

4. Social services in post-industrial Europe: an incomplete success story and its tragic moments

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INTRODUCTION

This chapter provides a general reading of recent European developments in social service provision with a focus on *cross-country commonalities*, beyond the many international differences the other contributions to this book will bring to the fore. Basically, the analysis sets out the main thread of the story that can be written about the evolving social service sector for a period covering the last two or three decades, with particular attention to governance issues. It reveals that there are inconsistencies in this story that chime with the ambiguity prominent in European politics (see Gómez-Barroso et al., in this volume; CAP Barillà et al., 2016). On the one hand, social services have (more or less) become an institutionalised feature of European welfare states over the last decades, with a robust extension of service supply in mere quantitative terms, at least until the outbreak of the financial crisis in 2008. In the light of contemporary expectations held by key professions, dominant political forces and major sections of the wider public, Europe has thus witnessed a *success story*. On the other hand, as this institutionalisation proves selective in various respects, this success story has always been, and continues to be, *incomplete*. The social service sector exhibits loopholes and limitations, and there are tragic moments in its recent history as major promises have not been kept, and ‘organised’ social service provision has often become subject to what can be labelled ‘disorganisation’ (see below).

The next section will elaborate on the conceptual and methodological framework of the analysis. Thereafter, the institutionalisation of social services throughout Europe will be depicted, based on a short data review that covers its five major ‘families of welfare states’. The third section will illuminate the selective character of this movement and discuss in which ways the aforementioned success story has remained incomplete. The conclusion will briefly elaborate on implications of the evidence.

1. METHODOLOGICAL AND CONCEPTUAL FRAMEWORK

The following analysis is based on the broad literature dealing with the evolving landscape of social service provision in Europe; on comparative research the author of this chapter has undertaken in recent years (Aiken and Bode, 2009; Bode et al., 2013; Breimo et al., 2016); and on findings from various contributions to the COST Action *SO.S. COHESION – Social services, welfare states and places*. Regarding terminological issues, the notion of the *social service sector* is used throughout to give a label to various areas of organised and publicly (co-)funded support to human beings, including social work and personal care but not health and education (see Martinelli, Chapter 1, in this volume). Inspecting this broad area, the focus has to be ‘functionalist’ to some extent; given that, within Europe, concepts concerning the character of available services, policy approaches, involved professions and providers, and so on, vary considerably from one country to another, the chapter concentrates on how social support is (re)arranged for key target groups: children and their parents, vulnerable and marginalised adults, including citizens with disabilities and care-dependent older people.

Drawing upon statistics as well as case-study evidence presented throughout the wider literature, the analysis is based on generic *research categories* for assessing the development of major social service areas. These categories include: quantitative developments in these areas; legal provisions relevant to both entitlements and institutional responsibilities; the typical organisational set-up of service provision; the mode of coordination governing actual service delivery; and, regarding current reform agendas, key elements of policy discourse. With regard to the aforementioned non-statistical research categories, the data analysis was inspired by qualitative methods applied to comparative policy studies (Mahoney, 2007; Mangen, 2013); basically, the endeavour consisted of finding common denominators for different manifestations of similar institutional phenomena. In what follows, insights from this analysis cannot be substantiated by detailed evidence at any instance; only some examples from key areas of social service provision will be given throughout in order to illustrate general observations.

Concerning its international perspective, the analysis covers those (five) varieties the wider literature distinguishes when it comes to the comparison of families of welfare states (Castles and Obinger, 2008; Martinelli, Chapter 1, this volume), that is, the Nordic or Social democratic, the Southern or Familistic, the Eastern or Transition, the Anglo-Saxon or Liberal and the Continental, or Corporatist, models. While this chapter cannot embark

on a systematic comparative assessment, it looks at common features and trends concerning all (or the majority) of these models. Results of the review were refined by reiterated discussions among those experts who met in COST Action meetings and contributed to clarifying encultured readings engrained in national concepts and data (concerning the related epistemological approach, see Bode et al., 2013).

