
Back Ground Information

Introduction

The social sector is booming, in terms of both economic growth and job creation. Social Services of General Interest are subject of an intensive demand for quality and effectiveness. (European Commission, 2006) All the European Member States have embarked upon modernisation of their social services. The common challenge is to tackle the tensions between universality, quality and financial sustainability. (European Commission, 2006)

A major pre-condition for quality of social sector is access to these services, which means that the services are affordable, available, and accessible. (High Level Group on Disability, 2007) Therefore quality of services should be a question combining choice of the individual user, and availability and affordability of services with some basic quality guarantees.

At European level there is no mandatory standard for Social Services of General Interest (SSGI) but the current developments in the social sector ask for a European approach and a common framework for quality in the disability related sector. The European Commission set out its vision on quality by identifying objectives and principles of organization of social services in particular, the importance of users’ and stakeholders’ involvement in the establishment, performance and evaluation of social services and the integrated provision of social services to reflect the multiplicity of user needs. (European Commission, 2007) The European High Level Group on Disability identified common European Quality Principles and criteria for the Social Services of General Interest (SSGI) provided to people with a disability. (High Level Group on Disability, 2007) The principles have been ratified by the European Member states in 2007. The European Platform for Social NGO’s, a representative body of all European NGO’s in the social sector established by the European Commission, identified nine ‘golden principles for Quality. (European Platform of Social NGOs, 2008) The European Association of Service Providers to People with a Disability (EASPD) indicates a number Quality Principles which are value driven and adopt the concept of Quality of Life. (European Association of Service Providers to people with a Disability, 2006) The EASPD has the opinion that a European Quality Framework should be based on a combination of values, quality principles and subjective, objective and organisational indicators. The European Platform for Rehabilitation (EPR) defined nine Principles for Quality in consultation with key stakeholders in the disability sector. (European Platform for Rehabilitation, 2002) Based on these quality principles the EPR offers quality certification schemes on two levels: assurance and excellence. The certification programmes are based on nine Principles for Quality which are the results of consultancy process with national and international stakeholders in the disability sector. (European Platform for Rehabilitation, 2000) The quality certification programmes also comply with the requirements for quality of the High Level Group of Disability and the Social Platform. (European Quality in Social Services, 2008)

This document will describe the current developments on quality in the social sector and give an overview on communalities and differences in different quality approaches that contribute to the development of a Common Quality Framework (CQF) and the core criteria for quality assurance in Social Service of General Interest (SSGI).
Methodology
The objective is to get an overview of the current quality approaches of different actors at the European level in the policy influencing process in the social services and to compare these approaches by identifying differences and communalities. (Cross reference and comparative analysis)

The objective leads to three basic questions:

1. Who are the key actors at in the policy making for quality for Social Services of General Interest and what are their approaches on quality?
2. What are the differences and communalities in the quality approaches?
3. What are the difference and communalities in the identified core criteria for quality assurance in Social Services of General Interest (SSGI)?

Results
The identified key actors in the process of policy making and standard setting in the area of social services are:

1. The European Commission (DG 5: Employment and Social Affairs)
2. The Council of Europe (CE)
3. The High Level Group on Disability (HGLD)
4. The European Organisation for Health and Living Conditions (EOHLC)
5. The European Platform for Social NGO’s (Social Platform)
6. The NGOs in the disability sector
   a. the European Association of Service providers to People with a Disability (EASPD)
   b. the European Platform for Rehabilitation (EPR)
   c. The European Union for Supported Employment (EUSE)
   d. Inclusion Europe (IE)
7. The Federal Association of non-statutory Welfare (BAGFW)
1. The European Commission
All the EU Member States started the process of modernization of their social services to tackle the tensions between universality, quality and financial sustainability. Although social services are organised very differently in the Member States, certain general aspects of this modernisation process can be seen:

1. The organization of Social Services of General Interest are decentralized to a local or a regional level.
2. The tasks of public sector will be outsourced to the private sector. Public authorities becoming regulators, guardians of regulated competition and effective organization at national, local or regional level.
3. Public-private partnerships and use of other forms of funding are complementary to the regular public funding.
4. Benchmarking methods, quality assurance, and the involvement of users in administration are introduced.

