



The Social Protection Committee

SPC/2010/10/8 final

A VOLUNTARY EUROPEAN QUALITY FRAMEWORK FOR SOCIAL SERVICES

1. INTRODUCTION

This voluntary European Quality Framework aims to develop a common understanding on the quality of social services within the EU by identifying quality principles that these services should fulfil. Moreover, by proposing a set of methodological guidelines, the Quality Framework will also help public authorities in charge of organising and financing social services, to develop at the appropriate level, specific tools for the definition, measurement and evaluation of social services' quality. Thus, it will serve as a reference for defining, assuring, evaluating and improving the quality of these services.

The implementation of this Quality Framework is voluntary. This framework reflects the consensus within the Social Protection Committee following the Council conclusions of 8 June 2009¹ which invited the Member States and the European Commission to “continue the work within the Social Protection Committee on a voluntary Quality Framework for social services”.

This Framework is flexible enough to be applied in the national, regional and local context in all the EU Member States and to a variety of social services. It aims to be compatible and complementary with existing national quality approaches in the sector.

The Social Protection Committee believes that public authorities that adhere to the quality principles identified in this voluntary Framework and monitor the compliance with these principles notably by using the proposed quality criteria can greatly enhance their capacity to organise and provide high quality social services.

As most social services are highly dependent on public funding², a consensus on the quality of social services in the present context when public authorities in the Member States are exposed to growing financial constraints will help policy-makers to prioritise investments that promote continuous development of both quality and cost-effectiveness of social service provision.

Developing such a Framework will also respond to a growing interest among public authorities, service providers, social partners, users and other stakeholders in the debate on the quality of social services. This interest is directly related to the reform processes in

¹ See Council Conclusions on social services as a tool for active inclusion, strengthening social cohesion and an area for job opportunities, of 8 June 2009.

² See *Biennial report on social services of general interest*, SEC(2008) 2179 final of 2 July 2008, section 2.2.1.

which Member States have engaged in this area in the last decades and in particular to the increased outsourcing of the social services' provision to a variety of actors. This calls for a better definition by the public authorities of the service at stake and of the expected quality requirements as well as for a greater accountability for public spending.

Better defining social services' quality also responds to the need to address a demand for social services that is becoming more complex and diverse, as well as to the need to protect those among social services' users who are more vulnerable and to improve the outcomes of social services for users and other stakeholders. Users are increasingly demanding more control over their own lives and the services they benefit from.

Moreover, as the quality of the service is closely related to the skills and working conditions of workers in this sector³, the debate on social services' quality can help to identify skills, training requirements and the improvement of the working environment, thus contributing to the further development of the "white-jobs" sector⁴.

Finally, the cross-border provision of social services, presently very limited but expected to grow, in particular in the area of long-term care, will call for a greater level of service comparability and transparency, as well as for new forms of protecting both users and workers.

The voluntary European Quality Framework has been inspired by various initiatives concerning social services' quality: (i) the frameworks and tools which have been put in place by public authorities in the Member States; (ii) the initiatives already launched by the EU stakeholders; (iii) the Active Inclusion initiative⁵; (iv) the results of eight projects financed by PROGRESS on the quality of social service; (v) the position paper issued in November 2007 by the Disability High Level Group providing guidance on how to promote quality social services addressing the particular needs of people with disabilities.

Moreover, when drafting this Framework, the experts nominated by the Member States have benefitted from the experience and have taken into account the expectations of various stakeholders (social partners acting in the sector, organisations from the civil society representing and advocating the interests of users and providers of social services as well as European umbrella organisations representing local public authorities).

³ In addition to workers in public and private service providers (the latter being either for profit or not-for-profit entities), a number of volunteers (i.e. unpaid staff, generally contributing to the services) and informal carers (i.e. persons who provide unpaid care to an ill, frail or disabled family member, friend or partner outside a professional or formal framework) are active in this sector. While these three categories of persons active in the social services sector cannot be mixed up, they all contribute in various ways to the delivery of high-quality social services.

