?

15. Is there a registration requirement for people who offer family services ?

Please indicate the qualifications required for professionals providing family services.

16. Are any training opportunities available for providers of family services, including families themselves.

What kind of on the job/in-house training opportunities exist in the different family services ?

Is such on-going education required ?

How is it, or should it be funded ?

### TOPIC III

#### WHO PROVIDES FAMILY SERVICES

*It is important to know which actors provide family services. Since the subject matter of this study is the interaction between the different actors providing family services, we need to know who these actors are.*

17. Is the state (national or regional government or local authorities) the main supplier of family services in your country, or are non-governmental organisations more active ?

Please estimate the relative proportional contribution of the "public sector" (including services such as social security funds, provided or supervised by the State, regional and/or local authorities) and the "private sector" (including families themselves, self-help groups, voluntary agencies and commercial services).

18. Regarding the public sector, please provide detailed descriptive information about the following:

- a. the kinds of actors involved in providing family services (state, regional/local authorities)
- b. their goals, activities and target groups
- c. the kinds of family services they provide (domains covered)
- d. the types of family problems which the services try to solve
- e. whether in the last few years there has been an increase or decrease in family services provided by the public sector.

19. Regarding the private sector, please provide detailed descriptive information about the following:

- a. the kinds of actors involved in providing family services. Indicate types of organisations (e.g. voluntary agencies, families themselves, self-help groups, kinship and community support networks, commercial services, religious organisations, workers' associations, mass media, etc.)
- b. their goals, activities and target groups
- c. their funding status, geographical scope, and the nature of their organisation
- d. the kinds of family services they provide (domains covered)
- e. the types of family problems which the services try to solve
- f. whether in the last few years there has been an increase or decrease in family services provided by the private sector.

## TOPIC IV

### INTERACTION BETWEEN PUBLIC AND PRIVATE ACTORS (INCLUDING FAMILIES THEMSELVES) PROVIDING FAMILY SERVICES

*The nature and the extent of interaction between the actors providing family services in the public and the private sector are of crucial importance. At their 22nd Conference (Lucerne, 15-17 October 1991) the European Ministers responsible for Family Affairs noted the need for closer co-operation between the public and private sectors.<sup>33</sup> This interaction, above and beyond the mere existence of services, affects their outcome. The following questions are designed to examine this interaction.*

20. Are the activities of the public and private actors providing family services co-ordinated ?
- If so, to what extent ?
- Alternatively, are public and private actors generally independent of one another ?
21. Is there either mainly complementarity or mainly duplication/overlap between and among public and private actors' services in terms of:
- a. types (content) of services supplied ?
  - b. types of families reached ?
  - c. the locations where services are provided ?
22. Is interaction between the public and private providers of family services possible ?
- Is such interaction desirable ?
- How can such interaction be produced and channelled towards promoting family services in your country ?
- Please explain by giving examples from your own country.
23. Are there barriers to the formation of an effective interaction between the public and private actors providing family services in your country ?
- If such barriers exist, are they
- a. procedural (different orientations and methods may be used by the two groups of actors) ?
  - b. structural (their budgets, organisations, bureaucratic divisions, etc. may be different) ?

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<sup>33</sup> "it can only be to the good, from this point of view, that there is in fact an overall tendency towards flexibility, adaptability, and a closer co-operation between the public and private sectors at the local level". Final Communiqué, paragraph 26

- c. normative (they may have different values and goals which reflect different customs or conventions) ?

Please explain.

24. Is there any public debate on relationship between the public and private sectors providing family services in your country ?

If so, please describe this debate in some detail (for example, who has initiated it, who is for the privatization of services and on what grounds, who is for the reinforcement of public services and on what grounds)

25. Are there any family services which have been or are being privatised or tending towards privatization ?

Please indicate the services concerned and describe in some detail the way in which privatization is visible.

Which kinds of private agencies have increased their activities ?

What are the advantages and disadvantages of privatization ?

Please answer by giving examples.

26. In the last few years have there been any increases or decreases in the state budget regarding family services ?

If so, please specify for each service concerned.

27. Are there any plans to increase or decrease family services ?

If so, please specify.

28. In many instances of service provision more than one agency/actor may be involved. The following are some examples where the interaction of different service providers may exist. Please indicate for each of these hypothetical situations who provides services or solves the problems (including, where appropriate, reference to the role of families themselves).

- a. children residing in an institution who are in need of protection
- b. the child of a drug-addicted single mother
- c. an ill child whose both parents are working
- d. adolescent pregnancy/abortion
- e. death of a young child
- f. unemployment of both parents of a young family

- g. an elderly person becomes disabled
- h. a victim of family abuse (e.g. an elderly parent)
- i. juvenile delinquency

Have any specific services been recently created to meet any of the situations listed above or any other situation ?

29. Does a law exist with regard to the interaction of family services (e.g. co-ordination and co-operation) ?

If so, please describe the main provisions.

If not, do you consider that such a law should be enacted ?

30. Is there interaction between the public and private sectors in the training of service providers ?

31. Does your government encourage the development of action groups with regard to family issues (advocacy, brokerage/mediation) ?

If so, please provide some examples.

In what way is the formation and continuation of these action groups encouraged ?

32. If families want to help themselves (e.g. through self-help groups, neighbourhood schemes and similar initiatives) are they supported by public or private agencies ?

If so, by what means ?

## TOPIC V

### PROBLEMS IN FAMILY SERVICES

*Some of the problems that beset family services arise for ideological grounds; others have more to do with practical matters such as inadequacies in service delivery. The following questions refer to general problems with regard to family services which may exist in your country.*

33. It is suggested that the recent emphasis placed on the private provision of family services (through families themselves, social networks, self-help groups, family support, etc.) may reflect either
- a. a reformist ideology (to help make formal service delivery less alienating and less ineffective for recipients), or
  - b. a conservative ideology (to justify cutting back on existing formal services).

Which view reflects more closely the general situation in your country ?

34. In general, how adequate is the provision of family services in your country ?

In your evaluation please consider the following questions :

- a. Does service delivery vary with regard to urban-rural dwelling, ethnic status, etc ?
- b. Are there serious supply/access problems (e.g. a too limited supply, or needy families not being aware of available services and/or having little access to them) ?
- c. Are the different service needs of different types of families being met ?

35. Are the family services in your country subjected to evaluation ?

What evaluative criteria are used for this purpose ?

For example, is a "social indicators" approach used for the family (to assess its general well-being as a result of the services) ?

## TOPIC VI

### TRENDS IN FAMILY SERVICES AND THEIR IMPACT

*Possible trends in family services may be apparent, and they may reflect upon the effectiveness of these services. The following questions enquire about such possible trends and the impact of family services on the family in your country.*

36. Are there any indications that the family services in your country have had an impact on the family as such (for example child-care services may have affected women's labour force participation or their roles in family and society) ?

Please provide relevant examples.

37. How do you perceive the interaction between family services and families themselves?

38. Is there a discernible trend in the interaction between the different actors, including the families themselves, providing family services in the public and private sectors in your country ?

Please explain.

39. What, in general, do you consider to be the likely future development of family services in your country ?

Please describe your vision for the future.