



Hungary 2005

**Basic social services
in rural settlements –
Village and remote
homestead community
care-giving**



Minutes

Peer Review Meeting
Miskolc, Hungary
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on behalf of





Chair **Gellért Ghyczy** of the Ministry of Youth, Family, Social Affairs and Equal Opportunities welcomed participants, and noted that the hosts were looking forward to hearing the views of experts from other countries on how the village and homestead caretaker service is performing, and further developments they can foresee. He extended a special welcome to the next speaker, the Deputy Secretary of State minister responsible for this area.

1. Welcome address

Sándorné Szabó, Deputy Secretary of State for Youth, Family, Social Affairs and Equal Opportunities, welcomed everyone very cordially on behalf of the minister and the staff of the ministry. She finds the event to be of great importance in allowing social work professionals to meet and learn from each other. The social sphere is a complex one, and the social services system faces many challenges in coming years. One of these is to correct and clarify the system, so as to make social services more predictable, efficient, just and human-centred. European social reforms are going in this direction, and Hungary is aware that as an EU member state it still has a lot to do in this area. During this peer review, Hungary hopes to learn how social policy can support and help individuals and families by extending opportunities, because it is important to solve problems through active policy tools, so that people's economic independence is preserved. It is only by working together that politicians and professionals can find long-lasting solutions that enable every single citizen to access services, no matter where they live in the country.

This is the first social inclusion peer review to take place in Hungary, she continued, and I should like to thank my fellow staff for working so enthusiastically to prepare it. This conference gives us the opportunity to show the visitors what we have done and what we plan for the future, to listen to their opinions and to find out what parts of Hungary's experience other countries can make use of.

The Hungarian context

I should like to situate the village and homestead caretakers' network in the Hungarian context. Hungary has a fragmented local government structure, comprising 3,135 settlements, which are the local authorities or municipalities. The country's population is 10,174,000. There are 1,021 settlements with a



population of fewer than 500, and they are home to 275,000 people, more than one-quarter of whom are over 60 years old. There are 690 settlements with between 500 and 1,000 people, and these are home to 501,000 people, 'only' 23% of whom are over 60 years old. This means that 7.4% of the elderly population is spread over more than half (54%) of the settlements.

Another feature of Hungary's settlement structure is that the capital city is disproportionately huge, with 1.7 million people, and there are only 21 settlements with over 50,000 people. Thus 37% of the population – 3.7 million people – are concentrated in only 0.7% of the settlements.

In sociology they call this a 'long and steep' settlement distribution curve. This is why in small villages and homesteads people have tremendous problems accessing services. So I think a very important programme was launched in 1989 here in Borsod-Abaúj-Zemplén county and this is the village caretaker network – this is where it all started 16 years ago. Its goal is to overcome disadvantage resulting from lack of institutions so that basic services are accessible. The minibus is a very important tool enabling the village caretakers to carry out their activities, because the roads are bad, public transport has shortcomings and income is well below average, so most people do not own their own cars.

The system started from here, the Ministry of Public Welfare started to support it, and in 2004 a new element was added, that is the homestead caretaker network. We expect the network to improve the quality of life of people living in villages and homesteads. This seminar is important because it gives us the opportunity to promote best practice. The ministry gives the caretaker system a significant degree of support, as services that we approve are granted a standard operating budget of HUF 2.12 million (€8,500) a year. Though we have started 828 village and homestead caretaker services over the last 15 years, more than 2,200 would be needed to cover the whole country. So we still have plenty of room for development.

I think the course we have set is a good one. The ministry is spending HUF 1.8 billion (€7.2m) this year to operate these 828 caretakers (€8,5700 each). If all 2,200 were working it would cost nearly HUF 5 billion (€20m). I mention this because although we would like to gain momentum in the future, when a country develops a service it has to take its capacity into account.



I trust that you who have come here from different parts of Europe will acquire useful knowledge and experience, especially when you make field visits and actually meet caretakers, and I also hope the hosts will get a lot of new ideas on how to develop the service practically and creatively. A new eye can always see something we do not see, so I would like to ask all participants to help our work. If you need any help or support we will be happy to provide it to you. I wish you a very useful, rich and successful conference.

2. Introduction

2.1 Peer reviews in the field of social inclusion policies

Hugues Feltesse of the European Commission's Directorate General for Employment, Social Affairs and Equal Opportunities thanked the Hungarian authorities for making this contribution to the social inclusion peer review process.

The 2004 and 2005 reports on social inclusion in EU-15 and EU-10 stress that rural areas face a diverse set of challenges – frontier areas suffering a loss of population; areas accessible to conurbations facing a population influx and a consequent lack of facilities and social services; pressure from agricultural restructuring; and environmental concerns. This review, focusing on social services in deprived rural areas threatened by social exclusion, will therefore be very useful to other EU Member States. The EU is based on fundamental rights and freedoms. It is a union where all citizens have the right to equal opportunities, a union that strives to combine economic competitiveness and prosperity with social cohesion and inclusion. We are a union of diversity. One of the criteria for EU membership is the quality of the protection which is provided for the population threatened by social exclusion.

The Union has encouraged the authorities of the new Member States to develop strategies to address this challenge. While social integration in disadvantaged areas is primarily the responsibility of Member States, integrated development of the countryside is an urgent issue that also demands support from the EU, through the European Regional Development Fund and European Social Fund. We must therefore evaluate the support that the EU has provided in the context of enlargement and look ahead to see how EU policies and programmes can address this challenge most effectively.



The peer review programme

For those new to the peer review exercise, let me recall its three main objectives. Our goal is mutual learning. This means that the representatives of the peer countries will expect to learn from their Hungarian partners about how they have fared in pursuing their ambitious objective – to reduce the disadvantage of small and remote settlements that lack local services, by ensuring access to basic public services that meet individual and community needs. The representatives of the peer countries and stakeholders here expect nothing less than a frank and objective account, not only of what works well but also of what does not work as intended, or maybe does not work at all. I am grateful for the information provided so far, which is of a very high standard. However our hosts can also learn from the critical remarks from peers, as well as from similar experiences that have been carried out in their respective countries.

However the objective of reaching a better understanding of Member State policies is not sufficient. The second objective of the peer review is to improve the effectiveness of policies and strategies in this area. This is a vital challenge. It is no secret that social inclusion policies still face scepticism, if not open criticism, in many circles, which tend to see economic and employment growth not only as a condition but also as the only way to reduce poverty and exclusion.

The third objective is the most ambitious: to facilitate the transfer of key components of policies, institutional arrangements and programmes – approaches, methods, organisational arrangements and so on – which have proved effective in combating poverty and social exclusion. The participants in this meeting, and in particular those close to policy making at national level, therefore have a heavy responsibility. Their privileged access to information makes them the key actors in enabling effective transfer of policy. This transfer of policy will be supported by the wide dissemination of the results of this seminar to policy makers, to stakeholders and to anyone interested in the topic, through the peer review programme's newsletter, website and the report of each peer review, as well as the planned annual report.

Let me add that the objective of the peer review programme is not competition. We are not interested in ranking the policies – it is not a 'hit parade' of policies – but in the reasons why certain policies or key components of these policies have succeeded in certain conditions, and whether this success can be



replicated elsewhere, if appropriate care is taken in adapting them to different cultural, institutional and economic contexts. Even if 'success' is a word that should be used sparingly, the peer review programme is looking for success stories, or at least inspiring stories.

The open method of co-ordination

Indeed mutual learning and the exchange of good practice are a *raison d'être* of the open method of co-ordination, which is mature in the field of social inclusion policy. All the planned methods supporting the open method of co-ordination are fully operational. The peer review programme is not the only method – there are two others. First, the transnational action programme supports the exchange of good practice in a given thematic area among partners from at least three different member states sharing similar interests or policy background. There are now 31 projects supported under this programme for the year 2004-05, and the selection of the new ones has just been finished. These 31 projects have mobilised more than 150 local authorities, research centres, NGOs and service providers, and more than 1,000 were involved in the submission of proposals. There were a significant number of proposals concerning rural development. The goal here is to promote networking, dissemination of information, exchange of good practice and the mobilisation of actors on a wide basis.

Secondly, after the Member States present their national action plan for social inclusion, the Social Protection Committee also holds general peer review meetings once a year to examine the contents of the NAPs/incl. Their goal is to examine the challenges and strategic options each Member State faces, and assess how each country has managed to translate the common EU objectives into national policy.

Let me conclude by saying that myself and my colleagues at the Commission as well as the consultants and members of the Social Protection Committee here present will actively follow this seminar to learn more about how to develop adequate basic social services in rural settlements and how to improve policies in this area.

We also try to continually improve the processes within the open method of co-ordination, and for this purpose we depend on your evaluation of this seminar, which I invite you to contribute using the form provided. We hope



also to have your feedback from an evaluation survey we will carry out in a few months to find out what the real results are in your countries and at the EU level. I wish you all two very fruitful working days.

2.2 Presentation of the programme

The peer review manager, **Charlotte Strümpel** of the European Centre for Social Welfare Policy and Research, gave an overview of the programme of the peer review meeting. The first day focuses on an examination of the Hungarian and peer country experience followed by site visits. The second day looks at transferability.

