

## Achieving excellence in social service provision

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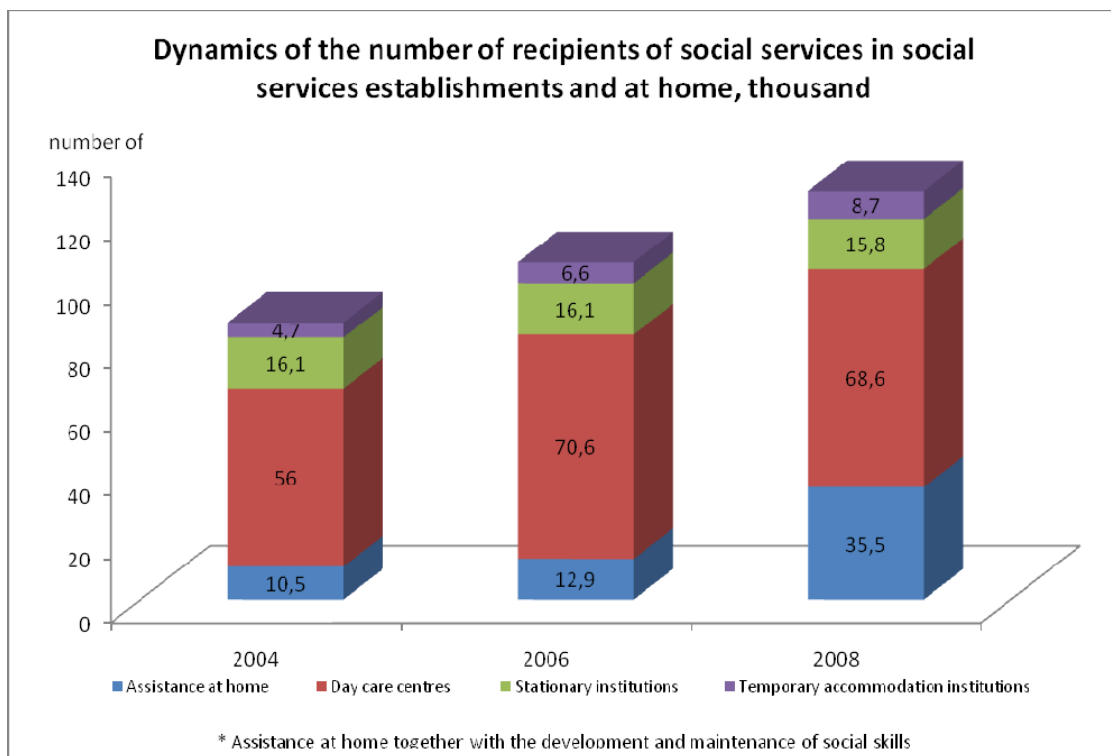
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### 1. Current situation

According to the data from the Lithuanian Statistics, in 2008, personal social services were provided for approximately 128,600 Lithuanian residents (3,8 percent of all population ) in social services establishments and at home. About 10 000 employees (including volunteers) work in personal social services sector. It comprises 0,8 percent from the total number of employed.



Till 2006 there was no quality system of social services as such in Lithuania, only separate aspects of services' quality were regulated in different legislation. Meanwhile, since 2006 Law on Social Services, as the main legal document regulating the area of personal social services, entrenched the standards of social services quality (in Lithuania it is used a term "social care norms"). The Idea of the quality standards is to create continuous improvement system of personal social services. However, it should be noted that a system of standards at national level is established only for certain types services (named as *social care services*). National body – Social Services Monitoring Department under the Ministry of Social Security and Labour is responsible for implementation of quality assurance and quality management system only for social care services.

For the development of quality and monitoring of other types of services are responsible municipalities. Each municipality is in charge of developing quality standards and controlling the

quality of so named common social services and social attendance services. However, still there is no particular and complete information how municipalities are implementing this practice and what are the results.

According to the Lithuanian regulation, personal social services are of the following types: common (single) *social services* and *special social services* of two kinds (*social attendance* and *social care*) (Law on Social Services, 2006). Common social services (e.g. information, counselling, mediation and representation, social and cultural services, organisation of transportation, organisation of catering, provision of necessary clothes and footwear etc.) and social attendance services (home help, sheltered housing etc.). Whereas social care services mean the totality of the services aimed at providing to a person complex assistance requiring permanent attendance by specialists (child care homes or social care homes for the elderly, social care day centres for people with disabilities etc.).

The process of the development of quality system of personal social services in Lithuania takes places at these stages:

- Development of quality standards of personal social services.
- Development of criteria for quality assessment.
- Development of procedures and rules of quality evaluation and management.
- Licensing of social services.
- Permanent quality monitoring and evaluation practice.

