



Romania 2010

Achieving excellence in social service provision

Minutes



On behalf of the
European Commission DG Employment, Social Affairs and Equal Opportunities



Peer Review: Achieving excellence in social service provision

*The Peer Review was hosted by the
Romanian Ministry of Labour, Family and Social Protection*

Day 1

Welcome addresses

Adina Dragotoiu from the Romanian Ministry of Labour, Family and Social Protection, opened the Peer Review meeting. Outlining the background, she explained that Romania started a process of reform of social services 10 years ago, with measures to support the decentralisation of public and private provision.

Nicu Dumitru Cornoiu, Secretary of State in the Romanian Ministry of Labour, Family and Social Protection, thanked the participants for their interest and said the topic of 'achieving excellence' is interesting to all countries, and especially to EU Member States. The organisation of the first ever seminar on social inclusion to be held in Romania in the framework of the Open Method of Coordination represented a big honour for the country.

In the area of social inclusion, Romania has made important steps, with well-coordinated and structured measures comprising a strategy for the decentralisation of social services, focusing on an integrated approach. Among a number of principles for the transfer of competences he highlighted subsidiarity, closeness of services to the citizens who need them, and responsibility of local authorities, which are accountable to the public for the quality of services provided. Another principle is fairness, implying access for everyone, and availability of the necessary resources.

Decentralisation has been a decisive step in bringing services closer to clients and implementing a more transparent decision-making process. Services are thus better fitted to the needs of citizens, with local communities developing the administrative capacity for innovative social policies. The integrated approach aims to ensure good use of resources – including EU funding.

Romania is focusing on the implementation of secondary legislation covered by the framework law, with rules on social services forming the most important element. For the first time in Romania, this sector has been given the priority it deserves in a modern society.

Social and economic changes can have a bad impact because they create vulnerability, whereas social services enable local communities to adjust to a changing society, and must be adapted to the needs of individuals. On the road to integration, Romania has taken on the implementation of rules and the development of social work, which are major requirements in the contemporary world. It has ratified important agreements including the revised European Social Charter in 1998, which is a reference document for social and economic rights. Article 14 of the Charter refers to the provision of services for all groups at risk. Guaranteeing the right to services, without discrimination, is a constitutional obligation and responsibility that the state must take on board.

Current European thinking indicates that social services should be flexible, open to the community, and provided by professionals. The reforms take account of the move towards proximity of services and the right of assisted people to have a say.

Assuring quality is an ongoing concern, because all providers should adhere to the same standards of excellence. All providers should offer a high level of security for clients. Romania has introduced a quality assurance system based on nine core values. It is a pleasure to discuss and analyse this system with the Peer Review participants, he concluded.

Adina Dragotoiu pointed out that conditions are difficult due to the current economic crisis, which is restricting the funds required to deliver social services and to diversify provision to meet the needs of vulnerable groups.

For the European Commission, DG Employment, Social Affairs and Equal Opportunities, **Concetta Cultrera** said the topic of the Peer Review was a timely one. EU countries are still fighting the crisis, and achieving excellence in quality of social services is a great challenge in this context. Social services offer a springboard for people who are affected by the crisis, but they are facing budgetary constraints just at the time they are needed more than ever.

The conference on social services in Prague in 2009 showed that investment in social services has the capacity to create jobs, especially for women and older people. Thus, we need social services not only because of their socially cohesive role but also because they offer employment opportunities, important in these times of crisis.

The debate on quality is all the more important because it can help policy-makers to find a balance between quality and cost-efficiency.

There are moreover other factors that have driven the debate:

- First, the reform processes in the Member States which have often encompassed outsourcing and externalisation call for a clearer definition of the quality of the social service at stake;
- Second, the demand for social services is becoming more and more complex; There is also the need to protect those among social services' users who are more vulnerable;
- Third, the issue of quality also relates to the skills and training needs of those who work in the sector.
- Finally, there is the increase in cross-border provision of social services, which calls for more instruments to protect both users and workers.

The debate has been taking place for a number of years, stakeholders have been important, and some initiatives are underway. But what is the Commission doing?

- In spring 2009 it worked with the Czech EU Presidency to organise the ministerial conference on 'Social Services – Instrument for the mobilisation of the Work Force and for the strengthening of social cohesion'.
- It has launched eight projects aimed at identifying tools to be developed through bottom-up and transnational experiences. Romania is well represented.
- The Social Protection Committee is working on the development of a European Quality Framework, which must be flexible enough to adapt to varying conditions in different Member States.

- The third forum on social services of general interest (SSGIs) will take place in Brussels in October 2010, under the Belgian EU presidency. The Commission is pleased to support this event which should move the debate on social services forward substantially.
- Work on quality goes hand in hand with the debate concerning the application of EU rules to SSGIs. The Commission has set up an interactive webpage on the application of these rules, and has published FAQs on services of general interest in October 2007, which are currently being updated.
- Quality will be the theme of the second biennial report on SSGIs to be published by the end of 2010.

Adina Dragotoiu pointed out that it is particularly important for Romania to be able to outsource social services, but this calls for a mechanism to monitor and control quality. Within the context of Romanian institutional reform, several structures have been created.

Introduction to the Romanian policy context

Lacramioara Corches, General Director of the General Directorate for Social Assistance in the Ministry of Labour, Family and Social Protection, said social assistance was reborn in Romania after 1990. Since then, legislation has gone through numerous changes. Today's debate focuses on social services, not benefits.

