



News letter

1/2007

Observatory for the Development of Social
Services in Europe

Role and working procedures of the European Parliament in the field of social and health policy – A spotlight on the work of a Member of Parliament

The Slovakian Member of the European Parliament Edit Bauer gives some insight in her daily work, focusing on activities related to the fields of social and health policy.

European Union. Its 785 Members are elected once every five years by voters from across the 27 Member States of the Union on behalf of its 492 million citizens.

What is the role of the European Parliament in the framework of the EU institutions?

European Parliament (EP) is the only directly elected body of the

From the beginning, the European Parliament did not have the same competences as the national parliaments. The first step in becoming a “real” parliament was when the Members of the EP were elected directly (as from 1979). Af-

ter that, its competences has been gradually extended and deepened. Nowadays, the European Parliament has three major competences: legislative power (shared equally with the Council of the EU), budgetary power (together with the former) and supervisory power (right of citizens to petition, Ombudsman, right to set up a committee of inquiry, democratic control over the Commission, certain parliamentary oversight over the activities of the Council).

- Legislative power shared equally with the Council of the European Union. In the adoption of legislative acts, a distinction is made between the ordinary legislative procedure (co-decision), which puts Parliament on an equal footing with the Council, and the special legislative procedures, which apply only in specific cases where Parliament has only a consultative role. The European Parliament has also a power of political initiative. It can also ask the Commission to present legislative proposals for laws to the Council of the European Union. It plays a genuine role in creating new laws, since it examines the Commission’s annual programme of work and says which laws it would like to see introduced.
- Budgetary power: the European Parliament and the Council of the European Union together constitute the Union’s budgetary authority, which decides each year on its expenditure and revenue. The budget cannot be implemented until it has been signed by the President of the European Parliament.
- Supervisory power: the European Parliament has major supervisory powers over the

Editorial

DEAR READER,

THE PRESENT ISSUE OF OUR NEWSLETTER PRESENTS A BROAD RANGE OF TOPICS IN THE AREA OF SOCIAL SERVICES AND SOCIAL AND HEALTH POLICY IN EUROPE.

OUR EDITORIAL ARTICLE WAS CONTRIBUTED BY MS. EDIT BAUER, MEP. SHE OFFERS A CLEAR DESCRIPTION OF PROCESSES WITHIN THE EUROPEAN PARLIAMENT AND ITS COMMITTEES, AND ILLUSTRATES THE ROLE OF THE EP IN THE AREA OF SOCIAL POLICY.

THE FIRST MAIN REPORT PRESENTS AN OVERVIEW OF EU POLICY PROCESS DEVELOPMENT IN THE AREA OF SOCIAL AND HEALTH SERVICES IN THE LAST THREE YEARS, INCLUDING THE CURRENT CONSULTATION PROCESS. THE SECOND MAIN REPORT DESCRIBES THE EFFECTS OF EUROPEAN FRAMEWORK CONDITIONS ON CHARITABLE ORGANISATIONS AND FACILITIES IN GERMANY, HIGHLIGHTING THE INTERFACE BETWEEN THE EUROPEAN AND THE GERMAN LEGAL SYSTEMS.

FRITS TJADENS’ GUEST COLUMN DESCRIBES HOW THE OPEN METHOD OF CO-ORDINATION HAS BEEN USED UNTIL NOW, BASED ON THE CONCRETE EXAMPLE OF LONG-TERM CARE, AND EXAMINES WHAT PROSPECTS AND CHALLENGES THE FUTURE MIGHT HOLD.

THE COUNTRY REPORT – THIS TIME FROM ROMANIA, WHICH TOGETHER WITH BULGARIA JOINED THE EU IN EARLY 2007 – DESCRIBES THE STRUCTURE OF THE ROMANIAN SOCIAL SYSTEM, PARTICULARLY OF THE SOCIAL SERVICES, AS WELL AS THE PRESENT CHALLENGES AND TRENDS IN THE SOCIAL AREA.

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THE EDITORIAL TEAM





Edit Bauer, MEP (Slovakia)

activities of the European Union. There are several ways of exercising control, including the right of citizens of petition, the mission of the Ombudsman, the right of the European Parliament to set up a committee of inquiry to look into violations or wrong application of Community law by Member States, just to mention a few. The EP exercises democratic control over the Commission and there is also a certain parliamentary oversight over the activities of the Council.

What is the current role of EP in the field of social and health policy? What are the current competencies? How should this evolve in the near future?

There are two committees involved in questions related to social and health policy within the European Parliament: The Committee on Employment and Social Affairs is responsible for employment policy and aspects of social policy such as working conditions, social security and social protection; health and safety measures at the workplace; the European Social Fund; vocational training policy; the free movement of workers and pensioners; social dialogue; all forms of discrimination at the workplace and in the labour market except those based on sex. The Committee on Environment, Public Health and Food Safety is, among others, responsible for public health, in particular for programmes and specific actions in the field of public health, pharmaceutical and cosmetic products, the European Agency for the Evaluation of Medicinal Products and the European Centre of Disease Prevention and Control.

As far as social and health policies are in the competence of the Member States, the European Commission has a role of co-ordinator, using the open method of co-ordination. The free movement of persons raises the requirement to take steps in order to solve the possible emerging problems. One of the issues discussed these days is the portability of supplementary pension rights. Due to ruling of the European Court of Justice the cross-border health-services are under discussion.

How does the opinion making in an EP Committee function? What are the main steps in drafting a report or an opinion, from the appointment to the delivery and voting?

The MEPs are divided between 20 committees and 34 delegations. In addition to other functions I am full member of the Committee on Employment and Social Affairs (EMPL), Committee on Women's Rights and Gender Equality (FEMM) and I have substitute membership in the Committee on Civil Liberties, Justice and Home Affairs (LIBE). There are also several intergroups working within the European Parliament. These intergroups deal with specific issues that committees regularly do not (cannot) fully cover. I am the vice-chairperson of the Intergroup for Traditional National Minorities, Constitutional Regions and Regional Languages. After the accession of the 10+2 new countries (in 2004 and 2007, with Bulgaria and Romania having joined the EU), the traditional national minorities are represented in the EU by a bigger proportion. Of course, their situation, their needs differ from the situation and needs of migrants. As I represent the Hungarian minority in Slovakia, I feel it necessary to emphasize the importance of making a clear distinction between these two different kinds of minorities. I am also i.a. involved in the work of the Intergroup for Family and Protection of Childhood, Intergroup fighting against Poverty and Exclusion, just to mention some of them.

The lion's share of the work of the MEPs takes place within the parliamentary committees and delegations. When a Commission communication gets into the Parliament, the Conference of Presidents decides which committee will become the main (leader) committee of the issue and which committees will elaborate an

opinion to this report. Each committee appoints one MEP to act as rapporteur. The rapporteur of the main committee prepares the draft report. The fellow MEPs from the committee give their view, contribute through amendments to this report. The other committees who elaborate an opinion to the report work the same way. After discussion, the committee votes on the amendments and the final version of the opinion. The main committee votes about the amendments and can include into the report the opinions of the other committees as well, creating this way the final version of the report. Next, the report is discussed, amended and adopted at the plenary session.