This more competitive environment and the taking into account of the specific needs of each person create a climate favourable to a “social economy”, characterised by the importance of not-for-profit providers but faced with the need to be effective and transparent.

The Commission initiated in April 2006 a broad consultation with the Member States, service providers and users to better understand the nature of Social Services of General Interest across the EU.

The European Commission presents an open list of characteristics reflecting the specific nature of social services as services of general interest (European Commission, 2007). The European Commission also identified a number of more operational principles guiding social services. (European Commission, 2007): The specific nature, aims, characteristics and principles could be considered as quality characteristics and quality requirements for Social Service of General Interest. In annex 1 the quality characteristics for the Social Services of General Interest are described.

2. The Council of Europe
The Council of Europe (founded in 1949) seeks to develop throughout Europe common and democratic principles based on the European Convention on Human Rights and other reference texts on the protection of individuals. The Council of Europe has a genuine pan-European dimension: 47 member countries and 1 applicant country: Belarus.

The Council of Europe aims:

1. to protect human rights, pluralist democracy and the rule of law
2. to promote awareness and encourage the development of Europe's cultural identity and diversity
3. to find common solutions to the challenges facing European society: such as discrimination against minorities, xenophobia, intolerance, bioethics and cloning, terrorism, trafficking in human beings, organised crime and corruption, cybercrime, violence against children;
4. to consolidate democratic stability in Europe by backing political, legislative and constitutional reform.

Social service systems in the Council of Europe member states are not all equally developed, but they all face similar challenges. The ultimate aim is to make high-quality, comprehensive social services available to everyone in all the member states. Over the last years, one of the key developments in the provision of
social services has been to make them more client-oriented. Social welfare services have to be adapted to their individual needs. One of the most effective ways to improve the quality of services is to involve users in their design, management, implementation and evaluation. User involvement also improves their autonomy and increases their participation in society as a whole. An intergovernmental Group of Specialists on User Involvement in Social Services (CS-US) was set up to examine the best practices of participation and involvement of users in social services throughout the European continent and integrated delivery of social services. The group elaborated a report and policy guidelines on user involvement in social services.

The Directorate General of Social Cohesion (DG III) primary task is to foster social cohesion and to improve the quality of life in Europe for the genuine enjoyment of fundamental human rights and the respect of human dignity. The Directorate is promoting European standards in the social and health field, the support of ethnic and cultural diversity, and the implementation of social development co-operation. The Directorate also seeks to give practical support to policy makers, professionals and field workers across Europe through its legal standard-setting instruments, ministerial conferences, intergovernmental committees and groups of experts who meet regularly.

In 1997 the Committee of ministers of the Council of Europe adopted a recommendation for the development and implementation of Quality Improvement Systems (QIS) in health care. (Council of Europe, 1997) In the explanatory memorandum the dimensions of quality improvement systems, general principles and condition for implementation and evaluation have been described.

The Council of Europe adopted a resolution (RESAP(2001)3) about full citizenship of persons with disabilities through inclusive new technologies. (Council of Europe, 2001) In this resolution a number of instruments have been identified like: User involvement and standardisation have been identified as instrument to implement the resolution. The dimensions of quality improvement systems and the general principles are described in annex 2.

3. The High Level Group on Disability

The High Level Group on Disability, made up of representatives of all the Members States under the Commission presidency, has drawn up a document on the "Quality of the Social Services of General Interest (SSGI)" from the viewpoint of disability. The purpose of this document is to provide guidance and inspiration on how to promote quality social services addressing the particular needs of people with disabilities. It is addressed in particular to actors active in the areas of social protection and social inclusion, including the Member States. (High Level Group on Disability, 2007)

The considerations in the High Level Group on Disability follow the principle of mainstreaming, which can be defined as the systematic consideration of the specific needs of people with disabilities when designing social inclusion and social protection policies. (……) The European Disability Action Plan 2006-2007 has established as a priority to promote access to quality support and care services, considering that: " promoting quality, affordable and accessible social services and support to disabled people through consolidated social protection and inclusion provisions will be at the core of EU mainstreaming actions…. Quality aspects of disability-related social services will also be explored, including the need to promote coordinated delivery of services". (European Commission, 2005)