In the directorate, one of the principles is a bigger emphasis on services than on cash transfers. The work that started a few months ago and will continue for two years is aimed at introducing a fresh vision. The current legislative framework depends on the 2003 Government Ordinance on social services. Two further government decisions followed in 2004 and 2005, including the quality standards set out by the Ministry of Labour. Some of the principles – adapting services to the needs of clients, partnerships, equal opportunities, transparency, monitoring and evaluation – are found in all European legislation. Romania added other principles: social solidarity, addressing the needs of families and communities, a global approach and proximity to users.

Romania has transferred responsibility for social services to county and local level. Romania has 41 administrative counties plus the Bucharest Municipality. Devolving social services means involving communities in identifying and finding solutions to social issues. Local authorities were instructed to organise social and home care according to identified needs.

Social services are divided into 'primary' and 'specialised'.

1. Primary services are designed to limit risk situations for families and groups, which can lead to social exclusion. The principle is prevention. These include daycare, occupational therapy, counselling, emergency measures, etc, and are supplied by local public authorities.
2. Specialised services are designed to develop the capacities of vulnerable people and are provided by qualified and specialised personnel.

Integrated services comprise care and shelter, social reinsertion, support for families with children in difficulties, shelter for young people leaving state institutions etc.

Counties draw up plans that reflect the national programme. They should include measures to

prevent social exclusion, and the management and financing of specialised services including sheltering services. County authorities may conclude agreements for social services with private and public providers. Services at local level are primary services – authorities must identify specific needs of communities and how to meet them.

Who provides social services in Romania? The providers. To be recognised, they must acquire accreditation, which confirms their ability to provide services in accordance with minimum standards. A county-level Commission is responsible for accreditation. Each commission has 9-11 members including a director, deputy director, plus representatives from e.g. ministries, the county council, health services, schools, specialised services, and service providers. Five members must be present to form a legal quorum and decisions are taken by majority vote. There is also a national commission within the Ministry of Labour, responsible for coordinating county bodies.

Providers seeking accreditation must show they have the material resources, qualified personnel, and procedures for meeting and monitoring quality standards and implementing non-discrimination principles.

Procedure: following a request for accreditation, the technical secretariat evaluates the documents and makes a field visit. The provider must complete a self-assessment form for each service. When complete, the documentation is forwarded to the Commission. If the quality standards are met, the Commission issues an accreditation certificate for three years, renewable.

Quality standards are defined as general and specific. The specific standards came first and were developed by the national authorities for child protection and for disabled people. General standards came later and embody requirements on human resources, financial resources, vision etc.

They are based on nine principles laid down by the Ministry of Labour, concerning: organisation and management; ethics; person-centred; global approach; rights; participation; partnership; result-oriented and continuous improvement. Under each of these headings, providers must meet between five and 11 quality standards, making a total of 73 in all. They reflect three perspectives: approach, development and results. In the evaluation process, providers are awarded 0 to 5 points on each standard, and must obtain a minimum of 108 points out of 225.

Finally, the ministry plans to reform current legislation on licensing procedures for e.g. childcare, to reflect the accreditation system.

Rodica Mitulescu, a social inspector from the Labour Inspectorate, Department for Social Inspection, said Romania faces new challenges and changing needs. Social assistance has undergone significant development – in the early 90s it was defined very differently from today. In 2006-2007, the national system became more coherent, with social assistance the legal responsibility of the state, leading to the introduction of an inspection process. Currently, inspection is organised by a directorate within the ministry and governed by government decision 1377/2009.

At country level, inspections take place to check how social services are delivered to users. The inspectorate has many responsibilities. It is not a big organisation, and relatively new, specialising in control operations. It has specific tools, and responsibilities in three main categories:

- To check how social actors observe the law.

- To grant operating licences for social services for children (inherited from a different system. The national authority for child protection used to have its own unit, but the inspectorate has now taken over these duties.)
- Making regular checks on implementation of legal provisions to make environments more accessible for disabled people, and enforcing legislation on the rights of vulnerable people (children, disabled and elderly people).

Field data indicate the existence of some 3,000 services.

Competences: inspectors are trained with specific skills to assess a range of situations and identify deficiencies. They check specific services, collect field data to see how the system is working nationally and to improve policy-making, and answer questions from the minister. The activity is closely linked to the accreditation system. In 2008 the department organised a national workshop on the legislation relating to the accreditation of service providers and drew up a report for the ministry identifying shortcomings.

Accreditation is an important passport for providers. In 2010, the government decided to reorganise the social inspectorate, setting up a new central division to deal with accreditation and licensing. Its objective is to collect information on how Bucharest and the 41 county commissions work. It will report on performance and has developed a database of accredited providers. Accreditation systems need to be coordinated.

In 2010, inspectors gained additional powers to suspend service providers who do not meet minimum standards, or suspend accreditation itself until problems are remedied.

Ms Mitulescu listed the strong points of the system:

- Inspectors are objective.
- The system has two levels, county and national. Decentralisation brings it closer to the providers.
- Measurement tools are the same nationwide. Therefore results are comparable.
- Staff in the technical secretariat are very professional, with a high level of training. Visits are carried out by two inspectors.
- Transparency, disclosure of information to the general public. All commissions have their own accessible, easy-to-read websites including documents on how to obtain accreditation.

The department has carried out thousands of inspections. Accreditation clearly secures higher quality, and inspectors help non-accredited providers to meet the standards. A certificate brings nationwide access to internal and external funding.

