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in Social Protection
and Social Inclusion

Social community teams against poverty

SYNTHESIS REPORT

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Social community teams against poverty

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SYNTHESIS REPORT

European Commission

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Executive Summary

The Dutch government's declared aim is to move from a welfare state to a 'participation society', to build more on citizens' self-reliance and their networks. The Participation Act is the legal expression of this aim, and the Social Community Team (SCT) is its implementation at the local level. Although there is no single blueprint for SCTs, and although their structures and approaches may differ considerably from one municipality to another, they do share a number of characteristics.

They provide and coordinate services to people who currently need help, and they involve both the public and the private sector. They provide a single point of entry to care, welfare, participation and youth work. Although their role is not specifically to combat or prevent poverty, this is an important part of their work. Other advantages are flexibility, potential cost-effectiveness, accessibility, a flat hierarchy, and their embeddedness in local communities. They offer the possibility of combining a drop-in model with outreach. Challenges include lack of resources; the need to focus on prevention; the risk that differences between municipalities could lead to unequal treatment on the basis of residence; the empowerment of clients; and the extent to which social work is itself a specialised skill, requiring professionally qualified social workers.

Although large parts of the social security system have been devolved to the municipalities, SCTs do not replace the national universal social protection system, which includes a defined national social minimum income, income-related tax provisions, basic services such as social housing, rent subsidies, health care and education, and social rights such as non-discrimination.

A number of the SCTs' aims reflect European concerns regarding how to combat poverty and other forms of social exclusion, as they are expressed in the European Platform against Poverty and Social Exclusion and the Social Investment Package (SIP). Those concerns are about the participation of people experiencing poverty; enabling people in poverty and social exclusion to live with dignity and take an active part in society; delivering actions across the whole policy spectrum; promoting robust evidence of what does and does not work in social policy innovations; the importance of partnerships with civil society; a more efficient use of social budgets; and fostering the integration of social services and social benefits through the transfer of social budget management to the local level.

Key learning elements identified by peer countries include flexibility, cost-effectiveness and accessibility, the presence of a single point of entry, an integrated approach to care and support, needs assessment, embeddedness in local communities, and having a low threshold; involvement of all relevant stakeholders, especially non-governmental organisations (NGOs), employers and people in poverty; co-creation with users; and combining motivated and competent professionals and social workers in interdisciplinary teams. A coherent anti-poverty strategy should include a multidimensional definition of poverty, should take account of 'indirect' poverty policies, and should look for inspiration to the 'active inclusion'



approach of the European Community. The need for multilevel governance, for partnerships between different actors and for cooperation between different domains was mentioned. If unpaid work for ‘the benefit of society’ is part of the policy, it should contribute to the user’s professional and personal development. Empowerment of users is vital, but must also focus on the context. Constant coordination of policy and practice is needed.

Poverty reduction should be developed further through a (reformed) European Platform against Poverty and Social Exclusion, and through new initiatives such as the Pillar of Social Rights. The Dutch EU presidency will provide a number of opportunities to address poverty issues during the first half of 2016.



A. Policy context at the European level

Since the topic of this Peer Review combines three strands – tackling poverty and other forms of social exclusion, the local level, and the governance approach – several policy frameworks need to be taken into account.

From the Amsterdam Treaty to Europe 2020

In 1999, the Treaty of Amsterdam formally established the eradication of social exclusion as an objective of European Community social policy. The Social Protection Committee (SPC) that was set up one year later monitors social conditions in the EU and the development of social protection policies in Member States. It reports on social inclusion, health care, long-term care and pensions under the (social) Open Method of Coordination (OMC) and promotes discussion and coordination of policy approaches among national governments and the European Commission. It also prepares European Council discussions on social protection and on country-specific recommendations in the context of the European Semester.¹ The Social OMC (i.e. the Open Method of Coordination for Social Protection and Social Inclusion) is a more all-encompassing version of the original OMC, which was set up as part of the Lisbon Strategy. Basically, this is a mechanism to monitor and coordinate social inclusion policies through the setting of objectives, poverty measurement on the basis of a set of indicators and benchmarks, guidelines for the Member States, and national action plans. In 2005, a number of objectives were added: social cohesion, gender equality and equal opportunities for all through efficient social protection systems; effective and mutual interaction between the Lisbon objectives of growth, jobs and social cohesion; and good governance and the involvement of stakeholders. Policy decisions remain at the national level, cooperation is voluntary and the European Commission's function is limited. The Social OMC is organised in cycles, which include Peer Reviews.²

Since the Lisbon Agenda largely failed to turn the EU into 'the world's most dynamic knowledge-based economy by 2010'³, it was replaced by the Europe 2020 Strategy 'for smart, sustainable and inclusive growth'.⁴ Seven flagship initiatives were selected – the seventh one being the European Platform against Poverty and Social Exclusion,⁵ which brings together policy makers, key stakeholders and people who have experienced poverty. The Platform's aim is to 'ensure social and territorial cohesion such that the benefits of growth and jobs are widely shared and people experiencing poverty and social exclusion are enabled to live in dignity and take an active part in society'.⁶ It is based on five areas: (1) delivering actions across the whole policy spectrum; (2) better use of EU funds to support social inclusion; (3) promoting robust evidence of what does and does not work in social policy innovations, before implementing them more widely; (4) working in partnership with civil society to support more effectively the implementation of social policy reforms, and (5) enhancing policy coordination among EU countries through the use of the [open method of](#)

¹ <http://ec.europa.eu/social/main.jsp?catId=758>

² http://www.ose.be/files/publication/2012/Vanhercke_2012_BckgrndPaper_EC_12122012.pdf

³ http://ec.europa.eu/europe2020/pdf/lisbon_strategy_evaluation_en.pdf

⁴ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:2020:FIN:EN:PDF>

⁵ <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:52010DC0758>

⁶ Annual Conventions started in 2011.



coordination for social protection and social inclusion (Social OMC) and the [Social Protection Committee](#) in particular⁷. With the Europe 2020 Strategy, the common target in the fight against poverty and social exclusion was to reduce the number of Europeans living below the national poverty line by 25 per cent and to lift more than 20 million people out of poverty – a target that today is beyond reach.

Even during the Lisbon Strategy, Recommendation 2008/867/EC of 3 October 2008 on the active inclusion of people excluded from the labour market (Official Journal L 307 of 18 November 2008),⁸ stated that Member States should ‘design and implement an integrated comprehensive strategy for the active inclusion of people excluded from the labour market combining adequate income support, inclusive labour markets and access to quality services’.