The High Level Group on Disability explored in particular how relevant quality aspects of disability-related social services can be taken into account including the need to coordinate the delivery of services. A major pre-condition for quality of social services is access to these services. Accessibility to social services by people with disabilities means that those services are affordable, available, and accessible. (High Level Group on Disability, 2007)
In the document ‘Quality of Social Services of General Interest (SSGI)’ the High Level Group on Disability agreed on a number of basic principles. The HLGD emphasizes that quality of social services to people with disabilities is a condition for people with disabilities to lead full and independent lives, to reach their full potential as individuals, to contribute to and participate in society’. (High Level Group on Disability, 2007) When implementing fundamental rights of people with disabilities, basic principles for SSGI in the field of disability are:

1. Natural observance of human rights and freedoms outlined in the EU Charter of Fundamental Rights1;

2. All services to people with disabilities should be characterised by an individual perspective, taking into account equality between man and women;

3. Choice, freedom of choice, informed choice and self determination are vital.

When considering the issue of quality of social services to people with disabilities, the HLGD emphasizes necessity of combining security with flexibility, as well as to ensure compatibility among the competences of the Member States with the ones at European level. A Quality Framework at EU level, based on a Total Quality Management approach starting from rights, values and principles would provide such an understanding. This European Quality Framework could be implemented through national quality systems. European quality systems should enable service providers in countries where disability services are less developed to enter the system and engage in a quality approach that take them to the appropriate level of quality. The 7 key principles and core criteria for quality assurance identified by the High Level group on Disability are described in annex 3.

4. **The European Foundation for the improvement of Living and Working Conditions**

The European Foundation for the Improvement of Living and Working Conditions is an autonomous body of the European Union, created to assist in the formulation of future policy on social and work-related matters. The organization did a European Quality of Life survey in 2003 and 2007. The reports describes a comparisons between countries as well as between demographic, social and economic groups, the report documents material conditions, employment situations, living and working conditions, family and community life, health and housing in the 28 countries. It looks at the views of Europe’s citizens on these conditions, their subjective well-being and their assessments of the society in which they live. The report provides a unique insight into Europeans’ quality of life today and it will be a useful contribution towards shaping the policies which seek to improve living and working conditions throughout Europe. A short summary of the provisional results of the survey is reported in annex 4.

5. **European Platform of Social NGOs**

The European Platform of Social NGOs emphasis that quality in social services call for a holistic approach based on a supportive economic and legal environment and a bottom-up participatory approach to quality. According the European Platform of Social NOGs social and health services are an essential part of the European social model, based on a universal social protection system and solidarity.

In ‘Quality in Social and Health Services, Social NGOs recommendations to EU decisions makers’, the European Social NGOs set out the key preconditions necessary for quality services to develop across the EU as well as nine golden principles to ensure quality in social and health services delivery. This

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1 In: Article 26 of the declaration of Human Rights which recognises as a fundamental right ”the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community”.
document has been drafted together with European networks of services providers and service users (i.e. EASPD, EDF, SOLIDAR, Red Cross EU office, EAPN, HOPE, AGE, Inclusion Europe, MHE, EURAG, FEANTSA, Eurodiaconia, CECOHAS, EPR). In the document the members of the European Platform of Social NGOs expressed their commitment to nine golden quality principles for social and health services of general interest. These nine principles must all be adhered to in service provision. For each principle a limited number of criteria have been identified. The criteria refer to the assurance of quality in the provision of Social Services of General Interest. The nine golden Principle for Quality and underlying criteria of the European Platform of Social NGOs have been described in annex 5.

6. The European Association for Service Provider to People with a Disability (EASPD)
The European Association for Service Providers to People with a Disability (EASPD) stated in its memorandum for European Quality Principle Framework that the quality of the service should be linked to the Quality of Life (QOL) of the individual with a disability. (EASPD, 2006) The memorandum emphasises the development of Quality Principles serving as guidelines in the service provision. Quality of services should be based on the concept of Quality of Life taking in consideration key values as dignity, equal opportunities, independent living, full participation in and contribution to society. EASPD believes that quality of life should be measured against a range of key domains so that it fully reflects the range of human experience. These domains must at least include: emotional well-being, interpersonal relations, material well-being, personal development, physical well-being, self-determination, social inclusion and equal rights. Three complementary indicators of quality should apply to all these domains: subjective indicators, objective indicators and organisational indicators The development of quality standards at European level is not endorsed and recommended by the EASPD. The EASPD recognised that objective and measurable quality standards are needed but they should be developed, implemented and applied at National and Regional level. The approach of EASPD its values, domains and indicators which contribute to the development of a European Quality Framework are described in annex 6.