During the three years of my membership in the European Parliament I have prepared two main reports, one of which in the field of social policy. The first report was on Social Protection and Social Inclusion. It was elaborated within the EMPL Committee and adopted by the Plenary Session in February 2006.

I have also prepared several opinions, most recently i.a. the opinion of the FEMM Committee on Social services of general interest in the EU¹.

Currently I am the shadow rapporteur i.a. of the report on "Towards an EU Strategy on the Rights of the Child" (LIBE); report on the "Joint Report on Social Protection and Social Inclusion 2007" (EMPL); opinion on the Communication from the Commission "Demographic future of Europe: from challenge to opportunity" (FEMM).

Which procedures and channels of co-operation with other Committees do exist and how does this function in practice?

Generally, the committees co-operate while preparing reports where one of the committees is pointed out as the main committee elaborating the report and the other committees give their opinion. Another form of co-operation is the so called "enhanced co-operation". This is applied when a question falls almost equally within the competence of two committees, or when parts of the question fall under the competence of two different committees. In this case, there is a main committee preparing the report. While the other committees give "just" a regular

opinion, the committee that is in enhanced co-operation has a special role. The main committee has to accept without a vote those parts of the other committee's opinion that are in its sole competence.

Another way of co-operation is when two or more committees organise a joint public hearing. A good example is the joint public hearing on "Towards an EU Strategy on the Rights of the Child" that took place on the 17th of April this year and was organised by 7 committees.

Are there more issues in common within the main political groups represented in the European Parliament or rather with members of the Committees, partly or largely independent of "political colour"?

The European Parliament currently has eight political groups as well as some "non-attached" Members. The groups include members from over 100 national political parties. Each political group must be transnational and be based on shared political values. The political groups create working groups that discuss each report falling into their competence before the plenary session. What's more, each political group considers the main reports and sensitive issues in the light of their political views before the plenary voting.

Another good example of co-operation within the political group are the working groups on a specific issue, e.g. the European People's Party – European Democrats (EPP-ED) has established among others the working group on demographic change, pension reform, social security and family policy. This working group has the task of drawing up a briefing paper for the political group, in order to fully map the situation, define the challenges, find the possible political answers, while taking into consideration the European best practices.

Do opinions "cluster" more according to geographical origin, i.e. amongst MEP from the same country or from a group of countries, or more according to party membership?

The members of the same political group from the same country create a national delegation. These

delegations co-operate more closely. They discuss issues that are important for their country on their regular meetings. Creating a regional block of countries is less frequent, even though it would make sense and would be more effective. However, it is still the case that the “old countries” know better how to protect their national interests, even if it results in putting the “new countries” on the edge or on the other hand it is the “big countries” versus the “small countries”. In many occasions new countries (having joined the EU since 2004, i. e. Bulgaria, Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, the Slovak Republic, Slovenia) face the same challenges and therefore should co-operate more closely.

How are opinions, concerns, etc. of third/stakeholders taken into account?

As well as my colleagues I also meet representatives of NGOs, lobbyists in my office who have direct proposals to reports or opinions. Of course, these meetings are more frequent if I am in charge of a particular report or opinion. I have a good experience with most of the stakeholders. Besides personal meetings, the NGOs/ third parties can also be heard when the committees and/or political groups organise public hearings on a particular issue and invite experts from the field. It is an established custom that we obtain written statements, amendments from different NGOs to almost each topic that is in the European Parliament.

Are you able to do a follow up on important issues particularly within the EP Committee in charge and with the EC once you have delivered a report to the EP plenary?

Besides all my duties, new reports, new responsibilities, meetings of committees, delegations and intergroups, it is sometimes difficult to follow up each issue that is in the committee. Sometimes it is hard even with the topics I was in charge of. I am trying to do my best. However, there are issues that are close to my heart. I always follow these topics with a higher attention. Also thanks to the NGOs, lobbyists who are constantly contacting me in order to participate in conferences and discussions, or asking for a meeting in order to update me on specific topics.

Edit Bauer, MEP (Slovakia)

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1998–2002: Undersecretary of State, Employment, Social and Family Affairs Ministry of the Slovak Republic
2000: Vice-President of 88th session of the International Labour Organisation (ILO)
2002–2004: Member of Parliament – National Council of the Slovak Republic; i. a. Vice-Chairwoman of Social Affairs and Housing Committee; Member of European Integration Committee; Member of Slovak delegation to the Parliamentary Assembly of the Council of Europe
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1 cf. http://www.europarl.europa.eu/meetdocs/2004_2009/documents/ad/640/640601/640601en.pdf

Guest Column

The Open Method of Co-ordination on long-term care – three years of careful steps

In 2004 the Open Method of Co-ordination on health care and long-term care (OMC HLTC) started. This was the first time that Europe actually started working on long-term care. Now, three years later, the OMC has merged with the topics social inclusion and pensions. What does this mean and what are the outcomes? With the perspective on long-term care, this article explores what has happened.

Long-term care is part of the Member State autonomy, on grounds of the subsidiarity principle. But long-term care is part of the Social Agenda of the Lisbon-strategy – the strategy to become the world's leading knowledge economy – and thus is a key to European development. However, long-term care is about people who do not participate in the workforce and – mostly – it is about care-giving of which the biggest part is delivered outside the labour-market (family care). These are hardly European topics.

Nevertheless, after five years of preparations, in 2004, using the Open Method of Co-ordination (OMC) as vehicle, European co-operation in the field of health care and long-term care officially started. The Member States decided to co-operate on long-term care, because it links to two key aspects of the Lisbon strategy: to get collective spending in ageing societies – of which long-term care (in European terms: care for the elderly) is a part – under control, and to have more people working (longer). And the long-term care sector is seen as an option for job-creation.

The OMC process: outline

The Open Method of Co-ordination has no specific status under the Treaty, thus, is no legal procedure defined in the primary law. In the draft Constitutional Treaty for Europe the OMC is subsumed under instruments not having binding force and insofar categorised in the same way as opinions and recommendations. Participation in the Open Method of Co-ordination is voluntary and non-binding from a legal standpoint. It is about po-

litical processes which have been initiated and further developed by the European Council.

This creates flexibility as well as unclarity: there is no mandatory involvement of (European, national and sub-national) players other than governments, which leads to criticism about the democratic deficit of the Open Method of Co-ordination, as well as to the side-effect that Member States can say they work together and develop joint policy without really doing so. But the reverse also holds: Member States can claim *not* developing joint policies when they actually do. So OMC-processes are flexible in meaning, as well as in application.

For there are ‘different kinds’ of the Open Method of Co-ordination. The “standard” Open Method of Co-ordination is rather strict, but deviations exist. The OMC in the field of health care and long-term care, started in 2004, was ‘light’. Furthermore, a Member State can opt for light or heavy involvement in an Open Method of Co-ordination. Hungary, for instance, successfully opted for heavy involvement in the first round, wanting to deliver strategic messages about their health care system to Europe.

Open Method of Co-ordination on health care and long-term care: preliminary outcomes

The Member State, in the Open Method of Co-ordination in the field of health care and long-term care, agreed to work on accessibility, quality and financial sustainability and produced preliminary reports, analysed in a *Review* done by Commission services in the autumn of 2005¹. We analysed both *Review* and eight Member States’ reports, most frequently mentioned in the *Review* as *policy example* on long-term care-related items². It turned out that the link between preliminary reports as presented by the Member States and *Review* of the Commission services sometimes seemed rather weak.