The Commission has been offering policy guidance to Member States, for example through the European Semester, on matters related to this recommendation. In 2015, 19 Member States received recommendations in the social services area. A recommendation proposed by the Commission to bring the long-term unemployed into the labour market, adopted on 7 December 2015 by the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council, also puts forward an integrated approach to the long-term unemployed and a single point of contact with unemployed people. Discussion is now being promoted in the Employment Committee (EMCO) on how Member States can address this recommendation. The Commission has agreed with the Member States to include in the SPC’s work programme for 2016 a topic related to integrated social services.

A recent Commission initiative (still under discussion) is the European Pillar of Social Rights. Through this Pillar of Social Rights, the Commission would like to respond to numerous challenges, by increasing the resilience of the labour market, of society and of people themselves. It would focus on the employment relationship within Europe, working conditions, social protection systems, education and social services. The instruments to be used could include economic policy coordination, legislation or funds at the disposal of Member States. However, the social aspects need to be incorporated into a broader range of policies, and not be treated in isolation. On 8 March 2016, the European Commission put forward a first, preliminary outline of this initiative. Throughout 2016, the Commission will engage in a debate with EU authorities, social partners, civil society and citizens on the content and role of the pillar. The pillar should build on, and complement, our EU social ‘acquis’, in order to guide policies in a number of fields that are essential for properly functioning and fair labour markets and welfare systems; it will not replace existing rights. Once established, the pillar should become the reference framework to screen the employment and social performance of participating Member States, to drive reforms at national level and, more specifically, to serve as a compass for the renewed process of convergence within the euro area.

⁷ <http://ec.europa.eu/social/main.jsp?catId=961>

⁸ <http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=OJ:L:2008:307:FULL&from=EN>; confirmed by the European Parliament resolution of 6 May 2009



The Social Investment Package and the Social Scoreboard

Faced with an increasing number of people in Europe at risk of poverty, the Commission adopted two other initiatives in 2013: the Social Investment Package (SIP)⁹ and the Social Scoreboard.

The intention of the **Social Investment Package** (SIP), published by the European Commission in 2013, is to guide Member States to use their social budgets more efficiently and effectively, in order to ensure adequate and sustainable social welfare systems; to strengthen people's capacities; to focus on integrated packages of benefits and services; to stress prevention; and to invest in children and young people in order to increase their life opportunities and break the cycle of disadvantage.

Some of the intentions formulated in the SIP are close to the ones put forward by the Dutch government when setting up SCTs, although they may differ in their application. One of them is to use social budgets more efficiently: with the same or a reduced budget, more activities should be undertaken and more needs covered. Strengthening people's capacities is also a concern of both the SIP and the SCTs, as is the integration of packages and social benefits by devolving their management to the local level. Whether this devolution of responsibilities will lead to better prevention is an important question. The question is how prevention is defined: at the individual or the structural level. In the latter case, it implies labour market policies, housing policies, education policies and economic and fiscal policies, which can only be developed and implemented efficiently and effectively at the regional, national or, increasingly, the European level.

According to some authors, the EU has missed the opportunity to develop a true investment strategy, since the Social Investment Package is not a (constraining) 'pact'. It seems difficult to reconcile the promotion of investment in human capital and the enhancement of people's capacity to participate with austerity and fiscal consolidation, which are at the top of the EU's political agenda. Key areas with negative outcomes in relation to social investment are, according to the European Social Policy Network (ESPN): social insurance and income support; active labour market policies; child and family policies; education; elderly and long-term care; and access to health care. The deterioration in unemployment and minimum income protection (in terms of both length and adequacy) is particularly worrisome, insofar as adequate income protection should be the basis for more 'social investment-related' policies (mentioned in Bouget et al., 2015: 14).

The **Social Scoreboard** is a key component in the Commission's proposal of October 2013 to strengthen the social dimension in the governance of the Economic and Monetary Union. It is an analytical tool to detect developments across the EU that require closer monitoring. It comprises five key indicators: unemployment; youth unemployment and the rate of young people not in education, employment or training; household disposable income; the at-risk-of-poverty rate; and income inequalities. Since the 2014 European Semester exercise, the scoreboard has been included in the Joint Employment Report of the Annual Growth Survey, which sets out strategic policy priorities. However, it has no binding policy implications. Social protection and social inclusion remain a minor topic in the most recent communication; they are still seen in their relation to economic growth, and not as independent goals.

⁹ Communication 'Towards Social Investment for Growth and Cohesion — Social Investment Package' of February 2013, COM(2013) 0083 <http://ec.europa.eu/social/main.jsp?langId=en&catId=1044&newsId=1807&furtherNews=yes>



The local level

Back in 2003, the European Commission emphasised the importance of the local level in the development of inclusion policies. A number of regional players, however, have complained that the role of the regions is not visible enough in the Europe 2020 strategy (EurActiv 23/06/10).¹⁰ They are convinced that if local leaders are given the freedom and the responsibility to create tailor-made solutions for making Europe 2020 work, such as the use of stricter earmarking, it will be more successful than its predecessor. Improvements could include the simplification of funding procedures: finding a better balance between risks and control, applying simplified cost models more quickly and more easily, and easing the administrative burden of Article 55, which governs the treatment of revenue-generating EU-funded projects. Multilevel governance and innovative approaches to programme management should go hand in hand.

At the EU level (URBAN and LEADER Community Initiatives) and in many Member States, urban (and rural) development programmes have emphasised capacity building and the empowerment of local actors, through a multidimensional approach, partnership and community involvement. Local partnerships have been involved in defining strategies and priorities, resource allocation, programme implementation, and monitoring.

Both the importance of integrated urban development policy approaches and the need for interventions specifically in deprived neighbourhoods were confirmed in the Leipzig Charter – in full the Leipzig Charter on Sustainable European Cities (May 2007) – which is the reference document in European urban development efforts. The need for territorialised interventions was a central topic in the famous Barca report of 2009,¹¹ which states that place-based development strategies should include among their objectives a reduction in the persistent underutilisation of potential (inefficiency) and in persistent social exclusion. The Toledo Declaration of June 2010 also highlights the importance of integrated urban cohesion policy. It expected that, after 2014, greater responsibility would be given to cities for programme delivery.

