



PEER REVIEW
IN SOCIAL PROTECTION
AND SOCIAL INCLUSION
2010

ACHIEVING EXCELLENCE IN SOCIAL SERVICE PROVISION

ROMANIA , 29-30.6.2010

SYNTHESIS REPORT



On behalf of the
European Commission
Employment, Social Affairs
and Inclusion



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FLIP MAAS, EUROPEAN CENTRE FOR SOCIAL WELFARE POLICY
AND RESEARCH

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Summary

It is imperative that the services which provide for the most vulnerable people in society are fit for purpose, especially in the context of the economic crisis, demographic shifts and changes in lifestyles whereby pressure on social services is likely to increase. Social services are crucial to achieving social cohesion, a priority set by EU Member states at the Lisbon Summit of 2000 and in the Europe 2020 strategy. This year, 2010, has been made the European year for combating poverty and social exclusion, again reinforcing the importance of effective, high quality social services.

In June 2010, Romania hosted the 'Peer Review in Social Protection and Social Inclusion: 'Achieving excellence in social service provision' which involved an in-depth look at Romania's social service provision; its progress and remaining challenges. More generally, the review process, which is over two days, provided a forum to discuss the merits of certain strategies/policies and where improvements might be made, including the feasibility of developing EU standards of excellence. In addition to the host country, four peer countries — Belgium, Croatia, Estonia and Lithuania — participated in the review, sharing their experiences, successes and weaknesses. Representatives of two European stakeholders — the European Social Network (ESN) and Eurodiaconia — and a thematic expert provided additional insights and expertise. A European Commission representative was also present for the review.

Since 2003 Romania has developed and implemented new legislation on social services and a systematic approach towards improving quality. The reforms defined services and providers for the first time and introduced quality standards based on the European Quality in Social Services (EQUASS) framework. In 2005, Romania introduced an accreditation system which opened the door to private organisations operating alongside public providers. After five years, some 3,000 providers have been awarded certificates of accreditation.

The Peer Review saw the importance of accreditation in guaranteeing minimum standards through measurable indicators such as infrastructure, safety measures, and staff-ratio and ensuring no sub-standard



organisations provide services. Whilst accreditation does not specifically promote excellence, this Peer Review has seen that targeting ‘excellence’ doesn’t always work; it has a tendency to deter providers when it feels like an unachievable goal, as it does in Romania. As a result, a step-by-step approach to improvement is more likely to encourage progress and eventually achieve excellence.

The review confirmed the modernisation process of social services in Europe. This process is characterised by the pursuit of efficiency and effectiveness in provision, changing forms of regulation and governance, and the strengthening of user orientation and consumer protection. For the most part, this implies a stronger emphasis on the ‘marketisation’ of services and increased competition between providers. In this context, ‘quality’ is increasingly measured alongside price, and used to gain a competitive advantage. For example, issues related to user orientation and governance and particularly to what is needed to achieve ‘excellence’ — a concept which implies a stronger focus on quality management of services, the involvement of all stakeholders and a shift from outputs to outcomes.

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The consensus was that the future will be led by demand, and involve choices for users. In order for users to make informed decisions about services and providers, proper quality indicators would need to be available. In addition, in order to monitor best practice and satisfaction, users should be consulted about their experience. The implication is that the user should be involved at all stages of policy-making: conceptualisation, implementation and assessment. Whilst there are difficulties with subjective evaluation on the part of users, involving stakeholders and other groups involved in the process of delivering social service could offset this.



A. Policy context at the European level

The European policy framework

The Member States of the European Union and the European Commission have at different times acknowledged the significance of quality in social services for the achievement of goals set out at the Lisbon Summit of 2000, namely promoting social cohesion.

The organisation of social services, including their quality regulation, is ultimately the responsibility of Member States. Indeed their approach is a product of their socio-cultural history, their welfare state model, economic performance etc. In turn, this means that the range of social services and their organisation varies greatly in the Member States so that different traditions and demands are accommodated. However, objectives and guidance are coordinated at the European level.

