

Towards quality approach in social service provision in Croatia

Ivna Čevra
Caritas Archdiocese Split

Domagoj Vukušić
Ministry of Health and Social Welfare

Introduction

The aim of this paper is to present the current situation, actions that are being carried out as well as the plans and ideas for the further development regarding quality in providing Social Services of General Interest in Croatia. The particular focus will be put on the assessment and improvement of social service provision, especially on inclusion of all stakeholders, i.e. the clients in the quality development of social services. Furthermore, plans for the development of quality beyond minimum standards of quality and accreditation will be presented. In that sense, ideas regarding development of quality standards for different sectors in the area of social services will be discussed. The discussion will be set in a broader framework of social welfare development in Croatia.

From technical toward quality standards in social service provision in Croatia

For a few decades now, Croatia has been developing different measures to ensure the quality of social services that are being provided to the most vulnerable members of society. But over the last decades the main focus has been put on the administrative, technical and human resources standards. In that regard, the standards regarding space, equipment, necessary working staff, etc have been regulated by different national laws, ordinances and regulations.¹ These technical standards have to be met before potential service providers can sign an agreement with a government (or regional and local authorities in the case of social service provision for elderly people)² for social service provision. In addition, an inspection department inside the Ministry of Health and Social Welfare is responsible for ensuring that technical quality standards are met and maintained.³

But, Croatia is a transition country that is aspiring towards EU membership and for that reason society underwent considerable changes over the last years. In regards to quality in social service provision the need for renewal, modernization and development of new standards of quality appeared as well as the necessity for the reform of a social welfare system as a whole.

¹ For example: Social welfare act, no. 73/97, 27/01, 59/01, 82/01, 103/03, 44/06, 79/07, Government ordinance regarding technical standards in social service provision, no. 64/09.

² Currently, the process of decentralisation of social services is underway in Croatia. In that regard, the founder rights over social service providers for elderly people have been transmitted from the governmental to the regional and local level.

³ Social Welfare Act, no. 73/97, 27/01, 59/01, 82/01, 103/03, 44/06, 79/07.

The project of the social welfare system reform is being implemented in Croatia for a few years now. The main aims in the reform process are: 1. to make social services provision more efficient; 2. to ensure equal access to quality social services; and 3. to organise programmes of social services effectively. The project has three main components one of which is improvement of the social services provision.

In regards to social services, reform is based on few components: reform of the education of the working staff; social planning on the regional and local level; reform of the Centres for social welfare and finally introduction and implementation of the quality standards in social services. As it was mentioned earlier, the aim with the quality standards was to move from the technical and administrative standards towards quality standards that would be directed towards results, and not on inputs and resources as well as to move the focus from the providers of the social services towards beneficiaries. The main principles that were governing the development of new quality standards⁴ in social services were: social services should be holistic in its nature, with a focus on a beneficiaries and their needs; they should encourage partnership between beneficiaries and social service providers as well as the partnership between different stakeholders in social service sector; services should be effective and efficient and they should be managed well and directed towards results, i.e. beneficiaries satisfaction with the services and social services results should be the measure of quality.

Ministry of Health and Social Welfare of Croatia developed a list of standards that consists of 15 general quality standards with indicators that are applied to all social services regardless of their nature, sector or organisational type of social service provider. In addition, quality standards consist of additional 10 standards, 5 for those providers that are providing social care outside family for children, and 5 for providers of social care outside family for adults.⁵ (List of quality standards in appendix 1) The standards of quality represent the minimum of quality that all social service providers have to be aligned with.⁶

Implementation of the quality standards - the next stage in developing quality standards

As it was already mentioned, quality standards of social services include 15 general standards and additional 10 standards. The important characteristic of these quality standards is that they are universal. This means that they can be applied to all types of social services, regardless of the sector. Furthermore, they can be applied to all social service providers - public, private and non-profit ones. So in that sense, the quality standards present the starting point in measuring the quality of social service provision which will enable the precise and transparent evaluation of every organisation that provides social services since standards present a collection of measurable and testable criteria.

⁴ Definition of the term 'quality standard': *Agreed term that means measure of quality of the social services that are being provided. Standards should reflect the best practice and traditional values. Furthermore, they have to be applied in everyday work, and they have to improve the quality of life of the beneficiaries.*

⁵ Ministry of health and social welfare (2010), The standards of quality of social services in social welfare system

⁶ O'Brien, Martinović (2008) Preliminary report on development of standards of quality of social services, Ministry of health and social welfare.