Today, the fiscal crisis of the (central) state, globalisation, the principle of subsidiarity, and the contention that more complex problems are best tackled at the local level through forms of local governance (and that local differences are important in successfully implementing policies) all constitute the context in which local plans and programmes are being developed. Important responsibilities have indeed been transferred from the state level to the local level and to civil society (private welfare organisations), but has this not always been followed by the (original) budgets: in the case of the SCTs, the budgets were first reduced by 30 per cent, to take account of the anticipated rise in efficiency.

¹⁰ <http://www.euractiv.com/section/regional-policy/news/mayor-urges-local-commitment-to-europe-2020-plan/>

¹¹ http://ec.europa.eu/regional_policy/archive/policy/future/barca_en.htm. The four main conclusions of the report are: there is a strong case for allocating a large share of the EU budget to a 'place-based development strategy'; cohesion policy provides the appropriate basis for this strategy, but a comprehensive reform is needed; the reforms requires a renewed policy concept, a concentration of priorities, and a change of governance.



B. Host country policy

The context

Compared to other Member States, the Netherlands has a relatively low rate of people at risk of poverty or social exclusion (AROPE). However, even in the host country, poverty – and particularly long-term poverty – is increasing. Moreover, poverty now affects broader segments of the population, due to job losses, debt and unaffordable mortgages. Particular risk groups are children, single-parent households with minors, and single-person households. The consequences are also more diverse than before: they have an impact not only on income, but also on health, education and labour market prospects. This last point is important, since the Dutch national target for EU 2020 is to reduce the number of people aged 0–64 who are in a jobless household by 100,000. However, progress on this has been limited.

The national framework

The Dutch government's declared aim is to move from a welfare state to a 'participation society', built on citizens' self-reliance and networks. The Participation Act of 1 January 2015 merged three Acts that addressed those who are most distant from the labour market: the Act on Work and Welfare (Social Assistance; WWB), the Act on Income Provision and Reintegration of Young Handicapped (WAJONG), and the Act on Sheltered Work Places (Wet Sociale Werkvoorziening). Extra funding (currently EUR 100 million per year) has been provided by central government for the fight against poverty, social exclusion and debt. Although a national universal social protection system is still seen as an important part of the institutional framework (including a defined national social minimum income, income-related tax provisions, basic services such as housing, health care and education, and social rights such as non-discrimination), large parts of the social security system have been devolved to the municipalities, accompanied by 90 per cent of the extra funding. Each municipality receives social assistance funding based on an estimate of the expected number of local users. If a municipality overspends this budget, it has to make up the difference. If it underspends, it can keep the rest of the funding for earmarked local purposes. Altogether, the devolution of social support responsibilities to the municipalities has led to cuts of 25–30 per cent in the social budget, in anticipation of efficiency gains from the transfer.

What are the priorities of this policy? Work is seen as the best antidote to poverty, but this means that it must provide an adequate income and must promote resilience and self-reliance. In return for social benefits, the municipality can require the beneficiary to undertake voluntary work. Preventing the escalation of problems and indebtedness and promoting the social inclusion of children are other priorities. The government wants an effective and efficient division of responsibilities among (as well as the involvement of) the different stakeholders: employers and employees, municipalities and NGOs. An integrated approach – which is defined as both horizontal and vertical cooperation around an individual – is also very high on the agenda. Other key words are 'responsibilisation' and empowerment.

The local level: Social Community Teams

At the local level, the idea of a participation society is being implemented through Social Community Teams (SCTs). Their role is not specifically to combat or prevent poverty (although this is an important part of their work), but rather to ensure an integrated approach to care, welfare, participation and youth work. This implies an assessment of the individual's situation based on all life domains. The 'kitchen table talk' involves social workers, but often also neighbours, other family members and friends, and takes place at a person's house when a particular need has been assessed, a request has been made or somebody has signalled a problem. During these talks, other issues may be discussed. This results in one plan for one family, with one institution in charge.

There is no single blueprint for an SCT. Their structures and approaches vary considerably from one municipality to another – and all of them are still experimenting. The model most frequently used is the simplest: one broad, integrated team addressing as many needs as possible and including specialist help. The second option proposes a broad, integrated team of specialists to meet complex or multiple support needs, brought to them by households. The third model is to have several teams operating side by side, with each (or some of them) concentrating on well-defined domains or target groups. However, enthusiasm for this model is currently waning. The least-used model involves citizens going to one team for intake and initial support, and then being referred to more specialised teams. Either way, the aim is to provide a single first entry point for people ('one-stop shops') to access social services, so that they do not have to approach various institutions.

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Part of the integrated approach is public–private cooperation. Both the public sector and the private sector, such as civil society organisations, may be involved. NGOs can reach target groups better and detect problems earlier. Cooperation and communication between the parties is needed, in order to end up with one coordinated plan.

Often included in SCTs are specialists in welfare work, social support and disabilities; there are also district nurses, mental health services and youth workers, specialists in child and family support, sheltered living, school social work, and debt relief. Professionals in housing, youth health care, the police, addiction care and domestic violence prevention, as well as general practitioners, are less in evidence. Public social services still play an important role, but their involvement is declining. The current tendency is to equip SCT workers with broader, non-specialist skills relevant to their work with families.

Bringing different specialists together in one team is not always easy, as they tend to have different cultures and ethical standards. Most difficult for professionals is the shift from caring for people to creating the conditions for people to care for themselves. New social work professionals are now being trained to empower people, rather than trying to solve other people's problems. One problem is that less social work now focuses on working with groups, due to the pressure from individual cases. And yet, in the long term, collective work is more effective at providing people with opportunities for participation. Another issue is how much autonomy professionals have: some municipalities give carte blanche, while others draw up very detailed prescriptions. A further difficulty is the reduction in resources, and many social workers face uncertainty over the future of their jobs.



While SCTs are not primarily tasked with tackling poverty, their action in this field includes providing information, deploying special welfare assistance, supporting people in their use of municipal anti-poverty instruments and in filling out aid forms, early signalling, prevention, debt relief or referral, and sometimes helping vulnerable people. SCTs are not yet sufficiently equipped to deal with all these tasks: 60–70 per cent of requests for support are financial. SCTs should concentrate more on very early detection of poverty or poverty risk, and on active outreach. The community approach should be much more strongly connected to municipal networks, and the poverty issue should be put on the municipal agenda. Innovative and collective approaches to poverty are to be developed.¹²

Lessons from two cases: Leeuwarden and Zaanstad

Following the presentations on Dutch policy and the wider European context, the Peer Review also looked at two practical examples of SCT work in the municipalities of Leeuwarden and Zaanstad.