For the future, members of the accreditation system should become even more professional, with additional training on changing approaches in Europe on standards of quality and excellence. More work is needed on harmonising laws on assessment and accreditation systems. A four-year accreditation would be better as it would give providers more security, but currently, they do not always notify the Commission when they make changes.

Presentation by public and private accredited service providers

Cosmina Simian, General Director of the Bucharest Municipality General Directorate spoke on behalf of the public service providers, and as representative of public providers on the Bucharest Accreditation Commission. She reported that her directorate has managed to achieve accreditation for all its services, but things have not always been so good. The rules apply 73 different quality standards to be satisfied in order to provide services. If providers fail to obtain accreditation they can be fined up to three times before the service is closed. But up until now no services have been closed, so observing the standards may not be as important as it should be.

She pointed out that public providers are not always comfortable about having their services checked by another public body. Her directorate reports directly to City Hall, coordinating the activities of six administrative districts of Bucharest. The Commission accredits everything from village schools to specialised services, and she would like to see quality standards applied more rigorously. The beneficiaries should be regarded as customers, and competition should exist between public and private sectors, so that customers have a choice. This would bring benefits for the state and allow people to secure services more tailored to their needs.

Quality standards act like an internal mini-audit, and their existence motivates people to improve services. Romania was wise to limit the distribution of national and EU funding (ranging from Phare to the Structural Funds) only to people who meet quality standards. This means that even if providers are not convinced they need accreditation, they have to apply in order to obtain funding. This has persuaded many to make the effort.

General standards have some weaknesses: the bureaucracy is lengthy, and the paperwork costly. As a member of the Accreditation Commission, Ms Simian also detected a certain amount of subjectivity among her colleagues. The 'red tape' means preparing a long list of documents including self-evaluation, a code of ethics, and a three/five year strategic plan. This has to be repeated every three years.

Most social services of good quality are housed in buildings that were constructed before 1989 and are therefore quite old, but nonetheless have to conform to the same standards as if they were new, e.g. fire escape requirements. In some cases these cannot be achieved without demolishing and rebuilding the property. Another problem is that accreditation should be obtained before new services actually go into operation, which makes it difficult to demonstrate levels of quality.

Florin Ianovici, executive director of the Viata & Lumina (Light and Life) Foundation, representing private service providers, said his organisation was the first private social service provider to be accredited in Bucharest. "We looked at the law and wondered what each provision meant," he said.

Why is accreditation necessary?

1. Selection. In 1990, the law covering social services was 67 years old, dating back to 1924. Romania had some 12,000 NGOs, most of them attracted by tax-relief. Therefore a selection was necessary. Accreditation sets conditions based on proven standards.
2. Harmonisation. Each NGO has its own history and strategy. NGOs with foreign partners also have a vision corresponding to those partners. Accreditation makes it possible to create a nationwide map of social service providers and to cooperate in the future.

3. Quality standards are difficult to meet, and so staff require better training. This leads to improved quality of service and means users are better off.

Negative aspect: there is an automatic requirement to obtain a wide range of non-specific approvals. For example in the area of environment, the law imposes automatic criteria. However, these may actually only be relevant to a few providers. Therefore the law should be more flexible.

Questions and answers

Questions focused on the link between accreditation and funding, how funding is distributed, and whether users have an input. Is there an annual plan of inspections? How are county inspectors trained and do they cooperate with one another? Has the social services budget diminished since 2008?

Peer Review participants wanted to know whether accreditation brings real benefits for providers. Can users choose between accredited and non-accredited services, and does accreditation therefore attract more clients? How do providers' representatives work on Accreditation Commissions? Do non-profit organisations get funding if they are not accredited?

Adina Dragotoiu explained that under law 134 of 1998, funding is related to end-users. If providers offer a nationwide service they apply for national funding. If it's a local service they apply to town halls. Accreditation is the main condition. Management authorities that distribute EU funding also demand accreditation. Accredited providers can apply for funding from a range of external sources such as the World Bank.

The system allows for all providers to be recorded by Accreditation Commissions, making it possible to set up the database of all public and private providers. Anybody can access this information, bringing a double benefit for clients (quality of service + transparency).

Organisation of inspections is complicated. An annual plan is drawn up in December for the following year and approved by the Ministry of Labour. This is a public document. The ministry may adopt specific topics or suggest areas that the inspectors working on behalf of the national authorities for child protection or for disabled people might want to check. The media may also highlight cases of abuse. A methodology exists for sorting different types of service provider, by a range of criteria. For example, a decision may be taken to focus on the size of the local community, or on rural areas. If inspectors elect to check on a certain type of service, e.g. day centres, cases are chosen from both private and public sectors in order to establish a representative sample and draw nationwide conclusions.

Public social services (whether 'specialised' or 'proximity') are fully financed from public funds. If they want to develop further, they can access other sources, such as the European Social Fund, but must be accredited. At present, the public budget for social services has not been cut.

With regard to non-accredited services, these still exist in public authorities. For example in cities there may be 80-100 offices providing public social services. It will take some time to complete the accreditation process, but it is compulsory.

Rodica Mitulescu stated that services are 70% funded by the state and 30% from local budgets. Accreditation comes into play when providers seek supplementary resources to develop their services. There are 42 social inspection departments, and each has between two and six

inspectors, depending on the size of the county, issues and criteria. If necessary, counties can 'borrow' inspectors from each other. The inspectorate facilitates meetings between inspectors (previously on a monthly basis) and runs a mobile phone network between counties. Inspectors used to have two 10-day training sessions each year, but efforts are being made at present to save money.