The Commission divides social services into two groups: there are the statutory and complementary social security schemes covering the main risks of life, and secondly there are other essential services provided directly to the person through customised assistance to facilitate social inclusion and safeguard fundamental rights.¹ The debate on quality is particularly pertinent for the second group.

In its Communication '*Services of general interest, including social services of general interest: a new European commitment*'.² The Commission identified objectives and principles of organisation for social services and announced a strategy for the promotion of social services quality across the EU.

Inter alia the Commission announced that it would contribute to the development within the Social Protection Committee of a Quality Framework for Social Services to be applied on a voluntary basis. The Quality Framework,

1 Communication from the European Commission '*Implementing the Community Lisbon Programme: Social Services of General Interest in the European Union*'. COM (2006)177 final, 26. 04. 2006

2 COM (2007) 725 final, 20. 11. 2007



adopted by the Social Protection Committee on 6 October 2010, aims to build a common understanding of the quality of social services within the EU through the identification of quality principles that services should fulfil.³

The EQUASS framework, developed under the auspices of the European Platform for Rehabilitation, provides a wide range of services related to the accreditation of quality in the provision of social services at European level. However, the certification programmes only ever complement national programmes and are subject to the agreement of an independent International Awarding Committee.

The European policy debate

The development of quality approaches in social services is unfolding in the wider context of modernisation, technological advancements and economic liberalisation.⁴ As such, policy-makers developing quality measures now consider cost-efficiency as well as quality; public authorities have split their purchaser and provider functions in order to become more accountable and to allow increased competition from private (profit and non-profit) providers; relationships that were based on trust in the past have now been largely replaced by contracts and market-regulation. What was once government provision, is now a quasi-market system. The European policy debate stems from these changes.

On the one hand market forces have led to improvements, such as efficiency and effectiveness: measurement, evaluation and comparison of performance are increasingly part of the evaluation criteria in the contracting and tendering processes. More emphasis is placed on user orientation and consumer protection so that beneficiaries of social services are increasingly key participants in the process of defining objectives. In addition, demand for transparency and information on quality has led to changes in governance and regulations. Furthermore, because quality can potentially provide a

3 Social Protection Committee (2010), *A Voluntary Quality Framework for Social Services*. SPC/2010/10/8, Brussels.

4 Huber, M., Maucher, M. and B. Sak (2008), *Study on Social and Health Services of General Interest in the European Union*. Vienna/Brussels, European Centre for Social Welfare Policy and Research, ISS, CIRIEC.



competitive advantage for service providers, it is often pursued without any external impetus.

However, fears about the impact of market forces have emerged alongside these developments. Where market forces are left to their own devices prices and profits can take precedence, especially since price is the main criterion for contracting services. In addition, smaller non-profit organisations and NGOs with less negotiation power are concerned about losing their place. Similarly, small and niche organisations cannot benefit from the economies of scale available to larger scale providers, or particular modes of financing (such as private equity). There is concern about the loss of diversity, should small firms and niche organisations be replaced by large corporations.

The issue of employment in the social service sector is also generating concern for two reasons. Firstly, social services are responsible for giving jobs to some ten percent of Europe's population but because the costs of investing in staff are so substantial they are susceptible to cutbacks in a downturn. Since well trained staff are crucial to high quality service but involve high costs, exposure to market forces has the potential to jeopardise quality. Secondly, because social services also play a part in helping vulnerable people into work, any weakening of the social service provision may have a knock on effect on employment more generally.

Common trends in quality development in Europe

There is a great deal of diversity in social service delivery across EU Member States, nevertheless three developments in the delivery of quality can be seen: **quality assurance, quality management and models of excellence.**

Quality assurance procedures have become common in Europe as part of the increasing involvement of private service providers. *Quality assurance* usually means public authorities establish minimum standards. Minimum quality standards are usually enforced with legislation, whereas responsibilities for quality development can be devolved. When Member States choose to delegate responsibility to regional authorities the ensuing differentiation can cause problems, thus some countries have established national standards



or guidelines. Minimum standards are enforced through inspections and accreditation by independent authorities. The focus of inspections makes it better at keeping non-complying providers out of the service delivery system than encouraging quality improvement. Indeed, it can create the incentive for providers to focus on improving 'visible' quality standards which may not be the same ones that users think are important. The overall problem is that targeting quality is hard because it isn't necessarily measurable.