In one neighbourhood of **Leeuwarden**, the poorest in the Netherlands, the government provided funding to tackle poverty, and as far back as 2008 an SCT was set up. The project did not eliminate poverty, but it did create a more stable situation for households with multiple problems. It reduced their stress and led to more opportunities in the neighbourhood. Moreover, the approach was found to reduce cost by some 60 per cent, compared to other methods used in Leeuwarden, and so the municipality decided to change its whole basic support system. Social support is now conducted entirely through SCTs in eight neighbourhoods; a ninth SCT is a pilot, in which youth and family work has been separated from the rest of the social domain. All nine SCTs are organised in a cooperative. Contact efforts are now more selective, based on signals that a household may be in difficulties or that domestic violence may be occurring, or on persistent non-payment of bills. The main target group for the SCTs' action are those people who live by themselves and who face multiple problems. The aim is to reduce the need for specialised help, while strengthening self-sufficiency and networking and providing basic support. After an 'active' phase, during which 70 per cent of an SCT worker's time is spent on individual assistance and 30 per cent on community building, the SCT will maintain a 'presence' phase for about two years, during which time the family is contacted four or five times a year to check on how things are going. While some regulation of social work remains necessary, simplification of processes and national legislation is needed. Some current rules contradict each other, and this creates an additional burden for social workers: solving one problem sometimes involves breaking rules in other domains.

In **Zaanstad**, the SCTs feel caught in the middle of a paradox between decentralisation and centralisation. While policy implementation is local, legislation is national and embodies policies aimed more at the traditional poverty groups than at the new poor, who do not fit the Dutch poverty definition (i.e. less than 110 per cent of the social minimum). After decentralisation, Zaanstad decided that tackling poverty was the best way of dealing with other social issues, too.

¹² The main sources for this assessment are the Host Country paper (2015), an evaluation of the first initiatives based on qualitative interviews with collaborators in 10 SCTs in Enschede, Zaandam and Leeuwarden (Oude Vrielink et al., 2014), and information from the Transition Committee Social Domain (2015) analysing 17 practical cases.



Bureaucracy and sluggishness in day-to-day practice lead to a downward spiral, creating cumulative poverty and social exclusion that continue into the next generation. People in this situation lose all confidence in the support system. While some Dutch municipalities set an upper income limit for local supplementary assistance, Zaanstad chose not to do so. It is now assessing the extent to which granting such flexibility to the SCTs will prevent high social costs later on.

Zaanstad SCTs take an integrated approach, with a focus on clients' general well-being, as well as on finances. SCT members have a range of specialised skills, but the main requirement is common sense. Team leaders from the SCTs meet with the municipality once a month to exchange information on developments. This enables policy adjustments in line with the experience of the social workers in the field and the people themselves. Zaanstad's SCTs also focus on prevention. To take the case of debt restructuring, high social costs can be avoided if action is taken in time – for example, they try to avoid rent arrears accumulating, by contacting the tenant immediately at home if the rent is not paid.

Interim evaluations show that this approach has not led to the law of the jungle, budget deficits or unreasonable requests. People rather become self-critical about seeking help and are keen to 'return the favour'. Many repay the money provided. All the signs indicate that a small initial investment can prevent high social costs later on. Once the final conclusions are in, Zaanstad wants to have a meeting with national government and make a business case for giving maximum flexibility to SCTs and local government in interpreting central legislation.



C. Policies and experiences in peer countries and stakeholder contributions

The peer countries each presented practices and contexts based on their national experiences, and the European stakeholder organisations (the European Anti-Poverty Network (EAPN) and the European Social Network (ESN)) contributed statements of a more general nature. The EAPN focused more on the poverty and policy dimension, whereas the ESN paid more attention to the social work dimension.

For the EAPN, local initiatives like the SCTs are much needed, in order to complement an overall anti-poverty strategy. However, particularly in times of austerity, too much decentralisation of social support may give rise to inequalities and resentment, undermining the capacity to deliver local services effectively. Therefore, the EAPN thinks that the Dutch government must retain a commitment to social and economic rights, as well as overall responsibility for ensuring equal access to those rights within the SCT framework and for monitoring the effectiveness of the approach in terms of reducing poverty and social exclusion through an integrated strategy. A high level of welfare state generosity is one of the most important factors in this respect. Impact assessment is a key factor, and depends on defining goals that are known to everyone. Objective indicators of progress towards these goals should be clearly stated.

As there are strong dissimilarities among municipalities, every SCT could sign up to some code of conduct, specifying minimum social standards and procedures to be applied and a shared understanding of the best way to eradicate the causes and consequences of poverty. A government follow-up commission, with representatives from the municipalities, should aim at providing flexible funding, a set of statistical indicators for quality control and inputs for a supervisory commission. A civic dialogue table should be set up at the local level, with broad thematic representation. This dialogue table would seek out financial support and ensure the direct participation of people experiencing poverty and of service users.

That the SCTs are not just about poverty, but rather constitute an entry point to an integrated approach to care and support, is one of the strengths of the SCTs, according to the ESN. On the other hand, the ESN does not agree with the idea of moving from specialist to generalist care. Many of the key areas in which the SCTs work require people with specific training, and their work must be valued. Reinforcing the concept of empowerment is also important, but this should not be confused with simply shifting responsibility to the clients. In many cases, empowering people means first training them, so that they feel able to be empowered.

The ESN underlines the importance of models for training experts through direct experience of poverty and job placements in the public sector. There must be a mutual, joint responsibility of both service users and providers for the implementation and monitoring of anti-poverty strategies. All SCT members should receive training on gender equality, homelessness, the structural causes and consequences of poverty, rights, legal frameworks and administrative procedures, employment, social protection, capacity building and partnership approaches – particularly on how to operate community teams effectively, including working with NGOs and direct beneficiaries through participative methodologies. Further training is also needed

on social work with disadvantaged groups across their life cycles, including travellers, Roma, ethnic minorities, migrants and refugees, as well as children, families and older people who require specific capacity building.

Frameworks should be created to provide employers with incentives to cooperate with public services and SCTs – for example, in order to integrate people who are farthest from the labour market, such as people with learning disabilities. Monitoring and evaluation of different SCTs is needed, with quality standards that are enforced. This has to be done at the national level, with comparison of different regions and a determination of what works for whom, why and in what circumstances. As regards life context and social problems, similar elements are faced in other countries: mental illness, financial exclusion or difficulties in accessing employment. Similar working methods are also used, such as outreach, service accessibility, case management and coordination among professionals.¹³

Some lessons from peer countries

In **Belgium**, anti-poverty policy is based on a common shared and scientifically underpinned definition of poverty and on the implementation of basic social rights, which are part of the Belgian Constitution. Given the complex structure of the Belgian political system, the fight against poverty and social exclusion requires an integrated approach on several domains and at several policy levels; it requires active cooperation and coordination between the federal government, the communities, the regions and the local administrations on matters such as employment, education, housing, culture, spatial policy and social policy. This is important, since a structural social inclusion policy implies mainstreaming.