Romania has eight development regions (created in 1998), but they do not vary greatly in terms of social welfare. All inspectors adhere to the same standards. For example the foster care service is huge, with some 22,000 children in the care of 20,000 foster parents. Rules are drafted at national level and there are no differences between counties.

But Romania currently needs more social services than it can provide: there is a big gap between demand and supply, particularly affecting disabled people and those with neuropsychiatric problems. In some cities, no such services exist at all, despite considerable demand. In places where services are lacking, people do not ask themselves whether they are accredited or not. The government is trying to speed up the development of services in deprived areas. Children's services are more advanced, whereas many problems persist with other types. Competition is not effective in generating more services.

Cosmina Simian confirmed that lack of accreditation does not affect local funding for public services, but blocks additional resources. Private service providers are in a difficult position because without accreditation they cannot get money from local or state budgets. Accreditation is an ongoing process. One of its principles is non-discrimination between private and public sectors, but this has not yet been achieved. Public service providers face fewer obstacles.

Florin Ianovici explained that if several NGOs are offering similar services, accreditation makes a difference. But if an NGO is providing a service not available elsewhere, it may receive local authority funding even without accreditation. NGO representatives on the commissions can advise organisations on obtaining accreditation. He assists NGOs in preparing dossiers, and can be contacted at any time, he pointed out.

European NGO statements

Eurodiaconia

Laura Jones presented an overview of common concerns among Eurodiaconia's 33 member organisations in 21 European countries. Locally, this includes the Reformed Church in Romania. The organisation represents non-profit social and health service providers operating on Christian-based values. Members vary a lot in size. The organisation offers networking for social service providers, and acts as an advocate on social issues at EU-level, cooperating with others in Brussels, such as through membership of the Social Platform and the European Anti-Poverty Network, as well as with individual organisations like the European Platform for Rehabilitation, and FEANTSA (representing service providers to the homeless).

Its quality principles highlight the involvement of users and a person-centred approach. Initiatives Eurodiaconia has been involved in include the development of a European Voluntary Quality Framework, the EU-funded Prometheus project, and creating its own user-empowerment toolkit.

Quality requires a clear legislative framework, also at EU level, as well as adequate funding. In Romania, the need to reapply annually for public funding generates short-termism and is an

obstacle to quality and continuity of service. The financial crisis exacerbates this problem. Well-trained staff are another prerequisite, yet jobs in this sector are undervalued, with poor working conditions and low wages.

Turning to the question of accreditation as a means of obtaining better services, she asked whether there is a systematic discussion between evaluators and providers on improving services. User and staff interviews should be an integral part of assessment. How does Romania award grants and contracts? Competition criteria must take account of quality, not just price. In some countries, contracting authorities may award contracts based on lowest cost rather than quality. How can this be avoided? Finally, it is very important to involve stakeholders in social planning and to give them ownership of services.

How do providers in Romania assess 'quality of life' criteria? Is guidance offered? The St Mungo's organisation (a FEANTSA member) has developed an 'outcome star' that measures people's progress towards personal goals. Concerning user choice, more and more Member States are using vouchers. Some Eurodiaconia members are concerned that people do not have the capacity to make the choices necessary, which entail moving from user to consumer. The impact of such schemes needs evaluation.

Ms Jones called for a move from user participation to user empowerment. Eurodiaconia's quality principles talk about identifying users' capacities, and helping them to achieve goals. She pointed out that flexibility is required in how criteria are fulfilled, and was concerned that the Romanian quality standards may be too rigid. Wider stakeholder involvement is needed. For example, how can the user representatives who act as observers on Accreditation Commissions obtain more power? Is there scope for users to be more involved in evaluation? Users must also be involved in defining quality, and this may require extra training.

European Social Network (ESN)

Stephen Barnett, European Social Network senior policy officer, explained that ESN's membership includes directors of social services in local and regional government, and aims to promote an exchange of knowledge and good practice and influence policy development. In 2009 and 2010, ESN co-organised two national conferences on social services, in Cluj (Romania), based on work done by a UK member and bringing together 150 professionals from across the country with guests from various European countries. Feedback was very positive and the organisation hopes to continue such initiatives.

Overall, ESN finds the Romania accreditation model to be a sound one, but some questions remain. Do indicators allow for assessing improvement? He wanted to know whether inspection has a supportive role rather than just being punitive. Is self-assessment verified? In Scotland (UK), self-verification is subject to close follow-up. Might priority for inspection be afforded to the most vulnerable users, such as children? What is done to promote service planning, to ensure that the right services exist in the right places? How can quality standards and assessment be extended to local planners and funders? The Romanian model seems to apply after the user has taken up the service, but what support exists to help individuals in the selection process? Finally, is the system linked to a national vision of service development?

Measuring: inputs is easier to measure than outcomes. In Germany, new indicators are being developed to measure quality of life and health outcomes in nursing homes. In Scotland, there is an agency to inspect the local authorities which are responsible for policy-making, planning and funding social services. The Social Work Inspection Agency has assessed all 32 local authorities

in Scotland. Mr Barnett highlighted a number of practices in the best councils, including understanding people's needs and aspirations, working in close partnership with providers in the private and voluntary sector, encouraging providers to be innovative, changing providers in a sensitive way, and applying 'value for money' criteria including both quality and cost.