3. Tackling the shortage of social services in small and often isolated rural settlements: the Hungarian policy approach

3.1 The legal environment of the village caretaker service

Zsolt Kovács, Head of social and family services department, Ministry of Youth, Family, Social Affairs and Equal Opportunities

I should like to highlight three areas of strategic importance from the point of view of the ministry.

The legal environment

The current legal environment is defined mainly by the Act on Social Services Act. The village and homestead caretaking service is part of the range of social services provided in Hungary, and the Act considers this service to be a basic service. This expresses the intention to help people living in villages and remote homesteads, in order to prevent the evolution of a socially disadvantaged population. The objective is to provide them with the assistance they need. In the interest of quality, the service is subject to an operating licence, and the licensing procedure is defined in a separate piece of legislation. The procedure focuses on the quality and contents of the service. Obtaining such a licence is a condition for financing.

We consider this service, and the horizontal contact network on which it relies, to be of great importance in the development of basic services that has been



one of our priorities over the past three years. We recognise that the service goes beyond social work, and the philosophy of regulation reflects this.

The strategic position

One of the reasons the service has been established is the large number of small rural settlements that exist in Hungary. The efficient delivery of social services depends very much on their location. Regional rural transport services as horizontal partnerships are therefore very important in evaluating the strategic position of the service. Perhaps a good overview of this situation is to say that the caretaking services build a bridge between the needs of individual people and the services provided in general. Over the last three years the reform of basic services to improve access has been a legislative priority.

The future and the way forward

In the future, we need quantitative development – more of these services – with each service being tailored to the characteristics of a given settlement. At the same time quality improvement will also be a priority, and as we are working in a multi-actor environment we would like to define more accurately the qualitative content. We have already started to define standards that will be the base of both community services and social work. Our experts have been preparing a structure, which we would like to see reflected in legislation in the future. So we will develop professional guidelines and protocols, which will enable us to improve the efficiency of the monitoring system.

Working in a multi-actor environment, we also need to ensure this service remains independent, and therefore we need to strengthen the bridging role. This will also be a priority, and calls for certain legislative changes.

3.2 National expert report

Tamás Gyuris, National Institute for Social and Family Policy

The survey conducted over the last few months is the first comprehensive survey of the village and homestead caretaking service. The response rate was 42%. Two questionnaires were used. The second of these was addressed the mayors, clerks and village caretakers in equal proportions (one-third each) as these are the most important influences on the quality of service provided, and it was desired to find out if the different actors had different attitudes.



The legislation defines the goal of the village caretaking services as to alleviate disadvantage due to the institutional deficit in remote settlements, and to try to meet individual and community needs. The context is one of rural depopulation: most small settlements continue to shrink even after a caretaker is appointed – because of the lack of services but even more because of the lack of jobs. This varies from settlement to settlement: in very small settlements the level of unemployment is higher, as is the level of *non*-employment, because of the ageing population.

Secondly, the villages really are at a disadvantage because of the absence of services. Our survey showed that 98% of villages lack a crèche, 45% a kindergarten/nursery, 55% an elementary school, 56% a police presence, 69% a veterinary surgeon, 42% a district nurse, 75% a pharmacy, 60% a post office. 61% a pensioners' club or day care centre.

The availability of a family support service (55%) and child welfare service (69%) services is higher in villages where there is a caretaker than in small villages in general, indicating some sort of knock-on effect.

The situation has been improving since 1989 under the impulsion of the Society for Village Development led by Bertalan Kemény. The first caretakers under the government scheme in certain counties were appointed in 1991 and the scheme now covers 36.1% of villages. But the counties vary dramatically: in the best-served county 74% of the villages are covered and in the worst only 2%.

The law is imprecise as to exactly what services a caretaker should provide. Our survey indicates that on average the following services are provided most frequently: delivery of meals (on 470 occasions in 2004), homecare (218), provision of community and social information (158), meals in institutions (152), collecting prescriptions (140), school bus services (139). Caretakers supervise workfare workers roughly every other day, take patients to the doctor's surgery roughly every third day, undertake shopping trips every fourth or fifth day, and organise sport and cultural activities every tenth day.

The target groups benefiting from the caretaker's work are 0-18 year-olds in 27% of cases, 19-59 year-olds in 31% of cases and over-60s in 42% of cases.



Eligibility for the caretaker's help is most often decided by the mayor (in 78% of cases), but also by the caretaker himself (56%), the elected village council (41%) and the village clerk (24%).

In general, the services are financed largely by central government (76%), 21% by the municipalities and only 3% by the users, but these shares vary widely.

Eighty-seven percent of caretakers are men and 13% women. Almost all live in the settlement they serve. They are typically around 45 years old, and are unskilled: 20% have a school leaving certificate. Around one-fifth have a background in farming, while only 6% have previously worked in social services.

They are mostly chosen by the village assembly, through a consultation process, and day-to-day supervision is by the mayor.

A survey of attitudes shows that everyone agrees that old, sick and disabled people are those who most need the caretaker's help. Domestic violence, whether towards adults or children, is not seen as a problem – it is treated as a private matter.

Caretakers tend to be seen by the villagers as assistants to the mayor, a factotums or general dogsbodies, whereas they think of themselves as servants of the village assembly. It is notable that almost without exception, the mayors express total confidence in their caretakers.

Suggestions for improvement included better finance, better conditions and tools, a higher salary and less bureaucracy.

4. Preliminary discussion

4.1 Slovenia – Majda Cernic Istenic, University of Ljubljana

Though Slovenia is a small country, it is very inhomogeneous. More than half the population lives in the countryside, and about 14% live in demographically vulnerable areas suffering from outmigration. The social services system is quite well developed but there is little research on the subject. The family plays an important role.



The potential for transferability of the Hungarian system is that it delivers services irrespective of where the recipient lives. The precondition for transfer is the recognition of the need. This is at present missing, though there is some discussion on basic social services in rural areas. At present the social relief service (SRS) provides short-term cover which allows farmers to take holiday or maternity leave.

4.2 Lithuania – Daina Urbonaitiene, Ministry of Social Security and Labour

One-third of the population is rural. The state provides all villages with a school bus, but the problem is lack of staff. Health care is concentrated in towns, but there is a plan to settle doctors in villages. There is a scheme whereby older people living in isolated areas can receive a monetary to pay a relative to provide home care. However not all municipalities provide enough services, and better services could allow more people to stay at home. The LEADER initiative is addressing this issue.

The Law on Social Services lays down which services shall be provided, and for a caretaker service were to be introduced, this would need to be amended in the course of a periodic revision. The problem is finance: it is the municipalities that have to pay for social services, and if the state intervened this might weaken their sense of responsibility to improve services.

Non-professional caretakers could only provide basic services. However the scheme has the benefit of identifying who is excluded and their needs.

4.3 Greece – Christos Kirkoglu, Ministry of Employment and Social Protection

Greece has many small villages in the mountains and islands. Local authorities provide the social services, financed by the state and, especially for those excluded from the labour market, the European Union. These include offices where psychologists and sociologists guide people to use social services and to improve their skills, centres for the elderly, and childcare nurseries which promote the reconciliation of work and family life. Additional services are available in some places, but no services are specifically targeted at villages.

Transferability depends on local authorities being motivated, as they have the competence to start such a service if they have the know-how. The idea might



be useful. However there are differences in the type of services provided and in the educational level of the staff, who in Greece are at secondary school or university level. Financial administration is also a big issue, because social services are provided by the local authorities, but European funding is managed through the ministries or regionally. The managing authority also needs to define indicators, collect data and carry out monitoring.

4.4 Portugal – Ana Cardoso, Centro de Estudos para a Intervenção Social (CECIS)

Portugal has a rural situation similar to that in Hungary, and the inland area near the Spanish border has many smaller villages with ageing populations. There are also problems of access to social services in urban areas, especially in social housing estates. What is needed is greater recognition of the need for tailored services, flexibility and priority for community and home care.

This experience is not really new for Portugal, and EU and national programmes have implemented local services. However the problem is always sustainability and continuity, because the system is not based on local authorities: the state provides social services but most of the time it gives support to non profit organisations to do it; and local authorities do not have limited the competence to do so. However, to a certain degree, this may depend on the mayors and local councillors.

If the village caretaker scheme were to be transferred to Portugal, the problem would arise of who is to pay the caretakers. The main service providers are private social solidarity organisations that depend on government grants and user fees to pay their wages. But sometimes these organisations have a very closed and inflexible organisational culture, and lack the skills to support village caretakers. What would be needed would be training and the integration of caretakers into the local partnership networks that are growing up in Portugal.

4.5 Finland – Harri Jokiranta, Seinajoen ammattikorkeakoulu

The issues the discussion paper raises are also discussed in Finland. The Finnish system is organised from the bottom up, so the basic services are organised by the local authorities and special services by a different system.



A study some years ago indicated that well-being is patchy – overall it is worse in the north and east than in the south and west, and at the settlement level the areas of well-being are scattered. Therefore when we talk about local services we have to think very carefully what we mean, and adapt them to the very fragmented needs. There is no one pattern to organise services, and therefore this kind of caretaker is very innovative and useful, because it allows us to tailor-make the services.

Access to services depends on transport. In Finland disabled and elderly people and school pupils have a right to transport. School transport is free for children who have more than five kilometres to travel, while the municipalities can ask for payment from children who have under that distance to travel.