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The central local actor is the Public Centre for Social Welfare (PCSW), an autonomous public institution with a democratically elected council that exists in each Belgian municipality. Its legal mission is: 'Every person is entitled to social services so as to enable him/her to live a life corresponding to human dignity.' The PCSWs are responsible for the implementation of the Right to Social Integration, which consists of a guaranteed minimum income scheme (financed by the federal government and local government) and activation (to the labour market or to education). It also provides a broad array of social services for financial and material help, medical help, legal advice, psychological and social support, guidance on socio-cultural activities; it often has its own homes for the elderly, cleaning services, social housing, early child care, and hospitals. Networking with civil society organisations is increasing. Some larger centres organise group work, but the focus is on individual work.

Belgium has about 100 associations of people experiencing poverty. They give voice to people in poverty; some collaborate in projects with their local PCSW. Trained 'experts by experience' are formally recognised, but there is a lack of job opportunities.

In Flanders, there is a push to integrate the PCSW into the municipal administration, increasing pressure for labour market activation, and important cuts in socio-economic projects. The focus is on controlling and disciplining clients, and help is becoming more conditional.

¹³ See the examples of policies implemented by other Member States in the ESN paper prepared in the context of the Peer Review <http://ec.europa.eu/social/main.jsp?catId=1024&langId=en&newsId=2334&moreDocuments=yes&tableName=news>



In the **Czech Republic**, the roles of the central state, the regions and the municipalities are clearly delimited. The state is responsible for social benefits and allowances, for employment offices and for the (not yet implemented) housing strategy. The regions are responsible for financing social services, and they also run social services themselves. Municipalities are the primary key party: they coordinate the activities of bodies active in various areas. They are responsible for providing social work, child protection and assistance to people in certain circumstances that are very narrowly defined by the law. Social work is seen as one of the basic tools for social inclusion and for preventing a socially unfavourable situation from developing. Significant local differences exist in the extent and quality of social work, depending on local conditions and on the approach of the political administration of a municipality.

The Czech Republic has approved a national framework document for social inclusion and the fight against poverty (Social Inclusion Strategy 2014–2020). Social inclusion is defined as a process providing socially excluded persons or persons at risk of social exclusion with opportunities to assist them in engaging in economic, social and cultural life and to live in a way that is considered usual by society. Methods of equal participation of persons in poverty are not applied systematically.

In **Denmark**, the social sector is highly decentralised. The state provides the legislative framework, which does not focus specifically on needs resulting from poverty, but provides a broader context of combating and preventing social marginalisation. Municipalities and local authorities have a high degree of autonomy when implementing social services, although they are obliged to cooperate with voluntary social associations, and annually need to reserve an amount to support voluntary social work. The growing municipal involvement in voluntary social work has increased the number of people who are employed to develop and coordinate the voluntary social area and cooperation with associations.

Municipalities must ensure that everybody is given the opportunity to obtain free and anonymous counselling. Their task is to prevent social problems and to help the citizens overcome immediate difficulties and, in the longer term, enable them to deal with problems as they arise without outside assistance. Counselling may be provided separately or in connection with any other assistance. Various integrated approaches to help people who are socially marginalised or are at risk of becoming so, have been initiated in recent years. Since 2013, all municipalities in Denmark have established interdisciplinary 'rehabilitation teams', which are in some respects comparable to the SCTs. A team discusses needs, makes recommendations and coordinates actions and services, but does not execute any services or make any decisions: that is done by the relevant institutions themselves. The intention is largely to abolish disability benefit for people under the age of 40, replacing it with a new comprehensive rehabilitation model aimed at integrating the municipal social and health services and employment support. Participation of socially vulnerable people is also increasingly in focus, as a stepping-stone to education or to the labour market.

In contrast to the Netherlands, in **Finland** the state is strengthening its steering in health and social services. Complete integration of social and health care is planned and responsibility for running and financing them will be transferred from the municipalities to the newly created regions. The aim is to have more cost-effective and client-oriented services. Employment services, on the other hand, may be heading in a different direction: resources and responsibilities may be transferred from the state to municipalities and regions. The role of private employment services will be increased, incentive traps preventing acceptance of work will be removed, and an obligation to participate in activation measures will be extended.

One-stop guidance centres and outreach work in public places are ways of meeting the challenges created by making more application procedures available online. Emphasis is on early support, preventive methods and effective customer-oriented service chains across administrative boundaries. Efforts are also under way to substantially reduce paperwork, so that social workers can devote more time to client contact.

The model of 'expert by experience' will be developed, and partnerships between the state, municipalities, civil society organisations, the private sector, parishes and actors in working life are being consolidated. The goal is both to produce more effective services and to empower people as co-producers of the services. 'Social rehabilitation' – meaning the strengthening of self-reliance, empowering people, improving employability and participation – is a token of an ideological shift to a residual welfare model, in which people are expected to take more responsibility for their own well-being and health.

Until now, the role of local authorities in services such as education, health, public transport, policing, community and welfare has been limited in **Ireland**. While the policy context is still set at the national level, there has been a recent move to enhance the role of local government in community development, as well as to implement more integrated approaches to tackling poverty and social exclusion at national and regional levels. The establishment of Local Community Development Committees managed by multi-sectoral boards is illustrative of this development.

The Social Inclusion and Community Activation Programme (SICAP) came into being in April 2015 and aims to address poverty, social exclusion and long-term unemployment through local engagement and partnership between disadvantaged individuals, community organisations, public sector agencies and other stakeholders. It has three overarching goals: to support individuals and communities to address issues of social exclusion and inequality; to support individuals to participate in lifelong learning, education and training opportunities; and to support individuals in accessing employment and self-employment.

Caseload workers will work on a one-to-one basis on a problem with which a person has approached them. With the caseload worker, the individual will develop a personal action plan that identifies a pathway towards an objective, which must be about supporting him/her into employment, education or training. The programme has allowed social workers to engage in more quality-intensive, sustained support for community residents, but the caseload basis for their work is new. It focuses primarily on activation, and it therefore limits the capacity of SICAP caseload workers to meet the social inclusion needs of older people, or needs relating to broader issues such as housing, health, personal indebtedness or family support.



