



Sweden 2006

Integrated Services in Rehabilitation – on Coordination of Organisation and Financing

Short Report



On behalf of
European Commission
DG Employment, Social Affairs and Equal Opportunities



The most socially excluded individuals often suffer from not one but a whole range of problems, including unemployment, homelessness, bad health, poor educational qualifications, poverty and drug or alcohol abuse. In the various European Union Member States, many of these issues are dealt with by different departments or at different levels of public administration (national/regional/local), creating a risk of lack of continuity in social inclusion efforts, and of individuals being passed from one body to another or being missed altogether.

In its report *Social Inclusion in Europe 2006*, the European Commission draws attention to the need for Member States “to develop integrated and coordinated responses to multiple disadvantages so as to ensure synergies between the different policy domains identified in the common objectives which underpin the social inclusion process”.

Since the 1990s, the Swedish government has launched a number of projects aimed at promoting an integrated, multidimensional approach to social inclusion, and thereby offering better services to individuals in need.

A Peer Review meeting took place in Göteborg, Sweden, on 4-5 December 2006 to assess the initiative: *Integrated Services in Rehabilitation – on coordination of organisation and financing*. Representatives from six peer countries took part: Greece, Ireland, Netherlands, Norway, Poland and the UK. Two stakeholder organisations also attended: the European Social Network (ESN) and the European Federation of National Organisations Working with People who are Homeless (FEANTSA). Present on behalf of the Swedish Ministry of Health and Social Affairs were State Secretary Ms Bettina Kashefi, Mr Elis Envall, and national expert Mr Peter Wollberg. Mr Hugues Feltesse represented the European Commission Directorate-General for Employment, Social Affairs and Equal Opportunities, and thematic expert Mr Rienk Prins made a major contribution to structuring the discussion.

The policy under review allows for financial coordination at local level between social insurance offices, primary health care services, municipal social services, and employment boards. Each allocates an equal portion of its funds to a pooled budget, administered by an independent Coordination Association (CA). By September 2006 there were 41 CAs across Sweden. The scheme targets the estimated 5% of the working population with specific or multiple problems.

The review focused in particular on the Delta project in Hisingen, Göteborg, launched in 1997 in advance of the legislative framework provided by the 2004 Financial Coordination of Rehabilitation Measures Act. The peer group visited Delta's offices and one of its activities, the nearby Labour Market Plaza. Delta deals with about 4,000 clients per year and has a budget of SEK 44 million in 2006. Evaluation so far indicates that it lowers social welfare costs, and the majority of clients are satisfied.

Key lessons of the Swedish experience

The strong points include:

1. A bottom-up approach brings services closer to the needs of users;
2. It provides a good balance between universal services and a targeted approach, so as to avoid missing people with complex problems and needs;
3. The innovative aspect of the Swedish policy – financial coordination – is just one part of a process which boosts capacity for the common identification of problems and for finding ways to address them;
4. While Delta improves local service delivery, it is important that it has support at national level and a strong monitoring process;
5. An appropriate timescale allows for real change to take place. It is a mistake to expect results from short-term measures introduced “between elections” when long-term cultural adaptation is required.
6. The project establishes new flexibility and partnerships for the provision of benefits and services. The challenge is to go further down this path.

Relevance to peer countries and transferable aspects

All the peer countries acknowledged that finding the best way to coordinate the different services required to help the most socially excluded individuals, furthest from the labour market, is a pressing issue. Solutions range from voluntary cooperation at local level to the statutory merger of different national departments.

For example, in Greece, the existing social support system is very complex, with little networking, and would benefit from enhanced liaison between ministries. In the UK, the Job Centre Plus initiative brings together employment and social security departments, in response to the tendency to move highly disadvantaged people off the job-seekers’ register and onto benefits. Poland’s enterprise development scheme aims to help disabled people into the labour market.

Norway’s New Employment and Welfare Administration (NEW), set up in 2006, merges national public employment services, insurance administration, and municipal social services, to create a more holistic and coordinated approach. Delta has lessons to offer on the practical, day-to-day delivery of joint services.

As for Sweden, it places voluntary coordination within the statutory framework of the 2004 Act. Peer Review participants were impressed both by Delta’s cooperative approach and by the attitude and enthusiasm of staff, and felt it was a good way to support people with multiple needs. Financial coordination already works to unite providers, but the Delta project offers another proactive layer that helps to achieve results.

There was widespread agreement that Delta is an innovative example of good practice, although it might be difficult to introduce into countries with centralised support and benefit structures. The review group also underlined the need for continuity of funding to achieve results. Stronger cooperation needs time to take hold, through changing attitudes and working cultures.

Among the potentially transferable aspects were:

- Spreading the message that responsibility must be shared;
- Cross-service case conferencing;
- Offering employment advice as a standard feature of social assistance;
- Increasing take-up of projects.

The British official representative announced that Ms Kashefi had accepted an invitation to visit and assess the UK model.

Proposals to the host country

The Peer Group made a number of suggestions as to how Delta might be improved:

1. Selection criteria should be better defined. Staff apparently use an 'instinctive' approach, but transparency and objectivity is important to ensure that clients are not subject to discrimination or social exclusion at this stage as well.
2. A greater input for NGOs and the social partners.
3. More emphasis on securing the active engagement of employers.
4. Evaluation needs to be more evidence-based, with indicators, benchmarking and quantified results.
5. Look at ways of increasing client involvement. Evaluation should survey users and take account of people's experience. To get a clear picture, it is necessary to track not only those with successful outcomes but also clients who drop out.
6. Create a budget for the 'buy in' of services that might not be directly available (this practice works in Ireland).
7. Draw up a model for deeper analysis of results, in addition to the evaluation process.
8. Adopt measures to publicise Delta, e.g. through a directory of success stories to show to policy-makers.
9. More horizontal exchange of experience (peer review?) between projects around the country. It is important to use a creative approach to disseminate good practice from one place to another.
10. Consider extending the model to take in other government services such as housing and education.
11. Social workers might be encouraged to spend one day a month in local workplaces, in order to experience jobs and get to know employers.