Finally there is the issue of information – how to systematise knowledge, what we know, and how we know what is happening. If we are evaluating or setting quality standards, we need information. There are three windows to the picture of regional welfare – statistics, experience and expertise – and we need all three windows. We have to listen to what the people who use the service say, and here we need the perspective of experience – the citizen's experiences of everyday life, as expressed through biographies, narratives, memory, local histories. We need to use the information people produce in their everyday life.

4.6 European Social Insurance Platform (ESIP) – Jérémie Cazeuneuve

ESIP has some members that specifically deal with social protection for farmers, and others that deal with social protection more generally. Some of them deal with social action, while some of them do not. This peer review is very interesting because of the national and European experiences it has brought out. The first thing to remember is that the rural population has the same needs as the urban population – the problem is their access to the resolution of these needs. There is also a demographic problem caused by the high proportion of old people, and another specificity is the relatively low income, which correlates with exclusion and social problems. There are also factors of diversity, which must be kept in mind. There are several different types of rural areas, and agriculture is not the only structural activity in rural areas. Also the phenomenon of rural exodus is not general – in some rural areas the population is increasing. And the new arrivals are not only people who want to live in a large house with a garden, to use a classic cliché. There are also



homeless people, young people, seasonal workers and travellers in the process of settling, who face exclusion and have high social needs. This is why the Hungarian approach seems interesting, because its decentralised approach could adapt to all these aspects.

We feel that the broader the scope of activity of such a service, the better. One of the principal services offered must be transport, and because one thing is true across Europe: you cannot solve the other problems without solving the transport problem. Moreover one good way of addressing exclusion is to link social services with health services. As regards the organisation of the service, we feel it is important to define the caretakers' mission at the beginning, and to define the skills they need. In many European countries the idea is current that services are the future and are a solution to unemployment among unskilled people, but dealing with young people and old people requires training. You also need to train the trainers, and build a whole system to do this. This should be backed up by strong networking.

I should also like to mention the question of social protection. Most of the comment papers identify this as a social service, but even if different countries define this differently. The question of a social protection system adapted to the needs of the rural population has been addressed in various ways in Europe. Some countries have a special regime for farmers or country dwellers, while in other countries farmers fall under the general regime for self-employed workers' systems. All these different systems have their advantages. On the one hand if you do not have a specific rural social protection system, the caretaker system is really interesting because it will solve a problem. On the other hand where rural social protection systems do exist, caretakers could form a useful networking partner.

Local social development

To sum up, the interesting thing is that the Hungarian system has taken a local social development approach, which we believe to be the best approach. The only national element is the exchange of best practices. Local social development must be part of a global rural policy, which also comprises economic and cultural policies. It should take a decentralised bottom-up approach, and should work with local NGOs and civil society. It should concentrate more on prevention than cure, and on promotion rather than assistance. We also recommend a multi-disciplinary approach according to which caretakers work



not only with social workers but also with doctors, social protection organisations, municipalities, NGOs etc. It does not matter who exactly delivers the service: the important thing is that everyone works together and that the local population becomes an actor in the process.

4.7 Caritas – András Márton

Caritas Alba Julia covers nine counties in Transylvania, and is part of a 17-country programme co-ordinated by the Deutscher Caritasverband and Caritas Europe covering the implementation of homecare and social services in Eastern European countries. Over the last 15 years, Romania's population has fallen from 23 million to 21 million. The number of retired people has risen from 3 million to 6 million, and there are 3.5 million people working abroad. In practice this means that the strong active people are abroad and the old people have stayed at home. This is worsened by the fact that 47.6% of the people live in rural areas, and 42.4% of them live in poverty – 17.5% in extreme poverty. Conditions in villages along major roads are better, but overall the situation is terrible.

A special problem is caused by the fact that there is no tradition of social services. During the last 15 or 20 years of the communist regime social services in practice did not exist – there were no social workers, therapists or psychologists, and no training either. The new generation is trying to find its place, as the old system was very passive – it distributed money but did not provide any services.

Caritas Alba Julia, which was reorganised in 1990, has been active in the field of home based nursing and social assistance. The mayors said that the most important job was to provide homes for elderly and disabled people, so we tried to address this issue with our home nursing system. Our pilot project in this field in the county of Harghita has already been operating for four years, covering practically the entire county. The principle is that in every settlement we have two full-time people, who concentrate on remedying the people's problems rather than allowing themselves to be diverted onto broader tasks. The activity of the home-care staff of 3 to 4 settlements is organised and co-ordinated through specially equipped home-care centres, and regional network co-ordination centres.

An interesting point is that for the time being it is a pilot programme in Romania, probably the only one, and more than 70% of the costs are met by public



money, so we have been able to establish co-operation with the local municipalities in the county of Harghita whereby they fund the long-term operation of the system. We have also launched the system in three other counties, Mures, and Covasna and Alba.

We have already run up against the problem that in very remote areas it is very difficult to carry out this job. Therefore Caritas has already launched two of these village caretaker services. These services co-operate with existing programmes, allowing us to offer more services. We hope that this constructive work will continue and be extended to other villages, and in the future we hope to add new services.

5. The village community care-giving service in a European perspective – presentation of the discussion

John Halloran, thematic expert, European Social Network

I should like to begin by thanking the Hungarian authorities not only for inviting me to this meeting but for choosing this subject, as it is an important issue for all of Europe. I should like to briefly present some of the policy context at European level, then give some examples from other countries of the delivery of social services in remote rural areas.

In looking at the Hungarian caretaker service, we have interpreted the term 'social services' very broad sense, as here social services can encompass areas that elsewhere might be more closely defined. They include educational support, transport, health support and even cultural development. The European Foundation's definition is quite helpful: "services directly provided to citizens to meet their needs in relation to employment, health, housing, education, social security and care, services generally regulated and funded by public authorities, at national, regional and local levels, but they may be provided by the public or private sector, voluntary or third sector organisations." There are a number of ways we might look at the development of this service including all sectors.

Nor is there a common definition of 'rural'. We therefore have to try to come to some understanding. The OECD and Eurostat use population density and others use number of inhabitants.



The main **challenges** across Europe are outmigration, the ageing population and transport. Clearly there is a shift of population to the towns, to a greater or a lesser extent, but particularly in the new Member States. There may be a number of economic and social reasons for this, but it is clearly an important trend with few exceptions. The number of older people is rising and this is an escalating problem for smaller rural areas. In many ways when we are looking at services, this comes to the top of the list: in Hungary, 25-30% of the population in settlements of less than 500 are old people (over 60 years of age) live in settlements of less than 500. Transport is a challenge for all remote rural areas in Europe.

Over the last five years most European countries except Finland and Ireland show a decline in rural population. If we roll this forward 15-20 years, we will see marked changes in population of 20-25%. What is that going to do to our villages? If they already have 25-30% older people, how many will they have in 10-15 years' time? They will be dead places. This is paradoxical, because at the very time when technology enables us to communicate instantly and rapidly, and distances seem to be reduced, in fact we have declining, increasingly remote and excluded communities. This highlights the importance of tackling this challenge now.

The EU policy context

We need to see social services in a broad context: although people's needs are the same in urban and rural areas, the context is different and so when we look at the policy framework we have to take into account economic as well as social factors.

EU rural development policy has undergone significant changes since the accession of the southern European countries in the 1980s. Territorial and social cohesion, as opposed to purely sectoral policies, such as agriculture and forestry, are now a significant part of rural development, and both the Cork Declaration and Agenda 2000 promoted integrated and rural development. The main policy instruments to achieve this are the Regional Development programme under the Structural and Cohesion policy and the Leader+ Community Initiative, a bottom-up approach to rural development. Leader+ also focuses on the development of service infrastructure, and the ERDF is for example funding the 'Deserve' project as part of the Interreg Northern Periphery Programme, a transnational exchange of ideas and practices in service delivery in remote areas, with partners from Scotland, Finland, Iceland and Sweden.



The social inclusion programme

We are familiar with articles 136 and 137 of the Amsterdam Treaty, which highlight the fight against social inclusion. But if we look at article 138, it says that if we want to maintain economic and social cohesion, the EU must aim to reduce disparities between the levels of development of the various regions, and address the backwardness of the most vulnerable regions, islands including rural areas. Implicit in this statement is the principle that people should not be disadvantaged, wherever they happen to live or work.

The most relevant parts of the Social Inclusion policy are the Community Action Programme, which is currently funding a study to develop regional access to public social services, and the NAPs/incl, of which access to services is part of one of the common objectives.

We should be looking at both economic and social inclusion policy, particularly when we are trying to look forward and tackle the key issues in remote areas. To quote the Joint Report on Social Inclusion 2005, "guaranteeing equal access to quality services – health, transport, social, care, cultural, recreational and legal – and the regeneration of areas of multiple deprivation". The report notes serious deficits in the availability of key social services at a community level in the New Member States, linked to low expenditure on social protection. This accentuates the danger that, in order to compete economically, new Member States will reduce, or at any rate not increase, social protection, thereby accentuating disparities and the isolation of rural areas.

There is a grave rural-urban divide. Positively, the range of social services has broadened, and care outside residential settings is starting to take root. This is something we need to address in building on the caretaker service: are we managing, despite economic difficulties, to develop more non-residential solutions for our disadvantaged population, particularly older and disabled people, where the dominant model has traditionally been residential?

