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**European Social
Insurance Platform**

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

Comment Paper, ESIP



on behalf of



European Commission
DG Employment, Social Affairs
and Equal Opportunities





Introduction

European social protection systems need to come together to exchange views and to develop strategies which allow them meet the common socio-economic challenges. Also they have to share their best practices and generate constructive positions in order to contribute to the decision-making process at European level. To this end, the European Social Insurance Platform (ESIP) was created in 1996. Today, ESIP represents a strategic alliance of over 30 social security organisations across Europe. Several ESIP members have special expertise to share as far as social actions and rural questions are concerned, and they look with great interest at this Hungarian experience. In the first instance, it is important to highlight a few decisive elements of the rural social action:

- The main difficulty is not that rural populations have specific needs which differ from the needs of the average population (on the contrary, their needs are coming closer and closer to those of urban populations), but actions must deal with two elements: the geographical dispersion of the populations and the lack of services in rural areas. This is the reason why the most efficient actions are collective and are based on a territorial approach, which involves skilled social workers and innovative partnerships (social protection organisations, NGOs, professionals, local authorities...).
- The demographic situation of rural populations is another vital issue. Statistics of agricultural social protection systems show that in many European countries, 40% of the rural people covered for sickness are over 60 year old (half the national average); in this category, the people over 75 are also more numerous than the national average.
- In rural areas, a large part of active (independent or employed) workers or retired people have low incomes. Moreover many problematic social situations are due to agricultural cyclical crises, which complicate the implementation of long-term actions. Several types of activity in the field of agricultural wage-earning (like seasonal work) make also more difficult a true social inclusion. Social protection organisations and local authorities are faced to difficult arbitrations on how to use the available resources: within the rural population, the situation of the most excluded must not prevail over the social needs of the others.



Part 1: relevance of the policy/measure to other countries

At first sight, the Hungarian “caretaker” experience looked all the more interesting since it had been implemented as a project of local social development. This approach consists of a concerted analysis and actions process that deal with the whole social collective situation of a specific territory (in this case, some Hungarian rural areas): there was apparently no preconception, neither on the needs to take into account nor on the type of answer to develop. Moreover, this experience relied on the mutualisation of the skills of local actors (elected representatives, institutions, associations) and population.

Nevertheless, beyond its interesting ambitions, it seems that this experience has to adapt and develop its scope of activity, since only the transport function of the caretakers prevailed on the original goals. But we must keep in mind that the transport’s issue is one of the biggest challenges to face in rural social action. As a “classical” transports’ service is not viable economically speaking, the “caretaker” experience can be considered as a success on that aspect. Indeed, several European countries face the same problem: if the frequency of these services is too low, nobody will be interested. Furthermore, one must wonder for which kind of trip transport is available. Indeed if rural people are offered a service to join a commercial centre in a big town, rural proximity shopkeepers are not supported. This example underlines the fact that in rural areas, every social action has potential consequences on the whole local life.

In our view would this interesting experience have been even more efficient if it had been developed around two main lines:

- Preventing risky situations with early detection and an increased effort of information and access to benefits?
- Implementing cross-disciplinary coordinated actions between all the social protection “professions” (social workers, doctors, etc.)?

Moreover, as far as decision-making is concerned, this experience could gain in clarification. Indeed who really decides what these caretakers do? On the basis of which diagnosis, which procedure? As their initial theoretical mission is a real “social workers” job, their ability to really distinguish needs is at the core of the problem. Are they the most qualified to define their working strategy? The question is not solved. As this system is decentralised, it can create inequity of treatment, and in this context, there is no rampart against such inequities.



Nevertheless as this “caretaker” experience seems to rely on the inner features of the territories (which is an asset, in our opinion, and not a drawback), this experience can be a relevant source of inspiration for other countries, adapted to local realities.

Part 2: potential transferability of the policy/measure

This type of action, to be transferred in other countries, must take into account the diversity of rural areas: there is not only one type of rural area in Europe, and it is also the case at the national level. It is possible to distinguish several categories:

- Rural areas with structural weaknesses;
- Rural, working city with a significant rental habitat;
- Rural, working areas with a recent dynamism of rental habitat;
- Small, working towns;
- Traditional, attractive, rural areas;
- Tourist, rural areas;
- Peri-urban, rural areas.