In **Latvia**, the municipality is legally obliged to provide (and to finance) appropriate social services and social assistance that meet the needs of every citizen, but national government pays for particular services. Two social assistance benefits, based on income tests, are a mandatory responsibility of municipalities: guaranteed minimum income and housing benefit. The minimum income is set nationally, but municipalities are free to fix the amounts, procedures and scope of persons entitled. Besides these mandatory benefits, municipalities may establish other services and benefits to support low-income individuals and families. With entitlement to social assistance rights comes a duty to actively seek solutions, to provide truthful information, and to use social assistance for the purposes intended. Since the amounts and range of benefits and services depend on the financial resources and priorities of each municipality, significant inequalities exist between municipalities.

The number of social workers is increasing. They are expected to work with individuals and to cooperate with specialists from other agencies and service providers. In some municipalities there is very close interdisciplinary cooperation; in others there is not. Some have introduced teams of specialists to assist families at risk in performing their everyday duties until this has become routine. A medium-term policy-planning document – ‘Strategy for Professional Social Work Development (2014–2020)’ – contains directions to improve social work: its quality, its accessibility and efficiency, and the sustainable development of the social work area. Data exchange is taken seriously, and a national database of local and national assistance data has been developed. This enables checks on people’s reliance on national and local assistance.

Combating poverty and social exclusion is one of the main goals of **Lithuania’s** social policy. All municipalities provide social assistance through a guaranteed minimum income, the integration of vulnerable social groups into the labour market, the setting up of services targeted at families and children, consolidating communities, and supporting non-governmental organisations. Cash social assistance to poor residents is provided directly by the state and by municipalities themselves. The main conditions apply to all the municipalities, but defining entitlements is the job of municipal administrations, as is the provision of additional lump-sum payments.

Social assistance commissions, which include representatives of social workers, the municipality, NGOs and labour exchanges, visit beneficiaries at home; after checking living conditions, they submit an inspection report, on which basis social aid can be granted or suspended. They may also observe other problems, apart from financial ones, and help to solve them. Citizens are encouraged to report cases where people need social assistance and cases of social assistance abuse. Although data exchange between different institutions also contributes to avoiding abuses, its main result is to enhance cooperation. The data exchange between municipalities and the labour exchange has been the most important achievement because of its effect on the integration of social beneficiaries into the labour market.

In spite of a move towards decentralisation, the main responsibility for the provision of social welfare services in **Malta** – a small, close-knit country – still lies with central government, which is responsible for social policy in general. This includes family and child policy, social housing, social security, pensions and other solidarity services, as well as issues concerning disability, the elderly and community care.



One of the earliest initiatives in this regard was the creation of social security district offices on the Maltese islands – a move aimed at reaching out to provide assistance and advice on social security matters. Another development has been the establishment of one-stop shops for social services, mainly in disadvantaged localities. Recently, these centres have been transformed, and they now specifically target poverty and social exclusion through an outreach-oriented and integrated approach. A major on-going restructuring process should result in the establishment of 18 community centres, which will focus on prevention and early intervention using a more decentralised, grassroots-oriented and rights-based approach, underpinned by greater active inclusion and the participation of stakeholders in social welfare provision.

Decentralisation is likely to lead to more emphasis on prevention and to collaboration between public social services and civil society organisations. There is also a move away from the specific role of social workers towards greater use of community workers whose role, however, is less well established at present. Community work is an innovative concept in Malta, where the Church still plays a major role in social work and community services.

The National Strategic Policy for Poverty Reduction and Social Inclusion (2014–2024) aims at mapping Malta’s strategic policy to address poverty and social exclusion through a comprehensive, long-term, results-oriented, participatory and partnership approach, based on the values of solidarity, equality, dignity and respect for fundamental human rights and social justice.

Although **Poland** has a general legal framework for the strategic approach of combating poverty and social exclusion at the regional and local level, it is not uniformly and fully implemented. Regional and local authorities are responsible for identifying social issues and problem areas, as well as for drafting and implementing strategies for solving social problems; but there is no common pattern. The existing institutions tend to focus separately on sectoral issues, such as unemployment, social assistance, education, health and domestic violence. Cooperation among social services, particularly social assistance services and public employment services, is fairly recent.

A crucial role is played by the system of social assistance, which is organised in cooperation with foundations, associations, the Catholic Church, other churches, religious groups, employers and both natural and legal persons. There is a legal obligation to establish a social assistance centre in every municipality. These provide a wide range of benefits and services, including cash benefits and different forms of non-financial support (social work, care services, specialist counselling, help in settling official matters or other key issues). They employ social workers, whose role recently has become a topic of debate, especially about whether they should focus purely on personal assistance or should also be involved in community building.

In **Romania**, the national social assistance system is founded on a number of general principles, such as social solidarity, subsidiarity, proximity, complementarity and integrated approach, partnership, individual approach and participation of beneficiaries. Responsibility is shared between central government (which designs policies and the social work system, and coordinates monitoring and evaluation) and local authorities and social service



providers, who implement the policies but also organise their own social services. This local responsibility can be outsourced to NGOs, religious organisations, or legal entities. Social services are financed from state and/or local budgets, the beneficiary's or family's contribution, and other sources. Provision of social services is based on the identification and evaluation of the social needs of an individual, a family or a group, and this is done by social workers.

The social worker has a case management function and works closely with the beneficiary. If initial evaluations point to particular needs, this results in a personalised care plan, which can either be implemented by the social assistant and the beneficiary, or else forwarded to a care provider, usually chosen by the beneficiary or his/her representative. The local social assistance service is then responsible for monitoring and evaluating the results of the intervention.



D. Main issues discussed during the meeting

During the debate, a number of common issues were highlighted. Concerns about current financial constraints were formulated and the new emphasis on labour market activation of social assistance users was discussed, as was the difficulty of reconciling locally and individually tailored implementation with national, systematic policy setting. Also considered was the extent to which social work is itself a specialised skill, requiring professionally qualified social workers.

The need for overarching goals for anti-poverty action

In the discussion there was general agreement that overarching goals for anti-poverty action need to be set nationally, but there should also be a strong local role in their implementation.

In the last decades, the European level has become more relevant as a context for anti-poverty action. National targets have been defined within the EU 2020 strategy, and within this context a national programme is also written, and every two years national strategic reporting has to be undertaken. It is relevant that in most Peer Review countries, national action plans have been developed (see the overview of the Peer Review countries in Part C) – also as a response to this European context.