Municipalities are different from other providers in that they are accountable to the electorate – and therefore to a wider public who also contribute to tax revenue. He cited several examples of authorities in different EU countries involving users and their families, including selection panels for the award of contracts, and case conferences.

In France, a legal requirement was introduced in 2004 for all departments to set up a consultative committee for older people and pensioners. The committee is consulted on the departmental plan, and organises conferences for care professionals and volunteers. Older people are involved at many different levels.

In conclusion, he said, moving from accreditation to excellence involves the whole system, including planning, assessment, access and provision. Users and families must be involved from the planning and policy-making stage.

Cosmina Simian added a clarification. Some services are not accredited because the Romanian government knows they would not be available if the providers were fined or closed down (e.g. homes for elderly people or those with mental disabilities). In these cases there is an 'understanding' that the services are maintained without accreditation. However, public services come under more pressure than NGOs due to concern about their responsibility and the political repercussions in the event of a 'scandal' concerning abuse or inadequate provision. Furthermore, NGOs do not always pay fines, whereas her department is compelled to pay if it is fined, because otherwise funding would be withdrawn.

Day 2

Presentation of the discussion paper

Thematic expert **Flip Maas** from the European Centre for Social Welfare Policy and Research in Vienna stated that social services are a Member State responsibility, provided according to the national context and economic status. Therefore there is a great deal of diversity within Europe. However the European Commission is actively involved in this area, coordinating national policies and defining principles. The Social Protection Committee has been drawing up a voluntary quality framework, as announced in the Commission's 2007 Communication on *Services of general interest, including social services of general interest: a new European commitment* (COM/2007/725 final), and a first draft is likely to be published in the coming months.

All social services of general interest (SSGIs) share at least one of the following characteristics:

- Operate on the basis of the solidarity principle;
- Comprehensive and personalised;
- Preventive and social cohesion role;
- Complementary: support to families and community;
- Focus on (re-)integration (society, labour market);
- Not-for-profit;
- Address most difficult situations;
- Roots in cultural traditions: proximity provider and user;

- Asymmetric relationship between provider and user: not that of a consumer purchasing goods.

Modernisation has led to a greater user orientation over the last 20 years, plus a quest for greater efficiency. This is due to the need for fiscal sustainability: states must survive and resources are scarce. It has focused attention on what services spend in order to achieve results, with more attention paid to evaluation and value for money. Competition is seen as a strategy for enhancing efficiency, but is evolving differently in different Member States.

He reminded the meeting that social services do not operate in a real market situation, and funding usually comes from the public purse. However, efforts to control spending have created a 'quasi-market', with market-based regulation, tendering and evaluation procedures. Accompanying this is a greater focus on consumer protection and choice, entailing increased transparency and posing the question "what do users want?"

Flip Maas illustrated the passage from 1) minimum standards assured through checks and inspections or self-regulation, through 2) quality management often involving stakeholders or third parties, to 3) achieving excellence whereby individuals obtain good-quality services tailored to their wishes. All countries are going through these processes. Romania is currently at the first step but moving towards the next. 'Excellence' is itself a challenging objective, and no country has so far achieved it. Perhaps it is rather too ambitious, and countries should think in terms rather of 'striving' for excellence.

Quality control aims to ensure minimum standards are met. Inspection focuses on errors and non-compliance. But this does not necessarily lead to quality improvement. There is also a trend towards decentralisation, which in a large country like Romania has the advantage of accommodating regional differences. However it also brings problems of coordination and ensuring fair access and harmonised standards across the country. Moving from quality control to quality management means building on accreditation systems to achieve better performance by providers, with self-regulation and assessment of process and outcomes.

Excellence means taking account of stakeholders. The users' voice is important, but is not always easy to hear. This may make it necessary to extend involvement to families and communities. One problem is that user surveys are subjective: how can they be used to generate quantifiable data?

The 'market' is leading in the direction of greater competition. In the market context, quality relates to regulation of supply, nature and choice of provider, and accountability. Users are developing needs for different services (e.g. health, long-term care). Providers want to show clients how good their services are, and quality is seen as one aspect of efficiency together with lower cost and more delivery. However, price remains a decisive factor in contracting services. For users, distance and familiarity are also crucial – many will base their judgement on the recommendation of family and friends. NGOs that are more likely to focus on quality may be driven out of the market by new, low-cost services.

Isn't it better to pay a higher price for a better-quality service? asked Flip Maas. When a service is 'punished' and disappears, it is the users who suffer, so maybe failing services deserve to receive *more* funding in order to improve. If sanctions are too tough, they deprive users of services.

Excellence requires an 'enabling environment' with good management and staff incentives, and means learning from failures as well as good practice. Who decides what excellence is?

Outcomes are difficult to measure. Users cannot deal with a list of 90 indicators, so there must be a selection. In light of demographic changes, the policy trend is towards community care or enabling people to stay at home, raising questions of sustainability and funding.

The Social Protection Committee has taken a number of factors into account in developing the European Quality Framework. These include the difference between countries, and the increasingly diverse demand for services. Employment is an important factor, with jobs in social services growing, to employ 10% of the working population in many countries. What skills do staff need? National differences are also important in the growth in cross-border service provision. People also need to know if they can receive funding if they go abroad.

