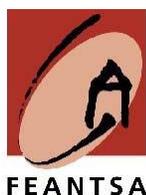


INSSP preliminary input into A European Voluntary Quality Framework for Social Services

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The Informal Network of Social Service Providers (INSSP)¹ welcomes the opportunity to provide the perspective of social services providers in debates on EU principles for ensuring quality in social services. We believe that European principles using a multi-stakeholder approach can help guide policy-makers, service providers and service users to ensure that all EU citizens have access to affordable and quality social services.

The debates on service quality at EU level are fundamental given the continuation of social phenomena such as ageing populations, poverty and homelessness, and the difficulty of some services to address these societal problems in the current economic context. The outsourcing of social service provision by public authorities also requires clear quality requirements to ensure fundamental rights are respected.

We hope to meet with the Social Protection Committee working group on quality in the near future to discuss the European quality framework in greater detail.

Diversity of social services

We believe it is useful to use the definition of social services put forward in the European Commission Communication on social services of general interest of April 2006²:

...we find two main categories of social services:

- statutory and complementary social security schemes, organised in various ways (mutual or occupational organisations), covering the main risks of life, such as those linked to health, ageing, occupational accidents, unemployment, retirement and disability;
- other essential services provided directly to the person. These services that play a preventive and social cohesion role consist of customised assistance to facilitate social inclusion and safeguard fundamental rights. They comprise, first of all, assistance for persons faced by personal challenges or crises (such as debt, unemployment, drug addiction or family breakdown). Secondly, they include activities to ensure that the persons concerned are able to completely reintegrate into society (rehabilitation, language training for immigrants) and, in particular, the labour market (occupational training and reintegration). These services complement and support the role of families in caring for the youngest and oldest members of society in particular. Thirdly, these services include activities to integrate persons with long-term health or disability problems. Fourthly, they also include social housing, providing housing for disadvantaged citizens or socially less advantaged groups.

This definition is based on a general stocktaking of social services in all EU countries. It refers to a first category of mainstream universal social services, which must be accessible to all, including to the most vulnerable. The second category reflects the great diversity of personal social services in the European Union (short term, transitional, long-term) and the great diversity of service users (people with different and sometimes wide-ranging needs).

Indeed, it is crucial for this European voluntary quality framework to be based on the realities of social services in Europe. The eight pilot projects funded by the European Commission to test quality assessment tools in different types of social services should yield useful results in this respect – results which must be taken into account by the Social Protection Committee when developing the European quality framework.

1 The Informal Network of Social Service Providers (INSSP) is made up of eight European networks of social service providers, all members of the Social Platform: Caritas Europa, Eurodiaconia, the European Association of Service Providers for Persons with Disabilities (EASPD), European Council for Non-profit Organisations (CEDAG), European Federation of National Organisations Working with the Homeless (FEANTSA), European Platform for Rehabilitation (EPR), SOLIDAR and Workability Europe

² "Implementing the Community Lisbon programme: Social services of general interest in the European Union", COM(2006) 177

Quality principles

Some **preconditions** are considered as essential measures for achieving quality in social services: a supportive social policy framework, a rights-based approach, a clear and reliable legislative framework, sustainable funding, stakeholder dialogue, accessibility of services, availability of services enabling user choice, affordability of services, and the availability of adequately trained staff.

Fulfilling the preconditions is the responsibility of the public authorities and those who are in charge of creating the context (e.g. financial resources, legislation) in which social service providers operate. Favourable preconditions will increase the capacity of social service providers to deliver quality to service users.

With all elements of the framework responsibility must be clear and it must be ensured that the service providers are not expected to fulfil criteria that are not under their control. Some responsibility may be shared, such as ensuring the proximity of services to the user. It is also the responsibility of relevant authorities to assess the impact of relevant initiatives (such as legislation, funding processes) on quality. The relationship between different elements or levels of a framework or model, such as principles and criteria, must also be clearly explained.

The Social Platform 9 Golden Principles, the Common Quality Framework, the EASPD's Memorandum on a European Quality Principles Framework, Eurodiaconia's quality principles and the FEANTSA position on quality in homeless services provide a **good starting point** for discussions on European quality principles.³ These all include relevant quality dimensions such as context, organisational aspects, the process of care, and outcomes.

The context dimensions refer to the responsibility of public authorities in delivering quality services which are accessible to all citizens (including the most vulnerable) without discrimination, and which have enough capacity to avoid a situation whereby people are refused access, with no other alternative.

The organisational dimensions refer to the stable characteristics of the service, including the human, physical, legal and financial resources necessary for delivering quality services. These would also include dimensions such as inter-agency cooperation, striving for innovation, strategic planning and internal governance (code of ethics), the composition and skills of the workforce.

The process of care must ensure continuity of service delivery and must adopt a comprehensive approach to service delivery whereby providers and authorities as applicable develop partnerships and cooperation with service users and other relevant stakeholders. This dimension also refers to the cultural competence of staff to respond to the needs of the service user, the empowerment of persons served, the safe environment of the service, the respect of the service user's rights (including self-determination, privacy, confidentiality). Ethical codes or guidelines for staff and volunteers in assuring dignity of service users are also important in this respect.

