

Social Public Services: Quality of Working Life and Quality of Service

Summary of the Greek national report

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Context and trends

The brief of the study was to examine innovative initiatives and reforms in service policy and provision for three groups of service users: older people living alone, young unemployed, and the mentally ill. The study looked, documented and assessed the effects of reforms on jobs and working conditions; its implications for the quality of services and whether reforms meet the needs and preferences of service users. The study drew on published and unpublished data, interviews with providers, users and policy officials and non participant observation. The study reviewed the state of social public services in Greece, examined three examples from each type of service, and investigated in depth two service cases, in the fields of mental health services and services for older people.

Innovative initiatives and reforms were identified in all the three types of services examined. In most cases, these reforms involved the introduction of a virtually new service or the radical transformation of an existing one. Initiatives and reforms still represent marginal interventions in the social public services sector in terms of the number of users served but they reflect a new approach to social protection and a new welfare policy for which there is a strong government commitment for funding it.

Public funds for the social protection sector as a whole have been growing from 1993 onwards at an increasing rate and this includes all three types of services studied. Yearly change rates climbed from -1,9% and -1,8% in 1991 and 1992, to 2,2% in 1993, 4,1% in 1995 and 7,2% in 1998. Social protection expenditure was in 1998 24,3% of GNP compared with 28,7% for the European Union as a whole and 21,9% for the cohesion countries. However, personal services as opposed to income benefits appear to be underfunded and, of course, in absolute terms social protection expenditure is substantially lower compared with the rest of the European Union, given the low position of Greece in the economic development ladder (lowest GNP per capital in the Union).

Issues and problems

In the cases examined the study found that staff had a strong professional and social commitment to their work and that users were on the whole satisfied with the quality of the services provided. This is not surprising. For the staff their work involved breaking new ground in the welfare field, whilst users received a virtually new service where either there was no service available before (older people living alone, young unemployed) or a very low quality service was available (mentally ill). Nevertheless, a range of important issues were identified and a number of problems were examined in detail. They concern: resources at the level of provision; skills and professionalisation; user empowerment and service integration; institutions and structures, and evaluation of quality. More specifically:

- With respect to **resources** at the level of provision, in spite of overall increases in funding for social protection, the services examined were found to be run on a shoestring with respect to staff numbers and pay levels, whilst conditions of employment were very poor. In the long term this is likely to undermine the professional and social commitment of the staff and eventually the quality of service, especially for staff of lower professional status and the services for which there is no private market (young unemployed and older people living alone).

- **Skills and professionalism** represent an issue clearly identified in two of the services studied: services for older people and services for the young unemployed. In these two services the lack of prior experience and the absence of a pool of professionals in the labour market with the necessary skills combined with lack of training for those employed in the new services, affects adversely quality. In the long term it might undermine staff commitment and morale. In the case of mental health services, skills and professionalism are likely to become an issue when the new practices are introduced into the National Health Service. Skills and professionalisation are not important only for staff commitment and morale; they are also important for other key facets of service provision such as integration and user empowerment.
- **User empowerment and service integration** were not distinctive policy objectives but organic elements of the work organisation and the professional approaches used. In the examples studied as many different service aspects as possible were included within a single service facility. Service integration also requires external coordination which is very difficult given the impersonal and bureaucratic character of most public services in Greece. External coordination was found to work much better in the regions when services built local partnerships and involved local communities and this also enhanced user empowerment. Nevertheless, given the nature of the services involved and the profile of users, user empowerment is bound to remain subject to the discretion of the providers and especially in the absence of user representation or lobbies. In the cases studies user empowerment was enhanced the professional approach used.
- With respect to **institutions and structures**, decentralisation of provision to local and prefectural authorities or to the regional government, and contracting out to the voluntary sector, or other not-for-profit organisations or academic institutions was found to be a good strategies. Decentralisation also brings with it other positive aspects such as local partnership, community involvement and voluntarism which in turn strengthen coordination and service integration, enhance user empowerment and add to the resources available. Notably, whilst decentralisation is part of government policy, that goes beyond social public services, contracting out to the voluntary sector or in the case of mental health to academic institutions was dictated by the inability of the public sector to take on certain services.
- **Service evaluation** was found to be virtually absent and represents the most problematic issue identified. Evaluation has to consider a wide range of service aspects, the different interests and values of the stakeholders involved (clients, providers, policy makers and others) and to relate service provision to its socio-economic and policy environment. These are difficult requirements by definition and more so in Greece where there is not as yet a tradition programme and policy evaluation and no strong professional standards in social public service provision.
- **Private, commercial, service provision** for the three groups covered by the study was outside the scope of the study. It should be noted though that the private sector remains an important source of service provision and many of those who use its services are subject to low quality service provision or in some cases exploitation.

Recommendations

The findings of the study lead to a range of implications for policy and practice which indicate the conditions necessary for sustaining the progress made in the last few years and for moving from pilot initiatives and ad hoc reforms to social public services reform at a broad scale. These conditions can be summarised in the following set of recommendations:

- With respect to **operations and practices**, it is recommended to establish quality assurance at provider level and introduce monitoring and evaluation at central government level and at regional level; to strengthen skills development and professionalization; to provide support to service providers through policy and professional guidance, training and technical assistance; to establish service standards and codes of practice; to encourage quality improvement in service provision in the public, as well as in the private, commercial, sector; and to strengthen state regulation over the private sector.
- With respect to **co-ordination and support**, it is recommended to use the level of the region as the focal point for targeting policy and implementing reforms through: the development of partnerships and networks with political actors, social partners and voluntary organisations at the regional and local level; the engagement of voluntary resources at the level of the community; the development of service-specific policies at the level of the region; the strengthening of co-ordination and the provision of assistance for provider organisations and their staff. For this purpose existing mechanisms such as regional councils and monitoring committees of structural fund programmes; should be used and their social policy role strengthened.
- With respect to the **institutional location of services**, it is recommended to avoid the adoption of one-best institutional solutions for the location of services (e.g. local government for services for older people, the national health service for mental health services, a central government agency for services for the young unemployed). The government should allow for, and actively promote, a mix of institutional solutions involving the voluntary sector and the social partners as well as joint ventures between these and central government or local government organisations.
- With respect to **future development**, it is recommended to concentrate on mainstreaming and to move from ad hoc projects to permanent services with clear institutional form, regular funding and proper employment terms and conditions for staff. The government and service providers should prepare in good time for the transition from temporary to permanent arrangements for the period when funding from the structural funds will cease.

These recommendations represent a set of interrelated conditions for improvement and will not yield results if pursued individually. They represent radical changes from present practices and a challenge to public policy and public action in Greece and should be pursued in a planned and well organized way, on the basis of sector-specific policies and action plans. Implementation should combine genuine pilot implementation and broadly based action, using one or two regions (e.g. a rural region and a metropolitan district) as test beds for pilot implementation. The recommendations are relevant for all the different actors involved in the provision of social public services but it is central government that should take the lead and initiate reform in the direction and scale recommended.