⁴ It is worth noting that social services account for a significant share of employment and represent an important source of job creation in the EU. The share of employment in health and social services grew from 8.7% to 10% between 2000 and 2009, which means that almost 4.2 million new jobs in the health and social services sector were created in this period (EUROSTAT data analysed by the European Commission in preparation of the 2nd *Biennial report on social services of general interest*. This analysis is based on data which cover in a consolidated way both health and social services, as information on the different sub-sectors is scarce).

⁵ See Commission Recommendation of 3 October 2008 on the "Active inclusion of people excluded from the labour market", (2008/867/EC) published in the O.J. of 18.11.2008 L. 307/11; Council conclusions on common active inclusion principles to combat poverty more effectively of 17.12.2008; and the European Parliament resolution of 6 May 2009 on the active inclusion of people excluded from the labour market (2008/2335(INI).

The document consists of three parts: (i) an introduction to the concept of social services (**Chapter 2**); (ii) a set of quality principles covering various aspects of service provision (**Chapter 3**); (iii) elements for a methodology to develop quality tools (**Chapter 4**).

2. THE CONCEPT OF SOCIAL SERVICES

There is no general definition of "social services" in EU documents. However, the Commission Communication on social services of general interest of April 2006⁶ provides the following definition of social services:

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 voluntary EU Quality Framework refers in particular to essential services provided directly to the person. Very often, these services, which are embedded in the social welfare systems of the Member States, are considered by the public authorities in the Member States as being of general interest and subject to specific public service requirements. Examples of social services are social assistance services, long-term care, childcare, employment and training services, personal assistants and social housing.

Although their scope and organisation vary significantly according to historical, geographical, social and cultural specificities, these social services are essential for the fulfilment of basic EU objectives, such as the achievement of social, economic and territorial cohesion, social inclusion, a high level of employment and economic growth. They are key instruments for the safeguard of fundamental human rights and human dignity and contribute to ensuring the creation of equal opportunities for all, therefore enhancing the capacity of individuals to fully participate in the society. Available data show that social services play an essential role in combating poverty and social exclusion⁷.

⁶ *Implementing the Community Lisbon programme: Social services of general interest in the European Union*, COM(2006) 177 final.

⁷ See "How Social Services Help Mobilising the Workforce and Strengthening Social Cohesion. Background information", paper presented at the Ministerial Conference on "Social Services – A Tool for

Third sector social service providers constitute a value for this sector as they express citizenship capacity and contribute to social inclusion and to the social cohesion of communities.

In its Communication of November 2007 on services of general interest and on social services of general interest⁸, the Commission identified a set of objectives and principles of organisation concerning social services (see box below).

Objectives and principles of organisation of social services

Social services are often meant to achieve a number of specific aims:

- they are person-oriented services, designed to respond to vital human needs, in particular the needs of users in vulnerable position;
- they provide protection from general as well as specific risks of life and assist in personal challenges or crises;
- they are also provided to families in a context of changing family patterns, support their role in caring for both young and old family members, as well as for people with disabilities, and compensate possible failings within the families;
- they are key instruments for the safeguard of fundamental human rights and human dignity;
- they play a preventive and socially cohesive role, which is addressed to the whole population, independently of wealth or income;
- they contribute to non-discrimination, to gender equality, to human health protection, to improving living standards and quality of life and to ensuring the creation of equal opportunities for all, therefore enhancing the capacity of individuals to fully participate in the society.

These aims are reflected in the ways in which these services are organised, delivered and financed:

- in order to address the multiple needs of people as individuals, social services must be comprehensive and personalised, conceived and delivered in an integrated manner;
- they often involve a personal relationship between the recipient and the service provider;
- the definition and delivery of a service must take into account the diversity of users;

Mobilising the Workforce and Strengthening Social Cohesion" organised by the Czech EU Presidency, Prague, 22-23 April 2009.

⁸ *Services of general interest, including social services of general interest: a new European commitment*, COM(2007) 725 final.