Next step in the introduction of the quality standards in social services is to start the process of implementation of the quality standards in all organisations that provide social services that are currently registered in Croatia (around 250 providers). Social service providers have to form a “team for quality” which would be responsible for the introduction of quality standards and to inform all the staff and beneficiaries about the implementation of the quality standards. The process of quality standards starts with self assessment of alignment of the social service provider with the standards and then continues with writing the plans for improvement and implementing them. It is expected that social service providers will meet the quality standards in two year period. Proofs of alignment with the quality standards in this initial phase with the reports of improvement have to be delivered to the Ministry of Health and Social Welfare which will analyze the reports and provide the social service providers with the necessary support and information regarding implementation of the quality standards. Furthermore, changes of the Social Welfare Act are underway which will make standards of quality compulsory for all institutional and extra institutional social service providers, public and private.

Inclusion of all stakeholders in the development of social services

As it was discussed in the previous sections, one of the aims of quality standards in social services is to turn the focus of standards from the social service providers towards beneficiaries. In regards to this aim, first eight quality standards deal with the social services beneficiaries. In that respect, all information about available social services in their local community should be available to the beneficiaries so they could choose services that best fit their needs and wishes. In addition, all beneficiaries have to be included in choosing, planning and writing reports about social services results that are being provided. Furthermore, all services that are being provided should be planned on the individual bases and hence directed toward every beneficiary individually. The main purpose of these standards is that their fulfilment should lead towards collaboration between beneficiaries and providers of social services regarding needs of the user and what sort of social services can satisfy these needs. The key element here is to empower the user to take an active role in process of assessment and planning of social services as well as their improvement. In addition, beneficiaries have to report about their satisfaction with the social services that are being provided. In this way beneficiaries (or their relatives) are included in the process of quality development. It is expected that quality standards for different sectors of social services can be further developed through this collaboration.

In order to provide the opportunities for the aforementioned changes, additional reforms in the social welfare system as a whole have to be undertaken. So, for example, to make planning on the individual basis possible, the number of institutional type of social care services should be reduced since in this type of services, the collective needs often suppress the individual needs of beneficiaries. In this sense, the government is in the process of creation of The Master Plan for Deinstitutionalization where development of “extra institutional” services will be encouraged. In addition, these changes will be incorporated in the forthcoming changes of the Social Welfare Act. Also, Croatia signed a Joint Inclusion Memorandum with the European Commission and one of the goals is to develop plans for deinstitutionalization and inclusion of beneficiaries in the local communities.

But beside the “provider-beneficiary nexus” in order to fulfil the standard of quality, all social service providers have to be interconnected with each other (for example, different NGOs, institutions, daily centres...). Since the financial support for social services is often limited, the

aim of this measure is to direct beneficiaries to some other organisation that provides social services in order to ensure getting complete service in accordance with beneficiaries' needs and wishes. In order to support the most effective ways of information exchange between different social service providers, the project of informatisation of social service system is underway.

Further developments - towards accreditation and beyond

After two years of adjustment of current social service providers with the quality standards, it is planned to introduce the accreditation system of the social service providers. The accreditations will be awarded by an independent entity that will also be in charge for inspection and control. This entity would be responsible for the analysis of the reports, determining that new social service providers fulfil the minimum quality standards, provide assistance to the providers of social services, and identify the examples of best practices. In addition, the task of this entity would be to publish public reports about every service provider and to promote the culture of constant quality improvement. Reports about certain provider should be distributed to all stakeholders that are included in the service system and hence provide transparency and openness of the system. Also, all reports should be transmitted towards all users so they can make further choice about the services. Moreover, it is recommended that the information should be made public. Especially, the organisations that have been identified as the best practices should be specially marked. All these organisations can become "methodological" centres (discussed in the following section).

According to the available data, currently there are more than 250 organisations in Croatia that provide social services. Taking this fact into consideration, the question arises over how to organise the functioning of the entity that would be responsible for monitoring of quality standards in the social service system. Current idea is to form a body on the national level that would have regional departments. Regional departments would be responsible for the analyses of the reports from the social service providers as well for inspections of the social service organisations to make sure that institutions adhere to the quality standards. The idea is to employ permanent experts that have experience in working within different sectors in social services system. The central national body should be responsible for coordination of regional departments as well as for ensuring that same criteria are being applied during assessment of the social services quality.⁷

From minimum standards to excellence in social service provision

As it was mentioned on more than one occasion, the national standards introduced present the minimum standards that all social service providers should fulfil. But as we mentioned, quality standards are dynamic system, and no provider should be satisfied with satisfying just these minimum standards. Further development of quality in social service provision should be encouraged. Regarding this, in the process of reform Ministry of Health and Social Welfare will

⁷ O'Brien, Martinović (2008) Final report on development of standards of quality of social services, Ministry of health and social welfare

focus on: introduction of so-called “methodological centres”, management of human resources in social service sector. These measures will be discussed in continuation.

