Mapping systems and trends in quality social services for social inclusion

Summary Report

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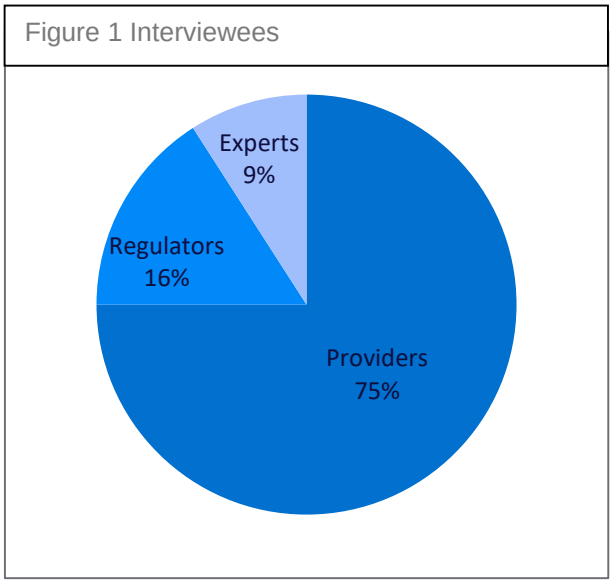
A. Introduction and methodology of the study

The study mapping systems and trends supporting quality social services for social inclusion (further – the Study), commissioned by the European Platform for Rehabilitation (EPR) was elaborated during over the last quarter of 2019 by Policy Impact Lab. The Study has two main objectives:

1. Better understand the current and potential developments, trends and needs of the social service sector in the field of quality, with a focus on those providing vocational rehabilitation services
2. Inform the European Commission about the developments and needs of the sector in order to inform policy making

Figure 1 Interviewees



To inform the findings of the study, the authors carried out a two-tier analysis to ensure wide geographic coverage (1st tier), but also some in-depth analysis (2nd tier). In this study, the authors researched 11 EU countries, with the remaining countries being the subject of research in 2020. For the first tier countries, they conducted a lighter data collection process, mainly using the questionnaire elaborated by the EPR and distributed to members and EQUASS certified providers. The second-tier cases constitute a deeper analysis whereby the questionnaire was distributed to more, and more varied, types of stakeholders.

- 1st tier: Belgium, France, Greece, Spain
- 2nd tier: Estonia, Germany, Ireland, Lithuania, Norway, Portugal, Slovenia

The primary source of information was questionnaires prepared by the EPR staff in advance. Further, the authors of the study consulted different available secondary sources, such as academic articles and policy reports on social service quality in Europe and in particular countries/sectors. All in all, 41 questionnaires/interviews were received, covering 11 European countries (32 providers or representatives of provider association, one expert working in the field and 8 regulators). Moreover, three additional interviews with EQUASS team were made, willing to grasp more general, European-wide trends. Table 1 at the end of the report presents the list of respondents that agreed to answer the questions, meanwhile secondary sources consulted are presented at the end of each case study.

The first part of this report presents general observations that emerged from the comparative analysis and formulates recommendations. The second part of the report includes a description of each country case.

B. The fragmented and varied landscape of social services in Europe

The definition of sectors of social services varies from country to country. For example, some **respondents observed that childcare does not properly fall under the framework of social services** as one can distinguish between regular daycare (nurseries) and care for children with special needs: children with disabilities or orphans. Similarly, some interviewees distinguished other services, than enlisted in the questionnaires (figure1), such as "occupational activities" or "shelter houses for disabled or women victims of violence" (Portugal), support for "victims of gender violence" (Spain), or "early intervention" (Greece).

Figure 1 Sector of social and educational services listed in the questionnaires

- Vocational rehabilitation;
- VET;
- Employment integration support
- Residential
- Medical rehabilitation
- Home care
- Child care

However, despite certain variations, one might conclude that they most usually encompass the **care sector** that might be divided either by where the care takes place, e.g., residential and home care, or who is the target: childcare, elderly care, or care for people with disabilities. The vocational education and training (VET) and vocational rehabilitation often are not considered as a social service, given to the fact that they usually correspond to the oversight of Educational and Healthcare ministries respectively (in case of vocational rehabilitation, it often overlaps with medical rehabilitation). In the words of one interviewee, "the VET and social services are two different frameworks and two different worlds." In some cases, e.g., Ireland, Norway, or Estonia, vocational rehabilitation and VET are also (fully or partially) coordinated by the institutions responsible for employment policies. The bridging factor between the social sector and others often is the receiver of the service, usually belonging to some vulnerable group.

