

CQE in Social Services: the role of quality models

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Introductory Remarks

The topic chosen for the meeting and very well addressed in the papers prepared by Caroline Glendinning and the Danish Ministry of Social Welfare is of critical importance when one wants to study the present times of Public Services in Europe and define its future. All the issues are currently also of major importance in Portugal, where Social Security has undergone recently a major reform. Regarding elderly people services, since the above papers focus mostly around social services in this area, in Portugal there is a large variety of coexisting service alternatives, funding sources and providers. Although direct and indirect public funding does play a predominant role, private funding mechanisms are also available. On the other hand, regarding service providers, non-profit private organizations play a major role (a large fraction of them having some connections with the Catholic Church), receiving public funding based upon the services provided and the number of people that they do support. Some for-profit companies, mostly relying on privately financed situations (paid either by the user or optional private insurance solutions), are also operating in the country, mostly in the largest cities, and providing premium price integrated living and health care solutions.

The dilemma of combining together “choice, quality and equity” may indeed be the central topic when dealing with the definition of public policies and systems for social services provision, and in particular while addressing elder people services.

Before moving into a more detailed discussion of specific items aimed at improving the above generic aim, on a realistic ground one must admit beforehand that achieving it completely is a utopia that we should pursue but recognize that can not be entirely fulfilled. When dealing with such services, each person is a different individual, living in a particular place and with certain personal and family features that make impossible to achieve in practice a perfect solution in the tri-dimensional space of Choice (C), Quality (Q) and Equity (E). Besides trade-offs that take place within such a space, the specific individual environment (SIE) of each person does strongly constrain the feasible region where one can try to find optimal (C, Q, E) combinations.

To illustrate the above remarks, in Portugal and elsewhere we should recognize that an 80 years old individual living in a small rural village will not have the same kind of feasible (C,Q,E) alternatives as someone living in an urban area. For similar SIE situations, we are also able to identify a number of different feasible solutions, and indeed a good social services policy should be aimed at building a system that is able to provide well balanced alternatives in the (C,Q,E) space, trying to make as compatible as possible, for any given SIE, all of Choice, Quality and Equity.

Given this generic framework to set up the topic under study, and the recognition that we are dealing with a sort of “impossible mission” (the first step for aiming at significant improvements, yet accepting that perfection is not achievable), in the forthcoming paragraphs we will examine some of its critical issues, as well as make reference to a particular initiative recently led by the Institute for Social Security in Portugal, resulting in the development and application of quality models as a powerful way to increase the positioning of social services in the (C,Q,E)

performance space. Although organized in a different set of topics, we will try to cover in the contents that follow the main questions suggested for discussion.

Ranges of Alternatives – Wider Choices

For choice to become an issue, one needs upfront to have possible alternatives concerning the kinds of services provided, as well as the respective providers. At present, in Portugal as in most countries, except for older people living in large urban areas, there are not many alternatives available, and quite often the main issue becomes to build at least one alternative, and subsequently to make it available for the largest number of potential users (SIE strongly conditions C). Public policies should therefore provide adequate stimulus for wider alternatives to become available for all possible users, regardless of income levels and living locations. Since the usual market and profitability conditions will not lead to such a solution (by excluding people, places and services from any reasonable offer), externalities must be handled in order to compensate appropriately service providers in this sector.

Quality of Social Services – Smaller Acceptable Choices

More than discussing the public or private nature of the corresponding entities, the Portuguese experience does seem to show that what is critical is to assure that their intervention does occur under well defined standards of quality. Such standards should follow a two way strategy: a) legal, regulatory and minimum quality demands must be met in order for service providers to be allowed to operate, and such a compliance made mandatory through strong inspection mechanisms, and b) on a voluntary basis, the adoption of additional quality improvement and management practices is strongly stimulated. Both lines of action determine the number of feasible alternatives that should be made available to the users (only those that meet minimum acceptable quality levels), as well as drive continuous improvement efforts aimed at moving average quality levels upwards.

Who Makes the Choices

Once frontier conditions have determined the variety of offers meeting minimum quality requirements that are made available, either by public or private entities, another critical issue is to define who should be in charge of deciding what is the option chosen for a particular social service. As stated earlier, for most of the Portuguese older population unfortunately that does not yet become an issue, since there happens to be at most a single alternative available. For such cases, the challenge boils down to making sure that access to that solution (due to financial or capacity limitations) indeed becomes possible. In the remaining situations, national systems have to address the definition of who should come up with a choice amongst available alternatives. It is our belief that well informed decentralized decision making is the best way to handle that choice. Families should be able to make their choices but within the scope of strongly regulated elderly people services providers, namely by only allowing entities that meet minimum rigorous quality standards to operate and with limited well defined marketing activities and tools. To assure that this is the case, international and national guidelines must be established, but complemented with

inspection and quality assurance mechanisms assured at the municipal/regional level, under the coordination and supervision of national agencies.