3 Social Platform (2009): 9 Principles to Achieve Quality Social and Health Services, <http://www.socialplatform.org/PolicyStatement.asp?DocID=18873>
EASPD (2006): Memorandum on a European Quality Principles Framework: <http://www.easpd.eu/LinkClick.aspx?fileticket=hpuHVvczf%2fw%3d&tabid=3531>
Eurodiaconia (2010): Eurodiaconia's Principles for Quality Diaconal Social Services <http://www.eurodiaconia.org/files/Social%20and%20Health%20Care%20Services/SERV%2021%2009%20Eurodiaconia%20Principles%20for%20Quality%20Diaconal%20Social%20Services.pdf>
FEANTSA (2009): Quality in social services: The perspective of social services working with homeless people, http://www.feantsa.org/files/freshstart/Working_Groups/Services/quality/statement/quality_socialservices_feantsa.pdf

Services must enable users to live in dignity and promote their independence and quality of life. 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.

These different dimensions are extremely interdependent. Quality assessment should focus on all dimensions – it is especially important to collect contextual data since this will influence performance of the service.

We would also welcome the development of separate measurement tools that could evaluate preconditions and service delivery processes, which would ensure clarity over responsibilities.

Guidelines for the implementation of a voluntary European quality framework

The INSSP is very much in favour of developing a Europe-wide understanding of quality in social services and a commitment to developing it, and welcomes the initiative of the European Commission and the Social Protection Committee to guide discussions on the notion of quality through a European voluntary quality framework.

We believe that non-binding and general quality principles will be an excellent first step to facilitate European work on this issue.

These principles can serve as a good conceptual reference tool for policy-makers, service providers and service users when strengthening quality in social services. These principles could then be operationalised through different quality criteria according to the national/local context and according to the nature and objectives of the social services in question.

The huge diversity of social services in Europe means that a European voluntary quality framework would have to be flexible enough to be compatible with existing national quality approaches in different social service sectors. The framework must also stress that its implementation must not constitute grounds for a reduction in the level of quality in social services in the Member States. Rather it should serve as an objective to achieve, especially in those countries and regions where service quality is lowest.

We therefore think it would be useful to provide clear guidelines to relevant stakeholders across Europe on how to use and implement such quality principles, especially if they are to be used to develop concrete standards at national, regional or local level. These guidelines could include the following:

Pre-conditions - Any quality demands should be accompanied by an adequate and clear legal framework, sufficient and sustainable funding, and the availability of well trained staff to ensure full and systematic implementation of quality principles is possible.

Staff in the care sector - It is impossible to discuss quality of social services without discussing staff working in the care sector. It is essential for authorities to provide a context enabling the implementation of good working conditions for staff, including adequate salaries, training opportunities, lifelong learning opportunities, stable contracts and adequate benefits, to ensure that well trained staff can consistently deliver high quality services to users.

Specificities - Quality measurement should clearly be linked to the nature and objectives of the service. There should be a clear evidence-based approach (i.e. sufficient research) to develop a full understanding of the nature and the context in which the services work.

Support - There needs to be a structural component to introducing quality frameworks that requires legislative/financial support to organisations so that they can meet the agreed quality . It is useful for statutory or expert bodies to provide support to services in terms of expert advice, guidance and human resourcing on implementing quality principles and criteria. Such support initiatives could also include systems for services to share best practice pre and post evaluation.

Dialogue - The attitude in implementing quality principles is crucial. Any external inspections should be aimed at supporting the improvement of services rather than to act as control-based inspections. For this reason, it is crucial for any quality principles and criteria to be developed in cooperation with the services concerned and the users of these services to ensure ownership and trust.

User participation - Consultation of service users is especially important when clarifying and defining rights and responsibilities. It is important to note that this is not always easy to put into practice, especially when the service user is in a situation of distress. User participation should therefore be central in the design and development of the service, allowing for time and space for consultation of services users.

Funding mechanisms – It is important to include independently verified quality criteria in calls for tender and all contracts with social service providers, making quality a determining factor for awarding a contract. Tendering or alternative models should be based on long-term contracts or partnerships allowing for integrated and continuous service delivery.

Transparency - It is important to ensure transparency regarding *who* is responsible for quality inspection, regarding *when* and *how* the quality inspection is to be carried out, regarding the reporting procedures, regarding the availability of complaint mechanisms, preferably through an open online process and clear guidelines available to all services on implementation methods used.

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 should be introduced progressively in stages i.e. through a scale of priority and non-priority quality principles and with a realistic time-scale. This scaling approach can also work the other way when setting up new services in difficult areas (rural, isolated) which cannot fully meet quality requirements, at first, due to lack of infrastructure or scarce professional staff.

Review - Services permanently evolve as society evolves and new needs emerge. It is fundamental to acknowledge that the development of principles and criteria for measuring quality in services is not a static process but a dynamic and ongoing one which requires regular review.