2. A SUCCESS STORY: THE EVOLVING SOCIAL SERVICE SECTOR ACROSS EUROPE

For many decades now, European societies have accepted that they should ensure some kind of ‘organised’ social support to citizens who do not or cannot (yet) conform to what is considered to be ‘normal’ in a human being’s life. This is a basic insight of earlier scholarship (Kahn, 1973; Kaufmann, 1980; Anttonen and Sipilä, 1996) and recent international assessments (Stoy, 2014; Greve and Sirovátka, 2014). Social intervention is expected to accompany key episodes in each citizen’s life course, particularly so during early childhood and old age; it also occurs with critical situations in that life course such as endangered childhood, homelessness, disability, or chronic frailty. As some services address ever greater sections of the population, one can even state that there is a trans-European tendency towards their ‘normalisation’ (Giraud et al., 2014, for the case of home care). Thus, although such interventions are subject to distinctive legal frameworks, professions and organisations, social services have become – more or less – *institutionalised* throughout Europe.

To some extent, this evolution is an expression of the transition to a *post-industrial settlement* (Esping-Andersen, 1999; Bonoli, 2007; Hendricks and Powell, 2009; Mai-Klose and Moreno-Fuentes, 2013). The latter is not so much post-industrial in the literal sense, as the ascending service economy is heavily industrialised in itself, and many countries have maintained classical blue-collar industries or even redeveloped some. Nonetheless, major cornerstones of European societies exhibit a *post-industrial* character that differs from the (‘Fordist’) past ending in the 1980s (at the latest). Until then, and across most parts of Europe, major institutional and sociocultural frameworks had been informed by concepts related to ‘big industry’, on the one hand, and to (male) industrial work on the other. This connected with ‘collectivistic patterns’ in the organisation of employment, welfare and life courses. True, during this era, collectivities other than families, clans and neighbourhoods begun to take over practical responsibilities for social support activities for *some* groups of citizens or *some* situations – whereas, prior to that, the onus for that was lying almost

exclusively with private networks (related to kinship or local acquaintance). However, the expansion, normalisation and (partial) professionalisation of organised activities gained momentum only after the end of this (Fordist) era. In post-industrial times, expectations regarding such formalised social support do not cease to grow (Ferragina and Seeleib-Kaiser, 2015, for the case of family services), although political responses to them do vary.

Against this background, the formation of the social service sector in Europe can be considered a *success story*. This also materialises in the fact that supranational bodies in the EU have made the development of the sector a *transnational policy issue* (see Gómez-Barroso et al., in this volume; CAP Barillà et al., 2016). Sought after are European service markets and social programmes that enable all citizens to take gainful employment, including those who previously carried the onus for taking care of the aforementioned target groups privately (women in most cases). The mantra consists of making social services more widespread in fields such as child daycare, services for older people, and work integration, including for people with disabilities (Polacek et al., 2011; Mills et al., 2014; Bouget et al., 2015) – notwithstanding that European institutions can hardly interfere with national legislation. This concern has been at the core of the recent ‘social investment’ agenda, but also of commitments to ensure social inclusion in ever more fragmented societies (Bothfeld and Rouault, 2015; Van Kersbergen et al., 2014; Marlier et al., 2007). At the same time, European institutions promote distinctive reform models that pertain to the *governance* of the social service sector; for instance, there are strong voices in favour of exposing non-profit and public undertakings to markets and helping private business access the sector. This ambition shines through various plans of EU institutions to make all sorts of providers deliver ‘services of general interest’ (Barbier, 2015).

To be sure, the development of the social service sector in Europe has remained *highly diverse*, featuring strong discrepancies between countries and targeted populations. The differences that Anttonen and Sipilä (1996) once figured out in their seminal paper on childcare and services addressing older people have persisted in most respects. As shown by statistical evidence, some countries exhibit high levels of service provision for both the young and the old, others are stronger in care for older people than in childcare, and a few show the reverse pattern. Overall, those in the South and the East provide much less than their counterparts in the West and the North (see Mai-Klose and Moreno-Fuentes, 2013; Lehmann and Havlíková, 2015). A recent review of Stoy (2014) suggests clusters roughly in line with earlier typologies, distinguishing liberal, conservative, social democratic and ‘rudimentary’ models. It presents some striking results; for instance, France is considered a liberal model, side by side with the UK.