7. The European Platform for Rehabilitation.
The European Platform for Rehabilitation (EPR).took the initiative for European Quality in Social Services (EQUASS). EQUASS services provide approval and certification of quality. All certification schemes comply with the European requirements for quality in the provision of Social Services of General Interest for individuals with a disability (High Level Group on Disability, 2007) and the, Social NGOs recommendations for Quality in Social and Health Services (European Platform of Social NGOs. 2008).

In 2000, the European Platform for Rehabilitation (EPR) consulted stakeholders across Europe to identify the fundamentals of quality in the disability sector. This exercise resulted in detailed requirements for quality in the provision of the disability related social services. A technical working group drafted the information into nine Principles for Quality. These Principles for Quality have been approved by the stakeholders of the disability sector and include the perspectives of Europe's most important stakeholders in the field of this sector. The Principles for Quality have been an inspiration for the High Level Group on Disability and the European Platform for Socials NGOs in defining their quality requirements. In 2007 the Principles for quality and its criteria for excellence have been adapted and revalidated by all key stakeholders in the disability related social sector.

The Principles for Quality are rooted in a ‘user-centred’ ethos and are designed to provide a framework within which organisations can evaluate their performance and plan their developments The framework is designed as a process containing the basic elements of a delivery process: input, throughput, output and
review. The framework also reflects the cycle of quality improvement: the Plan-Do-Check-Act (PDCA) cycle.

While most national quality approaches in the Social sector services take a single-perspective approach, the EQUASS approach is based on the perspectives from the key stakeholders in the disability sector at European Level: Services Users, Service providers, Social Partners, Funders and Policy Makers. These key stakeholders are considered as ‘the owners’ of the Principles for Quality and the criteria of the certification levels.

The EQUASS Principles for Quality are the basis for the EQUASS certification schemes which are complementary to existing quality certification schemes at the national level. The EQUASS certification schemes comply with the European requirements for quality of the High Level group on Disability of the European Commission, with the Social NGOs recommendations for Quality in Social and Health Services (European Platform of Social NGOs. 2008) and with the core criteria of the Common Quality Framework (CQAF) of the Vocational Education and Training (VET) Sector (European Platform for Rehabilitation, 2006). The EQUASS Principles for Quality and the core criteria for Quality Assurance are described in annex 7.

8. The European Union for Supported Employment

The European Union of Supported Employment (EUSE) (established in 1993) is the European umbrella organisation for supported employment. The members of the EUSE are National Associations of Supported Employment in Europe. EUSE aims to facilitate the development of Supported Employment throughout Europe. The Union works to promote the Supported Employment model through the exchange of information and knowledge on good practice. EUSE also provides a platform for its members to network with other organisations and associations at European and world level.

The European Union for Supported Employment defined ‘Quality’ as ‘a degree or standard of excellence’. Based on this definition the European Union of Supported Employment developed a framework of guidance to supported employment providers. The framework contains a set of minimum standards of best practice or excellence transferable across the European Community. The Framework aims to provide a benchmark to enable providers to develop and improve the quality of their provision. The standards also provide a framework for providers to self assess and set targets for the continuous improvement of their provision. The framework (dimensions) defines Supported Employment and the characteristics of the model and identifies the standards of excellence that are to be aspired to by providers throughout Europe. For each standard a number of specific indicators have been formulated and indication for evaluation is suggested. The quality framework of the European Association of Supported Employment and its standards are described in annex 8.

9. Inclusion Europe

Inclusion Europe introduced a philosophy about quality evaluation where the users and their advocates play the central roles. (Inclusion Europe, 2003) This focus on the users is placed in the context of a view on people with intellectual disabilities as users of social services. In the view of Inclusion Europe, individuals with intellectual disabilities are viewed as potentially strong consumers who actively evaluate and influence the quality of the receive services – of which they expect that these services meet their needs and expectations. (Inclusion Europe, 2003)

Inclusion Europe give mainly two reasons why systems of quality management have to be complemented by instruments based on the perspective of service users:
1. The **right to participation** for people with intellectual disability has not only explicitly been enshrined in international treaties and conventions, it can also be deduced from their role as consumers. According to this role they have the power to influence the services which are paid to organise their personal support, the right to choose and to complain.