Private providers often use **quality management** to gain competitive advantage and this comes about organically, without external impetus. However, providers have sought independent acknowledgement through certification, which can be based on classical systems (e.g. ISO9000) as well as on other systems developed by stakeholders themselves.

Models of excellence often use *benchmarking* and/or focus on *continuous improvement* involving all stakeholders, i.e. users. This has led to the promotion of *quality of life* as an important objective and values such as autonomy, user choice, privacy, well-being, comfort, access to care, dignity and end-of-life care are taken into consideration. Monitoring and evaluating performance of quality of life, for example through user surveys, etc. is carried out alongside the overseeing of quality of care, economic performance, quality of staff and management.



B. Developing quality in Romania's social services

Romania began reforming its social services in 2003. Social services and their provision were redefined to encompass private and public entities⁵; responsibilities for social services were decentralised so that local authorities became accountable to the public for the quality of services provided, local communities became more involved in identifying and solving social issues; local authorities were instructed to organise social and home care according to identified needs and there was more focus on an integrated approach to delivery.

Currently Romania has around 3,000 social services. They are divided into primary services, whose main goal is to protect families and groups who are at risk of social exclusion, and specialised services, which aim to develop the capacities of vulnerable people and require qualified, specialised personnel.

The Ministry of Labour, Family and Social Protection — responsible for social assistance and social service provision — approved general quality standards in 2005.⁶ They are based on the EQUASS framework developed by the European Platform for Rehabilitation but adapted to Romania's requirements and developed to outline specific quality standards for different services. The model defines nine principles to be valued, with five indicators (accounting for approach, process and results in each case). They were:

- Organisation and leadership, focused on internal efficiency;
- The promotion of beneficiaries' rights;
- Ethical issues, e.g. dignity and protection against potential risks;
- Partnership approaches, i.e. the need to cooperate with other providers and institutions;

5 The Ordinance of 2003 (68/2003) specified the quality standards which all social service providers should respect. Only providers which met these standards would be allowed to provide social services. In 2004, a methodology for such accreditation was made official in Governmental Decision no. 1024/2004

6 Ministerial Order 383/2005.

- Participation of users;
- Person-centeredness of the service provision, i.e. in accordance with users' individual needs;
- Comprehensiveness and multidisciplinarity;
- Result-orientation through continuous monitoring and evaluation of service impact on the user;
- Continuous improvement of the services, i.e. continuous training of staff and cooperation with stakeholders.

Quality standards are the minimum level of achievement for services to be accredited and are mandatory. They fall under the 'quality assurance' category, with compliance being subject to inspections. It has other elements to facilitate continuous improvement, for example user surveys are a mandatory element in the Romanian quality assurance framework.

Accreditation commissions have been set up in 41 administrative counties and the Bucharest municipality. A variety of stakeholders are represented in the process of accreditation. These include public entities as well as delegates from public and private providers (users only have an observation status to commission meetings). The accreditation procedure begins with a formal request and accreditation is then based on the ability to demonstrate the availability of material resources, qualified personnel, procedures for meeting and monitoring quality standards and the implementation of non-discrimination principles. The provider is then required to complete a self-assessment form for each service. Evaluation of the request, which also includes a field visit, is carried out by the technical secretariat of the accreditation commission. Accreditation is granted for a period of three years and is renewable.

The Ministry of Labour, Family and Social Protection keeps an electronic index of all the accredited public and private social services providers⁷ and the accreditation commission provides information online about the process

⁷ <http://www.mmuncii.ro/sas/index>



of accreditation. This information for providers and the general public is an important way of ensuring transparency of the delivery system.