Less surprisingly, the rudimentary type embraces countries from the South and the East that exhibit limited public spending on welfare services and a comparatively small volume of public sector employment in social (and health) care. To some extent, the picture changes depending on which kind of services is taken into account. For example, comparative assessments of childcare systems (e.g. Kröger, 2011) suggest that France is close to a universalistic (Nordic) model. Likewise, recent work on services for older people indicates that conservative welfare states such as Germany and Belgium have developed in *different* directions (Bode et al., 2013). As for social work, interventions have long been based on ‘one-stop’ public agencies or local welfare departments even in liberal welfare states. While this public infrastructure has been downsized in many places (Lorenz, 2016), an increased share of social work is now provided by *non-statutory* organisations (Lawrence and Lyons, 2013).

In a longitudinal perspective, social services have become more comprehensive *whatever the family of welfare states* to which they belong – although more recent trends exhibit some contradictions. Between 1990 and 2010, against the background of policies meant to enable women to enter into gainful employment, the growth of ‘formalised’ services in the domain of care work has been impressive across many European countries, including some of those that were traditionally sticking to a breadwinner culture, e.g. Ireland or Germany (Ferragina and Seeleib-Kaiser, 2015). Concerning recent developments in Eastern Europe after the fall of communism, a similar trend is discernible at least in some countries (see Kampichler et al., 2015). Regarding support to older people, the numbers of both facilities and users served have increased as well. Efforts were concentrated on residential care during the post-war decades whereas domiciliary provision has become more dynamic after 1980 (Bahle, 2008; Da Roit and Sabatinelli, 2013; Giraud et al., 2014). Again, this pattern is prominent in Eastern Europe, too (Österle, 2011; CAP Kováčová et al., 2014; Juska and Ciciurkaite, 2015; Kubalčíková and Havlíková, 2016). Until the financial crisis, all latecomers were trying to catch up with the more mature welfare states (Guillén and Matsaganis, 2000; Da Roit and Sabatinelli, 2013; CAP Vaiou and Siatitsa, 2013; CAP Pace and Vella, 2014).

Accordingly, there is evidence for *employment* in the social service sector mushrooming almost everywhere, at least between the early 1990s and the end of the 2000s. This is highlighted by statistics that reveal changes in the composition of the European workforce. Oesch (2013), scrutinising this development across a couple of countries since 1990, finds ‘welfare state jobs’ (in public administration, health, education and social work) growing much stronger than any other occupation (until 2008). Huber et al. (2008), summarising studies on the EU-15 and EU-25, come up with

a similar result, although they stress exceptions to this rule in Bulgaria, Estonia, Latvia, Poland and (surprisingly) Sweden. In general, the Nordic countries appear as those with the highest share of social service jobs in the economy.

A further expression of social services becoming more important internationally is growing *public expenditure* for them. A recent report on ‘Social investment policies’ submitted to the European commission (Bouget et al., 2015) shows that public spending on childcare has increased in most European countries even after 2008; some parts of Europe have seen cuts (the Netherlands, Southern Europe, some Eastern countries), but on average, the expansive tendency is clear (see also Mills et al., 2014). According to the same source, expenditure on services for older people has remained stable over that period, after two decades of strong growth (albeit, with increased demand, this means reduced *per capita* expenditures). Moreover, there is international evidence that programmes for labour market activation that contain a significant component of social work have been extended, especially after the economic recession – despite cuts for other welfare programmes (Van Kersbergen et al., 2014).

Finally, the last decades have seen the *professionalisation* of social service provision. Compared to the 1970s, there is much more specialised education for social support activities, and academic social work has a firm place within the institutional set-up of European welfare states (Lawrence and Lyons, 2013). This movement, very salient in Nordic and Western countries, has also occurred in the South. Spain is a good example: it was a latecomer concerning the ‘normalisation’ of social work professions but has seen ample debate on these professions becoming ‘agents of the welfare state’ (Sáez and Sánchez, 2006). Likewise, Eastern Europe exhibits a (sometimes slow) investment in Western-style social work professions (Zavirsek, 2014). True, there is a debate on a latent deprofessionalisation of these occupations in some countries (Duyvendak et al., 2006), yet everywhere, ‘organised’ social intervention continues to be acknowledged as being indispensable to contemporary European societies.