- when responding to the needs of vulnerable users, social services are often characterised by an asymmetric relationship between providers and beneficiaries which is different from a commercial supplier / consumer relationship;
- as these services are often rooted in (local) cultural traditions, tailor-made solutions taking into account the particularities of the local situation are chosen, guaranteeing proximity between the service provider and the user while ensuring equal access to services across the territory;
- service providers often need a large autonomy to address the variety and the evolving nature of social needs;
- these services are generally driven by the principle of solidarity and are highly dependent on public financing, so as to ensure equality of access, independent of wealth or income;
- non-profit providers as well as voluntary workers often play an important role in the delivery of social services, thereby expressing citizenship capacity and contributing to social inclusion, the social cohesion of local communities and to intergenerational solidarity.

3. QUALITY PRINCIPLES FOR SOCIAL SERVICES

The present chapter presents overarching quality principles for social service provision (**section 3.1**) as well as quality principles on the following dimensions of service provision: (i) the relationships between service providers and users (**section 3.2**); (ii) the relationships between service providers, public authorities and other stakeholders (**section 3.3**); and (iii) human and physical capital (**section 3.4**). For each of the quality principles concerning the dimensions of service provision, operational criteria which might be of help for the monitoring and evaluation of social services' quality have been identified.

These quality principles express commonly shared values and aim to develop a common understanding of social services quality, as well as to facilitate the exchange of experiences and good practices. They are addressed to public authorities in charge, often at regional or local level, of developing, organising, financing and providing social services. They are also addressed to service providers in so far as they concern the delivery of social services and to users, for whom they represent an important source of information about the quality of social services they can expect. These principles are also directly relevant for workers and employers of the sector.

3.1. Overarching quality principles for social service provision:

- **Available:** Access to a wide range of social services should be offered so as to provide users with an appropriate response to their needs as well as, when possible, with freedom of choice among services within the community, at a location which is most beneficial to the users and, where appropriate, to their families.

- **Accessible:** Social services should be easy to access by all those who may require them. Information and impartial advice about the range of available services and providers should be accessible to all users. People with disabilities should be ensured access to the physical environment in which the service provision takes place, to adequate transport from and to the place of service provision, as well as to information and communication (including information and communication technologies).
- **Affordable:** Social services should be provided to all the persons who need them (universal access) either free of charge or at a price which is affordable to the individual.
- **Person-centred:** Social services should address in a timely and flexible manner the changing needs of each individual with the aim of improving their quality of life as well as of ensuring equal opportunities. Social services should take into account the physical, intellectual and social environment of the users and should be respectful of their cultural specificities. Furthermore, they should be driven by the needs of the users and, when appropriate, of the related beneficiaries of the service provided.
- **Comprehensive:** Social services should be conceived and delivered in an integrated manner which reflects the multiple needs, capacities and preferences of the users and, when appropriate, their families and carers, and which aims to improve their well-being.
- **Continuous:** Social services should be organised so as to ensure continuity of service delivery for the duration of the need and, particularly when responding to developmental and long-term needs, according to a life-cycle approach that enables the users to rely on a continuous, uninterrupted range of services, from early interventions to support and follow up, while avoiding the negative impact of disruption of service.
- **Outcome-oriented:** Social services should be focused primarily on the benefits for the users, taking into account, when appropriate, the benefits for their families, informal carers and the community. Service delivery should be optimised on the basis of periodic evaluations which should *inter alia* channel into the organisation feedback from users and stakeholders.

3.2. Quality principles for the relationships between service providers and users:

- **Respect for users' rights:** Service providers should respect the fundamental rights and freedoms as outlined in national, European⁹ and international human rights instruments¹⁰, as well as the dignity of the users. Moreover, they should promote and implement the users' rights in terms of equal opportunities, equal treatment, freedom of choice, self-determination, control of their own lives and respect for their private lives. Appropriate services should be provided without discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. Physical, mental and financial abuse of vulnerable users should be prevented and adequately sanctioned.

⁹ See the *Charter of Fundamental Rights of the European Union*.

¹⁰ See notably the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child.