The organisations that will be identified as the examples of good practices and that will develop the best programmes and plans for ensuring quality above minimum standards would get the title of “methodological centre”. In order to be proclaimed as methodological centre, these organisations will have to develop different methods of work with beneficiaries and coordinate development of good practice in their area of business and transfer it to others organisations in social service system.

Another factor that will encourage further development of the quality in social service provision is more coherent approach to the management of human resources. In that sense, current regulations are strict in definition of number and educational needs of employees in social service organisations. But in the forthcoming changes, new approach will be needed. The idea that is being contemplated about is to introduce more flexibility in the employment of expert personnel. Another factor is to improve the mechanisms of supervision of directors and employees as well as the communication among the staff. The idea of supervision is not to control the employees but to focus on the challenges and to make plans for necessary improvements. In addition, during the implementation process of the standards, a need for a better management of the training and professional encouragement was recognized. Moreover, the system of rewarding accomplishments needs to be introduced. These ideas are additionally encouraged by the development of governments plan for reform of rewarding system in public enterprises and institutions.⁸

The intention of every organisation is creation of its positive image in public and among other stakeholders. The perception that a certain organisation has in public will influence the support that a community provides to the work of the organisation. In that sense introduction of accreditations will definitely encourage the organisations to develop beyond the minimum level of quality. But, this solely will not be enough. Currently, in the Ministry of Health and Social Welfare it is being discussed about the best way of organising the reward system for the organisations that are constantly improving their quality of social services provision - e.g. more financial aid, better organisations should have higher prices of their services, the best organisations will be promoted in the public, etc.

Furthermore, standards are still in the process of development. They are a dynamic system that needs to be improved. If one takes this into consideration, it could be expected that additional sector-specific standards of quality will surface during the process of implementation of quality standards. It is to be expected that these additional quality standards will not be suited for all sectors in social service system. For that reason in the entity that will inspect and supervise the implementation of the quality standards, experts with working experience in different sectors of the social service system should be employed, e.g. employees with working experience in the area of services for elderly, workers with working experience in the area of people with disabilities, etc.

⁸ www.vlada.hr

Conclusions

The aim of this paper was to present the current situation in Croatia regarding quality in social service provision. As it was presented, Croatia is at the beginning of the quality standards implementation. The standards have been developed by the Ministry of Health and Social Welfare. In the following two years these standards should be implemented in all organisations that provide social services. In addition, these minimum standards will become compulsory for all organisation that plan to provide social services, public and private ones. It is planned to form an independent entity that will be responsible for issuing accreditations to those organisations that provide social services and meet quality standards. In addition, other reforms of the social welfare system, such as introduction of the “methodological centres”, more flexible human resources management, and development of rewarding system for organisations that develop their quality above these minimum standards should ensure that social welfare system develops in the direction of excellence.

Appendix 1: List of quality standards

Summary of quality standards

Standard Number	Quality Standard	Minimum Quality Indicators
User Focus		
1	Access to information	7
2	Access to services	7
3	Interconnecting and associations	4
4	Assessment and planning	9
Protection of rights		
5	Decision making and self determination	5
6	Privacy and Confidentiality	6
7	Safety and freedom from exploitation	5
8	Complaints and Appeals	5
Leadership		
9	Leadership	10
10	Management	8
11	Staffing	8
12	Use of volunteers, students and trainees	7
Environment (Setting)		
13	Accessibility of the built environment	3
14	Conditions adequate for beneficiaries	8
15	Health, safety and security	6
Supplementary standards for the “out of home” social care of children (aged 0-18 years)		
16	Admission to, and exit from, “out of home” care-children	14
17	Staff relationship with children	7
18	Children’s development and learning	12
19	Health, nutrition and wellbeing-children	12
20	Restrictive procedures-children	7
Supplementary standards for the “out of home” social care of adults (aged 18 years and over)		
21	Entry to, and exit from, “out of home” care-adults	12
22	Staff relationship with service users	7
23	Autonomy and Independence	9
24	Health, nutrition and wellbeing-adults	11
25	Restrictive procedures-adults	7