VET/vocational rehabilitation	**Vocational education and training services in Europe** usually fall under the responsibility of the Ministries of Education, and, at the European level, their quality is defined by the European Quality Assurance Reference Framework for VET (EQAVET). Only in cases where it is oriented towards people with a disability and taking place in social enterprises or sheltered employment companies, it would fall under the jurisdiction of Ministries of Labour and Social Affairs and often would not lead to an official qualification. Currently, there is a movement towards the inclusion of the disabled population into the mainstream VET. There are already laws regarding that in various European countries, such as the Netherlands, Germany, Portugal, and Italy. **Vocational rehabilitation** meanwhile has different patterns as sometimes it falls under the responsibility of institutions guiding labor-market and employment-related measures and sometimes, under a broader umbrella of rehabilitation, usually overseen by the ministries responsible for healthcare and social affairs.

C. Pressures faced by organizations

Currently, the **pressure for organizations is coming from three different directions**: *expectations of regulators*, *financial crisis together with an emphasis on efficiency,* and demands for the organizations to become *more accountable*, ensuring that they add value to the society in an efficient way.[i] While each of 11 countries has their own specifics – e.g., Greece was affected more by the economic crisis than other countries – these three pressures were mentioned by the majority of the interviewees in nearly all of them.

- **Expectations of Regulators.** Social organizations are considered as a key instrument for social cohesion[ii], and the scope of their services is expanding. For example, the ambitious de-institutionalization process in Lithuania requires a new type of service in the until-now institution-based social system.
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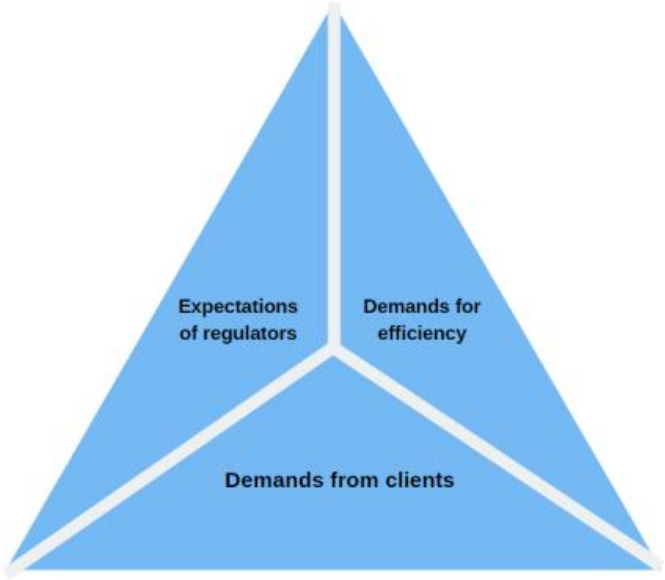
The “New Directions – Personal Support Services for Adults with Disabilities” document adopted by Irish Health Service Executive (HSE) in 2012, programmed “a radical shift from provider-led programs to individualized, user-led supports[iii].” While this trend is somewhat more marked in some states than others (i.e., a respondent in Belgium stated that he does not foresee significant changes in the future), it goes in line with the trends observed in academic literature and by the European Commission, which points out the rising demands for social services[iv]. Changing demographic situation - an aging population, weakening family structures – puts additional pressure on the welfare institutions and forces countries and organizations to rethink social services and their delivery. In this context, especially important is that long term care is becoming a topic of greater discussion at the EU level. Different stakeholders confirmed this observation. Moreover, while in general there is a lack of comparative EU-level studies on social care, in 2018, the DG for Employment, Social Affairs, and Inclusion commissioned research on the long care trends in different European countries. Most probably, this topic will become only more relevant in the upcoming years.

Figure 3 Pressures for social service providers



- **Financial crisis and emphasis on efficiency.**

  The issue of insufficient financing was more relevant for Eastern and Southern European countries. However, the Western European organizations also felt pressured by the push towards higher efficiency, and few interviewed providers and stakeholders mentioned the need to "deliver better results for less." Similar ideas can be observed in EU communications, sustaining that "Governance and financing in the long term care sector have been heavily influenced by New Public Management (<that emphasises>)[v]. In various countries, e.g., Norway, Germany, Estonia, there were conscious attempts by the government to open up the market of social services to for-profit private providers to ensure competition and better service provision.