Looking at social care policy, particularly given the proportion of older people, we have included some aspects of the 1993 green paper on European social policy, which looked particularly at the growing number of older people, and the communications of 2001 and 2004. The 2001 communication points out that the demand for services is set to increase with higher life expectancy, identifying three long-term objectives: accessibility, quality and financial vi-



ability. The 2004 communication recognises inequalities in the distribution of services and insists that access is ensured for disabled groups.

Practical examples from different countries

I will start by looking at a model of 'outreaching' mainstream services. We looked at the Scottish Western Isles. Services for older people represent 46% of the budget. Health and social care is mainly delivered using ferries and helicopters, and, as you can guess, this is expensive. Local voluntary organisations provide local services and Red Cross volunteers help with the journey to the mainland. But cost is a real tension here, even for an economy which is strong and able to provide the services. Looking forward, is this a model we want to continue? One approach is to continue with the existing services and provide the transport infrastructure to enable professional social workers to reach these far-flung places. But the cost is considerable.

The services available in this area include voluntary services, that is those provided by non-governmental organisations and local communities:

- the 'Dial-a-bus' service, a local community bus or taxi service, where people who need to travel telephone a central point and book the journey. The service is not instantaneous: you make a reservation then the bus will pick up a number of people at once. Incidentally this service originated in an urban area – London – and was extended to rural areas;
- mobile shops used to be a feature of rural and indeed urban life many years ago, but have largely disappeared. The idea is to recreate a mobile shop which delivers basic products in areas where there are no fixed shops;
- talking newspaper: a service for visually and other physically impaired people, which means mailing daily or weekly an audio tape cassette on which people can listen to the news and discussions;
- minor loans services for people who are short of ready cash, provided by the Red Cross.

The **mainstream** services would be home care; day care; respite care – a relief service which allows families who are looking after a disabled relative to take a short break; adaptations to houses to improve disabled access; aids and equipment for people with mobility problems; and community care alarms.

The community care alarm, which is being adopted in many European countries, is a panic button connected to the telephone that a person can use if



they have a fall or are otherwise worried. They can press a button and be put in immediate touch with a call centre. A trained person will talk to them and send help if necessary. It is an example of the use of technology to reduce the cost of social services provision, which is something we should be thinking about in relation to remote rural areas, because the sheer cost of transport is a major issue. The cost of sending a social worker to visit an isolated area, including staff time as well as the cost of transport, can be up to four times as high as visiting a local client.

Education is a key area: rural schools are in decline across Europe and support for education is a key element of the caretaker scheme. In Scotland and Ireland primary schools are available locally, though sometimes they have as few as ten or twenty pupils. Secondary education is increasingly residential. In Iceland and Finland education is organised slightly differently but the issue is the same – the closure of small schools. We are facing a vicious circle: as our rural population increases in age, and services are focused on old people, then the shortage not only of jobs but of social, educational and health infrastructure encourages the very trend we are trying to prevent.

In so many countries, only basic services are in fact available. In the Irish western isles and in Portugal the doctor visits, but only weekly. Particularly as people age, developing a health and educational infrastructure is central. In Hungary, the statistics seem to indicate that services for children and families are at a low level, which accentuates exclusion in rural areas. However the questionnaire survey seems to show a higher level of provision.

Another application of technology comes from Husavik in Iceland, where case-work and interviews are conducted by telephone and e-mail. The Hungarian survey indicates quite high internet availability in villages, so using it seems to be an obvious way forward. Practically, from the examples we have seen, we cannot envisage a wholesale increase in the financing of mainstream social services. So we are going to have to look at new solutions.

Figures taken from Hungary's social services yearbook 2003 highlight the fact that villages have better than average services for older people (home care and hot meals) but worse than average services for families and children. They show that family support is available in about 25% of all communities but in only 5% of rural communities, which is far from adequate. However since the new survey, the disparity in service availability between rural areas and the country as a whole may now be less acute.



Issues and potential obstacles for service delivery in rural areas

There is a lack of research about the particularities of service provision and accessibility in rural areas, for instance in countries such as Greece, Portugal and Slovenia, and even in countries like the UK, where the statistics seem good, they do not always distinguish between urban and rural areas, so the factor is not taken into account sufficiently.

In many countries, including Greece and Slovenia, there is low awareness and no special policy for provision in small settlements.

Transport costs raise the cost of delivery by up to four times.

The time personnel spends with users is reduced when care workers have to travel long distances: to visit a single person could take half a day.

Some countries (Finland, Portugal, Norway) use taxis, and an interesting question for debate is that if this is replaced by a caretaker there may be an impact on the local economy. There are issues about how to transfer services whilst respecting local dynamics. This highlights the fragility of our transport infrastructure. The international ARTS project is looking at how to integrate rural transport, and involves Hungary.

Perhaps one of the policy questions from the beginning is to see the issue not just as one of social services but an economic regeneration issue as well. If we do not, we could provide a good but unsustainable social services transport system while the economy continues to decline.

Issues for developing and improving service provision

Effective monitoring, evaluation and sharing of best practice is particularly necessary in rural areas, where caretakers are working on their own and are out of touch with the mainstream service. I have a lot of respect for caretakers because it cannot be easy to work so much your own. In areas where you are isolated, the lack of peer support can be very difficult to cope with.

We need to create a learning environment so that people have regular access to the latest information.



We need better communication systems: there are many good practices in health and social services, where doctors and other professionals are provided with regular communications specific to their professional needs.

We need to look at new ways of managing the system to provide accountability. If the caretaker is employed by the local authority, that authority needs to be responsible for the delivery and prioritisation of services, and there needs to be a way of managing this, hopefully not by increasing bureaucracy.

Local problems need local solutions, so we should look at building local strategic partnerships with village associations and NGOs, maybe leading to the stimulation of local social markets.

One area of service development in recent years has been what we call in Britain 'direct payments' – personal budget and voucher systems. They operate in many countries, starting in the Nordic countries, as a way of helping physically disabled people to manage their own care. The local authority and government provides financial assistance through cash or vouchers with which that person can purchase their own care. There is a choice: you can have the service delivery model of care, whereby the local authority or voluntary organisation will assess your needs – for instance for physical care, meals, transport etc. – and then provide these services themselves. Alternatively the local authority can determine the cost of providing these services, and pay this sum to the beneficiary so that they can manage how they are provided themselves. This has obvious opportunities in more remote areas because the cost of delivering the service from a central point can be much higher than if the beneficiary employs a neighbour or the village association, or if a new NGO is created in the village. In Finland this system has been a stimulus for small local organisations to be created. This is not a replacement for the caretaker service, but there may be ways of developing services in rural areas by empowering individuals to manage their own care.

The idea of direct payments has been extended beyond physical disablement to elderly care in France and Germany. So it is quite a strongly developed model of partnership with individuals, which could perhaps be explored.

Points for discussion

How can the caretaking policy be integrated with other services and initiatives?



What criteria can be used to identify and assess locations in need?

Will such a policy originating from the government not weaken the initiative of local authorities to develop social services for their population? Services for families and children and also for disabled people could be more developed. If the mayor takes 80% of the decisions as to resource allocation, what criteria could be developed to identify priorities? The relationship between the local and national levels is very relevant.

Should caretakers have a professional social work qualification?

Should the Hungarian service model be treated as a provisional model until there is one with a higher quality of services, or should it be rolled out in more areas?

Should caretakers necessarily reside in the community they serve?

Should caretakers have a separate professional organisation, and not be part of the municipal social services centre?

Would the service be more effective if provided in a local partnership, for instance in co-ordination with NGOs?

Is such a service financially sustainable, especially in Greece, which is heavily dependent on EU funding, and in Romania, where Caritas would lead the model? If you developed the model, how would you finance it?

6. The village community care-giving service from the perspective of the service providers

6.1 Dénes Frajnyák, Mayor of Tornaszentandrás village

I should like to welcome all the seminar participants and thank you for the opportunity to talk to you about the village caretaking service from the point of view of the founder.

I have been mayor of Tornaszentandrás since 1990. It lies in the northeastern part of Borsod-Abaúj-Zemplén county, in the Bodrog river valley, in a pictur-



esque area about six kilometres from the Slovakian border. The population is 285, 149 of whom are active, and 106 of whom are over 60 years old. From these statistics you can see the process of ageing that is taking place. Unemployment is over 30%, well above the national average. The village is about 45 km from closest town, has no school or nursery, and has weekly visits from a general practitioner. It is 18 km to the nearest pharmacy.

I would like to tell you about what happened before the village caretaker service was introduced and what kind of impact the service had. We first heard about the idea in 1991 when the first vehicle arrived in a neighbouring village. It was used to transport people for medical treatment, to take children to school and for various events. I often used to see the vehicle parked outside the pharmacy. When I looked into the system, everyone spoke well of it. I was surprised to find it was a pilot service in the county at the time, that had been dreamt up by Bertalan Kemény and supported by the Ministry of Public Welfare.

I must tell you honestly I had my reservations, but in March 1992 we applied to the ministry to have such a caretaker. We were successful and in the autumn we were able to introduce the service. The law obliged us to advertise the post publicly – but surprisingly enough no one wanted the job, I thought because of its experimental nature. After a second advertisement, and a public hearing at the village assembly, there was still no applicant. In such a case the mayor becomes the first caretaker, and I accepted the job. Since we are talking about a very small village, we tried to involve everyone – NGOs, the village assembly – in collecting information on the needs that an effective service should meet. Because it was experimental, we only had the guidelines and our own experience to rely on when we set the goals for the system. Because of the size of the settlement we collected information orally from the inhabitants. After we had this we issued a kind of newsletter about the services that could be applied for and how to apply. People got used to the system very easily and the municipality now provides these services every day.

