

## Quality Study Annex 7 Norway case study

### At a glance:

- *Emphasis on self-evaluation and the results.*
- *Only two types of social services in the sector of vocational rehabilitation require obtaining external license.*
- *ISO seems to be the most popular quality certification in the country.*
- *There is ongoing search for a better quality of services at the national and organizational levels.*

### Regulation of social services

The leading players in the oversight and funding of different social services in Norway are **the Norwegian Labor and Welfare Administration (NAV) at the Norwegian Labor and Welfare Ministry and the Norwegian Board of Health Supervision (the Board) at the Ministry of Health and Care Services**. The NAV is a public welfare agency consisting of the national level Labor and Welfare services as well as municipal welfare agencies. Currently, NAV administers a third of the national budget through schemes such as unemployment benefit, work assessment allowance, sickness benefit, pensions, child benefits, and cash-for-care benefits.<sup>i</sup> The Board, meanwhile, supervises health and care services such as long term care, home care, child care.

**The delivery and oversight of social, health and educational services take place between national (NAV and the Board), regional (counties), and local (municipalities) level.** While at the national level, the institutions take the political decisions regarding the structure of the social care system and its functioning, the municipalities are responsible for delivery and oversight. The Offices of the County Governor<sup>1</sup> supervise services in their area and handle complaints from users who think the municipal services offered are insufficient. NAV also replicates this structure: besides the national directorate there are 19 NAV offices in each county and 465 NAV offices in the municipalities<sup>ii</sup>. Each municipality and NAV agree on what local authority services their office should provide. Consequently, the services provided by the NAV office vary across the country<sup>iii</sup>

*Figure 1 Distribution of tasks among different administrative levels*

**National level: strategic guidelines and oversight**

**County level: handling of complaints**

**Municipal level: delivery, contracting, oversight**

**The division of tasks between all three levels also depends on the type of the service:** e.g., the municipalities are responsible for local care homes, primary health and social care

<sup>1</sup> Fylkesmenn



institutions; meanwhile the state controls the specialized hospitals. The municipalities organize the public education up to a certain grade, the counties the higher grades, and the state is controlling the universities.

The services are provided in an open quasi market as there are state-owned, non-profit and commercial organizations participating in the public tenders. The organizations willing to provide any social health service must register as social providers. Two of three interviewed providers observed **that private entities have to fulfill fewer requirements than non-profit ones**, as they can participate in the tenders before meeting ex-ante criteria. This trend, an opening of the social service sector to private providers, was related to the ideological shift after the elections in 2017, and the government attempts to increase the competition in the service provision.

### Quality trends

The Norwegian approach to quality of social and health services is laid out in the National Strategy for Quality Improvement in Health and Social Services, published in 2005 and yearly Governmental White Papers on "Quality and security for patients.<sup>iv</sup>" **The country seems to be making an emphasis on a broad understanding of quality**, defined using six criteria (figure 2).

The National Strategy for Quality Improvement in Health and Social services is more a guide in quality work than a strategic document for the health authorities<sup>v</sup>. The public tenders detail precise quality requirements, and the national authorities demand the organizations having a quality system (and that works for them) and achieving the results promised when winning the tender. There are periodical audits; however none of the interviewed providers considered them strict or controlling. As one of them claimed, the overall atmosphere is "we do not care how you are managed as long as you have the results."

**The majority of the interviewed providers believed that in general Norwegian system**, while with its weaknesses, ensures **the provision of good quality social, health, and educational services**. As potential areas that still need improvement, one of the interviewed providers mentioned some requirements being still too technical and not enough client-oriented.

*Figure 2 Quality criteria as defined in National Strategy for Quality Improvement in Health and Social Services*

- Effectiveness
- Safety and security
- Involvement of users and their influence
- Coordination and continuity
- Proper use of resources
- Accessibility and fair distribution

VET/  
Vocational  
Rehabilitation

While the VET in Norway is regulated by the Ministry of Education and Research, similarly to other social and health services, its provision system is strongly decentralized with counties and municipalities playing the key role in it. Both public and private providers offer educational services<sup>vi</sup>, and the quality standards for them are set out in the Education Act and relevant regulations. The County Governors have the responsibility to guide school owners. Such guidance is related not only to academic matters but also includes guidance on administrative rules seeking to ensure the best possible cooperation between the state and school owners.<sup>vii</sup> Moreover, there might be more general, national, incident-based



inspections made in cooperation with the country governors.