While this emphasis on competition, results, and efficiency seems to be challenging for many non-profit or (partially) state-owned/funded providers, the organizations in South and East of Europe face specific challenges. The Southern countries (the providers in Greece raised the issue and Spain, however, not Portugal) seem to be still strongly affected by the economic crisis. Especially in Greece, the organizations needed to search alternative financing routes and optimize, often seeking just to survive. In Eastern and Central European organizations, the challenge of efficiency is more complex, also due to the old fashioned “soviet style” social care systems and chronic underfunding that pre-dates the economic crisis. Their situation requires both resilience and efficiency, along with the capacity to innovate. According to various authors, the economic crisis has shown that the traditional welfare model has reached its limitations; however, the privatization of social services leads to growing inequality and exclusion[vi]. As a consequence, different organizations working in the social sphere are asked to deliver better and more services necessary for social cohesion, while functioning based on the logic similar to for-profit organizations.

Quality is becoming omnipresent <…> across all sectors and activities. This implies a higher level of expectations from consumers and authorities, continuous scrutiny of delivery, and lower tolerance regarding underachievement. Quality is also increasingly related to the concepts of sustainability, growth, and engagement. In parallel, quality management is becoming SMACked, that is, getting disrupted by Social media, Mobility, Analytics & Cloud.

➢ **Rising demands from clients (for accountability).** Finally, many respondents and various secondary sources observe that people – both clients, but also different associations – demand better services and more inclusion into the process of planning, delivery, and quality management. The providers observe that the service user "has to be in the center of the service."

Moreover, the social service provision is a "two-way way process," which has to include the recipients in all its stages. However, the consciousness of the clients regarding what is a good quality in the services they receive seems to vary depending on the target group, sector of social services, and country. For example, few interviewees in Ireland, Norway, and Slovenia mentioned that people demand better and more person-oriented services. However, as observed by one interviewee in Estonia, the clients are often unaware of what to expect from services they receive, and providers are the ones that shape their expectations. The peculiar problem has been mentioned by Lithuanian social service regulator, who observed that many people are not sure what to expect from social services, often understanding their role as a simple domestic aid. While these claims somewhat contradict the idea of more extensive demands, it shows that there is a debate on what social services are, what they have to provide, and how to understand quality. The certification systems might become both: a seal of quality and benchmark for learning. Various providers in different countries mentioned a positive influence of different quality systems on the way they not only deliver, but also think about the services. Even more, in Estonia, Lithuania, and Spain, the interviewees mentioned that the certification process also raises the consciousness of clients and staff who are involved in the process.

D. Different ways to ensure quality

The framework of regulations seems to vary substantially among the 11 countries analyzed. For example, Belgium, Germany, and Spain are federal states with a significant role in the social service provision given to their autonomous regions, which leads to heterogenic regulations inside of the same country. However, there are certain similarities.

- **In the majority of the countries analyzed, the state offers the basic regulatory framework (in the form of certificates, licenses, or detailed descriptions in the law) and does not reward for having any optional certifications.** Some sector-specific local and international certifications are important in Portugal, Germany, France, and Belgium. Meanwhile, in Estonia, Lithuania, Slovenia, Ireland, Greece, and Spain, the quality requirements are laid out in laws or other regulatory documents. Finally, Norway requires having any recognized certification system for two social services belonging to the vocational rehabilitation sector. ISO and EQUASS seem to be the most popular.

- In the majority of countries where we have information**, external certifications are not required** (though they might give some extra points in public tenders like, for example, in Spain). As observed by one of our interviewees, even there where there are requirements for particular quality certification, they are usually required by private providers, but not public institutions. However, the majority of the providers interviewed held some optional certificates. Out of those interviewed, that replied the question regarding certifications (8 respondents have not answered the question), the majority have governmental licenses and some optional/external certifications. **Out of the respondents, 6 had EFQM, 11 EQUASS, and 8 ISO 9001 certifications.** Among other certifications, according the respondents more common in their countries are **CARF, AACI and other local certifications (such as QUALISAP in France, DGERT in Portugal). The main reasons for choosing optional certifications were related to the insufficient national regulations (given that they lack a "soft" quality dimension or they are too technical) and desire to improve their organizational work.** Figure 4 reflects what has been mentioned as a reason for obtaining optional certification.

- In nearly all of the cases, **the major role in the social service provision (contracting, overseeing or directly delivering) is in the hands of local authorities (counties, municipalities),** and there is a tendency to grant them even more autonomy. This division, on the one hand, ensures tailor-made solutions both for providers and clients. On the other hand, it also puts more pressure on providers working in poorer municipalities, in this manner leading to unequal quality of services.