Inspection is an important part of ensuring compliance post-accreditation. In Romania the same standards are applied nationwide which allows for comparable results and the staff takes part in regular annual training (each county has somewhere between two and six inspectors depending on its size).

A major problem for the social service provision system in Romania is the general lack of financial means. The current economic crisis has accentuated the problem whereby demand outstrips supply and since social service funding has been decentralised approximately 70% of services are funded by the state and 30% of funding comes from local budgets but some local authorities are concerned that they may not have sufficient means to meet the target despite having assigned part of their budget to the services.

Another problem is that providers struggle to recruit qualified staff, plus providers are inexperienced with the issue of 'person-centeredness'. This means that many providers (particularly public service providers) do not, in practice, meet the accreditation criteria but since social services are in short supply, public service providers receive funding despite their lack of accreditation, though this makes it difficult for them to obtain additional resources.

The private sector has gained a great deal of importance in a short space of time. At present, it is estimated that about half of the providers are accredited private organisations. NGOs and faith-based organisations often have the advantage of being able to attract volunteers. Furthermore, they are better advocates of quality developments than organisations that provide services on a for-profit basis.



C. Evidence from peer countries and European stakeholder organisations

Quality development in social services provision is similar to Romania's in the majority of countries represented at the Peer Review with the exception of Belgium.

Belgium's social services focus on the employment of vulnerable people, accreditation of employers and voucher systems. It is universally available and is considered as part of social inclusion policy for the entire population, not just for vulnerable people. Competences are decentralised.

The voucher system used in Belgium aims to create new jobs, to counteract undeclared work, to provide job opportunities to disadvantaged persons on the labour market and to improve the work-life balance of service users. Providers are accredited on the basis of an evaluation of financial capacities. Quality of the service provided is not an explicit component in the accreditation process, although various actors from the social economy and NGOs want more regulation on the quality of the services and working conditions.

The 'Experts by experience' project that was launched in 2007 by the Federal Public Planning Service for Social integration with financial support of the ESF exemplifies Belgium's approach. This project aims to recruit people who have experienced poverty and to place them in jobs in different public services. Recommendations from evaluations of the project have resulted in a new job-coaching programme.

From the regional level another example of employment related services is 'Initiatives for developing employment within the sector of proximity services with a social purpose' (IDESS). Associations, local authorities as well as enterprises with a social purpose (a type of company defined in Belgian law) can obtain accreditation and access subsidies, such as wage subsidies, for hiring long-term unemployed people/disadvantaged workers and for hiring staff to assist the disadvantaged worker.

In **Croatia** many changes are underway to improve the social welfare system in general and specifically quality in social service provision. They are driven



by Croatia's aspiration for EU membership and the corresponding need to meet accession criteria. The main aims of the reform are to make social services provision more efficient and to ensure equal access.

Decentralisation is in its initial stages. Croatia does not yet use an accreditation system; quality is measured by structural features, such as space and equipment. New initiatives regarding quality focus on the involvement of users and directing quality standards towards results. As such, the active cooperation between providers and beneficiaries of services should be promoted.

Quality criteria for service provision are centred on users. Many of the 15 general standards, which are supported by indicators as well as the additional criteria for provision of services to under- and above-18-year-olds (5 criteria for each group) emphasise user well-being and involvement; potential users are given the freedom to choose their service and feedback is requested.

Future accreditation should be awarded by an independent entity which is also in charge of inspection and control. This entity should not only develop a control function, but actively help providers to overcome difficulties regarding obtaining minimum levels of quality. It should also identify 'good practices', which could then be nominated as example cases. These centres, supported by additional funding and resources, would then advise other providers.

Finally, improved quality in social service provision requires more investment in human resources; better trained staff, improved management, supervision mechanisms, more flexibility in recruitment policies and reward systems.

In **Estonia**, the administration of social welfare is shared between the Ministry of Social Affairs and 224 county governors. The provision of services (as well as of social protection and assistance in general) is a county responsibility. People in rural areas have more difficulty getting access to the services they need. Insufficient financial and human resources is part of the explanation for deficiencies in the social services sector.