2. The **right to self-determination** implies that the role of individuals with intellectual disability is changing from the passive role of dependent recipients of care towards one of active consumers who determine themselves the goals they want to pursue and the changes they want to realise in their lives.

Quality evaluation from the client’s perspective is about personal experience with the receive services. The focus should be on the achievement of outcomes derived from the person’s preferences and lifestyle. The concept of quality-of-life, however, is very broad and consequently very difficult to evaluate in the context of the quality of support services. It makes little sense to tackle the quality of a service generally. Quality assessment from a consumer perspective takes this perspective into account on all levels of the assessment.

Persons with a disability identify for themselves, perhaps with support, what are important and valued outcomes in certain areas of life and determine whether these outcomes are achieved or not. All areas that are relevant to the person concerned must be given a place in the quality evaluation.

Inclusion Europe stressed that ‘standards’ like formulated in annex 9 only make sense if they are used as the link between the service conditions and efforts, and the aspects of quality of life – in terms of outcome – expected by a client.

10. The Federal Association of non-statutory Welfare (BAGFW)

In Germany, the Federal Association of non-statutory Welfare (BAGFW) have historically been engaged in ensuring care in the case of social and health problems. As providers of social services and associations doing social advocacy, the organisations are characterised by experience and jointly define and develop quality standards. The quality policy of BAGFW is based on the conviction that competition between social service providers should be a competition driven by quality to offer the best possible help and support to people in specific life situations. BAGFW defined quality requirements as a standard specific to welfare work. These standards are designed to be characteristic of quality management within professional social service organisations. BAGFW consider the standards to be a level of quality which should be a guiding principle for activities in Europe.

The policy on quality management of BAGFW is based on a view that is oriented along lines of values and development, and which views quality as the result of dynamic processes. Quality in principle presupposes dialogue, coordination and negotiation, be it among users and service provider or between service provider and funding agency. The staff needs to find out about the subjective quality requirements of the users. This dialogue is considered to be of vital for the quality of the final result and a pre-requisite for satisfying users. Equally, the funding agency, which sets the context as well, needs to be involved in this dialogue.

BAGFW has the opinion that providing quality services happens within a complex set-up of structural, process and result variables and quality development must be geared towards objective. BAGFW follows a management approach that sees quality in close connection with the decisive factors that are personnel and funding. The integration of value orientation, professional expertise and legal requirements allows for a holistic, traceable and reliable quality of services. Quality management does also offer an opportunity to make social service transparent. A quality management could be used as an instrument for monitoring...
social policy designed to show need for social policy action on the basis of figures, data, facts and evidence. An overview of BAGFW quality requirements for social services are described in annex 10.
Conclusion

1. All identified organisations (at European Level) emphasised the importance of having Common Guidelines and/or Principles for Quality in the provision of social services.
2. All identified organisations recognised that the Guidelines and/or Principles should be ‘value based’.
3. All identified organisations also emphasised the need for quality criteria eq. quality indicators for the identified Common Guidelines for Quality.
4. Most of the identified organisations prefer having non-prescriptive and non-compulsory Quality Guidelines / Principles and open criteria (which could be addressed in various ways) for the provision of social services included in a European Quality Framework.

The identified quality Guidelines / criteria / indicators can be categorised into the following four dimensions:
1. The organization (service provider)
2. The professional
3. The person served
4. The provided serves

Based on the analysis of the described developments on quality in the social sector the following communalities can be identified:

DIMENSION: THE ORGANISATION:
1. Good Governance (Organisations should be managed in a transparent way and are accountable on the financial performance. They should provide easily accessible and understandable information to users on the quality of the service. They provide independent complaint procedures)
   Aspects which should be addressed are:
   a. Good management
   b. Transparency
   c. Accountability
   d. Annual planning
   e. Compliant management
2. Partnership (Organisations offer quality services are pro-active reduction of barriers to access services provided in partnership with communities and other public and private actors ensuring the delivery of local proximity services. Services are responsive to local needs and which build social cohesion through the active engagement of local communities in service development and delivery)
   Aspects which should be addressed are:
   a. Cooperation with communities
   b. Cooperation with other actors