- Another common tendency is related to **the opening of the social service market for/non-profit private organizations, believing that this would increase competition and service quality.**

This trend, especially the participation of for-profit organizations, seems to be contentious. While the majority of the interviewed providers and secondary sources seem to agree about the positive impact of such a shift, others fear the commercialization of social services and their rising costs. Moreover, there are fears about how such changes might affect quality: especially this was truth talking to the interviewees from the post-soviet countries, where authorities are too afraid to raise the benchmark for quality too high, as some services simply would not be provided. Similarly, some Norwegian interviewees observed that for-profit commercial organizations were allowed to participate in the tenders fulfilling fewer criteria than they. On the other hand, other interviewees made an emphasis on the rigidity and inertia existing in the state-owned social service providers. As observed on the interviewed expert, "if there is a quality requirement for certification, it is mainly for the private sector. Meanwhile, public-funded and public provided organizations do not give the same requirements for themselves. In Norway, all the organizations that have EQUASS certifications are private organizations, but national agencies provide the majority of social services. They provide the same services, and there is no quality requirement at all. In Lithuania, you see the opposite."

- **There is an omnipresent tendency to pay more attention to "soft" quality criteria such as client-centeredness and empowerment and move away from the purely technical definition of quality**, still prevalent in the medical services (number of beds, type of patients, type of services provided, etc.). Currently, it seems that in the majority of countries are interested in a more holistic approach to quality. For example, the Estonian Social Insurance Board details quality requirements for each specific social service. Lithuania plans to expand the national framework to other sectors than care, the Flemish government in the Netherlands establishing minimal quality requirements, etc. This trend most likely is not going to be reversed.

- **The evaluations of existing quality regulations vary.** On the other hand, the respondents from more prosperous countries with more developed social systems, Ireland, Germany, France, Belgium, and Norway seem to be more satisfied with existing quality frameworks. In Eastern and Central European countries, the evaluation is unequal: while the regulators tend to have a better opinion about the quality of the framework, the providers are slightly more skeptical. Finally, the responses from Southern European countries do not allow for generalizations: Greek providers are more skeptical, while Spanish ones see the framework improved as compared to a few years. In Portugal, meanwhile, we have an opinion only about the national certificate for vocational training (which was considered as sufficient) but not about the overall quality framework in social services.

E. Place of different certifications in the overall system

While our sample is not representative, some conclusions can be made about the relevance of quality for providers. First, when speaking about EQUASS providers (and some regulators), point out how the certificate **defines quality and how it supports their job. Moreover, there is an agreement that EQUASS is the best certification system for social services, in general. M**eanwhile, while speaking about ISO, the interviewees often mention recognition, orientation to the process and requirements of clients. It corresponds with the observation of various authors (e.g., Cilleruelo and Iradi, 2008) that such a generic framework as ISO might be less suitable for small organizations[vii].

Some observe that ISO is an excellent certificate for improvement in the management process. However, it is less appropriate to ensure a personal change that social services aim to achieve. While some respondent organizations have EFQM, they rarely explained in depth why they consider this certificate to be more or less suitable for them that EQUASS or ISO.

Figure 5 Answers to the question on relevant quality dimensions

This view corresponds to the quality dimensions that providers appreciate in their services. While the differences in language and the way respondents interpreted the question do not allow reliable generalization, the majority of respondents were interested in the quality of their services (making impact and change in client's life), relations with their clients (getting feedback, including clients in the service planning and deliver) and smooth management. The stakeholders interviewed made emphasis on having clear systems to track their performance: establishing transparent quality indicators and processes to follow. In countries where national requirements are either minimal or weak, the external certifications offer opportunities for attending these needs.

Why choose optional certifications?

⇒ Existing obligatory certifications are narrow.
⇒ We were interested in the internal reorganizing of the organization; needed to rethink the organization's limited quality frameworks available in the spheres in which we work of vocational training and the health and social care environments.
⇒ We wanted more content, not only focus on the process and the management, but also on what is important for people who receive services and impact of rehabilitation on their lives.
⇒ Prestige, being the first in the sector. The healthcare sector requires ISO.
⇒ Although ISO is not obligatory, we chose it since it is well known in our country.
⇒ EQUASS is more demanding, but it is tailor-made to service providers like us.
⇒ The selling points for EQUASS are its focus on the participation of service users (person-centred approach) and its focus on utilizing results for improving services.
⇒ We needed exact criteria for evaluation of social services.
⇒ The organizations who pay attention to quality need recognition.