### 1.1 Development of quality standards of personal social services.

The first stage of the system development is almost completed in Lithuania – *Social Care Norms (Standard)s* are ready and certified by Minister of Social Security and Labour. Social care standards mean the principles and characteristics of the provision of social care to different client groups: children deprived of parental care, children with a disability, children at social risk, adults with a disability, elder persons and adults at social risk. The norms (standards) seek to ensure the life quality of social care recipients, both when receiving social care at institutions and at home, and regulate not only structural quality (requirements buildings, premises, catering, etc.) but also quality of processes and outcomes. Thus Social Care Standards are composed of two types of norms – technical standard and quality of life standard (these standards have to ensure the client's quality of life, protection of rights etc.)

#### The application of Social Care Standards is based on the following principles:

- Protection of individual rights (human rights cannot be restricted unreasonably or illegally, all persons' problems should be deal with respect, sensibility, guarantee of privacy etc.).
- Participation and cooperation (all issues are solved in person oneself, his family members, guardians (custodians), representatives of other institutions in community presence).
- Selection and expedience of social care. Social care is provided with reference to thorough assessment of needs and assessment of facilities to provide these services in regard to person's right to choose a support, which satisfy his reasonable expectations and rightful interests. A person's opinion is taken into account, but at the same moment it should be taken into account whether other person interests and rights will not be offended.

- Self-support training and social integration. Efforts are made to utilize person's skills to help his or herself, to keep in touch with society, family or to compensate for lost independence.
- Non-discrimination. Social care is organised according to individual needs and individual race, sex, ethnicity, nationality, origin, religious beliefs, age, creed, sexual orientation do not affect the aspects of social care provision for a person.

Currently seven types of social care standards are approved for these clients groups: for children deprived of parental care, for children with a disability, for children at social risk, for elderly people, for adults with a disability, for adults at social risk, for drug abusers. These standards apply to such social services as social care homes, institutional (day) social care for adults with a disability or social care at home, institutional (short-term) social care, psychological and social rehabilitation institutions for drug abusers. One more standard is supposed – psychological social rehabilitation for juvenile who are dependent on drugs (the project has already been prepared).

## 1.2 Development of criteria for quality assessment

Standards are comprised of requirements which are disposed at three levels. Standards structure is as follows:

- **The areas of quality of standards** (e.g. quality standards of social care for elderly people are comprised of such standards areas: 1. Selection of service agency and client settlement. 2. Personal care and nursing. 3. Daily life and social activity. 4. Residents' rights protection. 5. Environment and housing. 6. Staff. 7. Management and administration.
- **Specific standards for each separate area** (different standards number in each area. E.g. standards are formulated in such way: an individual social care plan is made for a person; there is guaranteed for a person that his complaints will be heard, analyzed and it will be responded to his proposals, etc.).
- **Assessment criteria for each standard** (usually not less than 2).

Therefore Ministry of Social Security and Labour is responsible for the assessment criteria. The projects of criteria are widely discussed with care institutions and society, however they are not certified yet. Currently, the debate about instruments used for measuring quality in Lithuanian is taking place. It is tending to the idea that at the first stage it will be used only structural quality criteria (evaluate quarters of institutions, environment, staff-ratios, work procedures etc.) with regard to only documentary analysis of institutions. Meanwhile, outcomes and processes oriented criteria, users surveys and others quality management and improvement measures will not be used thus far because of the lack of resources in economic crisis conditions.

### 1.3 Development of procedures and rules of quality evaluation and management

Quality assurance procedures, rules, methods are developing by national body – Social Services Monitoring Department under the Ministry of Social Security and Labour (responsible for quality assurance and management) and are not fully completed as yet.

Functions of the Department are: provide methodological assistance on the application of social care norms; form a general practice of application of social care norms; assess the quality of social care; issue licences to provide social care, suspend and cancel them; monitor and control compliance with the conditions of licensing activities etc.

Also Social Services Monitoring Department have a function to provide methodological assistance for municipalities regarding quality of common social services and social attendance.

### 1.4 Licensing of personal social services

Since the year 2006 (As provided by the Social Services Act) public and private establishments that provide social care services shall obtain licenses for this activity. 11 types of licences have been foreseen in the Law with regard to what group of clients and what services an institution plans to provide. For example, licence for institutional (day) social care for children with a disability or licence for institutional (long-term, short-term) social care for children with a disability; institutional (day) social care for adults with a disability or institutional (long-term, short-term) social care for adults with a disability; social care for children with a disability at home etc.

To get a licence social care institutions have to supply a request, copies of establishment documents, an attestation that an institution conforms to social care standards, a structure of institution management, a strategic action plan and so on.

An institution may receive one or several types of licences. In last-mentioned case an institution has to secure that services for different groups of clients will be provided in separate quarters.

The licence will not be given unless not all documents are supplied or negative results of quality assurance are got. However, the term to remove the defects is given.

The licence can be suspended for appropriate period and over this period an institution has to remove the defects, which were found during the evaluation of quality. The licence may be revoked unless the defects are not removed during the provided period.