So far no uniform system of licensing or accreditation has been set up in Estonia. Responsibilities for awarding licenses are determined by the type



of service; for example county governors have the power to award licenses for childcare provision or home care and the Social Insurance Board is responsible for rehabilitation services and enters into contracts with providers.

The Social Welfare Act describes detailed quality requirements for the publicly provided social welfare services, but the quality requirements for other social services are limited. County governors have the duty of monitoring the quality of social services, emergency social assistance and other aid provided in their administrative jurisdiction. Municipalities tend to set up their own quality systems for single services or refer to legal minimum standards.

Since 2007, the Ministry of Social Affairs has been planning a Social Services Register (STAR), which is due to be launched in 2010. The register aims to create conditions and a framework for the provision of comparable services throughout Estonia. The central information system also has the potential to help ensure higher quality services and equal treatment independently of regional specificities. It would enable more effective policy-making, better statistical data and improved networking opportunities for professionals. Another purpose of the database is to standardise documents used in the field of service provision, such as referrals to use a service, client work documents, guidelines for needs assessment, service supervision forms, forms for providers of services, etc. The present dispersion over the 224 counties prevents a comprehensive overview and/or the development of uniform services and progress towards quality.

Lithuania splits up its social services into three groups. *Social care services* are comprehensive and require an integrated approach; *common* (single) *social services* include information provision, counselling and mediation and *social attendance services* include services like home assistance and sheltered housing.

The latter two types are the responsibility of the municipalities. Social care services have been the responsibility of the central government since the Law on Social Services of 2006. Within the Ministry of Social Security and Labour, the Social Services Monitoring Department is responsible for all



matters related to quality development in social care; including the provision of procedural assistance on the application of social care norms, assessment of the quality of social care, the issuing of licences to provide social care and monitoring compliance with the conditions of licensed activities.

The Social Services Act of 2006 also regulates licensing for the provision of services. There are 11 types of licenses, differentiated in accordance with user groups and types of services provided. They are likely to be granted in 2013.

A systematic scheme of quality criteria and standards is in the process of being developed. They will include the protection of rights, person-centred participation and cooperation, reference to needs assessment and possibilities for choice, non-discrimination, social integration and self-support. Standards will be personalised for different groups i.e. children or disabled persons. The quality system is not fully operational yet, partly due to the current economic crisis and the lack of financial resources but also because of trouble agreeing on the details of how to execute the quality policy. The first quality assessments which are planned will focus on structural issues.

The **European Social Network (ESN)** which puts the promotion of person-centred services at the heart of quality assurance, has organised two national services conferences in Romania in 2009 and 2010, and obtained information from two municipalities on how the accreditation system works in practice.

ESN is generally positive about the developments in quality social services and the way *quality principles* are worked out in Romania, including the accreditation system. They report the system focuses on user empowerment and comprehensiveness, it emphasises internal development and quality control, execution is properly organised with clear responsibilities for actors and involvement of stakeholders. As such, ESN is positive about the future of quality in social services in Romania.

However, there is room for improvement, such as in the assessment of service needs where an independent evaluator would be better than joint appraisals by the provider and the user, or by the provider alone. Also *quality*



of leadership, and not just managerial and organisational capacities, should be targeted. More broadly, issues like extending the perception of *continuum* of care in a real partnership approach so that different parties understand the needs for cooperation and integration better. Quality indicators have the potential to show change over time and it would be advantageous to consider how the achievement of standards can be developed beyond minimum levels. Minimum standards tend to become output-focused, whereas assessing the outcome of quality measures can generate improvements over time.

ESN highlights that social services provision has to be considered in the wider context of social policy development. In order to be sustainable in the long-run, social services' development should be embedded in the wider picture of societal development, which is built on a clear vision of continuous improvements, particularly for the services affecting those in need.

Eurodiaconia believes that access to high quality social services is a fundamental right and a public responsibility which requires: adequate funding, a supportive social policy and legislative framework, involvement and dialogue with stakeholders, trained staff and a commitment to a rights-based approach. Public authorities should facilitate coordination with and between providers and make sure that users have access to services.