Concluding, **the importance of quality is increasing due to the abovementioned pressures**. Each country analyzed approaches these changes in different manners. Each national context responds to historic conditions (e.g. the place of third sector in the service delivery) and available finances. In many cases the national regulations are seen as sufficient to assure the quality of services provided. Despite this diversity, the EPR could be the actor providing benchmarks, advice, and support for the quality assurance process. However, in the service sectors analysed in this report. **these trends do not mean that there is an easy market for the quality assurance systems that require extra resources, are not supported by external financing, and are not required by the clients (neither people nor the state).**

Table 1 The persons/organizations interviewed for this Study

Belgium	
Representative	Pour la solidarité
Patrick Ruppol	GTB
Estonia	
Kadri Englas	CEO at Haapsalu Neurological Rehab Centre
Marie Johanson	Project Manager, Estonian Social Insurance Board
Veronika Kaska	Head of the Personnel and Administrative Department, Astangu Vocational Rehabilitation Centre
Maire Nigul	Quality specialist Haapsalu Neurological Rehabilitation Centre
Keiu Talve	Member of the management board of the Estonian Association for Quality, auditor at the State Audit Office.
France	
Alain Guichard	Quality and Safety Manager, CREPSE
Jean Claude Schrepfer	Quality and Risk Coordinator, Centre de réadaptation de Mulhouse
Gilles Sintes	Quality Manager, DPO UGECAM OCCITANIE
Helene Colle Oudet	Coordinator, Centre de Préorientation de Nancy
Germany	
Annette Klede	Head of the Diaconal Institute for Quality Development
Jasmin Peeters	Expert and Advisor, European Representation of the German Public Employment Service
Representative	Berufsbildungswerk (Bfw) – Köln
Britta Spilker	Policy Officer, German Association for Public and Private Welfare - Deutscher Verein für öffentliche und private Fürsorge
Ullrich Wittenius	Workers Welfare Institution (AWO)
Greece	
Ioannis Bistas	EEA Margarita
Maria Melaniti	Quality Officer, Theokos
Christiana Zotou	Head Of Coordination. Amimoni-Panhellenic
Ireland	
Linda Coone	Rehab Group
Fiona Maloney	Director of Further Education and Training Support Services, Education and Training Boards Ireland
Representative	Headway
Lithuania	
Vykintas Bagdonas	Head of the Department of Supervision of Social Services, the Ministry of Social Security and Labour
Nadežda Buinickienė	Head of Social Service Unit, Vilnius municipality
Jolita Gečienė	Director, Anykščiai Social Care Home
Rasa Noreikytė	Head of Development Unit, Valakupiai Rehabilitation Center
Violeta Toleikienė	Director of Social Inclusion Department, the Ministry of Social Security and Labour
Norway	
Torunn Merete Evensen	Development Manager in Keops,
Torbjørn Furulund	Industry Directory, theConfederation of Norvegian enterprise
Paal Haavorsen	Rehabilitation Manager, Arbeid & Inkludering i NHO Service (Work & Inclusion)
Geir Moen	EQUASS Consultant and Auditor, led the workshop
Portugal	
Luísa Carvalho	CERCIAG - Cooperativa de Educação e Reabilitação de Cidadãos
Carla Cunha	APQ - Associação Portuguesa para a Qualidade Serviços Centrais
António Rilho	CENTRO DE REABILITAÇÃO PROFISSIONAL DE GAIA (CRPG)

Domingos Rosa	AFID Diferença Foundation
Slovenia	
Tatjana Brumnič	Director, The Alliance of Companies employing Persons with Disabilities (ZIPS)
Mirjana Česen	Association of Sheltered workshops
Goran Kustura	Secretary-general, the National Council of Disabled People's Associations of Slovenia
Aleksandra Tabaj	Head of the Development Centre of Employment Rehabilitation at University Rehabilitation Institute
Spain	
Juan José Cestero Rico	Director of People and Talent Development, Hoteles Ilunion
Pablo Sánchez Pérez	Deputy Manager, Fundación Intras
Other	
Guus van Beek	Quality Expert, EQUASS
Michael Crowley	EQUASS market development
Laura Jones	Secretary General EPR and EQUASS Team

European Commission

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For further information please consult: http://ec.europa.eu/social/easi

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[iv] https://ec.europa.eu/social/main.jsp?catId=1169&langId=en

[v] Mutual Learning Workshop "Addressing long-term care challenges: a way forward," 2019, p. 6

[vi] https://www.euricse.eu/wp-content/uploads/2015/03/1405514708_n2553.pdf

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Individual country case studies