

Achieving excellence in social service provision

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Opening statement

Eurodiaconia is a federation of organisations, institutions and churches providing social and health services and education on a Christian value base throughout Europe. Eurodiaconia believes that access to social services is necessary to uphold human dignity and “care should be given in such a way that this dignity is recognised and respected”¹. We also believe that access to social services is a fundamental right. This is supported by Part 1 article 14 of the European Social Charter² and Article 34 1 of the Charter of Fundamental Rights³.

Because of social services’ “specificities” (as noted in the Discussion paper, c.f. Commission documents COM(2006)177 final and COM (2007) 725 final) the service must be of quality in order for it to achieve its goal of meeting a need.

Quality in social services should lead to improvements in the lives of those who use the services and also in the lives of those providing the services.

“Preconditions” essential for quality and its development⁴

Public responsibility, and therefore public financial commitment is necessary at all levels of government to ensure access to social services and that service providers are able to provide quality services. The Lisbon Treaty states with reference to services of general interest that “*The Union and Member States ... shall take care that such services operate on the basis of principles and conditions, in particular economic and financial conditions, which enable them to fulfil their missions*” (Article 14).

Everyone should have the right of access to *quality* services. Where services are provided for remuneration they must be affordable to all. The scenario in which a two-tier care system develops, whereby in some areas only low-quality care is accessible because quality services are not affordable should be avoided by sufficient funding. Improving the quality of services can lead to an increase in cost but investment in social services, particularly in preventive services, reduces need in the long-term and therefore reduces expenditure in that area.

The relevant funding, supervising, and legislating authorities and institutions at all levels must ensure the financial, social and regulatory environments are such that providers are able to fulfil their missions. This includes a supportive social policy framework, a commitment to a rights-based

¹ Eurodiaconia, “To be and to Do”.

² *Everyone has the right to benefit from social welfare services.*

³ *The Union recognises and respects the entitlement to social security benefits and social services providing protection in cases such as maternity, illness, industrial accidents, dependency or old age, and in the case of loss of employment, in accordance with the rules laid down by Community law and national laws and practices.*

⁴ Adapted from Eurodiaconia’s document [“principles for quality diaconal services”](#).

approach, a clear and reliable legislative framework, sustainable funding, stakeholder dialogue and the availability of adequately trained staff.

Gaps in Preconditions

Limited budgets

The Discussion Paper states that “the improvement of quality standards is often “market driven”, resulting from increased competition between providers”. To our knowledge this is rather theoretical. In fact, some of our members have had to stop providing services because they cannot afford to provide them at a quality they wish with the money they receive from funding authorities. As the paper also notes, “limited budgets ... etc. might impede this development [continuous increase of the quality of services provided]”. Yet non-profit providers often drive quality, in spite of the market.

There is a need for more recognition of quality, particularly excellence, when funding providers of social services, such as using “best value” when awarding contracts through tendering, taking into account independently verified quality criteria. Too often our members report that the lowest cost proposal wins a contract to provide a social service. Improving the quality of services can clearly lead to an increase in cost, so more funding must be available to ensure providers can implement new standards or develop quality. It is also the responsibility of the authority to ensure that the provider can provide the service with the required and stated quality and outcomes.

In some countries an obligation for user involvement in social services was introduced. This has been welcomed by our members but they are put under increased strain as they have not received more funding to implement and carry out these schemes.

Short-termism

Providers must be able to operate in a stable environment that allows investment in infrastructure and staff and give continuity to users and staff. For example, short funding periods, particularly in the case of annual re-tendering, often have a negative impact on quality. It is time-consuming and can be disruptive for users and staff, yet this is a common problem faced by providers in the EU⁵.

Staff shortages

Working conditions are demanding, wage levels are below average and have declined relative to other sectors and turnover is high because of this⁶. Jobs in the sector are also not highly valued. EU level cooperation should be developed to examine working standards and shortages in the social sector, sharing best practice and drawing up common commitments and proposals. We welcomed Commissioner Andor’s commitment to deal with employment in the social sector in the forthcoming communication on the Commission’s “flagship initiative” “New Skills for New Jobs”.