Active inclusion was identified as an important means of reversing the present drift away from the targets set in the EU 2020 strategy: to lift at least 20 million people out of poverty and raise working-age employment levels to 75 per cent. Some 4 million more people in the EU now face poverty and social exclusion than at the outset of the strategy. Child poverty and severe material deprivation have shown particularly sharp increases.

The Social Investment Package and other Commission initiatives of recent years have consistently emphasised the importance of actively including people who are currently excluded from the labour market and society. The three pillars of active inclusion are: active labour market policies; adequate minimum incomes; and access to quality services. The Dutch policy under review takes account of these three mutually reinforcing pillars. More particularly, the SCTs are a good practical example of access to quality social services. All the evidence suggests that if services are delivered in an integrated way, their efficiency and cost-effectiveness are improved. They are a good long-term investment in social well-being, growth and employment.

Reconciling locally and individually tailored implementation with national, systematic policy setting

A clarification of roles and goals is needed across the different institutions involved, especially as not all Dutch municipalities have yet created SCTs. Should the aim be to extend this policy to the whole country, or is that to be left entirely up to the municipalities? Quantitative targets and indicators are needed to allow for benchmarking, as well as for regular evidence-based evaluations. There is a role for the Dutch ministry in assessing whether this initiative really works.



Telling municipalities what they have to do would run counter to the Dutch vision of decentralisation. Through local democracy, it is up to communities to hold municipalities to account. In some communities, for instance in rural areas, SCTs may not work. There are also other types of integrated approach, some of which were described in papers from Peer Review participants. So it may be that some municipalities, once they read a summary of this Peer Review, might decide that some other initiative would be more interesting than setting up an SCT. The current lack of proper evaluation of the SCTs is partly due to the fact that goals vary from one municipality to another. Some, for instance, may give priority to outreach, while others mainly seek to coordinate the subsidised work of different NGOs and avoid costly overlaps. This results in municipalities doing their own evaluations on the basis of different criteria. This undoubtedly hampers the easy sharing – both within and between countries – of good practice in the fight against poverty.

The new emphasis on labour market activation and empowerment of social assistance users

The SCTs in the Netherlands are not primarily about fighting poverty, but rather about promoting empowerment and social well-being, which implies that they need to be better integrated with other social services.

One of the major challenges for the proper coordination of services is the balance between income support and job-search requirements or other forms of activation. This is particularly difficult when the functions are assigned to different institutions. So far, the discussion has not brought out the SCTs' role, if any, in promoting labour market activation. To what extent are local employment services involved in the SCTs' work?

The social protection system has become more activating. People can be helped to acquire new skills if they need to take up a different form of work. If somebody is completely dependent on social welfare because no jobs are available, they are stimulated to take up some form of participation. There is indeed a lot of negative news generated when this goes wrong. One infamous example is when somebody who has been fired from a waged job ends up doing the same job as a 'volunteer' on social benefits. But the advantage is that it keeps people in touch with society and the world of work, while still guaranteeing a social income.

In terms of user empowerment, SCTs might benefit from a conceptual improvement. On the one hand, it is important that people are supported to find their own solutions; on the other, according to the idea of empowerment, responsibility cannot lie solely with the individual. Empowerment requires awareness raising, training and new skills development (e.g. digital competence), as well as the resources and advocacy of different professionals and networks. To connect those different areas with each other, constant coordination of policy and practice is necessary, and this requires a significant effort involving politicians, civil servants, private actors and the local communities.

Is social work itself a specialised skill, requiring professionally qualified social workers?

There was also some discussion of the competences needed by social workers, and of their status. While teams may need to draw on different experts, is social work not an expertise in itself, which should be recognised as such, with proper qualifications and remuneration? No general consensus was reached on these issues, but some participants agreed to share relevant information.

Initial experience of the SCTs in the host country has shown that the most difficult change for professionals is the shift from caring for people to creating the conditions in which people care for themselves. New social work professionals are now being trained to have the reflex of trying to empower people, rather than first trying to solve their problems for them. A need for further training on social work with disadvantaged groups that require specific capacity building across their life cycles – e.g. travellers, Roma, ethnic minorities, migrants and refugees, children, families and older people – was shared by several peer countries. In Latvia, for instance, a big project on social work development is in preparation, using European Social Fund money. It will focus on methodologies, capacity building, team building and other elements that could help municipalities to improve the quality of their social work. Guidelines and materials on quality evaluation and caseload levels will also be developed.

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Irish participants expressed a similar concern regarding changes in required competences. The recent SICAP experience has allowed social workers to engage in more quality-intensive, sustained support for community residents. But the caseload basis for their work is new. They have moved from a broad-based community-development approach to working one to one, and regular follow-up of clients is a new way of working. Another challenge is that while the programme focuses on employment, education and training, some people come to the social workers with broader issues. Addressing those other needs is part of the workers' caseload, but no account is taken of that in the reporting indicators.

Part of the recent discussion has been about whether social workers should focus purely on personal assistance, or should also be involved in community building. One problem flagged up by the host country was that little collective social work is being undertaken within the SCTs, due to the work pressure arising from individual cases. And yet, collective work is more effective in the long term in giving people opportunities for participation. In Malta, there is a move away from the specific role of social workers towards greater use of community workers, although their role is still less well established. In Denmark, efforts are under way to free social workers from paperwork, so that they can devote more time to contact with their clients. However, one disadvantage of making more and more application procedures available online is that people are no longer obliged to contact social services personally, in order to receive benefits.



How much room to operate should be given to social workers (and other professionals)? Should they have carte blanche, or work according to very detailed prescriptions? Danish social workers have a manual on dealing with homelessness. They have to follow the manual step by step; this does not mean that no consideration is taken of the individual, but the work is kept on course. Social workers are made very aware of the services and follow-up they need to provide.

Further issues

It was suggested that the SCT approach leaves out the poorest of the poor – homeless people. However, in some cases, people from organisations working with the homeless are part of an SCT. The SCTs are not homeless shelters, and nor are they food banks; but they can point people in the right direction and connect NGOs together.