Eurodiaconia emphasises that preparing a quality framework requires a bottom-up approach to create ownership and build commitment for implementation. Quality evaluation should be evidence-based and flexible in its applicability. Non-profit providers, like the members of Eurodiaconia, are driven by values and set up to meet emerging needs or gaps in public provision. Striving for quality is part of their ethos.

The fact that authorities who tender for contracts often do not fully understand the nature of the service they are proposing to supply and the associated quality requirements causes concern. Too often, the lowest cost proposal is chosen without sufficient attention to quality criteria and assessments. This has had the detrimental effect on non-profit providers who cannot compete and so withdraw.



D. Discussions at the Peer Review meeting

The Peer Review process made clear that Romania, the participating peer countries and stakeholder organisations adhere to the main objectives and principles for quality in social services provision which are a fundamental part of preserving basic human rights and ensuring the capacity of individuals to fully participate in society (see Commission Communications, the First Biennial Report on SSGI⁸ and the Quality Framework of the SPC).

The host country, Romania, has made an important start with developing quality in social services provision by setting out minimum standards and building up the accreditation system and related control mechanisms. The remaining challenge is how to continue improving social services and move from quality assurance to excellence.

Across Europe achieving excellence in social services provision is seen as a by-product of the modernisation processes that are underway in the sector. Efficiency and effectiveness, greater transparency in the quest for better governance, and emphasis on user orientation, can be seen as the main elements of this modernisation process, which is driven by competition.

Nevertheless, in several countries, including Romania, it is not 'modernisation' or 'competition' but rather a mixture of social-policy-related goals, a need for fiscal sustainability, and the recognition that services should involve users as much as possible, which drives change. For example, Romania suffers from a shortage of social services, particularly for disabled people and those with mental problems. In addition, in rural or remote areas the basic conditions for decent social services are not fulfilled because infrastructures are inadequate. Generally, the cooperation between stakeholders and training of staff is poor. Shortages in provision have worsened since the economic crisis of 2008 and subsequent austerity measures but 'marketisation' and its associated downfalls are not the issue in Romania.

In cases where quality needs cannot be met, it is more plausible to aim for quality in stages, following a timetable. To overcome misunderstandings by tendering authorities with regard to contracting procedures and the need to

8 See *Biennial Report on social services of general interest*, SEC(2008).

consider quality in this context, training and good practice sharing should be pursued. Another solution would be to avoid short funding periods (e.g. through annual retendering) and to give social service providers more time for developing quality in accordance to the general objectives and principles.

In Romania, inspectors measure user satisfaction and talk to families and communities, plus a planned nationwide survey will include a users poll. The new focus on users is not without problems. There may be immediate obstacles in obtaining reliable information on user's satisfaction, for example users may have difficulty articulating their needs (particularly the case for children and people with mental disabilities), or they might be reluctant to express dissatisfaction, fearing that the service might be withdrawn. A recent report published in Germany suggested that a trained interviewer needs at least two hours to gain an impression of users' satisfaction with a service.

Overall, the potential benefit for their users is increasingly a central issue in the evaluation of social services, the evaluation of excellence includes indicators to measure quality of life, in addition to those on quality of care, management and economic performance of providing organisations. This illustrates a shift from output orientation to outcome orientation. Outputs tend to measure the effects of inputs at a certain moment. Outcomes refer to satisfaction with the results of the inputs and evaluate improvements as perceived by the user as an individual. It is a complex, multi-dimensional concept simultaneously comprising tangible and intangible, objective and subjective, individual and collective aspects of welfare, with the emphasis on 'better' rather than 'more'. Quality of life is therefore difficult to define as it is determined by individual preferences. Combining the opinions of users, providers and an independent third party, e.g. a social worker and having them jointly define personal standards for quality would be one way of overcoming such problems. This could empower users and help them engage in the quality process as well as ensure that needs are met within a community care approach. These jointly defined quality standards could potentially be used to measure user satisfaction as a first step of a revision of the individual intervention plan.