Also, there were some other limitations, such as

- A weak link between ‘what’ (policy statements) and ‘how’ (with whom, what, i. e. contents and topical foci, structure, process) these policy statements were, are being or should be implemented into concrete political measures in the eight Member States’ reports;
- Very limited possibility to assess the exact value of policy state-

ments in the Review;

- No standardisation in the way the Member States delivered their reports;
- No (uniform) 'readable' language in the reports submitted by the Member States.

We concluded that the process still was in its infancy. Nevertheless, it was interesting to note that, while early 2005 the high level Economic Policy Committee stressed increasing tensions between supply and demand in care due to expected decreases of supply and increases of demand, 80% of the Member States stated that they expand their long-term care services. How these facts concerning supply and demand interact is extremely relevant, both for the Member States as well as for the EU as a whole.

OMC-streamlining and long-term care

The Spring Council 2006 "streamlined" the Open Method of Co-ordination in the field of health care and long-term care, combining it with the – older and heavier – OMC-processes on pensions and social inclusion into the OMC "Social Protection and Social Inclusion". Main idea was to harmonise the efforts and – hopefully – get more 'horizontal' policy development (i. e.: co-operation between ministries within Member States on cross-border topics).

The Open Method of Co-ordination and family carers

An opportunity for further change during the streamlining of the Open Method of Co-ordination in the field of health care and long-term care appeared to have been missed. For although human resources in the field of care were recognised as crucial, informal care was only mentioned as a means to get systems financially sustainable. This put (and actually still puts) a one-sided strain on family carers without taking their voice into account. It was the same position the European Commission took in the debate about the demographic ageing of the EU, ignoring changes in the demand for long-term care as well as ignoring changes in the supply of informal care.

So it was somewhat surprising that, after their Spring 2007 session, the European Ministers for Employment and Social Affairs, in their conclusions to The Council, explicitly mentioned support for informal care as crucial in the further development of long-term

care. This is much-needed support for this issue, to be further enhanced by the new European NGO *Eurocarers*, which aims to represent family carers on a European level and which also aims to support (sub-)national organisations of family carers in getting organised, raising their voice and having it heard by their policy makers. *Eurocarers* was officially launched in Brussels on June 12, 2007.

The same Council also welcomed the German Presidency initiative of a European Alliance for Families. The Alliance, created by the Federal Minister for Family Affairs, Senior Citizens, Women and Youth with the participation and support of the European Commission, was one of the key sociopolitical projects under the German Presidency. It should become a platform for the member states to exchange opinions and information in the area of family-friendly initiatives. The European Alliance for Families is mentioned as one key element in the Communication from the Commission "Promoting Solidarity Between Generations" of 10 May 2007 [COM(2007)244 final]. Family care is seen as one of the core issues of solidarity between generations. This is reflected in the core document, in its conclusions as well as in the annexes. However in the framework of the European Alliance for Families, as mentioned in the third chapter of the Communication, the issue of family care seems to be invisible. Possibly this is the reason why during the launch of *Eurocarers* the comment was made that the Alliance for Families ought to give adequate attention to family care.

In the autumn of 2006 Member States produced new national reports on Social Protection and Social Inclusion – including a chapter on health care and long-term care. Shortly after, in February 2007, a new *Review*³ appeared.

After a quick-scan, some of our conclusions are:

- The new *Review* – as far as long-term care is concerned – is more abstract than earlier Joint Reports, not linking anymore with specific national reports and is – as to the objectives set – less ambitious.
- The national reports have sometimes little attention for the sub-national level, even though that is where the developments, especially in decentralised systems, take place.

- The national reports have been more or less standardised but seem 'more of the same', although efforts have been put in to also deliver 'good practice' examples.
- By including 'good practice', the link between 'what' (knowledge about competencies, structures and measures in the framework of social protection schemes) and 'how' (knowledge about processes, structures, co-operation et cetera) improved.
- It still seems rather complicated to assess the exact value of policy statements in the *Review*.
- Almost all reports are in English, thus greatly improving the possibility for mutual exchange.
- The idea was that Member States were to present from which other Member States they wanted to learn. Such statements seem not to be included in the reports, even though the *Review* suggests so. As such statements are highly political, it is understandable. Nevertheless, it seems a missed opportunity.
- As yet, the involvement of non-governmental organisations in the process is unclear.

Conclusions

Long-term care has clearly become a European policy issue, which was unthinkable even five years

ago. However, given the fact that the European population will start to decrease after 2010, it is rather late. This gives some hope that gradually, the exercise will be taken more seriously and thus raises hope that experts and stakeholders – either national or European – will be willing to commit themselves to the efforts related to an OMC-process. For the moment it still seems the best lessons are learnt by separate in-depth studies of systems.

But if the Open Method of Co-ordination really is about mutual learning, including the non-governmental world, then the national reports could offer the opportunity not only to produce and exchange macro 'what'-information (on competencies, structures and measures in the framework of social protection schemes), but could also allow the production of 'how'-knowledge on processes, structures, co-operation et cetera.

Then questions become relevant such as: what is innovated (and why)

- at micro level between client and professional,
- at meso level between professional and organisation, for which the professional works/employing the professional, and



- at macro level between organisations (i.e. providers of personal social services) and policy in terms of financing, legal aspects, tasks and responsibilities, both within the private as well as within the public sector.

Such knowledge would greatly enhance relevance also for others than governments. One could include voices from others than governments. This would really challenge stakeholders and experts to participate in the process, and would thereby increase both the overall perceived relevance as well as the urgency of the process.

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- 1 *Review of Preliminary Policy Statements on Health and Long-term Care. Note to the Social Protection Committee, 30 November 2005, Brussels: European Commission, Employment, Social Affairs and Equal Opportunities DG/Social Protection and Integration/Social Protection, Social Services (E4): http://www.europa.eu.int/comm/employment_social/social_protection/health_en.htm*
- 2 *Not including the Swedish report (we could not read it) and not including the Dutch report (we knew that one).*
- 3 *Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions. Proposal for the joint report on social protection and social inclusion 2007. Brussels, 19 January 2007, COM(2007)13 final and joint report on social protection and social inclusion 2007, 6694/07. Brussels, 23 February 2007: <http://register.consilium.europa.eu/pdf/en/07/st06/st066694.en07.pdf>*

Main Report

Consultation processes and current developments in the field of social and health services of general interest

The presentation of the White Paper on "Services of General Interest" in May 2004 triggered a broad, in-depth debate across Europe on numerous issues relating to services of general interest. The White Paper followed on a Green Paper on "Services of General Interest" presented one year earlier and on the consultation process that followed its publication. It thus also marked the beginning of a new phase, with social and health services of general interest now also becoming the explicit subject matter of political activities above and beyond "traditional" infrastructure areas such as energy (electricity and gas) and water supply, telecommunications, post and transport (local public transport, rail transport) – in other words the so-called network-based services of general interest. A review of (further) legislative measures was also announced with regard to all these sectors. Since then there has also been a broad and intensive discussion on the systems and services of social and health policy organised, regulated and financed at Member State level as to 1) how extensively and in how much detail 2) with regard to what aspects 3) on what basis (system of competencies; legal foundation, i.e. article in the EC Treaty, for legislative steps) and 4) by means of what Community instruments policies should be developed and/or legally regulated. This report reviews current processes and discussions in the area of non-profit social and health services.