Quality criteria

- ❖ *providing potential and actual users of social services and, when appropriate, their families, with clear, accurate and accessible information, adapted to the specificities of each target group, notably about the types, availability, extent and limitations of the service provided. Information should also include independent evaluation and quality assessment reports;*
 - ❖ *ensuring access of people with disabilities to means of information and communication adapted to their needs;*
 - ❖ *implementing transparent, accessible and user-friendly advice and complaint procedures for users;*
 - ❖ *setting up regulatory frameworks and control mechanisms to avoid physical, psychological or financial abuse and to ensure compliance with health and safety rules;*
 - ❖ *providing workers and volunteers involved in service delivery with adequate training in rights-based, person-centred service provision of everyday care, in avoidance of discrimination and in awareness of the specificities of the groups of people they provide services to;*
 - ❖ *promoting users' inclusion in the community;*
 - ❖ *ensuring confidentiality and security of data regarding users and services provided to them, within a system which allows data to be shared, when appropriate, between different service providers involved while fully complying with the data protection legislation.*
- **Participation and empowerment:** Service providers should encourage the active involvement of the users, and, when appropriate, of their families or trusted persons and of their informal carers in the decisions regarding the planning, delivery and evaluation of services. The service provision should empower users to define their personal needs and should aim to strengthen or maintain their capacities while retaining as much control as possible over their own lives.

Quality criteria

- ❖ *ensuring involvement of the users and when appropriate, of their representatives¹¹, their families or trusted persons and their informal carers in the planning, development, delivery, monitoring and evaluation of service, when necessary by providing adequate means, including supported decision-making and advocacy;*
- ❖ *engaging in dialogue with organisations representing the users and involving them in the decision making system;*
- ❖ *establishing periodical review of users' satisfaction with the services provided.*

¹¹ For example, parents in case of minors or those persons that support people with disabilities in exercising their legal capacity.

3.3. Quality principles for the relationships between service providers, public authorities, social partners and other stakeholders:

- **Partnership:** The development of social service provision requires the active involvement and cooperation of all stakeholders from both the public and the private sectors: local authorities, service users, their families and informal carers, users' organisations, service providers and their representative organisations, social partners and civil society organisations operating in the local community. This partnership is essential for the creation of a continuum of social services that respond to local needs, for the effective use of resources and expertise, as well as for achieving social cohesion.

Quality criteria

- ❖ *establishing synergies between all stakeholders in the community, concerning policymaking, needs identification, planning, development, delivery, monitoring and evaluation of services so as to ensure the continuity of social service provision for the duration of the need, to facilitate users' access to a comprehensive range of social services and to ensure that the service contributes to an inclusive society;*
 - ❖ *promoting proximity of service needed to the users;*
 - ❖ *supporting coordination among service providers so as to achieve a comprehensive and integrated delivery of social services.*
- **Good governance:** Social services should operate on the basis of openness and transparency, respect for the European, national, regional and local legislation, efficiency, effectiveness, and accountability in relation to organisational, social and financial performance of service delivery. Service provision should be based on the coordination of the relevant public authorities, social partners and stakeholders in the design, proper financing (including resources prioritisation within the available budget) and delivery of the service.

Quality criteria

- ❖ *clearly defining roles, responsibilities and interrelations between the actors involved in planning, development, financing, delivery, support, monitoring and evaluation of service;*
- ❖ *ensuring regular planning and review processes and putting in place mechanisms for systematic continuous improvement;*
- ❖ *collecting periodic feedback on the efficiency and effectiveness of service provision from users, funders and other stakeholders as well as from potential users who might be excluded from the service;*
- ❖ *establishing regular independent review of procedures, outcomes and users' satisfaction, and publishing their results;*
- ❖ *implementing transparent, accessible and user-friendly advice and complaint procedures for users;*

- ❖ *organising participatory forums involving service users and their networks, public authorities, social partners, civil society organisations and other stakeholders in the assessment of the service providers' performance within the given policy context.*

3.4. Quality principles for human and physical capital:

Good working conditions and working environment/Investment in human capital:

Social services should be provided by skilled and competent workers under decent and stable working conditions¹² and according to a manageable workload. Workers' rights should be respected in particular with regard to the principles of confidentiality, deontology and professional autonomy inherent to social services relations. Adequate skills and a supporting environment should also be ensured to volunteers and informal carers.