I was very closely involved in the system and it began to develop very fast across the country. People, especially elderly people, could find the institutions which could provide immediate solutions to their problems. The caretaker was a kind of link between various offices and institutions which could help very efficiently to provide services which are lacking in small villages. I am convinced that this has become the most efficient and very good service in small villages.



Time has passed, and today it has grown from an experimental pilot project into a system recognised by the government, subject to an operating licence, and organised into a federation. The village caretaking system has become indispensable in the village. The minibus is indispensable, and the villagers think of it as their own. I can say that now the people who live in these small settlements cannot imagine life without the caretaker service.

The driving force behind this institution, the caretaker, is the major participant. He is the one who knows everything that is happening in the village, and he is the one to whom everyone can turn with their problems and complaints, because within the limits of possibility he is the one who can arrange everything. No day passes without lunch deliveries or a doctor's visit or buying provisions or taking people to the train – this is all in a day's work for the village caretaker. Of course he has the right to take a holiday, and then the caretaker from a nearby village replaces him. I must tell you honestly that I feel very proud, as all caretakers do, as the job enjoys a high prestige, and also the village caretakers' associations, as NGOs, are very prestigious. But the system cannot be left alone as the network can experience problems and only the associations could remedy these problems.

Finally a brief thought I'd like to share with you: it wasn't simple to get to this point; there is a lot of hard work behind it, so that in a very small village you can have village caretakers. I do hope that the work we have done so far is not in vain. We can speak big words here, but the real answer can only come from the old people and children who can tell you honestly what it means to have a caretaker in the village, because they are the ones who are the life of the village. I do believe that the only real support for people living in small villages is the village caretakers.

6.2 Andrea Nagy, co-ordinator of the Association of Village and Homestead Caretakers of Borsod-Abaúj-Zemplén county

I should like to welcome everyone very cordially and to tell you something about the work not only of the caretakers' association in this county but of all the other county associations as well. I should first of all say that it is a great pleasure for our county to welcome everyone, but the caretaker idea came not from us but from Bertalan Kemény, who is not a social worker but a settlement development expert, who had the idea and offered it to us. It is not a social care concept only.



History of the caretakers' association

There are 12 caretakers' associations in the country, one in every county where the law provides for it (in some areas this is not possible because of the size of the settlements). They were set up by the caretakers, sometimes also with the participation of the mayors. In 2000 these associations set up the National Federation of Village and Homestead Caretakers, to tackle those issues that require a collective approach.

The election of the village caretaker that Dénes Frajnyák talked about was the first free election in the villages in Hungary, because it preceded the 1990 political elections. This is very important to us because the whole process of learning democracy was a significant experience in the lives of the villages. As for our own county association, the way it was born was very interesting because in the first year we created 24 caretaker services. The first caretaker, Bertalan Kemény, was supported by ethnographers and other cultural experts who were willing to come up with what the caretakers should do and how they should do it. These professional experts were outsiders and were practically provoking the establishment of the service because the caretakers, working alone in the villages, needed some kind of support.

Unfortunately this association eventually closed down, because it was not driven by an internal strength. However I am glad to say that the current association was established in 1998. Between 1990 and 1998 the caretakers worked without any supporting network behind them. However they did have news from associations in other parts of the country, and about 50 of them got together informally and invited Bertalan Kemény to attend. This bottom-up approach is symbolic of the entire service.

Role of the caretakers

What do we NGOs do? We are the helpers of the helpers. There are four key roles:

- to be a link, a bridge

We have 150 places where a caretaking service is provided, so we offer a chance for the caretakers to meet each other. We also have regional events. We stimulate co-operation with other professions. We form the county-level link between the villages and the ministry. I do not want to hide the problems but this is the level that is becoming unstable because of tighter budgets.



- to maintain the personal nature of the service

It is extremely important for the caretaker to personally know the people he helps. We know all the village caretakers and they know whom to turn to. So we maintain the personal relationships even at this intermediary level, which I think is very important.

- to build capacity

The caretakers are not experts, but are lay people, and it is important they have some sort of training in care-giving. We provide this indirectly by taking part in the village caretaker training programme, which is obligatory nationally, and also directly by organising further training courses at the county or sub-regional level. We take training to the villages, and very often the local people participate.

- to maintain identity

The non-professional nature of this job helps the users to take part by reducing the distance from them, and it stigmatises less because the service belongs to the village and anyone can use it. I think the whole profession of social work is very urban, and the uniqueness of the village caretaker system is that this is the first such possibility that ever existed in small settlements. The professional identity of the caretakers developed in the 90s – earlier there was no possibility for this to happen. Village caretakers are not professional social workers but their identities are very much linked to social work. This NGO co-operation provides them with help and a framework within which they can work together.

7. Co-operation between village caretakers and the other elements of the care system

Julianna Jakab

I am grateful for the opportunity to share some very recent research results with you. The research was initiated by the Hungarian Association of Village and Homestead Caretakers, and I was the co-ordinator. The approach is based on network theory, organisational theory, social psychology and sociology. We tried to find out what the links are between the caretakers and other professionals working in the villages. We also wanted to find out the quality of co-operation and since we have common goals – we are trying to improve the



living conditions of people who live in remote villages – how we could work together more effectively.

The research method comprised 40 structured questionnaires on social services, 13 focus groups to find out about professional roles and networking links, and 40 semi-structured interviews with caretakers to investigate the social and psychological processes involved in co-operation.

When we processed the questionnaires, we unfortunately found settlements where the only sources of social care were the caretaker along with very occasional visits from a family care assistant – in one case the care assistant had to cover twenty villages. The institutional network in small settlements increases the importance of village caretakers.

The institutional background includes the top-down hierarchy of ministry, social policy institutes, county councils, local authorities and social services offices on the one hand and the bottom-up pyramid of county associations and their national federation on the other. Some of the county associations employ co-ordinators. This dual system is cross-linked at many levels, but also contains certain conflicts.

Networks in the villages

If we look at the local network in Bács-Kiskun county, the caretaker occupies a very central position that carries with it a lot of power. He is in touch with about 20 different types of actors: mayor, civil warden, school, church, pensioners' club, residential homes, doctor, home carer, child welfare officer, library and cultural centre, telehouse, sports centre, associations, police, postman, shops – and of course the population, an actor which is often forgotten. One link away come actors such as teachers, plumbers and border guards.

By contrast the network we looked at in Baranya county has four focal points, each of which has its own network – in other words the village caretaker works within his own separate network and only seldom links up with the rest of the care system.

Csongrád county offers the example of a homestead caretaker who is a staff member of a social institution, and therefore carries out his job as one of a team



of different professionals. In this sort of situation considerations of efficiency may take precedence over building personal relations with clients.

In Győr-Sopron county there are few institutions and the caretaker risks isolation. The caretaker is called upon to do all manner of things and needs to have support from NGOs.

The qualitative criteria that promote co-operation are shared goals, motivation, perceived power, confidence, communication, norms, risks, social cost-benefit, and a history of co-operation.

We identified the various behaviours the caretakers exhibited, and grouped them into roles. In ascending order of complexity, and in the range of competencies they demand, they are:

- *present communicator*: he shows it is possible to build links, he knows that there are other helpers nearby, but in practice they do nothing together. This role is present nearly everywhere (97.5% of cases)
- *sensitive listener and active participant*: he knows that his competences are limited, and he can send and receive signals to and from other professionals in order to resolve problems. This role is present in 83% of cases
- *absolute helper*: the caretaker is the person everyone – including social workers – turns to to solve problems. These ‘comfort services’ are provided in 31% of cases
- *constructive co-operator*: this type of co-operation can increase the quality of services, because the caretaker initiates change, taking into account factors that only he understands, because of his close knowledge of the clients’ needs. This role is present in 51% of cases.

These percentage figures represent individual instances. Permanent co-operation only takes place in settlements where the social institutional system makes it possible, where the village caretaker is embedded in the life of the village and spends most of his time there.

In order to build these co-operation processes, it is important for caretakers to tell others professionals as early as possible of needs they identify.



8. Site visits

Chair: Zsolt Kovács, Ministry of Youth, Family, Social Affairs and Equal Opportunities

Participants divided into three groups to undertake site visits to the village caretakers in Sajógalgóc and Hét, Sajósenye and Zilfz, and Gesztely-Ujharangód and Szegi respectively. Feedback was as follows:

8.1 First group: Sajógalgóc and Hét

Jérémie Cazeuneuve reported that the caretaker in **Sajógalgóc** had worked in the village since 2002. It was an old village with no other institutions and in an isolated location at the end of a dead-end road.

The caretaker deals with administrative and medical problems, organises temporary community workers, and a large part of the job is delivering lunches. He underlines that his relationship with the mayor is very important. He also stresses the high demand for services from the population, and the importance of the close individual links with villagers, which he has because he is a native of the village. Indeed he does not feel he could do the job anywhere else. He also deals with family matters, an important matter in such a small village. People prefer to deal with him than with the institutions in the city, so he forms a bridge to them. The village does not have a homelessness or drugs problem.