**In the sphere of vocational rehabilitation, similarly to other employment-related sectors, the key agency setting the standards is the NAV.** Vocational rehabilitation encompasses various services related to job placement in the open labor market or sheltered work. Many of these organizations form a part of the umbrella organization, the Association of Vocational Rehabilitation Enterprises (AVRE). Their services are contracted by the municipalities; however, NAV established their specifications.

Similarly, the providers observe that **clients also are paying more attention to their results.** One of the interviewed providers observed that their organization itself for many years was more focused on "doing the nice thing" but less in working against goals and indicators. However, the last five years marked a change in their organization as they gave more attention to the results and, consequently, managed to improve them.

### Place of EQUASS in the overall system

There are **no requirements for external certifications**, except for two services belonging to vocational rehabilitation sector – *permanently adapted work*<sup>2</sup> and *support for youth integration into the labor market*<sup>3</sup>. According to the provider interviewed, both of these sectors are big ones, as there are around 17 000 people involved in them. As for other services, the only requirement is to have an internal quality system in place. Until 2012, NAV, who is financing both services, explicitly promoted EQUASS certification. This position of NAV became a strong push for many organizations to acquire one: as claimed one of the providers interviewed, that was the main reason to obtain it. However, currently, there is only a demand to have any standard certification for the abovementioned two services or to have a quality system in case of other services.

*EQUASS is not a well-known brand in Norway. Some people say: "I get five emails a week regarding similar certifications. Why should I choose this one?" EQUASS needs better branding and marketing: we have it for ten years; meanwhile, the others have never heard about it.*

**Each public tender establishes the quality requirements for the services. When applying, the providers must detail how they are going to fulfill them.** As have been observed by one interviewed provider, there is a general tendency to leave more liberty for providers to define their services and the ways they have to provide them as the financing institutions are giving priority to the results of the activities. Consequently, the self-evaluation of the organization is also becoming more critical.

**Possibly due to growing emphasis on internal quality systems and less importance attributed to the external certifications**, the Norwegian providers are not keen on obtaining non-obligatory certifications. According to the providers interviewed, currently, the most popular external certification system is ISO, followed by EQUASS. One provider also mentioned that

<sup>2</sup> Varig Tilrettelagt Arbeid (VTA)

<sup>3</sup> Arbeidsforberedende trening (AFT)



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*I was very happy when I saw EQUASS 2018, because it is even more focused on quality. In the earlier version there was too much attention given to the paperwork. Paperwork does not give quality.*

Norwegian providers of medical rehabilitation tend to choose the CARF certification. **However, all three interviewed providers agreed that EQUASS is the best certification system for the social services** and that there might be the market for it in the country, and it may benefit different services, even those that do not require any certification. The main issue, why EQUASS is unpopular is related to the reticence of the organizations to invest time into optional certification systems. One of the interviewed provider also observed that even EQUASS auditors often pay too much attention to the paperwork, giving less importance to practical aspects of quality.

Moreover, some VET organizations are choosing ISO over EQUASS to improve their production processes; consequently, as one provider has put it, "EQUASS needs to conquer its clients back." Finally, there seems to be a general tendency not to give any importance to external certification in Norway. However, the organizations emphasized the importance of quality, understood as client-centeredness, and having transparent processes and indicators to monitor their activities.

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<sup>i</sup> <https://www.nav.no/en/home/about-nav/what-is-nav>

<sup>ii</sup> <https://www.nav.no/en/home/about-nav/what-is-nav>

<sup>iii</sup>, Pathways Project. Report on the comparison of the available strategies for Professional integration and reintegration of persons with chronic diseases and mental health issues. Norway, Country report, p. 4

<sup>iv</sup> Skevik Grødem, Anne. 2018. ESPN Thematic Report on Challenges in long-term care Norway 2018, European Commission, p. 4.

<sup>v</sup> Norwegian Ministry of Health and Care Services. 2014. *High Quality - Safe Services Quality and Patient Safety in the Health and Care Services*, Meld. St. 10 (2012–2013) Report to the Storting (white paper) Summary, p. 9

<sup>vi</sup> CEDEFOP 2018. Vocational Education and Training in Europe, VET IN EUROPE REPORTS, p.33

<sup>vii</sup> Ibid., p.49

