

Quality Study Annex 5 Spain case study

At a glance:

- *No universal, national level regulation of social services.*
- *Growing importance of social service quality both at the national and autonomy level.*
- *No obligatory certification, but incentives in the form of extra points in tenders for having a recognized certificates¹.*
- *Interviewed providers do not see many opportunities for EQUASS in Spain.*

Quality trends

Due to its political structure as a decentralized unitary state, **Spain has no universal regulation for social services**. National laws establish a lowest common denominator for different social services in the fields such as protection of childhood², disability³, dependency⁴, and gender-based violence.⁵ However, each of its seventeen autonomous communities is responsible for the delivery and oversight of social services and has its laws and regulations detailing both the system of social services and their quality control. While the system varies from one autonomous community to another, each is typically responsible for planning, defining the direction and approving geographical coverage and types (catalogs) of services while local administrations (e.g. municipalities and provincial councils) are responsible for organizing, maintaining, directing and managing primary social services. This distribution of competences has led to a **system characterized by the diversity of standards, services, and benefits**.

This diversity of the providers increased with the last statutory reforms, which began in 2006 and redefined social services in different autonomies. One of the most widely shared features of these new laws is their emphasis on social service quality, which applies and is obligatory both to private and public service providers. While some autonomous communities like Aragon and Castilla-La Mancha differentiate quality requirements based on whether private entities are integrated in the public system, others do not make that distinction. For example, Cantabria requires regular internal evaluation of all types of centers and entities providing social services, and residential centers with a hundred places or more are moreover required to participate in a quality management system certified by an accredited body. Different laws give priority to different elements of quality: for example Catalonia and the Balearic Islands place emphasis on working conditions, while Castilla y Leon prioritize user satisfaction.ⁱ

The quality of social services is mentioned also in national level documents. In March 2012, Spain's Ministry of Health, Social Services, and Equality created a working group composed of representatives of all the autonomous communities, the cities of Ceuta and Melilla and the Spanish Federation of Municipalities and Provinces (FEMP), to collect and consolidate

¹ ISO, EQFM are recognized by the autonomous governments, meanwhile the EQUASS is not.

² Ley Orgánica de protección jurídica del menor 1/1996 o Ley de Adopción internacional 54/2007

³ Ley 13/1982, de 7 de abril, de Integración Social de los Minusválidos

⁴ Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia

⁵ Ley Orgánica 1/2004, de 28 de diciembre, de Medidas de Protección Integral contra la Violencia de género



relevant information on social services in the entire territory of the State. The outcome of their work is the Reference Catalogue for Social Services⁶, published in 2013 and capturing the most common features of social service systems in the autonomous communities. While the document is not binding, and serves rather as a benchmark for coordination between different autonomies, it lays out the basic typology of social services and offers a list of guiding principles for provision of social servicesⁱⁱ:

- **Technical and management quality.** Having a strategy for quality management; introducing recognized practices of quality management; having clear systems of evaluation and monitoring; clear and accessible information about services.

- **Social and technological innovation.** Realization of studies about future needs and best models for intervention; interventions with measurable results; use of technology in service provision and quality management; implement measures for e-administration.

- **Quality of employment.** Suitable preparation of professionals.

- **Quality of services.** Information systems that guarantee up-to-date knowledge of the social care of the public sector; an evaluation system focused on users; mechanisms for participation; sufficient personnel to ensure the coherence and continuity of interventions; preparation of voluntary and non-professional care personnel.

The interviewed providers have not observed any significant changes in how authorities and clients perceive quality of social service provision in the last few years leading up to this study at the end of 2019. However, according to one of them, **a slow paradigm shift in the perception of quality has been happening for a longer time.** Legislation increasingly includes and addresses dimensions of quality, and clients are demanding more flexibility and user-centered approach in social services.

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Current legislation does not foresee the need to have any official certificates to be able to deliver social services. However, social service providers have to be accredited by the competent institutions in autonomous communities.

These institutions also foresee the quality of services. According to one interviewed provider, quality is regulated by the local administration through monthly reporting. For example, residential care centers are required to have internal regulations for their organization and operation, encompassing a quality management system, together with a quality plan that includes mapping of processes, procedures and protocols related with users, their families and human resourcesⁱⁱⁱ. Providers that fail to fulfil these requirements risk losing their license, and, as observed by an interviewee, the administrations are not averse to using this disciplinary measure.

They check on you monthly. You have to fill out reports about people who work for you and about the support they receive: social benefits, activities for integration at work and in general.

⁶ Catálogo de Referencia de Servicios Sociales



Place of EQUASS in the overall system

At the time of this study in late 2019, there is no official requirement to hold any national or external certifications to participate in public tenders for social service provision. However, different certifications are recognized by the autonomous communities as seals of quality, and holding them in some cases results in extra points in public tenders. According to one interviewee, the most common certificates in Spain are ISO and EFQM. The ISO is more prevalent among those who have production lines and are more interested in business-like functioning. The EFQM is more popular among social sector organizations as it is more focused on the philosophy of quality and methodology of organization. There are some local certifications, for example, the qualification system of the Spanish Society of Geriatrics and Gerontology (suitable for residences, day centers, and home help), however, their appeal based on feedback gathered for this study is limited. Beyond being motivated to get extra points in a public tender, organizations opt for external certificates as “seals of quality.” Nonetheless, one of the interviewees doubted that there would be a push for a more unified certification system or making any certificates obligatory.

Both organizations interviewed – a hotel chain employing disabled people and functioning under the logic of the private sector and a foundation offering the whole range of services for the mentally disabled population - **had optional certifications**. The hotel chain was holding the ISO 9001 certificate and was in the process of obtaining the EFQM. Justifying the decision to acquire the EFQM certificate besides ISO, the representative of the hotel chain mentioned the importance given to the quality of service and social responsibility. According to him, the EFQM seems to help better the organization in the improvement of these spheres. Meanwhile, the foundation interviewed sustained holds the EFQM certificate and explains the decision to get it both with the extra points in tenders and the need to improve the functioning of the organization. The interviewee observed that the essential elements of quality are the internal procedures and having precise indicators to measure the quality of economic and technical activities, and the EFQM supports both of these goals.

Only one of the two interviewed providers was aware of the existence of the EQUASS certification. He observed that the best part of EQUASS is its focus on the quality of a persons' life, which is missing both in ISO and EFQM. However, according to him, there is a limited market in Spain for this certification. The main problem is the lack of local license holders and consultants in the country. Moreover, no autonomous community has integrated EQUASS in their lists of recognized certifications.

ⁱ Villá, A. (2012) La nueva generación de leyes autonómicas de servicios sociales (2006-2011): análisis comparativo, *Revista Internacional de Trabajo Social y Bienestar*, no. 1 , pp. 148-149.

<https://revistas.um.es/azarbe/article/view/151201/137451>

ⁱⁱ Ministerio de Sanidad, Servicios Sociales e Igualdad (2013) Catálogo de Referencia de Servicios Sociales, p. 44-45.



ⁱⁱⁱ <https://www.infosalus.com/actualidad/noticia-sanidad-valida-sistema-acreditacion-calidad-servicios-sociales-sociedad-espanola-geriatria-20191210163206.html>



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