3. LOOPHOLES AND TRAGIC MOMENTS

Notwithstanding the expansion of social service provision over the last decades, the afore-sketched institutionalisation was anything but perfect. Rather, our ‘success story’ is *incomplete* as the development of social service provision exhibits various loopholes in terms of ‘who gets what’; furthermore, the recent history presents some tragic moments, that is, first, the paradox of publicly promoted, work-centred and gender-neutral life

course models being paralleled by trends towards (re)privatisation, and secondly, a tendency towards a mode of governance that provokes what can be referred to as 'disorganised' service provision.

Loopholes: Limitations and Inequalities in Service Provision

In many countries, there continue to be various loopholes in the social service sector, meaning that the aforementioned developments have taken place with important limitations as well as multifaceted patterns of inequality. This, first of all, concerns the *access to social services*. Thus, in Southern and Eastern Europe, large groups of citizens do not receive such services even though they exist on paper. This for instance affects some regions in Italy that had never witnessed serious efforts in building childcare facilities for the very young and are currently hampered by austerity measures in moving forward in that direction (CAP Martinelli and Sarlo, 2014). In the East, the 'normalisation' process mentioned in the preceding section comes against the background of a 'denormalisation' agenda taking shape when communist institutions collapsed during the early 1990s. Company-based, more universalistic childcare services were cut back during this period, without this loss in facilities being compensated by the (growing) non-statutory service sector. Only some countries have built up new capacity in this area (CAP Györy and Szikra, 2014; Kampichler et al., 2015). Concerning services for old age, this part of Europe traditionally relied on residential care (of very modest quality), but the latter was challenged strongly following the fall of the iron curtain (Österle, 2011). In Southern Europe, the establishment of formal services for older people was rather slow from the 1980s onwards and stopped quite abruptly with the advent of the financial crisis (Mai-Klose and Moreno-Fuentes, 2013; Deusdad et al., 2016). More generally, recent public policies increase efforts in some areas (workfare and early education) while cutting expenditure elsewhere. The social investment agenda of the EU is a supranational expression of this selectivity and prone to create new loopholes within the social service sector (Bothfeld and Rouault, 2015).

Moreover, *regional* disparities have remained strong in many places, with Southern and Eastern Europe being a case in point (CAP Javornik, 2014; CAP Martinelli and Sarlo, 2014; Oliver and Mätzke, 2014; Deusdad et al., 2016). Even in the Nordic world, the nature and amount of service supply partially depends on municipal politics and local prosperity (see e.g. Jensen and Lolle, 2013). There are also specific *social* divisions concerning service delivery. Thus, the British welfare state leaves large parts of service provision unmonitored for those parts of the population that are not entitled to means-tested benefits. Relevant sections of the population

have difficulties in accessing services without public support. This residualism has become stronger from the 1990s onwards – even though there has been some investment in facilities for children (Lewis, 2011) and a raise in the individual asset threshold below which adults in need of assistance are entitled to state benefits (Burchardt et al., 2016). More generally, private co-payment for social services is a reality in many European welfare states, which implies an unequal distribution of these services across populations in need (see the section dealing with care for elderly people below).

In addition, important *aspects* of social support are often not included in what users receive, with services being *deficient in terms of quality*. Thus, in continental Europe, the social service sector, while covering increasingly larger sections of the population, has tended to leave certain needs uncovered and to set limits to professionalisation – at least when compared to other areas of human service provision such as healthcare or education. For instance, in the German home care sector, effective social support presupposes the presence of private or family caregivers because entitlements are confined to short periods of professional intervention focusing on paramedical needs (Bode et al., 2013). Moreover, a growing proportion of less qualified staff has recently entered the workforce in this sector. France, while investing in a professionalised home care sector, lets the latter develop side by side with public subsidies for the employment of low-skilled domestic workers who are incapable of applying professional standards (Le Bihan, 2012). In Italy, cash transfers represent the bulk of public support to older people, thereby encouraging the hiring of low-skilled – generally immigrant – private caregivers (Da Roit and Sabatinelli, 2013). And while some European countries have seen considerable investment in publicly regulated childcare for under three years (see Oliver and Mätzke, 2014), this happened at the expense of quality as there frequently are fewer educators per child under the current conditions.