To conclude, he highlighted several issues for debate:

- How to develop from accreditation to excellence?
- How to organise the inclusion of as many stakeholders as possible in improving the quality of social services?
- How 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?
- Is there a need to establish different sectoral commissions, in view of the fact that different social sectors need different types of criteria to assess quality?

Peer country contributions

Croatia

Domagoj Vukušić from the Ministry of Health and Social Welfare said Croatia has been developing measures to ensure quality, many of them related to structure, e.g. standards related to space, equipment, qualified staff etc. However, it became obvious that these criteria did not guarantee good quality services. When Croatia became an EU candidate country it got access to EU pre-accession funds which were used to support the reform of the social welfare system as a whole. This entailed decentralisation from national to local level, and promoting an exchange of information through informatisation. The two main goals were deinstitutionalisation and the introduction of quality standards.

The ministry devised 15 general quality standards for all social service providers, and 10 additional standards: five for children's services and five for adults'. Social services should aim to improve the quality of life for users. Organisations that provide services should respect users' human rights. The standards also cover management and environmental criteria. The process of implementation is starting now, with a ministry team visiting all providers (around 250 organisations). Training workshops will take place, and providers must set up a 'quality team' of up to five experts, responsible for introducing standards and explaining them to other staff and beneficiaries.

Organisations must carry out a self-evaluation, backed up by written evidence, and draw up plans for improvement. All providers took part in and expressed their views on the draft standards, which were tested on six organisations in different sectors. Stakeholders were also involved. Providers have a two year period to apply the standards, and during that period the stakeholders will also have an opportunity to make an assessment.

Beneficiaries were indirectly involved in the development process. Users should in future be

involved in choosing services on an individual basis, and are invited to take an active role in planning and reporting on their satisfaction with services received, with a view to quality development. "We hope we will hear what users have to say," said Domagoj Vukušić.

Croatia is now faced with planning the next step, and is thinking of introducing an accreditation system to guarantee quality development. However the ministry believes accreditation is not enough, and a proposal exists for the introduction of financial incentives, allowing providers who reach high standards to charge more for their services. Another alternative would be to identify organisations that meet high quality standards as 'learning centres', receiving money to develop their services and to give advice to other providers, in order to spread good practice.

In answer to questions, Domagoj Vukušić clarified that the extra cost of high-quality services would be paid by the contractor (the county or state) not the beneficiary. With regard to monitoring, at present no external monitoring procedure exists. Two alternatives could be to set up an entity within the ministry, or establish an independent national auditing unit with departments employing experts at regional level. The national body would have a coordinating role, to ensure continuity.

Lithuania

Laimutė Žalimienė, from the Lithuanian Centre for Social Research said the country introduced a quality standards system in 2006. It has three levels:

1. Structural (housing, staff, working procedures etc);
2. Specific characteristics for each area, assessed on structural quality, process quality and results quality;
3. Criteria level: criteria are continually revised to ensure permanent improvement.

In practice, the evolution of criteria demands a lot of time and discussion and is especially hard in the area of outcome evaluation. Thus far, the quality standards framework of 'social care norms' is almost complete for certain types of 'social care services', i.e. complex, permanent personal assistance by teams of specialists, including day centres and homes for children and elderly people. Other kinds of services ('single services') are less complex and not yet covered by national rules. They are the responsibility of municipalities. The ministry has a 'catalogue' of social services to be provided around the country.

The process of developing a quality system highlighted what a costly procedure this is, demanding both financial and human resources. Therefore some services have been left for the time being in the hands of municipalities and are more simply regulated. It is important to consider this high cost when developing quality standards. Is there a cheaper way to do it? wondered Laimutė Žalimienė. All social services in Lithuania are paid for by the client, and quality management is weakening because of lack of resources at a time of economic crisis.

Aldona Šlajutė, from the Lithuanian Ministry of Social Security and Labour, said excellence also concerns planning and assessment, not just provision. The country is at the first stage of developing integrated services, and is not orientated towards gauging outcomes. The reform debate has been ongoing for several years. Currently health care and social care are provided separately. Integrating social care and education for disabled children is another pressing problem. Integration would help to improve the whole system and the availability of funds.

Management of services should be based on cooperation between users, communities, providers and user groups. A planning process exists, but only on a formal level, and authorities need to

learn to plan more efficiently. Improving quality standards is part of a dynamic, ongoing process.

Estonia

Elmet Puhm from the Ministry of Social Affairs, Social Welfare Department, pointed out that it is difficult to compare conditions in large and small countries. Estonia is a small country with 1.3 million people. It has 15 counties and 226 municipalities. Social services have been decentralised and most are now provided locally. Some social services like special care service, substitute home service, child care service and rehabilitation service are financed by the State.

Minimum standards are established by law. Municipalities take account of regulations and set up their own services and quality control systems, also the other providers of services must take account of minimum regulations.

Substitute home service and child care service are inspected by the county authorities. Special care service and rehabilitation service are inspected by the Social Insurance Board. The inspection is done on the basis of legal minimum standards.

Other social services are provided locally because local municipalities understand the needs of their populations and have the right to create the social services to respond to them. These are also bought in from NGOs. The population of municipalities varies a lot. Social service provision also differs, with people in rural areas being more disadvantaged. Different standards apply in different sectors. For example, standards for children's homes were drawn up by three organisations some years ago.

Questions focused on the number of inspections carried out each year. In Romania, some providers complain that they undergo too many inspections. If quality standards are set at municipal level, what steps are taken to avoid inequalities? Some municipalities may have more resources than others. Is a minimum standard imposed at national level?