The Social Services Act supposed to begin the licensing since the year 2010, however at his moment the term is shifted to the year 2013 and social care institutions will need to get licences by the year 2015. In 2008, with a view to ascertaining whether social care establishments are ready to obtain licenses, the Ministry of Social Security and Labour commissioned a special research which aimed at highlighting the specific features of social care, revealing the differences of social care establishments from the activities of other unlicensed social services establishments and giving recommendations concerning licensing. The research presented conclusions that some establishments had to obtain 2–3, while others – as many as 8 different licenses according to the nature of the activity and client group. The structure for obtaining each type of license presented by social care specialists shows the lack of specialists able to ensure

high quality social care, and that the number of specialists available does not meet the quotas set. Social care establishments pay little attention to development of specialists' qualifications. It was mentioned that the layout of premises in many Lithuanian social care establishments is inadequate for the provision of high quality social care services (they lack facilities for encouraging the skills of personal independence, i.e. occupation, organisation of pastime activities; documentation kept in these establishments was oriented towards description and regulation of the activity and structure of the establishment, rather than provision of social care and response to the person's needs etc.). Taking the above into consideration, the conclusions suggest setting a transitional period for the preparation for licensing and postponing the start of licensing for five years.

### **1.5 Permanent monitoring and evaluation for improvement of personal social services**

The Law supposes that Department has to evaluate the institutions' compliance with social care standards at least once every two years. So far, monitoring and evaluation activities of the Social Services Monitoring Department only started and are not enough information to sum-up results. The Department has prepared specific evaluation forms and projected evaluation procedures. Evaluation results could be produced in special report, which is not public. Recommendations and time for necessary improvement of quality for social services institutions could be given. As regards the methods of assessment, it is used only onetime supervision method and documentary analysis.

Standards suppose that social care institutions have to perform a self-assessment. On this self-assessment basis an external evaluation by Social Service Monitoring Department would be performed. However, this practice is just starting to develop and social services institutions complain that this action is time and resources costly.

## **2. What could be ways to further develop from accreditation to excellence, i.e. to go beyond structural quality development in the direction of process and outcome quality?**

As it was mentioned, the Lithuanian social services standards are formulated according to three levels: at first, the areas of standards are distinguished, then the standards in each area are projected and then each standard has several evaluation criterions.

Standards are composed of technical standards and quality of life standards and according to conception of quality, structural standards, process standards and outcomes standards are segregated. In addition, it is provided that continuous improvement of quality will be implemented by constantly improving and correcting evaluation criterions and evaluation methods, i.e. when certain criterions will be met, new criterions have to be developed for higher quality.

If now more attention is paid to the criterions of structure quality, later it is expected evaluation development in the direction of process and outcome quality. Thus, the changing of standards evaluation criterions has to ensure a steady development of quality.

Users surveys, implementation of institutions self-assessment procedures, which are supposed, should help to improve the quality. These items are not prepared yet neither in organisational nor

in methodological sense – Social Services Monitoring Department does not have enough qualified and trained personnel for such activity. Thereto would be needed to prepare a special training programme and to organise training courses.

### **3. How can one best organise the inclusion of as many as possible stakeholders, including clients and their relatives in the development of quality of social services?**

In quality standards (and evaluation criterions) it is supposed that the client (his relatives) has to be involved in assessment of needs, planning of services, assessment of services quality. Is it really so, it will be checked by applying questionnaires of clients and their relatives, interview during internal and external quality evaluation.

However, there is no ready methodology how clients' satisfaction with services should be evaluated. Therefore lots of disputes and doubts about reliability and suitability of such data for assessment of quality arise.

On the other hand, by carrying out surveys of clients' satisfaction with services a problem of such surveys costs arise – it requires a lot of time, computer programmes to process the data, specialists to prepare the questionnaires and to make interviews.

In addition, it would be important to include clients and their relatives into the group of services quality evaluation as observers or informers next to evaluation's professionals.

The Ministry of Social Security and Labour involves specialist and representatives of various institutions into development of standards evaluation criterions, but representatives of clients are not involved.

### **4. What are the possibilities to overcome regional/local differences in the assessment of quality of services, how to best organise these processes and what contribution can such processes make to the issue of continuous improvement of quality?**

As it was mentioned at the situations analysis, an assessment of social care services type is implementing at national level, centrally, so there is no question about regional differences.

In Lithuania the question about regional evaluation differences is relevant only in terms of common social services as assessment of quality of these services is given to municipalities. Because Social Services Monitoring Department has to provide methodological support to municipalities in the assessment of services quality, this support may be as a tool to overcome regional/local differences in the assessment of services quality, i.e. to offer for municipalities to apply the same principles of assessment of services quality, to recommend certain methods and procedures.

On the other hand, maybe it is worth to keep a certain variety of quality assessment, which can inure to the rise of innovations.

**5. Does the fact that different social sectors need different types of criteria to assess quality mean that different sectoral commissions have to be established?**

In Lithuania the Ministry of Social Security and Labour involve specialists from different fields to develop lists of criteria's. Another possibility is for Social Services Monitoring Department to purchase some experts services for clients survey etc.