Until early 2006, social and health services had tended to be viewed and dealt with as a single area; meanwhile, however, we have witnessed the evolution of a dynamic process that has led to a division into two parallel processes. It is currently unclear whether, how and when these two areas (or at least certain aspects thereof) will ever come together again. There is broad consensus in Germany and in other EU Member States that because of their many points of contact (e.g. long-term care and rehabilitation services) and common objectives, functions and

characteristics, the two processes should be treated as interrelated, and that great care should be taken to ensure that future steps are coherent.

Health services

The European Court of Justice and the Services Directive

Since 1998, the European Court of Justice has enacted a series of judgments on patient mobility, decreeing that patients have the right to move freely across the EU to receive medical treatment and health care. Prior authorisation is required only in the case of hospital treatment. The initial draft of the Commission's Services Directive had established the principles of cost reimbursement in this area. However, the European Parliament and the Council decided that this approach was not a good idea. The final version of the Services Directive published on 12 December 2006 excluded health services – and thus also regulations for cost reimbursement in this regard – from its scope of application. Both Parliament and Council have called on the Commission to develop specific proposals for this area.

Consultation process

Even though health services have been removed from the scope of application of the Services Directive, the internal market freedoms of the EC Treaty continue to apply. As many health services operators had been calling for greater clarity as to the relevance of Community law in the area of health services, the Commission, on 26 September 2006, initiated a public consultation process by publishing a Communication entitled "Consultation regarding Community action on health services" [SEC (2006) 1195/4]. In its strategy plan for 2007, it committed itself to the establishment of a Community framework for reliable, high-quality and efficient health services by strengthening co-operation between the Member States and improving legal certainty with regard to the application of Community law to health services and health care.

The consultation process attracted more than 270 responses from national governments, regional authorities, international and national umbrella organisations, social security institutions, universities, commercial and not-for-profit providers as well as from individual citizens.



Joël Hasse Ferreira, MEP (Portugal), European Parliament's rapporteur on social services of general interest

All these responses, together with the Commission's summary report, can be found online¹. The following paragraphs will provide a short overview of the responses contributed by the governments of EU Member States.

All Member States basically welcome the consultation process. However, most governments note that any future steps taken at Community level should be based on the principles of subsidiarity and proportionality. Moreover, both the "Statement of common values and principles in EU health systems"² established by the Council on 5 June 2006 and the specificities of the health area should be taken into consideration.

In most Member States, costs incurred as a result of patient mobility still constitute less than 1% of total health care expenditure. Some border regions and tourist centres report higher case numbers. In most cases, these relate to unplanned medical treatment for sudden illnesses or injuries. Treatment in other Member States is offered above all in border regions or in situations where certain health services are not available in a patient's own country, but also systematically within the scope of supply agreements with facilities in other countries of the EU. Most Member States assume that patient mobility will increase, and they fear the negative effects this development could have on their own health systems.

The wording of Community regulations should be clarified, particularly in connection with the circumstances in which treatment is subject to authorisation. Many respondents also noted that patient access to information – e.g.



about conditions affecting the use of health services, about suppliers, processes, cost reimbursement, etc. – should be guaranteed. Responsibility for supervision, patient safety, quality and liability should be regulated, and patients' rights clarified. Demands were also made for better cross-border transfer of patient data.

Many Member States favour a continuation of the work of the High-Level Group on health services and medical care, for instance with regard to the establishment of European reference centres or to cooperation in the area of e-health. The new Member States in particular raised the issue of EU financial support for capital expenditure in health systems.

Regarding the question of an appropriate instrument at Community level, several Member States believe that a mixture of legislative and non-legislative measures represents the best approach. However, respondents do not agree on a possible legal instrument. Nevertheless, most Member States believe that they should be given sufficient leeway to organise their own social systems. In the opinion of some respondents, an adjustment of the regulation on the co-ordination of social security systems – particularly on issues

of cost reimbursement for medical treatment abroad – would be adequate, while others believe that a sector-specific (framework) Directive would be more appropriate.

Outlook

The Commission intends to present an initial proposal for Community measures in the health services area in late 2007.

On 15 March 2007, the Plenary of the European Parliament adopted a resolution on Community action on the provision of cross-border healthcare³. This resolution views the introduction of a Community legal framework as the best way of guaranteeing legal certainty for patients, healthcare providers and national health systems. Such a framework might also help optimise use of resources in the healthcare area and accelerate access to treatment.

Social Services

On 26 April 2006, the Commission presented the Communication "Implementing the Community Lisbon programme: Social services of general interest in the European Union". In spring 2007, the Commission's evaluation of the responses of the Member States to a second questionnaire of the Social Protection Committee on social services of general interest marked the

conclusion of a consultation process initiated in September 2006. The results of the "feedback document", together with the findings and conclusions of the study on the situation of social and health services in the European Union presented in July⁴, will guide the Commission in its ongoing efforts to elaborate a strategy on non-profit social services. Newsletter 2/2007 will present the results of the study, including a report on the final project conference in Brussels on 4 June 2007. We will also report extensively on the responses of governments and other organisations in the consultation process.

Lines of discussion and positions

Following the presentation of the Communication on social services of general interest, three Community institutions – the European Parliament, the European Economic and Social Committee and the Committee of the Regions – appointed rapporteurs who have meanwhile submitted co-ordinated opinions⁵.

The European Economic and Social Committee report includes a non-exclusive list of social services. In the opinion of all three institutions, responsibility for ensuring compliance with Community law requirements is in the hands of the regulatory authorities of Member State governments. This applies, for instance, to the explicit and precise definition of the tasks and conditions imposed on providers of social services on the basis of public service obligations, both in terms of transfer of services (entrustment) and of registration, licensing, concessions and authorisations. The opinion of the European Economic and Social Committee calls for a specific concerted legal framework for social and health services of general interest within the scope of a comprehensive approach in the form of a framework directive for all services of general interest. A group of fourteen social economy umbrella organisations formed in France in 2006⁶ takes the same position. The opinions of the European Parliament and of the Committee of the Regions in this regard are not as clearly defined. Nevertheless, they call on the Commission to look into the necessity and legal foundation of a sectoral directive. The European Economic and Social Committee and Committee of the Regions reports in particular also contain concrete proposals as to what aspects such a directive should cover.

Like other Member States, the German Federal Government sees no need of legislative steps in the area of social services of general interest. On the other hand, broad agreement can be expected with regard to the demand raised in the opinions of the European Parliament and European Economic and Social Committee that in the case of collision with EU law protection of the common good and the special characteristics of social services should be given priority. All three opinions explicitly reject encroachment in existing competencies in the area of social services, allocating competence for defining the modalities of organisation, regulation, delivery and financing to government authorities in the Member States.