The needs and the solutions must be adapted to the area: even if agriculture remains a founding activity in most rural areas, the difference is clear between development of rural areas and the agricultural activities themselves. Some rural areas have benefited from new services and new infrastructures thanks to the development of tourism, the second homes’ phenomenon and the extensive urbanisation of areas between urban poles.

This is why an experience like the “caretaker” one is more relevant in the less dynamic, remote areas. Indeed in Europe, all rural areas are not losing their populations: from one country to another, from one region to another, situations can be very different, as demographic decline is not universal. Moreover, it is wrong to justify these local differences only by the afflux of people fed up with city life. Newcomers’ profiles (even in remote areas) are various, and many of them face social difficulties: excluded from the city, seasonal workers, young people, travelling people in settling process, homeless people... A precise analysis of the newcomers must be carried out. Its results might then require measures like the “caretaker” experience.



To transfer such an experience, other conditions must be fulfilled. First of all, appealing to caretakers could be seen as a way to offer a job to people suffering from professional exclusion. The temptation is to appeal to non professionals, in a low cost perspective. Nevertheless considering that this job does not require high technical skills is debatable, as the question of the service quality must be kept in mind. This is the reason why a possible transfer will have first to solve the question of the workers' training. This program being ambitious (not only focusing on transport, but offering a large range of services), a real function profile must be defined (nature of the functions, activities...) and training sessions must be implemented before the "caretaker" begins to work. It means that training of trainer's sessions must be organised. These trainers will then work on a permanent basis, coordinating the actions.

Secondly, a deep, upstream reflection must focus on the setting up of a strong network. Indeed this Hungarian experience shows that caretakers are not considered as parts of a network. Exchanges of good practices and confrontation of local experiences could help caretakers to find answers to the problems they face. Therefore in such a project, workers cannot be lonesome. This is why such a network would require the supervision of professionals. Indeed this network, with a developed coordination, would allow caretakers to share information and good practices.

Part 3: important questions raised

Nevertheless the "caretaker" experience's analysis is all the more relevant since it underlines the fact that rural needs in the field of social services cannot be solved by national, general solutions. Several aspects must be kept in mind in these programs:

- This type of action must have a promotion scope rather than an assistance one, and must be more preventive than repairing-oriented;
- This type of action must be decentralised. Proximity policies must be led in close cooperation with local, legitimate officials (political or social). What can be considered as an asset in most of the countries can be problematical in others. This is why the success of a local social action is dependent on the implication of citizens in local demographic life. A dynamic associative network is a decisive asset.



Nevertheless the efficiency of such a program is based on the development of a global action. It is important to create or strengthen the conditions that render a remote rural area attractive. One cannot work on social links without creating a deep interaction with economic (agriculture, small enterprises, local crafts) and cultural efforts (training, leisure, development of local, cultural inheritances).

Moreover, if the question of access to social protection is focused, as it is considered in several definitions as a “social service” amongst others, the debate also concerns the social protection systems themselves. In Europe, solutions differ considerably from one country to another. In some countries there is a social protection system for the agricultural sector (France, Poland, Germany, Finland and Austria) or a system for the majority of the rural population (Greece), whereas in others, agricultural or rural populations are covered by the independent professions systems or even by the general systems.

This question is not neutral. On the one hand, in countries where there are no specific social protection structures for rural populations, the implementation of a “caretaker” experience can be a solution, even if access to social protection benefits of all kind requires special skills. On the other hand, in countries where there are specific social protection structures for rural populations, these systems could be the basis for such a “caretaker” experience – if they have the political competence to develop a social action. In several countries (Austria, France, Germany, Poland...), agricultural social protection systems, local associations or NGOs and local politicians have already implemented actions that go beyond the Hungarian experience. They have adopted a philosophy of local social development which is also at the origin of the Hungarian “caretaker” experience. The further development of experience of that type, with this kind of partners, would take advantage of already existing networks.

Moreover as a general conclusion, the given diversity of realities which cover the notion of a “rural area” explains why the fight against exclusion in such a field cannot only limit itself to the implementation of standardized answers. The best solution is not to “descend” implementation of devices. Solutions must be adapted to the various existing local contexts. In this perspective, rural populations become the actors of their own change.