Accreditation systems, such as the one in Romania, are supply-driven and needs assessment is often carried out by the provider alone, the drawback



being that services don't always target those in need but instead involve 'creaming'. Taking user involvement and participation into account is one way to discount some of the possible negative aspects of accreditation (the assessments would have to be carried out by an independent body). A good example comes from Nacka municipality in Sweden which manages accreditation and helps people to choose a service from a list of local providers⁹. In addition, the use of vouchers is more prevalent in Sweden and gives users free choice. Further improvements could come from better planning and manipulation of demographic and socio-economic data, which would carry out an assessment of current service provision and the identification of gaps at local levels. This approach has already been developed in the UK, where local authorities act as commissioners.

⁹ As stated in the ESN contribution to this Peer Review.



E. Conclusions and key lessons

Member States are at different stages of development and their present social service systems reflect their historical and cultural traditions and economic development, but ultimately they share the same concern for the most vulnerable people in our societies and want the social services which protect them to be high quality. As such, they are committed to principles established at the EU level in Commission Communications and in the Quality Framework developed by the Social Protection Commission.

Overall, Romania and the peer countries are making progress and they benefit from knowing about practices and experiences beyond the local/national context; different approaches can be adapted to local needs and learning from failures is an important part of achieving the ultimate goal: excellence in social service provision.

Across Europe, in varying degrees, processes of modernisation (competition from private providers, technology etc) are changing the way social services are provided and the discussions about how to achieve quality.

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In terms of which policies and principles are pursued to achieve excellence in social services', the review concluded that placing the user and his/her wellbeing at the centre of developments of quality social services continues to be the most important aspiration. This is true generally across Europe but especially in countries which have problems simply providing sufficient social services — to say nothing of their quality, as is the case in Romania.

To this end, an established principle is that the delegation of responsibilities to local administrative bodies should take place where possible for the simple reason that it promotes access and the closer provision is to the recipient the more likely their needs are met.

The first step to achieving excellence is quality assurance through minimum standards. However, it is not enough on its own. Standards that concentrate on the provision of basic infrastructures and holding providers to account are no guarantee of continual improvements in quality. The second step to achieving excellence is to involve more stakeholders and to ensure they



cooperate effectively. In addition, institutional developments and appropriate training for management and staff is important (but will inevitably follow concepts of what constitutes quality of life — which continues to be debated). Finally, inspections, which are primarily for control purposes, should be broadened to facilitate further quality developments.

The participants of the Peer Review agreed that the ultimate vision of how social welfare should work should always be born in mind when ideas of what constitutes quality conflict — as is inevitably the case with an inherently subjective notion. User choice and participation is becoming increasingly important, especially since despite common EU standards, each community continues to have different needs. In Romania the history of social service provision has left the mentally ill and disabled poorly looked after. So this is an area where more concerted efforts to improve the quality of social services provision should be made.

With ageing populations, societal changes and the impact of the economic crisis, demand for social services will continue to rise. The overwhelming conclusion is that achieving excellence in social service provision means putting the user at the heart of the process.



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Achieving excellence in social service provision

Host country: **Romania**

Peer countries: **Belgium, Croatia, Estonia, Lithuania**

The Peer Review will provide an opportunity to evaluate the role of accreditation systems and quality standards in improving social service provision and to discuss the possibility of developing EU principles of excellence for social services.

One of the key goals of the social services reform launched in Romania in 2004 was to increase the quality of social services by introducing an accreditation system for social service providers. The system sets minimum quality standards that both public and private providers have to respect in a bid to better respond to beneficiaries' expectations.

Accreditation is awarded at a decentralised level and is based on a methodology inspired from the concept of total quality management, which implies that quality standards must not only apply to the service but also to the organisation in charge of providing the service.

Service providers must comply with 45 criteria relating to 9 "principles of excellence", such as efficient leadership, respect for ethics and beneficiaries' rights, user participation, public-private partnership and continuous evaluation. The standards are fairly flexible in order to promote a multidisciplinary vision, while also making it possible to compare the quality of different services.