

Quality Study Annex 11 Germany case study

At a glance:

- *Decentralized and fragmented system of social service provision and quality management.*
- *Wide variety of local sector-specific certifications.*
- *The growing importance of quality and quality certification in different social services.*
- *Increasing emphasis on results, indicators, and impact measurement.*
- *Weak knowledge about and interest in EQUASS certification.*

Regulation of social services

Social services in Germany historically are provided by different providers. Since the mid-1990s, social legislation has restricted the traditionally privileged position of social service providers. Private-commercial providers obtained the opportunity to act as service providers in the care sector, in employment promotion, and in the field of social and youth welfare. **In early 2000, following a similar trend in Europe, the German government adopted policies to modernize the traditional welfare stay by making an emphasis on competition and efficiency.**ⁱ Tendering procedures and the introduction of performance-related pay have contributed to social service providers having to compete on cost and qualityⁱⁱ. Social service administration created a competitive regulatory framework for social services, meanwhile the municipalities (and in some sectors national/regional¹ authorities) positioned themselves as service providers.

Consequently, **there is no centralized system of social service supervision and quality certification in Germany.** The general regulation of social services, together with the main decision about their financing model, is created at the national level, and, at the most general level, outlined in the German Social Code.² Relevant for social services are regulations laid out in the 3rd (Employment Promotion) and 9th (Rehabilitation and Participation of People with Disabilities) books of the Code. However, the implementation of social services takes place at the municipal level, with regions also having some legislative responsibilities. Consequently, service regulations depend on the needs and choices made by municipalities. Moreover, they vary by sector as some are more regulated than others (its needs and choices) together with the sector the service belongs to (some are more regulated than others). In the words of one interviewed provider, "the system is designed to match the needs at the local level, as subsidiarity³ is an important principle regarding social services."

Quality trends

Due to decentralization and fragmentation, the quality requirements for social service providers depend on the specific type of service concerned. In some areas, for example **medical rehabilitation, licensing is mandatory.** Responsible for that is the Federal Working Group for Rehabilitation (BAR) e.V., an association promoting and coordinating the rehabilitation and participation of persons with disabilities in society. BAR's primary aim is to ensure that different providers carry out rehabilitation services according to the same principles and for the benefit of

¹ Bundesländer

² Sozialgesetzbuch, sozialgesetzbuch-sgb.de

³ The principle that a central authority should have a subsidiary function, performing only those tasks which cannot be performed at a more local level.



persons with disabilities or chronically ill people. BAR's members have agreed on basic requirements⁴ for in-house quality management and recognize several quality marks (Figure 1 lists the recognized quality certifications)ⁱⁱⁱ. As observed by one of the interviewed providers and reflected in the list of accepted quality labels, quite a few of them are local quality certifications based on the ISO standards.

Specific to care (home care, elderly care), the Medical Service of Health Insurance (MDK) regularly checks outpatient and inpatient care facilities. Ten percent of the quality inspections are carried out by the inspection service of private health insurance. Regardless of who carries out the inspection, the controls focus on service receivers; consequently, auditors interview a random sample of clients. In the case of outpatient care services, auditors also check if providers delivered and billed services correctly^{iv}. In case of some quality issues, the MDK provides guidelines for further improvement. These reports are sent to audited organizations and the institutions responsible for the oversight.

In elderly care/nursing, the MDK evaluations were widely criticized for giving unrealistically high scores to all services. Consequently, in early 2019 the regulatory authorities agreed to replace the existing system of MDK grades with a new method of "indicator-based quality assessment" – the Pflege-TÜV⁵. This scientific approach links the results of the internal quality management with an external assessment focusing on the evaluation of care results and conditions of the residents rather than an evaluation based on the care service execution and documentation^v.

Since the end of the same year, nursing homes collect internal quality data for the care of their residents and transmit them to the independent data evaluation center, which checks its plausibility, calculates overall indicator results, comparing them with the nationwide indicators. **In the case of childcare, there are regional requirements, depending on the federal state**, e.g., Quality agreement for child daycare facilities (QVTAG) under the Berlin Education Program (BBP).