Outlook

For November 2007, the Commission has announced the publication of a Communication on its priorities in the ongoing "social services" process (including references to the "health services" process). This Communication will also address the issue of organising the monitoring and dialogue process in the form of biennial reports, which could then start in late 2007/early 2008. The overall strategy also includes looking into the necessity and legal feasibility of a legislative instrument, e.g. a sector-based directive. In Lisbon on 17 September 2007, the European Parliament will host a forum on the political and legal Community framework for social services. This event will be held in co-operation with the Portuguese Presidency of the Council, which has placed the topic of "social services" high up on its list of priorities and will also be supported by the European Commission.

Necessity to accompany further steps

Important steps in this regard can be expected in the coming months. It will therefore also be essential for non-profit, municipal and commercial providers to continue to closely follow the processes for the further organisation of social and health services at EU level in order to have a say in the choice of content and in the concrete decisions.

Anna Englaender/Mathias Maucher,
ISS e.V.

1 http://ec.europa.eu/health/ph_overview/co_operation/mobility/results_open_consultation_en.htm

2 http://eur-lex.europa.eu/Lex-riS-erv/site/en/oi/2006/c_146/c_1462006060622en00010003.pdf

3 <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2007-0073+0+DOC+XML+V0//DE>

4 Main issues, proposals and positions of these reports are juxtaposed in a synopsis prepared for the Conference held on 5 June in Brussels entitled "Social and Health Services of General Interest: Towards and EU Strategy? Comparing and debating EP, EESC and CoR Reports on the Communication of the Commission on SSGIs", cf. <http://www.ssig-fr.org/>, main page

5 <http://www.euro.centre.org/shsgi>

6 Collectif SSIG-FR (group of fourteen French social economy umbrella organizations), cf. <http://www.ssig-fr.org/> (in French for the most part)

Current overview of European framework conditions for the activities of organisations and facilities of public utility in Germany

A draft bill amending the laws governing non-profit status and charitable donations was passed by the German federal government on 14 February 2007. The intention of the amended law is to strengthen civic commitment in Germany.

After a long and extensive debate, the announcement that German laws on non-profit status were to be made simpler, clearer and more practicable has met with broad approval. In a general sense, the amendment also serves the efforts of the European Commission for more transparency, particularly with regard to exceptions and justifications in European economic and competition law. However, the broad spectrum of opinions expressed in the various phases of the legislative procedure shows that the details of many provisions still need a great deal of improvement. Much like our understanding of the common good is subject to dynamic development, there are also varying assessments on compensation payments to recipient organisations/enterprises to discharge public service obligations related to the provision of services of general interest.

For the relationship between the German and European legal systems, the following points are of interest:

1. the (binding) recognition of public utility/non-profit status beyond the borders of the EU Member States,
2. the contradictions between the legal situation in Germany (prerequisite for recognition of public utility/non-profit status) and the stipulations of the sixth EU Directive on value-added tax (general interest orientation of an undertaking), whereby the current legal situation in German tax law has not yet taken into consideration new social concepts and offers in child/youth welfare, assistance for people with disabilities, care for the elderly and volunteer work, and
3. the effects of European competition law, particularly Community state aid regulations, on providers of social services

recognised as being of public utility for tax purposes, linked to certain advantages.

Back in December 2005, the Observatory had presented an expert opinion on regulations governing public utility/non-profit status in Germany and other European countries in relation to the legal and political framework of the European Union. The report, which was drawn up by Dr. Stephan Schauhoff and Dr. Marcus Helios, begins with a comparative analysis of laws governing public utility/non-profit status and donations in Germany, Austria, France, Great Britain, Italy and Sweden. Analysis of the situation in these countries shows that provisions governing the legal and organisational forms of organisations and facilities pursuing an objective of common public interest as well as provisions governing the activities strictly connected with the declared objective(s) recognised as of public utility¹ on the one hand (in German: Zweckbetrieb) and so-called economic activities unconnected with this objective² (in German: wirtschaftlicher Geschäftsbetrieb) on the other tend to be similar if compared across countries. On the other hand, there are significant differences in the extent of support for activities related to purposes beneficial to the community (deductibility of donations, beneficiary of preferential treatment in tax law, maximum amounts etc.) in the individual countries. The second part of the report examines the significance of EU law in German legal reality. The Observatory's current work follows up on the results of the report. Without comparing the countries once again, it provides an update of the results of the analysis – concentrating on the presentation of EU processes. With a special focus on social services, the investigation gives an overview of the EU framework conditions for the activities of organisations and facilities of public utility in Germany, taking into account recent case law and trends.

The starting point for the choice of legal areas and developments to be examined was the German reform discussion regarding laws on non-profit status and the relevance of these issues for public and non-profit providers in Germany. The paper which is currently being elaborated presents framework conditions and trends in primary and secondary EU law, e.g. state aid law (issues dealing with public procurement procedures and con-

tract award rules are investigated in another Observatory project), collection rates for turnover and value-added tax, privileged status of donations, definition and accreditation of an activity in the common public interest, consideration of honorary work and volunteering, permissibility and relevance of non ear-marked subsidies or endowments, bookkeeping and transparency regulations for mixed-business facilities, taxation of cross-border activity (collision of the exceptions and specific regulations of national fiscal law with European internal market freedoms), etc.

Recently, the meanwhile much commented ECJ decision on the Stauffer case (C-386/04) showed clearly how the concept of a privileged status suitable for charitable organisations and preferential treatment institutions pursuing purposes beneficial to the community and society in Germany collides with the priority European objective of market freedoms. The German tax authorities had denied an Italian foundation non-profit status because the organisation in question had its registered office in Italy. This placed the foundation at a fiscal disadvantage vis-à-vis comparable German foundations. The ECJ saw this as unjustified discrimination within the European internal market. Such collisions of national and European law occur whenever the authorities of one Member State fail to recognise donations to foreign charitable institutions at the same level as donations to domestic institutions. In this context, proceedings of the European Commission are pending against several Member States, e.g. Great Britain, Ireland and Belgium, in order to achieve a suitable adjustment of national standards to European framework conditions.

An overview of these conditions will be available by mid-2007; it will give providers of social services a better idea of current European trends as a whole and help them take advantage of these developments to further their own interests.

Cornelia Markowski, DV e.V. ■■■

¹ Activities strictly connected with the declared objective(s) recognised as of public utility are those for which the receipts are fully allocated to the objective(s) which the organisation has declared in order to enjoy tax concessions. There are no limits on those activities, which are deemed to be without profit aim, and which enjoy tax concessions.

² Activities unconnected with the declared objective(s) are taxable.

Social Services in Europe

Social services in Romania

1. Social services in the Romanian welfare system

Social services in Romania are a component of the national social work system, together with social benefits. Social services are “measures and actions answering the social needs of individuals, families, groups or communities, with the purpose of preventing and overcoming situations of difficulty, vulnerability or dependency, in order to improve the quality of life and to promote social cohesion. Social services can be organised in various forms, established by the social services index list.”¹

Primary social services, as actions for preventing and limiting social risk situations, are complemented by specialised social services, provided by specialised staff with the purpose of retaining, recovering or developing the capacities of an individual or of a family in specific vulnerable situations or at risk from social exclusion.