Tragic Moments: Paradoxical (Re-)privatisation and Disorganisation

Moreover, there is change that makes the development of social services appear *tragic*. First, concerning what is often labelled the ‘welfare mix’, certain institutional and sociopolitical developments sit uneasily with each other. In recent times, social services have been understood as a vehicle to enhance (full-time) employment and education for both men and woman and to relieve them (partially) from what is commonly referred to as the ‘care burden’ (Piovani and Aydiner-Avsar, 2015). As a response to such expectations, there have been various policy announcements including at the level of EU institutions (see e.g. Mills et al., 2014). However, this dual earner model clashes with tendencies to *(re)privatise* part of the

responsibility for providing social support. The term 'privatisation' here refers to the productive role of citizens in welfare provision and not to the type of involved service suppliers. While some countries are wavering 'between resilience and erosion' (Gautié, 2015, referring to France), declining collective responsibility is an issue in many places. Thus, Finnish municipalities have reorganised their home help provision and dropped housekeeping services from what is offered by domiciliary care workers (Anttonen and Häikiö, 2011). England, the Netherlands and Sweden have taken a similar route by awarding smaller volumes of publicly funded service hours (see Grootegeld and Van Dijk, 2012; Ulmanen and Szebehely, 2015; Burchardt et al., 2016). Germany continues to endorse private caregiving by cash-for-care benefits granted to family members.

While these are gradual changes, the promised creation of a modern social service sector was seriously disappointed in the South or in the East of Europe where the outbreak of the financial crisis brought a turning point to the aforementioned 'catching up' process. Countries such as Portugal and Greece (but also Ireland) have been urged to reduce markedly the volume of publicly funded services during recent years. While budget cuts abound in such countries, some retrenchment mechanisms work below the surface: in the Spanish system of care for older people, extended co-payments, a reduction of subsidies to informal caregivers, and the abolition of social security contributions to caregiving relatives overall imply a reduced public input into the system. The East did not fare better. Thus, in the Czech Republic, policies meant to dissolve residential care facilities did not entail sufficient funding for domiciliary services replacing them.

Interestingly, such developments go alongside a strong *policy discourse* in favour of both 'hollow state arrangements', promoting non-statutory service co-production (Milward and Provan, 2003), and what is widely referred to as 'participatory' (welfare) governance (Fung, 2015), that is, private involvement in the design of service provision. Citizens or local communities are enticed to take over activities relevant to the production process – often according to a 'help to self-help' model (Dahl et al., 2015) and on a volunteer basis. Where pressures on informal involvement are high, citizens are facing tough challenges when striking a balance between paid employment, voluntary work, child-rearing and taking care of older people (Duxbury and Dole, 2015; Maestriperi, 2015). This hints at a first tragic moment in the recent episode of our 'social service story': the demand for service provision is growing also because more traditional forms of private social support are running dry; yet paradoxically, prevailing policies put their faith into precisely this shrinking reservoir.

A second tragedy resides in the proliferation of new governance models, with a systematic *disorganisation* of social service provision as a result

(see Bode, 2003; 2006; 2010). This term stands for various movements reshaping the infrastructure of the welfare state, materialising in modes of governance driven by what has been coined 'New public management' (NPM). Anchored in the wider transformation of Europe's political economy (Lash and Urry, 1987; BRS, 2013), disorganisation makes itself felt in the interplay among the many collective actors involved in the horizontal division of labour endemic in contemporary welfare states (see Martinelli, Chapter 1, in this volume). In the pre-NPM settlement, most European welfare states had orchestrated their welfare programmes either by entrusting public (in-house) undertakings with administering and providing services (and social benefits) or by long-term contractual relations with non-profit agencies. Nowadays, in-house provision has often been outsourced, and interorganisational relations have become volatile.

To be sure, service-based undertakings always need some 'non-organised' spaces for flexible problem-solving (Herath et al., 2016). Moreover, certain problematic elements of disorganisation (e.g. poor response to acute needs by welfare bureaucracies) had already been contained in traditional, public sector-led social service settings. In addition, disorganisation can also occur with a lack of *any* public management. A case in point are less developed welfare states in which public agencies informally allocate places to handpicked users in the event of demand exceeding supply (Kovács, 2015, with respect to the Romanian childcare system). Having said all that, the recent history has seen developments that entail *systemic* disorganisation, including with respect to the regulation of social service sectors.