E. Conclusions and lessons learned

- SCTs can be an economical, effective and sustainable instrument in the fight against poverty and related problems. Among the advantages of SCTs are flexibility, potential cost-effectiveness and accessibility. They are based on needs assessment. SCTs are not just about poverty: they provide a single entry point to an integrated approach to care and support. They are embedded in local communities and have a low threshold, making them easily accessible. Since teams are based in local residential areas, they offer the possibility of combining a drop-in model with outreach.
- SCTs must be well embedded within the local community: all relevant stakeholders, especially NGOs, employers and people in poverty, must be involved. Solutions should be sought in co-creation with the users, rather than through a top-down approach. Delivering services in partnership, to people with various needs in the fields of health, education, housing, care, finance and employment, enables individualised approaches and improved outcomes.
- Integrated social work requires interdisciplinary teams composed of highly motivated and competent professionals. Generalist social workers, with a broad perspective and legal competences (front office), could assist in coordinating and developing networks at the local level. The specialist competences of social workers (such as their knowledge of appropriate methods) remain fundamental. Many of the key areas in which the SCTs work require people with specific training. It is extremely important to value the work of qualified social workers and to recognise that they are specialists in their own fields. A mixed-method approach for social intervention is needed, taking account of the diversity of potential users.
- A coherent anti-poverty strategy should include a definition of poverty that goes beyond income, and also take account of the effects of 'indirect' poverty policies, which often have a deeper impact on combating poverty than 'direct' (targeted) policies. A reiteration and strengthening of social rights is fundamental: they provide the legal framework to fully participate in society. Such a legal framework should not only provide a common context for SCTs, but at the same time leave sufficient leeway to adapt to local situations and needs. A 'social impact assessment' can help to avoid perverse or otherwise unexpected outcomes, and increase the effectiveness of initiatives. The systematic collection of reliable information is also important.
- Transferring responsibilities to the local level brings with it two major challenges: the lack of resources to cover liabilities that have been delegated, and the risk that inequality among different municipalities could lead to unequal treatment on the basis of residence, and thus to care migration. This is one of the reasons why multilevel governance between the local, intermediate, national and European levels is needed, as is horizontal cooperation/partnership among different actors (public, private for-profit, and NGOs) and across different domains (departments).
- The 'active inclusion' approach, with its three pillars (adequate income support, inclusive labour markets, and access to quality services) provides the best framework for inclusion policies (see the European Commission's Recommendation 2008/867/EC of 3 October 2008). The Social Investment Package and other recent Commission initiatives have consistently emphasised the importance of actively including people who are currently excluded from the labour market and society. The Dutch policy under



review takes account of these three mutually reinforcing pillars, and particularly of access to quality social services. The evidence suggests that, if services are delivered in an integrated way, their efficiency and cost-effectiveness are improved. They are a good long-term investment in social well-being, growth and employment.

- If social service users are required to perform unpaid work for ‘the benefit of society’, that work should also contribute to the user’s labour market opportunities and to his/her personal development. However, there is a risk that unpaid work may reduce the number of jobs available for low-skilled personnel and/or drive out genuine voluntary work.
- Empowerment of users is vital, but not all responsibility should rest on their shoulders. Even relying on users’ own networks is not a viable option, because ‘poor people have poor networks’. People in poverty need both instrumental (jobs, education, housing, income) and expressive support (e.g. emotional support and integration into new networks). Empowerment requires awareness raising, training and new skills development, as well as the resources and advocacy of different professionals and networks. Qualitative instruments could measure improvements in empowerment.
- **Increasing emphasis should be put on evidence** with regard to policy making, service delivery and evaluation, in order to identify the most effective and efficient approaches and scale them up. Constant coordination of policy and practice is needed. This requires a significant effort involving politicians, civil servants, private actors and local communities. Cooperation with NGOs is important, as they can contribute valuable specialist knowledge. Systematic evaluations of SCTs should also be carried out, including comparison over time: Have the SCTs succeeded in reaching their objectives? How satisfied were users about the service? And to what extent were the SCTs able to address the users’ needs?
- Within the EU, more than 120 million people are currently at risk of poverty or social exclusion. In line with the principle of subsidiarity, poverty reduction should remain a competence of the Member States. The European Platform against Poverty and Social Exclusion (EPAPSE) should be reformed and reinvigorated. The implementation of relevant EU policy documents (such as the Active Inclusion Recommendation, the Recommendation on Investing in Children and the Social Investment Package) should be monitored more closely. The Pillar of Social Rights currently under development in the EU should include provisions relevant to fighting poverty and promoting social participation.
- The European Commission is issuing calls for projects aimed at fostering policy innovation in the delivery of integrated services. It has also issued a call for tender for a major study of at least 10 countries, to assess reforms aimed at integrating the delivery of social services for minimum income recipients. This will assist in the preparation of reform pathways for Member States. The results of the study should be ready towards the end of 2017.
- A Commission-proposed Recommendation for bringing the long-term unemployed into the labour market was adopted on 7 December 2015 by the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council, which brings together ministers responsible for those areas of policy from all EU Member States. This recommendation also promotes an integrated approach and a single point of contact with unemployed people – a one-stop shop.



- The Dutch EU presidency during the first half of 2016 will provide a number of opportunities to address poverty issues. The fight against poverty will be among the main priorities during this presidency. It is intended to stimulate the exchange of good practices of poverty reduction, and will further involve public bodies and civil society organisations in this effort. The Netherlands will also host the annual conference of the European Social Network in 2016. The Dutch presidency will be seeking European Council conclusions on an integrated approach. These Council conclusions will be prepared in the Social Protection Committee. The aim will be to have them adopted in June 2016 by the EPSCO Council.
- The outcomes of this Peer Review can bring a significant contribution to the improvement of integrated poverty policies at the local and national level, as the Peer Review provides a place for presenting and discussing each peer country's approach. It thus facilitates mutual learning, beneficial for all Member States in their process of improving their social assistance systems, policies, practices and practical instruments/tools used, with the aim of better reaching and supporting the most disadvantaged individuals and vulnerable groups.



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Social community teams against poverty

Host country: **Netherlands**

Peer countries: **Belgium - Czech Republic - Denmark - Finland - Ireland - Latvia - Lithuania - Malta - Poland - Romania**

Stakeholders: **European Social Network (ESN), European Anti Poverty Network (EAPN)**

The Dutch government's declared aim is to move from a welfare state to a "participation society" built on citizens' self-reliance and networking. Large parts of the social security system have been devolved to the municipalities, which are expected to follow an integrated approach to social services, while offering solutions tailored to each individual case. In response, most municipalities have set up Social Community Teams (SCTs).

This Peer Review, held in The Hague (January 2016), discussed the use of SCTs to combat poverty.