Who Pays for the Choices

Universal care for elder people should be made available as a key component of the European welfare state model. Public funding is clearly the only way to promote equity on such grounds for a large number of SIE, where free market profitable solutions would otherwise not be feasible. The solution adopted in Portugal seems to be a reasonable one: entities meeting regulatory and quality minimum standards are paid by the State on the basis of the amounts of services that they do provide and the corresponding numbers of elder people that make use of such services. On top of that, families and users may pay, on their own, for complementary services or other privately run services.

Moving Towards Integrated Services

Countries should promote stronger links and adopt measures aimed at getting more integrated services, combining preventive healthcare with social support, since the separations between such areas are fuzzy and likely to become even more so in the future. These integrated policies and services will lead to better and less expensive overall systems and solutions for ageing populations.

An Opportunity to Promote Territorial Cohesion

The increasing needs for elder people related support and services, given the demographic ageing trends, is raising a number of interesting local and regional development opportunities in Portugal, since a considerable amount of elder people are looking into the opportunities made available by a number of service providers that are locating themselves in rural areas, where construction, labour and living costs are significantly smaller, at the same time that quality of life, closeness to nature and healthy environments, can be made available. This leads to very interesting opportunities and job creation in parts of the country that otherwise would become deprived of living opportunities and residents.

A Quality Model for Social Services

In order to support quality self-assessment and continuous improvement for all kinds of social services, including elder people care, the Portuguese Institute for Social Security (ISS) did develop a common basis for a quality model that was then adapted in order to become easily applied by the different types of social services and their providers. At the moment, adapted materials are already available for a total of eight different types of social services, including most of elder people activities. For each of such eight types of activities and service providers, ISS has developed and makes available over the web the following sets of materials: i) quality assessment model; ii) key processes identification and management handbook; iii) user satisfaction survey templates. In doing so, ISS aims to support quality improvement efforts by

providing a common sound basis for service providers to understand key concepts, adopt self-assessment and quality improvement practices under a common set of frameworks, tools and evaluation systems, thus allowing for comparisons, benchmarking, practices and results sharing.

The underlying common quality model was derived from the ISO 9001 standard and the EFQM Model of Excellence, adapted to the social services different types of activities. It thus comprises a total of 8 evaluation criteria (it combines together the Leadership and Planning criteria, which appear as separate in the EFQM Model of Excellence), subdivided into a number of criteria components, that allow each specific services provider to come up with an overall evaluation of its quality performance levels and priorities to be determined and achieved through the corresponding improvement actions plan derived from such a self-assessment, as well as guide them in the definition and implementation of quality management systems. Furthermore, it is aimed at defining a common quality reference framework for all kinds of service providers in the same type of social service (regardless of being public or private), as well as leads to the creation of a national qualification system for social answers and their providers.

The criteria in the underlying quality model are the following: 1. Leadership, Strategy and Planning; 2. People; 3. Partnerships and Resources; 4. Processes; 5. Customer Results; 6. People Results; 7. Society Results; 8. Key Performance Results. The contents of such criteria are common for all types of social services, except for Processes, since these do change depending upon the specific type of service being provided. The requests associated with results are not so much connected with the absolute values achieved (e.g. average customer satisfaction scores), but rather focused on the existence of good measurement systems and indicators, including comparisons with previous years, benchmarking with other organizations, availability and diffusion of results thus obtained. This is consistent with the view of promoting consistent continuous improvement efforts as one of the key elements of this ISS initiative, more than recognition of a particular present score at any given time.

The national qualification system will be built from the underlying quality model, leading to an evaluation of services made using a three point scale (A, B and C), as follows: C level performance corresponds to the minimum acceptable quality requirements, so that only entities achieving it will be enabled to receive public funding; A or B performances are not considered to be mandatory, but rather a recognition of quality performance above or well above minimum requirements, deserving public recognition and promotion. Grades are assigned based upon a check-list developed for each criterion, whereas basic quality assurance activities correspond to "C", additional optional good practices correspond to "B" and less common best practices in the sector correspond to "A". Therefore, for instance to get a qualification of "B", the services provider will have to assure that it carries out all of the activities in the corresponding quality model that correspond either to "C" or "B" demands. Taking as an example the quality model for elder people caring facilities, there are in the corresponding check-list 270 "C" requisites, 83 "B" requisites and 33 "A" requisites.

The qualification of social services providers, according to the above system, will result from quality audits conducted by external independent certification bodies, recognized within the scope of the Portuguese Quality System as being able to carry out such activities. Once qualified, each entity will be audited every year, in order to re-evaluate its quality performance levels and evolution.

This program, launched by ISS, is very well designed and deserves being considered as a good practice of quality assurance and improvement in social services. It does provide a sound basis for supporting the adoption of quality principles and practices in a simple but effective way, leading simultaneously to self-assessment and improvement efforts, as well as the external recognition and qualification of social service providers, ranging from minimum quality requirements all the way up to the voluntary adoption of best-in-class solutions.

It is still too early to evaluate its impact, since it is still at the early stages of practical implementation, but we hope that a very significant number of social services and their providers will make a good use of the quality framework and tools made available by ISS in Portugal, thus leading to a clear improvement of performance in the difficult space of integrated Choice, Quality and Equity levels of Social Services provision.