⁵ For more information see [the report](#) of the Informal Network of Social Services Providers from the Seminar “Impact of EU legislation on social services”.

⁶ See European Commission Background Information EMPL/E-4 D(2009).

There should be a clear evidence-based approach (i.e. sufficient research) to develop a full understanding of the context in which the service works⁷. It would be important to collect and analyse information about how the preconditions are fulfilled, as this will influence the quality of the service, and would enable "gaps" in preconditions to be addressed. We would suggest the development of separate measurement tools that could evaluate preconditions and service delivery processes, which would also ensure clarity over responsibilities.

Other responsibilities of authorities vis-à-vis service quality

- To facilitate coordination with and between providers to ensure integrated service provision, including health services.
- To facilitate easy comparison of services for users, including in the quality of services available.

The joint responsibility of authorities and providers vis-à-vis service quality

- To ensure that services are available to the user as locally as possible to ensure no-one is unable to access the services because of location.
- To ensure that services are physically accessible to all.

Lack of understanding of quality

A number of our members report a lack of understanding of contracting or commissioning authorities of quality in social services, how it is key for social services to achieve their aim or how to take account of it when contracting out services. This has led to occasions when contracting authorities put services out to tender without a full understanding of the nature of the service, and the description of the services means that providers cannot propose tailor made services. Training and best practice sharing of taking quality criteria into account in tendering should be promoted across the EU. The planned voluntary European quality framework could also help in this regard.

Defining and measuring quality

Developing principles applicable to all sectors of social services is not a simple task. For example, Eurodiaconia took almost two years to develop its own quality principles and the Prometheus project needed to extend its timeframe for developing its quality framework to over a year and a half. To develop a relevant, implementable document, careful consideration and therefore time is necessary. Quality measurement should clearly be linked to the nature and objectives of the service.

Services evolve as society evolves and new needs emerge. Therefore, the development of principles and criteria for measuring quality in services is not a static process but a dynamic and

⁷ INSSP preliminary input into the SPC/Commission draft European Voluntary Quality Framework for Social Services.

ongoing one which requires regular review. Feedback from providers and users on the system in place can help evaluate and develop the understanding of quality.

Flexibility – in order for principles to be applicable and assessable in a wide variety of contexts, traditions and among diverse providers, indicators to assess them should be non-prescriptive. Self-assessment by the provider, as proposed in EQUASS, combined with external assessment, is another flexible tool.

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

As social services are often complex and have special characteristics, as previously noted, it is essential that an understanding of quality, principles, criteria and indicators be developed in cooperation with stakeholders; those who have expertise and experience in the area, including providers and users, and not through a top down process. Developing indicators using a bottom-up approach can create ownership and commitment to their implementation and use for evaluation.

As with involvement in evaluating the quality of the service itself, users should be involved in defining and developing quality at the relevant level. User meetings or fora can enable users to express opinions on the wider context of their services. Training for users should be provided to facilitate participation, self-management and to be able to assess and define quality. In the individual service the working and caring environment should encourage and build mutual respect and learning between users and staff.

Implementing quality systems

Progressivity – New quality systems inevitably place pressure on services to adapt their working methods and service structure. In order to allow services (especially smaller services) to adapt to new quality requirements without any threat of closure or funding cuts, a quality framework could be introduced progressively in stages, for example through a scale of priority and non-priority quality principles, with a realistic time-scale and support for services to meet the requirements. This scaling approach can also work the other way when setting up new services in difficult areas (rural, isolated) which may experience a lack of infrastructure or scarce professional staff⁸. It is essential that the introduction of the use of quality principles or standards does not lead to a shortage of services for users by excluding too many providers from the market.

Achieving process and outcome quality

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?

⁸ Based on INSSP preliminary input into the SPC/Commission draft European Voluntary Quality Framework for Social Services.

The outcomes of the service delivery must be centred on the service user using both hard and soft outcome measurements to evaluate the impact of the service on the living situation and the general quality of life of the service user. Specifically, an approach whereby individual care plans are drawn up in partnership between the care worker and the user is one tool to ensure a service is designed to improve the service user's quality of life. In our Scottish member's services they ask the user what their dreams are, rather than what their needs are, to avoid diminishing a service user's capabilities and to inspire them to reach their goals. Progress, outcomes, is then measured against the realisation of these goals.