One facet of this movement consists of devolving responsibilities to *for-profit service providers* that tend to create and restructure activities according to what turns out to be lucrative in a given market context. Polacek et al. (2011) report a growing reliance on these providers in numerous countries. This trend is prominent in childcare and child protection (see Lloyd and Penn, 2012; Jones, 2015; Meagher et al., 2015, for the case of Sweden and England) as well as for organised work integration and services to older people. In these areas, commercial enterprises have often replaced public service units, but also non-profit providers (Damm, 2014, dealing with England; Puthenparambil and Kröger, 2016, concerning Finland).

Yet even where for-profit provision has remained small-scale, *competition* has become a frequent feature of the coordination process between funders, suppliers and users (Hendriksen et al., 2012; Brennan et al., 2012; Bode et al., 2013; CAP Anttonen and Karsio, 2013). Competition is a key driver of disorganisation because it is always unclear who will be a winner or a loser in dynamic and often untransparent welfare markets. Volatility in both the range of providers and service arrangements is a likely outcome. A similar effect is generated by the increased use of service

vouchers and cash benefits (Ungerson and Yeandle, 2007) together with ‘personalisation’ (Mladenov et al., 2015), i.e. programmes that make users ‘buy independence’ (Glendinning et al., 2000) by hiring private assistants or shopping around for professional help. The latter trend is corroborated by the service market liberalisation strategy of the EU (see Gómez-Barroso et al., in this volume; CAP Barillà et al., 2016).

Moreover, new governance models are based on what is widely referred to as public sector ‘*managerialism*’, which is a third facet of disorganisation. These models comprise quasi-commercial ‘public–private partnerships’, ‘performance-based contracting’, and meticulous process control mechanisms (Clarke et al., 2000; Harlow et al., 2013; Lawrence and Lyons, 2013; Carter and Withworth, 2015). In this context, collaboration between non-statutory instances and the state has become instrumental and troublesome in many places (Bode and Brandsen, 2014). Providers have turned into ‘hybrids’ (Evers, 2005; Bode, 2014) or ‘social enterprises’ eager to meet financial targets and objectives as specified in business-like contracts.

That this multifold process of permanent disorganisation is an international phenomenon is shown by the example of long-term care for older people, which represents an ever more important part of the social service sector (Ranci and Pavolini, 2013; Lehmann and Havlíková, 2015; Gori et al., 2016). This process comes in various forms. Thus, local governments in Norway have established mild versions of managerialism and provider pluralism, together with promises to enhance choice options. Recent years have also seen a technical separation of funding, assessment, and service provision within the public realm, together with sophisticated interregional benchmarking; this is widely perceived as entailing a more fragmented service supply (Wollscheid et al., 2013). In Germany, the long-term care system is based on users purchasing services individually, with expenses being partially refunded by social insurance. As the market is highly competitive and providers run a permanent risk of economic loss, coordination with other tiers of the care system is poor (Bode et al., 2013). In the English domiciliary care sector, private firms compete for both ‘free market’ customers (those not covered by public programmes) and care contracts commissioned by specialised bodies (local mergers of units from the National health system and social service departments). Staff fluctuation is considerable even as shifts in contracts can be frequent; in addition, citizens eligible for public support have become entitled to ‘personal budgets’ to be spent individually (Burchardt et al. 2016, p.188). In Italy too, both the national cash transfer system and some municipal support schemes can be used to purchase home help on the ‘free labour market’. In places where formalised services are available, public tenders are used to contract service provision out to social cooperatives, with users receiving

a voucher for paying providers (Bode et al., 2013). Likewise, new regulation in the Czech Republic implies that frail older people can receive a care allowance for the same purpose. This was meant to replace residential care provision by domiciliary services, yet plans to professionalise these services have hardly been realised, so that municipalities are tinkering with meeting uncovered needs. There is also evidence on ‘quasi-social’ non-registered services filling the gap between the ‘frozen’ residential care sector and the shortage of publicly funded domiciliary care services meant to substitute it (Kubalčíková and Havlíková, 2016). This goes alongside shifting or dispersed responsibilities; in some places, undertakings employing agents without special training or degrees use programmes such as work integration schemes or funds for regional economic development in order to offer care services.