Quality criteria

- ❖ *ensuring full respect of decent work principles in the sector, including non-discrimination, social protection, health and safety protection, social dialogue, decent wages as well as gender equality and, in particular, equal pay for work of equal value;*
- ❖ *identifying skills needs and defining career profiles;*
- ❖ *promoting recruitment and retention policies that enable the selection of qualified workers with required knowledge, skills and competence;*
- ❖ *establishing partnerships between education systems and service providers to include traineeships during studies and mentoring schemes by experienced workers;*
- ❖ *establishing training programmes, life-long learning schemes, mentoring by experienced workers and competences certification for workers as well as, where appropriate, for volunteers and informal carers, on the necessary professional and inter-personal skills, as well as on accessibility and on assistive technology;*
- ❖ *involving users and social partners in the development of training programmes;*
- ❖ *promoting social dialogue at all levels with a view to encourage workers and trade unions to actively participate in the development, delivery and evaluation of services, involving volunteers as appropriate.*

Adequate physical infrastructure: Social services should be provided within adequate physical infrastructures respecting health and safety standards for users, workers and volunteers, accessibility standards following "Design for All" approaches as well as environmental requirements.

¹²

See the *Council Conclusions on Decent work for all*, Brussels, 30 November-1 December 2006.

Quality criteria

- ❖ *ensuring that physical infrastructures are adequate and comply with health and safety standards for users, workers and volunteers and with environmental requirements;*
- ❖ *promoting accessibility standards following "Design for All" approaches;*
- ❖ *ensuring that all users, including people with disabilities, have easy access to the physical infrastructures in which the service provision takes place and to adequate means of transportation to and from them.*

4. ELEMENTS FOR A METHODOLOGY TO DEVELOP QUALITY TOOLS

The aim of the present chapter is to provide methodological elements that public authorities and all relevant actors in the social services sector in the Member States might use for the development, at the appropriate level, of quality tools (standards, indicators, operational criteria ...) for the definition, measurement and evaluation of social services quality. These quality tools might notably help fulfilling the quality principles identified in the previous section.

While these methodological elements can be of use for the public authorities and all relevant actors in the social services sector in the Member States, it will be mainly for them to develop and employ the quality tools, in line with their needs and specific circumstances, national regulations and established quality systems.

These methodological elements build notably on the reflection on indicators and statistics conducted within the OMC¹³. In line with the approach used in that context¹⁴, the following methodological criteria are highlighted:

- a quality tool should capture the essence of what the service aims to achieve and have a clear and accepted normative interpretation;
- a quality tool should be robust and statistically validated;
- a quality tool should provide a sufficient level of cross-countries comparability, as far as practicable with the use of internationally applied definitions and data collection standards;
- a quality tool should be built on available underlying data, and be timely and susceptible to revision;
- a quality tool should be responsive to policy interventions but not subject to manipulation.

¹³ See the *Portfolio of Overarching Indicators and Streamlined Social Inclusion, Pensions and Health Portfolios*, adopted by the Social Protection Committee in June 2006, and the *Portfolio of Indicators for the Monitoring of the European Strategy for Social Protection and Social Inclusion – 2009 Update*, adopted by the Social Protection Committee in September 2009.

¹⁴ It is worth noting that the indicators developed within the OMC aim at the evaluation of Member States policy. While the present exercise concerns methodological elements for the development of tools to be used for defining and measuring the quality of social services, the approach developed within the OMC provides useful inspiration also in this context.

Moreover, methodological elements are suggested along the following six dimensions: (i) definition; (ii) scope; (iii) validity; (iv) cross-country comparability; (v) data availability and (vi) responsiveness.