Every Romanian citizen and every foreign citizen living or residing in Romania, without discrimination, is entitled to social services.

2. Important measures in the social services system

The social services system in its present form has been structured after 1990. The interventions have occurred at political, lawmaking, educational, media and attitude level.

At the beginning of the 1990s, the pictures of the Romanian children’s homes were seen by the foreign press as characterising the state of the Romanian social welfare system. The problems had multiple causes, many of them of ideological origin. The social institutions, which were present during the communist era dealt with relatively few categories of users: orphaned or abandoned children, the disabled, the elderly etc. The desire to “use resources efficiently” and to “centralise the interventions” resulted in the creation of large institutions in the domain of social services. The criteria used for assessing the quality of services were primarily those of economic efficiency.

In the years of “transition” since 1990, new perspectives on the system of social services have been created, with an emphasis on the need for social services that would complement the care provided. The paternalist state, which provided housing and jobs, which encouraged the increase of birth-rates by any means, gradually turned towards a mix of social and liberal concepts.

The freedom for the development of the civil society, on the back-drop of funding opportunities offered by the various programmes and social interventions, has undeniably been a driving force for the promotion of social services in Romania.

On the other hand, the road towards EU membership taken by Romania in recent years has also outlined obligations in the political and lawmaking sphere to comply with the *acquis communautaire* (i.e. the body of common rights and obligations which bind all the Member States together within the European Union).

3. Main forms and fields in the provision of personal social services

Romania is now in search of means of promoting social services, after many years in which social benefits in cash or in kind (financial or material assistance) had been the main instruments of support. The danger created by this type of intervention consisted in the reduction of user involvement and often the creation of dependency. We are talking here

about the changes in attitude: some are imposed through legislation – through agreed principles and standards for specialised social services, in general or for specific groups of clients. Others are promoted by the media or through NGO projects focused on this topic.

Among the most remarkable are programmes for the prevention of social risks, for limiting social exclusion, as well as for punctual intervention in order to support recovery from crisis situations or from difficult circumstances. The most spectacular transformation in the domain of provision of social services is the reduction of the number of large residential institutions designed for the protection of abandoned children (1.65% of the population): there are no longer centres for children younger than 3 years. Instead, alternatives to institutionalisation are promoted: care by the extended family or by specially-trained foster parents.

Additionally, home care services aimed at the elderly and the disabled are developing completing residential offers. Institutions are structured and services begin to work for the victims of human trafficking, for refugees and immigrants, for victims of domestic violence, for drug abuse victims, for the homeless and for families in general.

NGOs are involved in all these areas (e.g.: for the prevention of human trafficking, Caritas empowered young students from 15 high schools in 5 counties. The students were informed and trained to

analyze, design and form special “trustful committees” at local level).

Families are the main focus of social services and benefits. There are 8 types of public family allowances (e.g. state allowance for children, complementary family allowances, support allowance for single parents, indemnity for child raising until 2 or 3 years, if the child has disabilities, maintenance allowance for taking care of the child in family placement) and other 8 types of social benefits. Of them, we can mention minimum income (protection), which is allocated to the family, considering all members and incomes. In 2006, 4.35% from all families received this benefit.

The largest receiver of social benefits and allowances is, with no exception, the North-East part of the country, recognised as the poorest region, but with a positive birth rate.

Regarding special social services for families in difficult situations, the area has not been well developed yet. Some NGOs (including Caritas) have after school programmes for preventing poor children from becoming early school leavers from primary school. Adapting these services to the actual situations of families would require more flexibility. Some NGOs have parental education programmes, some are sustaining the single motherhood and poor families and some are developing services for children who have parents working abroad.



Sibiu/Hermannstadt, Romania, together with Luxembourg European Capital of Culture 2007



Monastery of Voronet, Romania, Bucovina

4. Institutions and agencies delivering personal social services

The public and the private sector have developed in parallel, with a strong impulse from non-governmental organisations (NGOs), in delivering social services. The biggest contribution consists in promoting new services for child protection, but also in care centres for the elderly: from the total amount of money spent on these services, the contribution by NGOs is around 20% (9,700,459 Lei – around 3 millions euro, in 2006).

The clarification of the types of social services and the start of the process of certification of social service providers have as a result the gradual structuring of the social services system.

Studies done by civil society organisations show a non-uniform distribution of social services providers across the country. Currently, two thirds of the non-governmental organisations are concentrated in urban areas. The regional distribution of registered NGOs shows that around 20% are based in Bucharest and almost 40% in Transylvania.

Most of the infrastructural and personnel resources are concentrated in Bucharest, in the major urban areas (mainly university centres) and in Transylvania because these regions have a better-developed economy and infrastructure.

At national level there are few important umbrella organisations, including: The Federation of NGOs Active in Child Protection, ProChild Federation, National Union of the HIV/AIDS Affected People (UNOPA), Civil Society Development Foundation, Caritas Confederation, etc. In a national

study from 2005 only 25% of the non-governmental organisations declared that they are affiliated to national federations. Some non-governmental organisations are working together in coalitions, mainly occasionally, on issues of common concern. The competition for financial resources, personal conflicts and better relations with public institutions are the most frequent obstacles for a better cooperation among them.

There are also differences between county public institutions – the General Directorates for Social Services and Child Protection – who need to design plans and strategies in the domain with regard to the planning and financing of social services.

The local community is the main institution responsible for putting social work into practice. This is one of the challenges of the social services system, with a potential for development.

5. Main lines of legislation – regulation and financing

We can assert that in the past 5–7 years the legislation and the base for action in the field of social services have been structured. New institutions have been created at central level, those at county and local level have been restructured, many legislation aspects have been clarified.

The sector of non-governmental organisations has been involved in the debates organised on the occasion of legislative changes, as well as for drafting national policies and standards for social services aimed at children, the disabled, the elderly, to the victims of domestic violence, to the ethnic group of the Roma, to victims of drug abuse and to the family in general.

Although desired, the decentralisation of public institutions initially confused the social actors. The main problems stemmed from the distribution of finances and from the much-needed restructuring of the local institutional system. For the past two years, several local councils have opened bids for private social services providers that target specific population groups for which the local councils have a shortage of staff. Some NGOs assert that there are still unclear matters concerning the contracting of social services by public institutions. Some local councils spend more than 80% of their local budget to social services and benefits, others only 10% or 20%.

Private providers of social services who are active in at least two counties can apply for public funding to be used in proper providing of social services. Public expenditure on social protection is 1.94%² of GDP and almost 14%³ of total government expenditure. The main financial sources of non-governmental organisations are project-based grants. A small sum comes from membership fees, sponsorships and donations by national and multinational corporations, fundraising events, and from directing 2% of citizens' annual income taxes. The national-interest programme launched by the public authorities in 2006 adds to the previous funding categories in the domain of child welfare/child protection further four categories of disadvantaged persons: people with disabilities, elderly individuals at risk, victims of domestic violence and the homeless.