Hét has 40% Roma population. The history is interesting because the farmland was collectivised after 1945 and for a long period a lot of people worked in a mine. When the mine closed unemployment rose and it is now officially 20%. Unusually, the caretaker is a woman and she is intimately involved in local life, organises cultural events, and is a bridge between different elements of the population. She says it is a full-time job as she is the main social worker in the village. She also underlines the importance of having the political support of the mayor and the council, because she has to decide what the priorities are, and this can cause tension, so it is her job to smooth this over. She gets on well with other professionals, and is recognised by the population, but not to such a great extent as the doctor or chemist.

On networking, one of the caretakers attends training sessions for one or two days, five times a year with other caretakers, and keeps in phone and e mail



contact with her colleagues. So networking exists, but we cannot say how effective it is.

Zsolt Kovács asked what impression the visitors had formed as regards the caretaker's relationship with the mayor as an employer.

Ana Cardoso: The relationships between the caretakers and their mayors seem to be very good, and this is no doubt a positive factor for the work. But in Hét they mentioned another village where the relationship was not so good and the mayor constituted an obstacle to the caretaker's work. So the power the mayor has in the village is a very delicate issue and has to be managed carefully. In Portugal a relationship like this could not work.

Harri Jokiranta: We asked what made a good caretaker, and received the answer that it depends on personal qualities. Another factor is that caretakers must have a very good personal network. But we think there is a third factor that makes a good village caretaker – a clearer administrative framework defining the caretaker's role and the mayors' role.

Klára Csörsz: What we saw was an excellent dialogue between the caretaker and the mayor. But although they stressed the independence of the caretaker, we could sense that the mayor was trying very hard to give the answers and to comment on issues that were important to him. We also saw that sometimes the mayor and the caretaker have different priorities: the caretaker finds people and personal services important, while the mayor is interested in solving the general problems of the village. During the visits the mayor's agenda predominated.

From my experience I would say that the problem is in general that when it comes to providing social services, the caretakers have contrary interests from the village leaders, because the leaders would like to carry out large tasks of general interest, and they try to use the caretaker to tackle the problems of the whole village, while the caretaker would like to tackle individuals' problems. This issue is not yet resolved.

Andrea Nagy: This is also an issue of personality. When caretaker services are launched, the mayor will look for the type of person who would provide the type of service he wants to operate.



I think the situation Klára mentioned occurs when the mayor does not identify with the purposes of the village caretaker scheme, and the two goals clash. But if he accepts the objectives of the scheme he will not be afraid of the personal contact network that the caretaker builds up. Very often mayors do not have the sort of political ambitions that could provoke a clash.

8.2 Second group: Sajósenye and Zilíz

Mihaela Logar reported that in **Sajósenye**, a village of 450 inhabitants, the caretaker system was started in 1992 to fill the gap between local needs and national provision. The mayor is quite assertive and it is he who decides the priorities, with the caretaker effectively acting as his assistant. The village has developed a lot in recent years: at the beginning of the 90s there were only two telephone lines, but since then they have built a bus station, sports facilities and a church, which belongs to the community. As there are three denominations they take it in turns to host the Sunday service.

The demography is quite balanced: there are a lot of young people, and there are no problems with regard to the small Roma population. There is a family support service covering three villages, but there is no knowledge on the issue of violence in the family.

The caretaker's daily routine starts with taking food to the nursery school and delivering the mail. He then delivers lunch for the nursery school and old people. On a weekly cycle are jobs such as delivering animal fodder bought in Miskolc, and fetching prescriptions from the chemist. Other tasks include completing bureaucratic formalities in Miskolc, driving the choir, helping to organise events such as the strong man competition and the reunion of older people, and lending an occasional hand at the home for mentally handicapped men. The caretaker takes his holidays when the nursery school is closed, and he is replaced by a substitute. It is felt that he is overloaded and underpaid.

Zilíz, which has 400 inhabitants, is a livelier village full of children and dogs. There is also saw evidence of rapid recent development and the visitors met the mayor in the brand new school. There are a lot of Roma and the village has had a caretaker since the beginning. The mayor is not full-time so the caretaker occupies a more important position. The jobs he undertakes are similar to those in Sajósenye – including watering the flowers – and there is a public address system to assist communication.



Klára Csörsz added that in Sajósenye records are kept of activity, and a written annual report is submitted, not to the village assembly, but to the elected village council.

Secondly, she contrasted the relationship between the mayor and the caretaker in the two villages. In Sajósenye the mayor seemed to be avoiding answering some questions, as he did not consider some of the issues to be real problems or related to the caretaker's role. However in Zilíz the caretaker is seen as a sort of minor mayor and has much more freedom of action to act as he sees fit. He takes all sorts of problems very seriously and takes a much more interventionist role. Rather than having a mainly technical role, he is socially involved.

Andrea Nagy pointed out that Sajósenye developed its service to suit its own needs, before the caretaking system became official, and they have been unwilling to adapt to the nationally agreed priorities. The caretaker undertook a three-day course and nothing more. However the caretaker in Zilíz is secondary school qualified and is a very active in the association on behalf of his fellow caretakers. He has an intelligent attitude to shaping the relationship between him and the mayor.

8.3 Third group: Gesztely-Ujharangód and Szegi

Raimo Ikonen said that the third group also met the mayors and caretakers of two villages, and saw how the surroundings and buildings had been improved. Impressions are similar to those of the other two groups. Several issues arise:

- the mayor's power and the working methods: we received contrary answers to the question of whether they can they sack the caretaker or not
- the clients' role was also not so clear. Can clients affect who the caretaker will be?
- caretakers are very good at driving the system – in the Finnish system it is the social workers who drive change, making agreements with relevant actors
- co-ordination between the caretakers and social workers and sharing information – we had the impression that the relationship was good.
- financing: the state subsidises the minibuses to the tune of €8,500 a year, but are there other sources that could be found?
- formalising structures: could small settlements be grouped together formally as they are in Nordic countries, to make a wider range of services possible?



John Halloran asked about the role of the district nurse or community nurse. There seems to be a nurse or social worker in every village, who has some medical responsibility, and she would diagnose minor conditions, change dressings, give physical care etc. Sometimes she lives in the village and sometimes in a neighbouring village. It is not clear what the relationship is, but it seems to be an important function and should be included in planning.

Secondly, the service is surprisingly uniform – there seems to be a single model, driven by transport needs and meals, which structure the daily routine. Perhaps this is because there is not the financial or systemic flexibility to offer other services. For instance in Gesztely-Ujharangód the caretaker start his day by ferrying ordinary workers – not disabled people or children – to the bus stop to go to work, and he collects them in the afternoon. This is because the village has no bus service, but one wonders if there is scope for more entrepreneurial solutions to some of the different questions, instead of just putting them on the caretaker's plate.

Charlotte Strümpel commented that their group also heard little about the relationship between the caretaker and the healthcare system, other than that the doctor visits once a week, and that the caretaker delivers notes from the doctor summoning patients to appointments.

A note on networking is that in the second village had bus shelters built by students from a vocational training school and that the caretaker had made the link with the school.

Emmanuel Chrysakis: The caretakers function ad hoc under the direction of the mayor. Even though these are enthusiastic, this raises questions not only of the caretaker's independence but also of the efficiency and targeting of the service. There is no integrated framework that includes all the social services in the area and determines the caretaker's role within this system. He functions by providing access to these services and by providing substitute services, but in an unqualified way. Therefore maybe a training programme and planning is called for to integrate the caretaker's work into the social services framework.



9. Working groups on key issues

Participants then broke into three working groups to discuss the advantages of the caretaker system, its limits, and ways it might be improved.

9.1 First group – Zsolt Kovács

There was a lively debate about the five points for improvement:

- co-ordination between the services, that is between the various service providers in the settlement
- further training at several levels, both for mayors and for other actors (concerns over cost and loss of flexibility)
- independence: depoliticisation of the caretaking service, and moving it away from the power of the mayor and towards the administrative system (but this might also harm flexibility)
- local networking: it is a strength that the services are based on personal contacts with citizens
- peer support: networking between caretakers

9.2 Second group – Majda Cernic Istenic

The five key good practice points:

- define the needs, comprising transport, personal care, helping civil society to function – the role should be broader than the Hungarian model
- the role of whoever is responsible for the service should be better defined
- local partnerships should be established, so that NGOs, health and social service providers should be linked in more of a partnership approach
- the portfolio of services should be more balanced between general public and individual services
- evaluation should be undertaken, and data should be collected from various levels to enable this

Charlotte Strümpel added that the group also talked about the advisability of regular further training, the need to find the right balance between carrying out general public works, with ministry funding – and very local work. **Klára Csörsz** said that the caretaker's role is so broad, that it is important to define his role and priorities.



9.3 Third group – John Halloran

The group thought in general terms about designing social services for remote rural communities, not about the caretaker's role as such. The five key points are:

- a better knowledge of the population's needs, not just in terms of socio-economic data, but by asking citizens and users what they need. A better information base is needed upon which to plan a service
- appropriate legislation, which refers to inclusion, and clarifies people's rights to services, so that people know what they are entitled to, and what the service should deliver – i.e. legislation that delivers what it says it will deliver
- flexibility: we live in changing times, and what is appropriate now will not be appropriate in five years' time. Services need to respond to changing needs
- an integrated approach, between health, housing, employment and social services and also in the sense of working with local people and not losing the strength of that
- education and training: not necessarily elitism – caretakers do not need to have university degrees – but better and more regular training, which empowers people, including the people who use the service, and gives them more responsibility

9.4 Discussion

- **Caretaker training**

Emmanuel Chrysakis said that what is needed is not only education and training, but also professionalisation, the development of skills, competences and accreditation.