Figure 1 Recognized quality certifications

QMS-REHA, deQus (Musterhandbuch), IQMP-Reha, DEGEMED/FVS, DEGEMED, Diakonie-Siegel Vorsorge und Rehabilitation für Mütter/Mutter-Kind, KTQ im Bereich Rehabilitation, Qualitätssiegel Geriatrie für Rehabilitationseinrichtungen, DIN EN ISO 9001 inkl. pCC für Rehabilitationseinrichtungen, DO-QUA.R, Paritätisches Qualitätssiegel Reha, RehaSpect, QReha, QReha plus, systemQM Eltern – Kind, Gütesiegel "Medizinische Rehabilitation in geprüfter Qualität," systemQM REHA, systemQM Psychosomatik, Diakonie-Siegel medizinische Rehabilitation, QM-FAM Reha, GAB-Verfahren für Rehabilitationseinrichtungen, AWO-Qualitätsmanagement Reha, QMS-bwlv, Qualitätsmanagement Rahmenhandbuch Suchthilfe - ambulant und stationär, BQM – Bavaria-QualitätsManagement, Diakonie-Siegel Fachstelle Sucht, GSB Qualitätssiegel Reha ISO 9001, QM-Kultur Reha, BG Kliniken QM Reha, RQM, Colmp-Reha-QMS, EuropeSpa reha

⁴ <https://www.bar-frankfurt.de/fileadmin/dateiliste/downloadmaterialien/themen/qualitaetsmanagement/Vereinbarung.pdf>

⁵ <https://www.pflege.de/pflegegesetz-pflegerecht/qualitaetspruefung-pflegeeinrichtung/>



Vocational rehabilitation/VET	<p>Since 2012 all the providers offering labor-market related services need to obtain a license (vocational rehabilitation and VET both fall in this category). The Accreditation and Licensing Regulation for Employment Promotion (<i>Akkreditierungs- und Zulassungsverordnung Arbeitsförderung – AZAV</i>) regulates the corresponding licensing procedure. According to the AZAV, the competent bodies must decide not only on the approval of continuing vocational training providers, but also on that of all providers that want to offer measures of active employment promotion under the Social Security Code III^{vi}. Licensing is a prerequisite for obtaining funding following the Social Security Code III. The national accreditation body for the Federal Republic of Germany Deutsche Akkreditierungsstelle GmbH (DakKS) is responsible for the accreditation process. Amongst other things, providers must prove that they apply a recognized quality assurance system.^{vii}</p>
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As observed by the service provider working in the field of vocational training, **in recent years, the control of quality has become stricter.** First, the requirements for licenses or certifications became obligatory in different sectors of social services. Second, organizations must provide a lot of information and documents, which, according to them, is an administrative burden. Also, **there is attention on proper knowledge management and risk assessments as the licensing bodies ask pieces of evidence for both.** Among the future trends, the providers expected the increasing importance given to impact measurement and result orientation and further specification of quality standards.

Summing up, certified (health/social) care facilities were still a rarity in the early 1990s. However, now there is a large number of clinics, hospitals, and care facilities certified according to a certification procedure (e.g., DIN EN ISO 9001) or adhering to a quality management model (e.g., EFQM)^{viii}.

Place of EQUASS in the overall system

Besides obligatory AZAV certifications, the interviewed providers had ISO 9001 and some local ones (Diakonie-Siegel, Evangelisches Gütesiegel BETA). As indicated by one interviewee, the ISO certificate is essential in the area of sheltered employment, especially in those cases where workshops supply to the automotive industry. While not obligatory, clients and the general public appreciate this certification.

Out of five interviewed stakeholders only one knew of EQUASS, and to a limited extent. It seems that the ISO certification well serves the production-related activities (such as sheltered workshops). Meanwhile, local certification systems are serving more specific sector-wide needs.

ⁱBurmester, M., Wohlfahrt, N., 2018. Country portrait Germany. Socialnet.de <<https://www.socialnet.de/international/en/germany.html#2-the-system-of-social-services-and-social-work>>

ⁱⁱ Ibid.

ⁱⁱⁱListe der auf der Ebene der BAR anerkannten QM-Verfahren und ihre herausgebenden Stellen, <https://www.bar-frankfurt.de/fileadmin/dateiliste/datenbanke_und_verzeichnisse/Zertifizierung/downloads/2019-10-25_Liste_anerkannte_QM_Verfahren.pdf>



^{iv} [Gemeinsam für gute Qualität, https://www.mdk.de/leistungserbringer/pflege/](https://www.mdk.de/leistungserbringer/pflege/)

^v Acxit Healthcare Newsletter. 2019 November. <https://www.acxit.com/de/newsletter-november-2019/>

^{vi} Quality Assurance in Adult Education and Training. Germany. 2019. Eurydice. https://eacea.ec.europa.eu/national-policies/eurydice/content/quality-assurance-adult-education-and-training-25_en

^{vii} Ibid.

^{viii} Hauer, J., Schmidt, E., Farin-Glattacker, E., Jäckel W. 2011. *Erstellung einer Übersicht und Bewertung von Qualitätssiegeln und Zertifikaten in der deutschen Langzeitpflege – Abschlussbericht*, Universitätsklinikum Freiburg Abt. Qualitätsmanagement und Sozialmedizin, p. 5.



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