Among other things, the aforementioned movements turn out to be tragic in that they have come with wrong promises. Meant to make social service provision more effective, they frequently have implications running against that purpose, as the above evidence on long-term care systems demonstrates. Both the political elite and influential groups in the wider public wanted to save money by making the respective infrastructure less monolithic and by resorting to instruments such as output-based evaluation, public tendering and fixed-term contracts. However, whether coinciding with welfare state retrenchment *or* with overall stability in social budgets, this movement stirs disorder in many instances. While a stable institutional embeddedness based on trust and long-term relationships appears critical for both bringing professional expertise to bear and making social support sustainable (see Hasenfeld, 2010, discussing this in theoretical terms), systemic disorganisation – materialising in repeated interruptions and rearrangements, continuous fluctuation in staff and resource streams, constant administrative adjustments, and shifting, or dispersed, responsibilities for service planning and delivery – does endanger such embeddedness. It is prone to undermine the ‘prosocial spirit’ of organisations and professions inhabiting the sector, even as growing competitive orientations tend to impede network forms of collaboration (Evers and Hafkesbrink, 2014).

4. CONCLUSIONS

During the second half of the twentieth century, social services have become a cornerstone of European welfare states – notwithstanding that they still prove the ‘poor cousin’ of social security pillars in many places and that their institutionalisation lags behind other areas of human service provision (education; mainstream health care). For those in favour of

a perpetuation of the ‘success story’, the bad news is that, besides the loopholes left in the recent development of the social service sector, there are tragic moments in this story even when considering the more affluent countries.

Thus, on the one hand, the obvious (if sometimes timid) trend to make social services an integral component of the modern welfare state has been reversed, at least in some parts of Europe. A couple of countries have recently seen a containment of entitlements to ‘organised’ social support while some only invest in selected areas of social service provision. On the other hand, partial (re)privatisation and what has been labelled ‘disorganisation’ in this chapter have set clear limits to the improvement of social service provision even in countries that have maintained relatively generous welfare programmes. Concerning privatisation, there is the paradox of many users becoming dependent on *ever less practicable* informal solutions that sit uneasily with the full-time dual-earner model so strongly promoted by governments internationally. Volunteer work and private co-provision are still viewed, and sometimes increasingly so, as an indispensable component of social support systems, rather than an ‘extra’ on top of professional, institutionalised intervention. Citizens who are lacking social networks or resources to purchase services privately are particularly hit by this situation, which becomes a new source of social inequalities adding to those highlighted above. As for the new governance approach proliferating in several families of welfare states, dynamics of disorganisation entail both *novel constraints* on professionalised service delivery and *impediments* concerning the widely shared objective of better coordinated service systems.

The preliminary end of our story is an overall *more precarious arrangement* of social support to citizens in need. This becomes particularly obvious when considering the development of working conditions in the sector under study. Low pay, extra hours and insecure employment increasingly bear witness to social services forming a *second-class zone* in contemporary labour markets. ‘Working under pressure’ – and sometimes even for nothing – becomes a day-to-day experience in many service-providing undertakings, with staff often being involved in a ‘race to the bottom’ (Balloch et al., 1999; Cunningham, 2008). This is a clear expression of the post-industrial character of the current social service sector and of its ever less collectivistic organisation.

Across Europe, there certainly are different versions of the story presented in this chapter, with each exhibiting a specific dramaturgy. However, the aforementioned limitations and paradoxes show up in all these versions. Perhaps the common culmination point in the ‘tragedy’ recounted here is that, under the conditions depicted above, institutions meant to

promote the inclusion of human beings rather tend to amplify those social divisions endemic to post-industrial societies. The poorer sections of the population, and all those who lack the knowledge and skills required for coping with privatised and disorganised patterns of service provision, will have to bear the costs. Moreover, not only the lack of services, but also low quality as brought about by dynamics of disorganisation, can undermine social cohesion (Andrews and Gilke, 2016). Hence, while the success story is not history, its happy end is yet to come.

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