Toby Johnson felt there seemed to be some doubt as to the degree to which it is desirable to professionalise this service, because it seems to exist in limbo between Budapest and the ground: it hovers there and is supported by people at local level. If you take it too far away and make it an elite core of professionals you would lose this embeddedness. There is also a cost factor to training that may make it unfeasible in budgetary terms. It has found its own level in some way.



Klára Csörsz agreed that you should not professionalise these skills because in Hungary there are over 3,000 settlements and we still need to provide services in 1,500 of them. We have now established services in 800 settlements and achieved some level of training and state recognition. If we train any more we will train unemployed people. We should not professionalise it just for the sake of training.

Gellért Ghyczy: I think it would be worthwhile to define what the profession is all about. I think it is necessary to raise the professional level. One of the village caretakers on our film says a very important thing: "the village caretaker must be able to say 'no'". I have been trained as a social worker and this does not mean I lose touch with the personal and human side of the job, but it does mean I have the techniques to handle the situation, and that I can protect myself from taking on tasks and responsibilities that I cannot really meet. I agree that the whole system of caretakers does not really work like that: we have about 850 caretakers who did not have this type of training, so are not 'professionals'. We have to manage the system somehow, as we cannot allow these people to become unemployed. But I think that the development of the village caretaker system depends on the caretakers having a more professional approach and learning to say no.

Jérémie Cazeuneuve: The idea is not to create another official category of social worker with its own diploma – that would not be efficient – but when we talk about professional skills, it is thanks to further training. There is also another issue: what about training the trainers – do they have to be professionals too? Where do they come from?

Klára Csörsz: The training of caretakers has developed over the last 13 years from 2-day to 1-week to 2-week courses, and today we have a basic training course of 260 hours, which includes a component of local practice. The curriculum includes social skills, psychological skills, communication skills, documentation, management, and legislation. Sometimes it is too much and sometimes too little as we are dealing with ordinary people. The threshold was set very low as we wanted to empower and enable people from the villages to serve as caretakers. Rather than technical matters, it is empowerment and the representation of interests that should be stressed more in the training materials, and we are working on this at the moment.

Many of the trainers have been doing the job for 10-12 years and all of them are professionals. We also bring in specialists such as lawyers and govern-



ment officials. We have specially trained trainers who are selected for their knowledge of Hungarian society and village life, and who can communicate with ordinary people and who are well versed in adult training methods for low-qualified people. This continues to be a problem though we have made a lot of progress.

Further training is also important, partly because colleagues continuing to work in this system need to have the world opened to them and need to learn as much as possible of the environment in which they work. On the other hand, we also want to retain them within the system. We do not want them to burn out and we would like their knowledge and skills to be continually updated. We want to preserve the mutual confidence between them and the villagers.

Andrea Nagy: What Klára has referred to is the training that is required by law. Our association has carried out two experiments which could become part of a further training system. The first is a further training course for groups of 10-15 people in the same sub-region. This was quite successful: all caretakers were invited and about half of them have taken part. The second is something that is well known in social work, a discussion of a case study or a supervision exercise. This is not yet very successful, but caretakers taking part in our longer courses get used to this method. It is something new for caretakers, and the older ones do not take to it.

Charlotte Strümpel commented that it is important to offer an opportunity for further training, linked to practice, with part of it maybe on a compulsory basis.

On the subject of empowerment and the relationship between the mayor and the caretaker: if you empower the caretaker, you are also taking power away from the people who are already in power. One idea is therefore to offer training for the mayor and the caretaker together.

- **Local political context**

John Halloran asked for clarification on how dependent the caretaker is on the mayor. The group had heard mixed messages: from one settlement that the caretaker would very often be sacked when the mayor changed, and also that there is an influx of new caretakers every four years. What sort of contract do caretakers have?



Klára Csörsz said that caretakers are classified as public employees and as a result are always appointed by the local elected council. The immediate employer is the mayor, or in his incapacity the sub-mayor or village clerk. Contracts are indefinite and caretakers can only be sacked by a majority vote of the local elected council.

When a caretaker is appointed, the village assembly is asked to assess the candidates' personalities and approve the choice, and the elected council ratifies this. So there is a democratic procedure. Nevertheless there is a kind of dependency on the mayor, which is both political and existential. This is a problem of Hungarian public life. The caretaker occupies a central role between the mayor and villagers, so if the mayor is disliked, often the caretaker is disliked too, and if a new mayor is elected, the search is started for a new caretaker. This is how it works informally, but formally the caretaker, as a public employee, is protected from dismissal. Some cases have gone to court and the caretaker has won, but was nevertheless under such acute psychological pressure that in practice he could not carry on working in the same place.

The problem is not withdrawal of confidence by the elected council, but loss of the population's confidence. This is why we have the annual report, which is presented to both the elected council and the village assembly. On this occasion, the assembly has the opportunity to examine the caretaker orally and make suggestions for his work. To sum up, the caretakers do enjoy some degree of employment protection, but the smaller the village, the greater the pressure that the villagers can exert.

Andrea Nagy: Different mayors have different mentalities and attitudes to their own role. My experience, in a small settlement where a lot of minorities live, is that when the mayor changed the caretaker also changed. After long discussions, we managed to convince the mayor that this was inappropriate and practice changed. But often things are done informally and the caretakers' job is just made impossible. And sometimes the same person does both jobs: when it was made illegal in our county for the mayor and the caretaker to be the same person, we had to find 15 new caretakers.

Klára Csörsz: This means that when a caretaker does such a good job that he is elected as mayor, he has to resign as caretaker. We always say we don't know if it is a good deal – we gain a good mayor but we lose a good caretaker. In Hungary overall there is about a 10% fluctuation because of this.



János Kósa: I would add that this is an absolutely normal employment situation. The relationship between the boss and the subordinate is like anywhere else. The subordinate depends on the boss to some extent, the subordinate is protected by legislation to some extent, and the boss has a certain right to choose his subordinates. The only difference is that the boss is elected every four years.

10. Conclusions on general assessment and key lessons learned

- **Hungary**

Gellért Ghyczy: I think the most important thing the peer review has given us is the chance to stand back from our daily work, and examine different possibilities for development. It has been immensely valuable to absorb all the different views of so many experts in this area. It is too soon to define clear lines of development, to see what we need to change or what the starting points are for improvement. It has been a long time since we discussed the village caretaker scheme in such detail and we should repeat the experience. When they heard about this meeting, many people wanted to attend, and could not. In the future I think it would be worthwhile to organise events involving all the stakeholders, not only the ministry but NGOs and the caretakers themselves.

Tamás Gyuris: As the review meeting approached I became apprehensive that we were going to present to the world a so-called 'good practice' that we had not evaluated in an in-depth manner. Now the review is nearly over, I am happy that international comparison has revealed the practice to be a very positive attempt to solve a set of problems that are present in all EU countries, whatever their level of development. Although there are major cultural and democratic differences among the countries, we can conclude that this practice is a success and is of importance.

I also learnt some new things. The review highlighted certain basic questions: how can you evaluate from an external perspective an authority that is delegated to the local level? In other words do you let the service regulate itself, or do you increasingly professionalise and regulate it? This is the main issue, and I am convinced it should not be over-professionalised or over-regulated. However there is a need for some level of elementary regulation and standardisation. Moreover, it is a shared responsibility between the government and



the members of the community, and there has to be accountability for the spending of the money.

The meeting has also been helpful in energising our professional work. It has raised some important questions that will be helpful as we adapt the service, which was originally established with a different philosophy, to modern conditions.

Klára Csörsz: For those who do not know Hungary well, it is perhaps necessary to say that for those of us who have been working in the field for 10 or 12 years the village caretaker scheme is not just an oddity, but a real national asset, and one which answers a problem that vexes many other countries. Although it does not affect a very large number of people, as the communities it serves are so small, the village caretaker service has improved the quality of life in the villages, and has raised people's social and emotional comfort so that they once again love to live where they were born. It has encouraged people to settle in the countryside and bring up children there. If we want the rural population to remain a rural population, we can recommend it highly to you.

- **Greece**

Emmanuel Chrysakis: What I will take with me is the need to include local tailored solutions in the NAP/inclusion. In Greece the approach to targeting has not been successful: for example the reduction in poverty is only 1% after social transfers. This means that benefits are not targeted enough towards the most vulnerable groups. Local tailored solutions such as the caretaking service could improve targeting. They could also provide a better way to involve NGOs in caretaking services. But this could only be successful within the framework of the NAPs/incl.

Christos Kirkoglu: I will take back the experience of a very interesting and locally targeted system, some key aspects of which could be transferred to Greece. But I think that both the Hungarian and the Greek models need to be taken a step further, and to be made part of the overall planning of social services.

- **Portugal**

Susana Vieira: In Portugal people with the profile of the caretaker could fill gaps that existing services do not cover. I think the added value of this service is



its ability to respond in a flexible way so as to meet specific local needs. But I think we would face difficulties in implementing such a service.