4.1. Definition

- The quality tools should address the aims of service provision in a given context and reflect accurately the specificities of that context.
- Providing a clear and accepted operational definition of quality tools requires an in-depth analysis of the specific issues regarding service provision.
- Depending on their nature, quality tools defined by public authorities and other stakeholders can be objective or subjective, quantitative or qualitative.
- The definition of a quality tool should be clear in order to avoid ambiguities that might arise especially in the case of qualitative or subjective tools and should be commonly accepted in order to allow for the consistent collection and for the cross-country comparability of the data.

4.2. Scope

- Analysing the collected data in a comparative perspective leads to the identification of dynamic aspects such as trends, strong and weak points, thresholds reached, gaps in continuity (input), making it thus possible to set objectives, determine priorities and draft a strategy for regulatory or remedial action (process), as well as to monitor and evaluate the efficiency and effectiveness of the implemented actions (outcome). The following types of quality tools might capture the interaction between various factors affecting social service provision:
 - ❖ **input-related quality tools** assess the characteristics of social service provision. They represent necessary conditions for the delivery of high-quality social services but they do not ensure that appropriate processes are carried out or that satisfactory outcomes are achieved;
 - ❖ **process-related quality tools** measure the delivery of social services and offer an evidence-based assessment of their quality. Thus, they represent the closest approximation of the actual service provision;
 - ❖ **outcome-related quality tools** assess the degree to which the social service provision addresses users' needs and influences their well-being. However, output tools may be influenced by other factors than the quality of social service provision, factors which should be accounted for by risk adjustment.

4.3. Validity

- Quality tools should be robust and statistically validated and should be devised in compliance with the best methodological practices.
- Data collection methods should minimise errors arising from ambiguous questions, misleading definitions, bias resulting from non-response and interviewer or coder mistakes.

- Quality tools should be statistically reliable over time and should avoid fluctuations due to unpredictable factors or to arbitrary adjustment.
- Quality tools should be subject to a validation procedure that assesses their reliability in the light of all available sources of information.

4.4. Cross-country comparability

- Quality tools should be measurable in a comparable perspective in order to allow for peer reviews and for voluntary exchanges of good practices concerning social service provision within and among the Member States, while respecting their social and institutional diversity. In order to allow for an adequate level of cross-country comparability, quality tools should be expressed in a consistent manner. This would enable statistical calculations that may improve the relevance of the tools and the reliability of the data.
- Given the social and institutional diversity among Member States, quality tools that are over-sensitive to structural variation or raise specific problems of data collection and interpretation should be avoided.

4.5. Data availability

- The availability of sources and data is crucial, since the development of certain tools depends on establishing comparisons over time, while the collection of data for tools that are not routinely measured in all Member States can be time and resource-consuming. The development of quality tools should, wherever possible, make use of information already supplied by the national, European and international institutions and organisations, including social partners' organisations. In case new information is needed, it should be obtained as far as possible by using existing data collection instruments and at the level that is closest to the service users.
- Useful sources of data include: official statistics carried out by national statistical institutes, international organisations, social partners' organisations and Eurostat; compilations of administrative data at local, regional, national and European level, studies, reports and evaluations financed by the Commission and/or produced by advocacy groups, users' organisations, social partners' organisations, think tanks, NGOs and expert networks; peer reviews and regular exchanges of information on best practices; surveys conducted by national statistical institutes, by opinion polls institutes, by social partners' organisations or by the Eurobarometer.
- The collection of data from sample surveys should comply with the best practices of survey research methodology and should minimise errors arising from ambiguous questions, misleading definitions, bias resulting from non-response and interviewer/coder mistakes.

4.6. Responsiveness

- The quality tools should accurately measure the relevance and effectiveness of the implemented actions with respect to the objectives pursued by the quality principles, the extent to which they address the users' needs and their vulnerability to risks, liabilities and threats that might affect the duration of

service provision. At the same time, the quality tools should not be easily subject to manipulation by artificial policy interventions.

4.7. Conclusions

Following this methodological approach should result in developing a set of quality tools that respect a common identification pattern in order to ensure cross-country comparability:

- Name and definition
- Scale (numerical, logical or categorical, for which the units of measurements and range of responses have been previously agreed upon)
- Scope (capturing input, process or outcome-related aspects of social service provision)
- Data sources