6. Current challenges, trends and issues

The main current challenge for a non-governmental organisations providing social services is to ensure its funding. The Romanian non-governmental organisations have inadequate financial resources to achieve their goals. The fact that financial resources are a weak point of existence for non-governmental organisations is proven by a survey conducted in 2005 by the Civil Society Development Foundation. 21% of the 144 organisations that answered to the survey claimed that financial resources are a serious problem; 41% described financing as inadequate, 35% are satisfied and only 2% regard their financial situation as safe.⁴

Most of the organisations depend on foreign grants which have been decreasing due to the accession to the European Union. There are already cases of non-governmental organisations that interrupted their activities, as the foreign funding ended (USAID and other American grants or grants coming from the Programme of Community aid to the countries of Central and Eastern Europe (Phare)). Domestic support is considered as limited. Local fundraising is not successful in generating significant income, considering the poor economic condition. Aiming at compensating the absence of grants, many non-governmental organisations have become more business-orientated and started commercial activities such as training and consultancy services or sale of products made by beneficiaries.

From the part of the clients/beneficiaries, there are at least two challenges: requesting specialised social services and co-financing the services received. The studies we made show that the potential beneficiaries of social services often request just material or financial assistance, a fact that is due to the degree of poverty they face. An increase in the standard of living might also support the development of social services, both in terms of offer and demand.

Another challenge would be practising social work in the rural environment. Actions are needed for identifying social needs and potential risks at local level, as well as preventive actions and prospective studies, an extension of projects and of the acquired expertise.

Community solidarity at this moment has the potential to become more structured.

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1 Romanian Parliament, Law no. 47 of 08/03/2006 concerning the national social services system, Official Gazette, Part I issue 239 of 16/03/2006

2 At 1 July 2004, according to National Institute of Statistics, <http://www.insse.ro>

3 *ibidem*

4 CIVICUS, 2005, p. 29

News from the Observatory

Learning from Europe – Family support services in France and Sweden

The office of the Co-ordination Group at the German Association for Public and Private Welfare was represented at the conference “Treffpunkt Europa – Familien und Generationen auf neuen Wegen” [Meeting point Europe – Families and Generation Breaking New Ground] (Berlin, 19–20 March 2007) with a paper on family support services in Europe. Discussion on both conference days also focused on family support services in connection with the European Alliance for Families. In view of the social and economic changes being felt throughout Europe, there is an increased need for family support services, particularly for services that allow for better reconciliation of family and work. So-called “double-front-care family situations” (families where there are both children and grandparents to take care of) are often an enormous double burden, particularly for women.

In countries like France and Sweden, where similar problems were felt as early as a few decades ago, policy-makers have already reacted to these new circumstances. With society and politics having turned away from the “single bread-win-

ner model”, a double-earner model is now being favoured – in Sweden on the basis of gender equality, in France with an orientation towards encouraging more births. Comparative studies examining the situation across Europe show the important role played by infra-structural family support in achieving a lasting increase in births and better reconciliation of family and work in these two countries. In contrast, German policy continues to strongly favour financial transfers, such as the parental allowance (in German: *Elterngeld*) introduced in 2007.

In **France**, family policies are largely addressed to women, with the aim of enabling them to fulfil their wish for children while continuing their professional activity. Full-time employment for mothers is a normal situation here. Fathers – like in many other European countries – participate relatively little in child-care activities.

France has a very extensive system of family support services. Its most important element is pre-school care, with 100% of three- to six-year-olds enrolled in the pre-school system, and 43% of children under three. In order to increase this proportion even further and to give parents greater freedom of choice, the French government has also introduced a tax credit system to subsidise nannies or other forms of private child care.

Sweden also has an excellent public system of family support services. Roughly 90% of pre-school children older than three are in care, while for the under-three-year-olds this proportion is 41%. Both here and in France, educational aspects play a central role in child care, a factor which contributes to the high quality of care services.

The Swedish approach also involves integrated service provision, for instance in the area of services and care for the aged. Health and social services are structurally linked and effectively co-ordinated. The aim is to offer comprehensive services on a non-residential basis at an early stage.

This integrated approach is an alternative to the side-by-side system of health and social services as it exists in Germany or France. It could serve as an impulse for other countries. In Germany too, calls are increasingly often heard for a stronger focus on living forms and phases of the life cycle in order to develop problem-oriented, comprehensive concepts of social services provision. Such a development should be based on a broad concept of the family, for instance by stressing the role of fathers and taking “double-front-care families” and “patchwork families” into account.

High availability and quality of family support services in France and Sweden, together with good (university) education for care-givers, an integrated understanding of education and care, and open-

ing hours that are compatible with parents' working hours – all these elements can serve as an example for other countries.

It is uncontested that welfare-state models developed in one country are not easily transferable to other countries on a one-to-one basis. While remaining aware of the differences in their social and political development and path dependencies, however, countries could and should strive for independent concepts adopting individual elements of for instance the Swedish or French systems.

Hanna Steidle, DV e.V. ■■■

New publications

On 28 September 2006, the Monitoring Unit of the Observatory, in co-operation with the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth held an experts' meeting in Berlin on cross-border provision of services in the health and social area (cf. Newsletter 2/2006, Main Report 1). The papers presented at this event (in German language) can be obtained in the documentation of the experts' meeting from the following link:

http://www.soziale-dienste-in-europa.de/Anlage23582/GUED_im_Gesundheits_und_Sozialbereich.pdf

A documentation of another experts' meeting held by the Observatory in co-operation with the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Berlin, 20 November 2006) on the analysis, evaluation and discussion of the Communication on social services of general interest in the European Union [COM(2006)177 final] and related issues (cf. also Main Report 1) can be downloaded from http://www.soziale-dienste-in-europa.de/Anlage/Et_Mitt_SDAI_2006.pdf.

Working paper no. 15 – “Die Modernisierung des Sozialschutzes – Begriffsklärung und Handlungsoptionen für die Träger sozialer Arbeit” [The modernisation of social protection – concepts and options for social work institutions] – has now been published and can be obtained from the Observatory. The pdf version (in German) can be downloaded from http://www.soziale-dienste-in-europa.de/Anlage16933/Arbeitspapier_Nr_15.pdf.



Expert Meeting Communication on Services of General Interest in the European Union: Axel Schnell, Federal association of private commercial providers of social services (bpa); Dr. Franz Terwey, Director of the European Representation of the German Social Insurance; Werner Hesse, Der Paritätische Wohlfahrtsverband – Gesamtverband e.V.; Dr. Andreas Kufer, Bavarian State Ministry for Labour and Social Affairs, Family and Women; Markus Keller, German County Association (from left)



Congress of the Social Economy: Jérôme Vignon, Director, Social Protection and Integration, DG Employment, Social Affairs and Equal Opportunities

A summary in English will be uploaded on the English language page of the project's website by mid 2007 (cf. http://www.soziale-dienste-in-europa.de/Frameset/IxMainFrameset1b96_engl.html).

News Update

On 17/18 October 2006, the NGO conference “**Social Rights and Market Freedoms – is a better balance possible?**” took place in Tampere, Finland. A position paper summarising the results of the conference was presented at a conference of the Finnish EU Presidency. This paper includes four main messages: 1. In view of the growing influence of the EU on national social policy, a better balance between economic and social objectives is crucial for the future of Europe. 2. The adoption of a Constitutional Treaty which includes a clear legal framework for common social values is a key to relieving the tensions between market freedoms and social rights. 3. The unique role of non-governmental organisations in the promotion of social protection and social cohesion should be recognised, e.g. through a formal consultative status at both national and EU levels. 4. Flexicurity should not mean only increased flexibility for employers but also social security for employees. Prof. Matti Heikkilä (STAKES, Finland) argued that a country's competitiveness is not negatively affected by a high level of social protection. Particularly in the Nordic model, a social state emphasising infrastructure and services characteristically goes hand in hand with a flexible labour market and an active welfare state. One of the advantages of this model is increased reconciliation

of family and work. Papers and results of the conference can be found at http://www.stkl.fi/2002_english.html.