Elmet Puhm replied that children's institutions are checked at least once a year. Locally, municipalities decide. Checks will be carried out in the event of a complaint from a user. Substitute homes, which are financed from the state budget, have to have a licence. All social service providers have to adhere to minimum standards which are set by law. County authorities can also check on the quality of services supplied by municipalities.

Belgium

Bérengère Steppé from the Anti Poverty Unit of the Federal Public Programming Service, Social Integration, pointed out that Belgium is a complex federal state with autonomous regions. The communities, divided by language into Flemish, French and German speaking, have responsibility for 'persons and their wellbeing'. There are no standards at national level, but some competences are shared between different ministries and levels of government. It is therefore difficult to apply a single standard. For example, the communities have different rules applying to childcare. The French side carries out medical checks, the Flemish one does not.

The Ministry of Social Integration takes responsibility for the employment of vulnerable groups. It accredits different kinds of service providers, in line with availability of financing. The state gives grants mainly for activating people through on the job training. It does not carry out inspections for the purpose of evaluating training, except in the event of a complaint. But this seldom happens.

Providers have to account to different ministries for different aspects of their work according to

the competences of the ministries and authorities. There is no move toward uniform standards at national level, because it would be too complicated.

Bérengère Steppé felt that some questions relating to quality evaluation seem very complicated - for example, quality of life. "In our view, everything cannot be evaluated. It's too subjective," she concluded.

Sébastien Pereau from ConcertES, (concertation des organisations représentatives de l'économie sociale asbl) explained that he works on behalf of a federation of social enterprises, linked at regional level. Regions have certain competences, i.e. for social proximity services, covering repair services in the home, gardening etc. Wallonian authorities have developed a system, known as IDESS, which enables accredited service providers to access subsidies to hire long-term unemployed people. Organisations must be non-profit, and provide services to 'poor people' (low income, over 65, or disabled). One of the criteria of the service provision is a price limit. Accreditation is approved by a commission made up of different actors including ministries, social partners, social enterprises etc.

At federal level, a system of service vouchers exists, which amounts to a subsidy for consumption. The voucher is worth €7,50 plus a fiscal reduction: if paid to an accredited organisation, that body obtains €20,30 from federal funds. Vouchers can be spent on homecare, domestic cleaning, ironing, transport of person with limited mobility etc. Providers must be accredited, but there are no conditions applied to the quality of services or employment. It has been suggested, by the social economy enterprises, that the federal government should create different levels of reimbursement to differentiate quality of service and employment.

In answer to questions, Sébastien Pereau confirmed that, in the Wallonian IDESS, accredited organisations 'with a social purpose' (one of three categories of providers) can also offer services to 'classic' people (not in the category of 'poor'), if they do not comprise more than 20% of clients. Classic people pay higher fees. Providers must complete an annual report indicating the composition of users. The 'poor' category is diverse, and includes disabled and indebted people. Over-65-year-olds were included a year ago.

Financing of services is aimed at offering employment to long-term unemployed people. The scheme therefore couples two objectives: access to certain services at an affordable price, and jobs for long-term unemployed. This makes it difficult to address the quality of services, if they are supplied by less-qualified people. Therefore training is very important. The voucher scheme is a separate initiative.

Standards for long-term care are enforced at community level, and in this field there are many regulations for accreditation, including quality conditions, staffing, training etc. By contrast, IDESS covers only limited technical services, alongside social accompaniment and integration measures for disadvantaged workers who cannot be employed in other social services because of lack of qualifications.

Bérengère Steppé specified that long-term unemployed women may be hired and trained in childcare, but the diplomas they earn are not recognised across both communities.

In response to a question about the criteria governing social enterprises and the benefits of accreditation, **Sébastien Pereau** explained that accreditation brings funding, through IDESS or vouchers. As far as IDESS are concerned, it involves a lot of paperwork, covering business plans, partnerships, target groups, training plans, and user satisfaction surveys. The first period of

accreditation is for two years, and then four. Reports must be submitted every year. Procedures and paperwork are less prominent for the voucher scheme.

Discussion on promoting user participation

Heike Hoffer from ESN said a debate on this topic is taking place in Germany, examining the difference between 'users' and 'consumers'. Users and sometimes their families are surveyed at the time of inspections. However, methodological problems include how to get feedback from users, in particular those with cognitive disabilities. Germany has focused on the legal rights of people as consumers of services, and tried to empower them. But the establishment of user councils in residential homes is not working properly. Stakeholders are focusing on new legislation giving users the right to information about providers, as well as involving communities in institutions, and making both aspects part of quality development. German *Länder* have different laws regulating social services, and some have introduced obligatory community involvement.

'Quality of care' may not always coincide with 'quality of life'. Minimum standards for quality of care must be set, but may not always improve quality of life e.g. should smoking be allowed in residential homes? Do users have the right to do things that are 'unhealthy'? This has given rise to the idea of a contract between users and long-term care institutions, defining quality of life elements, so that providers will not be penalised. Users have the right to some flexibility.

Alina Marinoiu from the Romanian Ministry of Labour Family and Social Protection said Romania needs to develop a culture of client involvement and to educate users, but there is a lot to do. During monitoring visits, inspectors are obliged to measure user satisfaction and talk to families and communities. The country is planning to launch a nationwide survey of social services which will include a users' poll. But sometimes users are reluctant to answer questions for fear of the service being withdrawn if they are critical.