Care must be taken when relating certain outcome measurements to funding. In Germany a trend has been observed in the field of labour market integration services where the provider becomes responsible for service outcomes under "malus clauses" over which they do not have full control, such as funding for a service given being dependent on finding a job for that user, and the provider may consequently not be able to continue to provide services.

It is essential that all providers are treated equally by funding authorities; we have reports from some of our members that they are discriminated against because they are faith-based or that governmental providers receive more money than private (non-profit or profit).

The Discussion Paper states "Quality development may be seen as a tool to improve performance within the organisation, but also as a marketing device to gain a competitive advantage in the context of quasi-markets (Huber et al., 2008)". For many non-profit providers, driven by values and often set up to meet emerging or unmet needs or gaps in public provision, striving for quality is part of their ethos, and some are leaders in their field in quality development.

One of our Czech members informed us that some service providers in the Czech Republic struggle with implementing standards and do not yet appreciate the importance of continuous quality development. To assist them in the process of moving beyond accreditation, providers dialogue with quality inspectors - experts about the methodology of their work and particular standards.

Any external inspections should be aimed at supporting the improvement of services rather than to act as control-based inspections, through, for example, evaluating recommendations agreed with providers. Recommendations should stimulate continuous improvement at provider level. This is one way to answer the question: **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?** Interviews with users, staff and other stakeholders should be part of quality evaluations.

The system of inspection and methodology is the same throughout the Czech Republic which is how they avoid regional/local differences in assessment. The Inspectors have to pass the course organised by the Ministry of Labour and Social Affairs. The suggestions made in the Discussion paper of "regular communication between and training of accreditation commission members" would also help consistency.

Enabling user choice is another way of ensuring process and outcome quality. This entails creating an environment where multiple providers can operate different types of services, including sufficient funding available. As mentioned in the Discussion Paper, vouchers are becoming increasingly widespread as a method of giving users choice; it should also encourage competition

on the basis of quality as users can compare the quality of services and make decisions based on that information. Our members express concerns about this development however; users become consumers yet they may often not be in a position to be consumers due to the asymmetry of their relationship with the provider, especially if they are vulnerable. There are also concerns that users may make choices based on only the visible aspects of a service. Our members say that more analysis of the impact is needed.

Encouraging exchange of best practice and peer review at provider level could also help in this regard.

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

A representative of our Italian member informed us that the local authorities in Florence used to have different commissions for different social sectors. For some years now there has been only one commission for children's homes and for homes for the elderly. Their experience shows that this has not been to the benefit of the user. The commission wants to apply the law in the same way for children's homes and to the homes for the elderly, yet the needs and wishes of the user are different and so the service has different characteristics. In their opinion it is better to have different sectoral commissions.

Additional specific comments on the Romanian system

We welcome the recognition by the Romanian government of the role of social services for social inclusion (as mentioned in the Discussion Paper) and the commitment to quality improvement.

This Peer Review would seem timely as all systems benefit from regular review – as previously stated. The EQR principles on which the Romanian system is based have been redeveloped since they were used by the Romanian authorities. This Peer Review could be followed up by a review of the policy with national stakeholders.

The Romanian system is based on the Excellence principles specifically, rather than the EQUASS model. As the Discussion Paper notes, EQUASS excellence principles were not intended to be transformed into standards; they are designed to be flexible and non-prescriptive with guidelines on how to implement them. It would be interesting to consider making this aspect of the system flexible (c.f. abstract p. 2).

The principle 4, Comprehensiveness, seems to have been changed from the EQUASS principle in a way that would appear difficult to achieve: instead of "The services should be delivered through a multi-disciplinary team approach or multi-agency partnership with other service providers and employers", the Romanian principle reads "the provider should have a multi-disciplinary team in order to provide a variety of services".

A representative of our Romanian member feels that their biggest challenge in relation to social services is the short term nature of public funding of services; the need to reapply annually for funding. Another challenge is the necessity to seek funding from more than one source to ensure costs for the service the user receives can be covered as much as possible. Addressing these issues, as noted earlier, would further assist the development of quality social services in Romania.