The annual conference of Social Platform – “**Social Values and Democracy: Renewing the guiding principles of the European Union**” – took place on 5 and 6 December 2006. Member organisations presented workshops on a broad range of topics, for instance protecting European social values through better regulation, the specific contributions and strengths of health and social NGOs in their function as providers of social services, the benefits of an integrated policy approach to meet a variety of challenges (e.g. housing, transport, long-term care, migration) in the context of demographic change, and the political role of social services providers in defining and negotiating social values. For further information: http://www.socialplatform.org/Page_Generale.asp?DocID=11888.

On 6 March 2007, the German EU Presidency hosted the **final conference of the “EUREGIO”** projects in Düsseldorf. In the three years of the project's operation (2004 to 2007), participants gathered information on various forms of co-operation in the health area in 67 Euregios, 30 countries and 53 INTERREG secretariats. Some 300 individual projects were identified. Information on the project and its results can be found at <http://www.euregio.nrw.de/>.

Dates

2007

9–11 July/York, United Kingdom
The 6th International Conference for Practice Learning and Field Education in Health and Social Work
Contact: Lyndadeacon@aol.com

11–13 July/Swansea, United Kingdom
9th UK Joint Social Work Education Conference with the 1st UK Social Work Research Conference ‘Making a real difference in 21st century Social Work’ University of Wales
Information: <http://www.jswec.co.uk/index.html>

1–2 September/Groningen, The Netherlands
Conference on ‘Globalization, Inequality and the Life Course: Comparative Methodological Approaches’, TransEurope Research Network & European Consortium for Sociological Research (ECSR)
Information: <http://www.traneurope-project.org/page.php?id=324>

3–6 September/Glasgow, United Kingdom
The 8th European Sociological Association Conference – Conflict, Citizenship and Civil Society
Information: <http://www.esa8thconference.com/>

17 September/Lisbon, Portugal
1st Forum on Social Services of General Interest, convened by the European Parliament under the Portuguese Presidency with financial support of the European Commission
Information: http://www.eu2007.pt/UE/aEN/Reunioes_Eventos/Outros/FSSS.htm

18–20 September/Ghent, Belgium
Conference on ‘Setting an Ethical Agenda for Health Promotion’ Institute for Law, Ethics & Society (In Rem) at Ghent University and co-organised by the departments of Public Health at Ghent University and at the Free University of Brussels and by the Flemish Institute for Health Promotion (VIG)
Information: www.healthpromotionethics.eu

27–29 September/Sofia, Bulgaria
European Conference on ‘Social Inclusion and Health – Crossing the borders’ Correlation-European Network Social Inclusion & Health
Information: http://www.correlation-net.org/sofia_conference/index.html
Contact: conference@correlation-net.org

16–17 October/São Miguel (Azores), Portugal
6. Round table on Poverty and Social Exclusion, Portuguese Presidency and EU-Commission
Contact: Linicia.Pereira@ec.europa.eu

29–30 November/Brussels, Belgium
Conference on Social Services and Social Inclusion
Information: European Social Network (ESN), <http://www.socialeurope.com/inclusion.htm>
Contact: info@socialeurope.com

A new ECJ **judgment on patient mobility** handed down on 19 April 2007 – C-444/05 (Stamatelaki) – rules that a Member State's legislation that excludes reimbursement of costs for treatment in private hospitals in another Member State except for children under 14 years of age constitutes an infringement of the freedom to provide services and thus violates Community law. According to the judgment, the absolute terms of such exclusion are not appropriate to the objectives of maintaining a specific level of treatment capacity or a specific level of medical competence or ensuring the financial balance of the national social security system.

Within the scope of the events organised by the German EU Presidency, the fifth **Kongress der Sozialwirtschaft** [Congress of the Social Economy] took place in Magdeburg on 26 and 27 April 2007 (cf. <http://www.congress-der-sozialwirtschaft.de/>). The event, entitled "**Europa sozial managen – Werte, Wettbewerb, Finanzen**" [Social management for Europe – values, competition, finances], was hosted jointly by Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege (BAGFW) [the German Federation of Non-Statutory Welfare Services], Bank für Sozialwirtschaft (BfS) and Nomos publishers. Two plenary sessions and six forums explored the concrete effects of increased economic and political integration in the EU on the social economy, its institutions, facilities and employees and volunteers.

The working groups dealt with issues such as the need for adapting organisational structures and legal forms to European competition law and the potential consequences of the applicability or increased application of European public procurement legislation to service providers. A variety of stimulus papers, expert statements and practical examples also highlighted the effects of internal market freedoms on personal social services. The debate covered employment opportunities and training and qualification prospects for the social professions (in the light of increasing possibilities), but also the need for professional mobility (employee freedom of movement). On the other hand, participants also mentioned the chances and challenges facing providers of social services within the scope of cross-border demand or provision (freedom to provide services and freedom of establishment).

They also discussed the need for adjustment resulting from the activities of non-profit providers in EU countries other than their own within the context of laws governing non-profit status. A conference documentation will be published later this year.

Publications

The publication "**NGO Social Service Providers facing the Challenges of the Future**" is the outcome of three workshops organised by Solidar member organisations working in social service provision in 2005 (cf. <http://www.solidar.org/doclist.asp?SectionID=32> for the conference reports). During these workshops the challenges they face in the social market and the responses which they have developed were debated. In addition, the publication addresses the question of how to modernise the services that these NGOs offer, with actors taking a proactive stance in shaping the future of social service provision in the EU. The report is available in 5 languages (English, German, French, Spanish and Italian). To order copies please contact katrin@solidar.org.

In November 2006, Editions Bruylant, Brussels, published (in French) a collection of articles on "non-profit social and health services" based on contributions to a conference held by collectif SSIG-FR (cf. <http://www.ssig-fr.org/>) in Paris on 30 May 2006. This publication – entitled "**Les services sociaux et de santé d'intérêt général: droits fondamentaux versus marché intérieur?**" [Social and health services of general interest: fundamental rights vs. internal market?] – is a further contribution to the European debate on this issue under special consideration of French stakeholders and their positions.

Going back to a EU-project on Quality and Accessibility of Social Services for Social Inclusion (QuASI) (cf. http://www.eurodiaconia.org/index.php?option=com_content&task=view&id=53&Itemid=61) a book is published under the title "**Defining Social Services in Europe. Between the Particular and the General**". It contains contributions in German and English language and goes far beyond the documentation of the project. It is meant to be a qualitatively oriented and problematising complement to the monitoring exercise that had been issued by the European Commission.

The book, edited by Peter Herrmann, Albert Brandstaetter and Cathal O'Connell, is published by Nomos in July 2007.

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