Rodica Mitulescu pointed to the problem of obtaining feedback from e.g. mentally disabled people or Alzheimers sufferers. The inspectorate is discussing how to measure 'non-tangible' elements. Should inspectors spend more time with users, observing their experiences, or are extra measures such as focus groups required?

Cosmina Simian argued against excessive inspection, pointing out that some users have a generally negative attitude. How can social service providers themselves be protected from abuse by beneficiaries and clients, whether deliberate or not?

Heike Hoffer said a recent report in Germany indicated that a trained interviewer needs at least two hours to obtain an adequate impression of a client's level of satisfaction with services received. An organisation representing people in homes exists and has a programme to have lay persons visit homes, but it would be unrealistic to expect inspectors to find the time to 'live' with residents. Therefore it is a good idea to encourage community involvement: if non-residents are coming in and out frequently it makes abuse less likely.

In Belgium (Flanders), vulnerable people experiencing poverty are involved in designing and screening policies, said **Bérengère Steppé**. This presupposes a strong network of organisations plus ongoing dialogue. In Flanders, a law obliges policy-makers to examine the impact of their policies on people experiencing poverty. Another initiative is the set up of a national register

which gives automatically the rights to certain social services for the people who are entitled to.

Mariuca Ivan, speaking as a Romanian service provider, said she had participated in a meeting of the Yellow Cross in Belgium and was pleased to see users involved. In Romania it is difficult to achieve quality at a low cost. The Flemish partners spent six years working with the organisation to help develop services appropriate to the Romanian context. At that time the Flemish government supplied funding, but later it was more difficult to secure support from the Romanian authorities. Assessments should be made by beneficiaries in their homes, not in institutions, because this is where they are best able to evaluate quality of services. Volunteers are in a good position to carry out interviews, but it is hard to find enough volunteers because people in Romania need an income to support themselves.

Concetta Cultrera believed users should have a role at all stages of policy-making, implementation and assessment. This may involve providing support through advocacy on their behalf. She also argued in favour of periodic reviews of user satisfaction, and the drawing up of easily accessible complaint and advice procedures.

In French-speaking Wallonia in Belgium, said **Sébastien Perea**, providers are sometimes hostile to inspections because they are too rigid and can lead to withdrawal of funds to organisations that are providing good services. Inspectors have extensive powers.

Adina Dragotoiu said Romania has a charter of beneficiaries' rights, and a mediation procedure for disputes, but direct observation is more valuable. There are two types of beneficiaries: those who can express their point of view and those who cannot. Independent evaluators are required, with different qualities/approach depending on the type of client (mentally disabled, elderly etc). She added that she had visited some Yellow Cross homes and found the care offered to elderly people was outstanding.

Relevance and key learning elements

Flip Maas summarised a number of conclusions from the debate:

The need for social services will increase in Europe in the future, due to a number of factors including an ageing population and fewer young people, and the fall-out from the economic crisis.

Needs are very diverse, because different countries have different cultures and different histories. But it is still useful to learn from the experiences of others.

We are all users of social services, whether for ourselves, our children or our parents. We may also find we have complaints. We all have an idea of what services we would like, depending on our backgrounds and culture, but one vital element is respect – for autonomy, dignity and human rights. It is important to maintain a vision of how we want social welfare to develop in our society.

The participants came to the meeting with questions, and will leave with even more, which is a good thing.

The meeting talked a lot about user involvement. This is not easy and there is no single model. It is made more difficult by the fact that users are not always aware of what they can say. Skills development at all levels is key.

There are differences in how people see 'quality', and it is admirable that Romania is

implementing a system of quality standards. We have to try and develop a vision based on how services can be improved. Satisfaction does not depend purely on users, because there is also a role for providers, insurance companies and others. How can the goals of state, users and providers be reconciled?

It is possible to learn more from approaches in industry. Flip Maas referred in particular to the logical framework methodology which works by identifying problems, seeking solutions and formulating goals. These goals may be varied and will lead to actions. This approach could be adapted to improving quality, where a step-by-step approach is best.

Romania's plans are not yet fully fledged. Minimum standards do not amount to quality standards.

How to monitor quality? Inspections are one method.

It is important to show that investing in quality is profitable. Social and health services are the second largest economic sector in Europe after finance. Belgium in particular places emphasis on the employment angle, and this is one way to achieve quality.

It is vital to keep discussing and keep learning from one another.

Closing remarks

Concetta Cultrera concluded by saying that achieving quality in social services is very challenging. She drew attention to the emergence of a common language of quality in social service provision, incorporating users' rights, continuity, comprehensiveness and participation.

There are huge differences between Member States. The meeting spoke a lot about inspections, but it is a major challenge to ensure that what is written on paper becomes a reality.

The debate repeatedly returned to the users and how to empower them. This also includes families and communities. Social services are crucial to supporting them in what they do, as well as providing jobs in local communities.

The Commission is working actively on the issue, through the eight projects identifying tools on social services' quality, through the development of the Quality Framework within the Social Protection Committee, and through the organisation of the third SSGI forum in Brussels in October 2010. Furthermore, quality will be the theme of the second biennial report on SSGIs to be published by the end of 2010.

Adina Dragotoiu concluded by saying perhaps social services should be seen from the point of view of citizens' fundamental rights. Failure to obtain services amounts to a violation of human dignity. Quality contributes to equal opportunities, but achieving excellence is complicated and requires a lot of work, as well as highly skilled social workers.