Ana Cardoso: People are often sceptical of new ideas, even if they are already operating successfully. So I think it is important to take home the experience itself, and the evidence that it produces results, so as to counter scepticism and to show what we have to change.

A second point that emerges is the ability of the Hungarians to carry out a self-evaluation, to take part in debate and expose the weaknesses of the measure, because this is not easy to do.

- **Finland**

Raimo Ikonen: I shall take many things home with me, but most importantly a deeper understanding of this special system. In the Social Protection Policy Committee at EU level even the old Member States do not understand each other's tailor-made systems, so the review has been very useful in increasing understanding.

- **Slovenia**

Mihaela Logar: Meeting the people involved in the village caretaker scheme has produced a big flow of new ideas. The scheme is an example of good practice at local level, a piece of the mosaic that has to be fitted into the broader framework of social services policy.

Majda Cernic Istenic: The meeting confirmed that rural development is treated with more importance at the European level than it is in Slovenia, so I will report to the Ministry of Social Affairs that they should pay more attention to rural exclusion, and to the Chamber of Agriculture and Forestry that such practices are going on just across the border.

- **Caritas**

András Márton: I consider the caretaker scheme to be an excellent way to address the problems of small settlements and homesteads. I believe we have the advantage that in Romania such small settlements do not even have a mayor, and thus we avoid the problem of dependency. In our circumstances the caretaker is not a helping hand to the mayor, but a substitute for the mayor.



Another conclusion I have drawn is that as a service provider Caritas should probably avoid attaching itself too tightly to the local municipalities. If the government insists on a tighter relationship, we should establish relations with a number of people in the sub-regional assemblies, to avoid becoming too dependent on one individual. This is because by mobilising the resources of the region, the caretakers play an important role in community development and regional development.

I also take home a lot of visiting cards, and the association of caretakers has invited me to its next meeting, so I believe that practical collaboration will continue.

- **European Social Insurance Platform (ESIP)**

Jérémie Cazeuneuve: I shall take information back both to ESIP in Brussels and the Mutualité Sociale Agricole (MSA), the French social security organisation for farmers in Paris.

To Brussels: ESIP members include those specifically involved in social protection for farmers, like the MSA in France, and on the other hand a lot of members are qualified to undertake social action. What I have learnt about the Hungarian caretaker system will feed our debates about the organisation of social services and local services. Not every member will agree with the Hungarian experience, but it is very interesting because it underlines the question of the division of responsibilities between the administration, the social protection organisation, the NGOs and the professionals. Hungary's very pragmatic approach will feed our debates.

To Paris: MSA is very decentralised, and has a central fund but also local funds, some of which have programmes that can be compared to the caretaker experience. Others are thinking about creating such a service, and might benefit from having more practical experience of what works, and what can be adapted.

- **Thematic expert**

John Halloran: I take back the impression of a unique initiative to tackle the service deficit in remote rural communities. Even with its widely acknowledged weaknesses, this programme is indeed something very special, and it is hard to think of an alternative that could replace it at the moment with the same



resource base. It certainly seems to meet needs as far as we can tell from a distance. The problem it addresses is a common one as there is a very serious economic and social decline in rural areas across Europe. If this peer review has done anything it has highlighted the need to include rural exclusion on the European agenda, and to hope that all countries' NAPs/incl. address rural exclusion issues in their country. It should not be a minority question. As part of that we should seek to find indicators of rural need that can highlight regional differences, and not simply average them out at national level. We need to make sure that the rural dimension is included at both European and national level, because poverty and exclusion is a significant phenomenon in rural communities, and particularly in remote ones.

The experience of service development in other European countries highlights the common problems, but some people are beginning to work towards looking at:

- possibilities of microregions
- some kinds of halfway solution
- integrating services so as to achieve economies of scale
- ways in which the public and private sectors can work more effectively together, to create new flexible local solutions that involve local people

The strength of the Hungarian model is local ownership. This can be built on to develop a more flexible, responsive service, perhaps involving other people and organisations, that would probably be quite a useful way of going forward. If we have to contemplate change in any system, we should work with the grain, that is in the direction things are already going. Otherwise the danger is that we will lose something very valuable in the process of change. Change means taking people with you – both the caretakers and the local population.

Finally I should like to say how impressed I am by the wide acknowledgement among caretaker associations and local government of the strengths and weaknesses of the caretaker system. This seems a very good basis on which to move forward.



11. Résumé and closure

11.1 *From the European perspective*

Hugues Feltesse expressed his delight with the discussion.

First of all let me thank the Hungarian authorities very much for this very interesting peer review meeting, for their presentation and for their good organisation. It was a challenge to hold this peer review far from the capital and to make site visits to isolated villages, and it was useful to be able to have an interesting exchange with the caretakers while we were travelling. A thank you to the organisers for their friendliness and hospitality, to the caretakers who gave up so much time to show us round and literally 'took care' of us, and to the mayors of the municipalities we visited. Thanks also to all the participants: everybody's homework has been very impressive, the comment papers were very interesting and the thematic paper is very good – one of the best we have had in any peer review. Thanks are due to all the presenters, to the very active participants, to the chairs, the Hungarian observers, and the interpreters.

Good practice

A few minutes ago somebody asked: what constitutes a good practice on the European level? The answer is that good practices are presented by promoters, and there is no automatic definition of good practice at European level. The peer review is the tool for Member States and stakeholders to discover whether a practice is good or not. I think it is the best way.

Certainly we can say that the policy presented here is a good practice, because access to services for all is one of the common objectives of the social inclusion process, adopted at the Nice summit. The last Joint Inclusion Report identifies guaranteeing equal access to quality services such as transport and social care, and the recognition of areas of multiple deprivation, as a very important challenge. The situation on the ground is not so good: in the first round of NAPs/incl., covering the period 20013-20035, few of the 15 Member States addressed the issue of poverty and social exclusion in rural areas. As for the 2004-2006 NAPs, the report identifies a serious deficit in key social services at the local level in the new Member States. One very important challenge is the deinstitutionalisation process.



Though more and more NAPs/incl. are stressing the need for services to be more widely available, for the new Member States it is a new area of activity that has not been a priority until now.

The challenge is to combine a general public service approach, addressed through the regulatory framework – the normal content of the NAP/incl. – with local tailor-made solutions, which are firmly rooted in local life and which involve local authority responsibilities. Here in Miskolc we have seen a way to cope with this challenge in an effective way and certainly we have to go further with this model. Among the issues that arise are co-ordination, training, peer support, and monitoring and evaluation.

The EU's role

The question now is: how can the EU help with this? First, we need to have clear common definitions as to:

- What are *social services*? The communication on 'social services of general interest' is under preparation, and I hope that the replies to the questionnaires we sent out will give a good general approach;
- What is a *rural area*? As the thematic paper noted, this is not so clear. When we are talking about social inclusion it is important to know whether we are talking about the same thing, so we need to go deeper into this.

Some studies which are under way, such as one on regional indicators and another on regional capacity to address rural deficits, will help with this. And I hope that the transnational action programme will increase the capacity of public and NGO actors to capitalise learning.

We are operating in a very challenging environment, because we have to take account of three aspects of the Open Method of Co-ordination:

- *Mainstreaming* – this is a difficult idea, and one which is difficult to translate. This is an absolutely key area for rural areas as it is now possible to have all the services you have in towns;
- *Streamlining* – having the capacity to address several issues at the same time within social protection: not only social inclusion but also healthcare and elderly care. We have seen through the caretaker scheme that these things are closely linked;
- The new dimension we have to take into account is how to deliver a key message from the social inclusion process to the general growth and em-



ployment agenda within Member States. To promote rural development it is important not to keep the social dimension separate, but to link it with economic dynamism.

Two important events will be happening soon in this connection:

- The presentation of the implementation report on the 2003-2005 NAPs/incl. for the EU-15. In its assessment I hope we can draw the key lesson to give some support to further work on this type of service in different Member States;
- The publication of the new NAPs/incl. for 2006-2009, which are important as they are the first that tackle poverty and social exclusion in all 25 Member States. The challenge of making a really decisive impact on poverty and social exclusion was laid down in Lisbon in 2000. The rural dimension is important in all countries, and in one-third of countries is absolutely decisive to national wellbeing.

11.2 From the Hungarian perspective

Zsolt Kovács thanked Györgyi Vajda and Gellért Ghyczy for their good organisation of the peer review event, Tamás Gyuris for carrying out the research at such short notice, Charlotte Strümpel for her active co-ordinating role, John Halloran for a very fine analysis, and the European Commission for the support that has enabled the host country to pause for a moment to try to understand its own work.

To link with Tamás Gyuris's comment, the single message we can draw from the discussions of the past two days is that Hungary's social services system was established under legal and funding conditions that were totally different from today's. The modernisation process that has started in connection with the entire social service structure is a necessary one. Naturally there are obstacles that can halt the process from time to time, but sooner or later the upgrading will be completed. These two days have been an excellent contribution to this process. I hope we will have the opportunity to meet again and to discuss these new challenges that social services face.

On behalf of the organising consortium, **Charlotte Strümpel** thanked the Hungarian organising team, especially those most closely involved: Györgyi Vajda, Andrea Nagy and Gellért Ghyczy. She wished participants a good journey home and a pleasant summer.