DIMENSION: THE PROFESSIONAL
3. Competences of staff (Organisations offer quality services provided by skilled and competent professionals working under approved employment and working conditions. They are committed to staff development and learning for the benefits of person served and other stakeholders)
   Aspects which should be addressed are:
   a. Skilled professionals
b. Working conditions
c. Training and development of staff

4. Ethics *(Organisations respect the dignity of the person served and their families or carers that protects them from undue risk while respecting their physical and mental integrity, that specifies the requirements for competence within the organisation.)*

Aspects which should be addressed are:

a. Ethical code for professionals
b. Respect to human dignity
c. Ensuring confidentiality
d. Ensuring safety and security

DIMENSION: THE PERSON SERVED

5. Rights *(Organisations respect fundamental rights persons served by promoting the rights of the person served in terms of equal opportunities, equal treatment and freedom of choice, self-determination and equal participation and implementing rights of services users)*

Aspects which should be addressed are:

a. Charter of rights
b. Non-discrimination
c. Equal opportunities
d. Freedom of choice
e. Self-determination

6. Participation of person served *(Organisations are committed to participation and empowerment of person served to take decisions on their own by encouraging person served to be actively involved in defining their personal needs and capacities, in the provision of services and their evaluation. Organisations involve person served as active members of the service team and they facilitate the empowerment of the person served.)*

Aspects which should be addressed are:

a. Persons served actively involved in decision-making and evaluation,
b. Empowerment of persons served

DIMENSION: THE SERVICE

7. Person centred *(Organisations offer tailor-made services to each individual aiming to improve the quality of life and equality of opportunities. The services are driven by the needs of both the person served and potential beneficiaries.)*

Aspects which should be addressed are:

a. Individualised services
b. Tailor made
c. based on personal needs and expectations
d. individual service plan
e. Proximity

8. Comprehensivenes *(Organisations offer Quality services which are holistic and continuous by achieving coherence between different service and promoting the quality of life of person served while avoiding the negative impact of disruption of services)*

Aspects which should be addressed are:

a. holistic approach
b. promotion of quality of life
c. seamless provision of services.
9. Result orientation (Organisation offer quality services which are achieving results by focussing on the benefits for the person served, their family / carers, employers, other stakeholders and their communities)

Aspects which should be addressed are:
   a. Benefits for service users
   b. Collection of feedback
   c. Records on outcomes
   d. Reviewing results
   e. Transparency of results

All stakeholders recognised the importance of Systematic Quality Improvement and/or Quality Management. Some of the stakeholders see Quality Improvement / Quality Management as an essential element of the Quality Guidelines in assuring quality in the provision of the services. Other stakeholders see Quality Improvement as a condition for delivery quality services and Quality Management as an element of Good Governance (Business Management). In all cases it is emphasised that quality improvement and quality management should be carried out systematically.
ANNEX 1: The European Commission: Objectives and principles of organisation of social services.

Social services are often meant to achieve a number of specific aims:

1. Social services are person-oriented services, designed to respond to vital human needs, in particular the needs of users in vulnerable position; they provide protection from general as well as specific risks of life and assist in personal challenges or crises; they are also provided to families in a context of changing family patterns, support their role in caring for both young and old family members, as well as for people with disabilities, and compensate possible failings within the families; they are key instruments for the safeguard of fundamental human rights and human dignity;
2. Social Services play a preventive and socially cohesive role, which is addressed to the whole population, independently of wealth or income;
3. Social Services contribute to non-discrimination, to gender equality, to human health protection, to improving living standards and quality of life and to ensuring the creation of equal opportunities for all, therefore enhancing the capacity of individuals to fully participate in the society.

These aims are reflected in the ways in which these services are organised, delivered and financed:

1. In order to address the multiple needs of people as individuals, social services must be comprehensive and personalised, conceived and delivered in an integrated manner; they often involve a personal relationship between the recipient and the service provider.
2. The definition and delivery of a service must take into account the diversity of users;
3. When responding to the needs of vulnerable users, social services are often characterised by an asymmetric relationship between providers and beneficiaries which is different from a commercial supplier / consumer relationship;
4. As these services are often rooted in (local) cultural traditions, tailor-made solutions taking into account the particularities of the local situation are chosen, guaranteeing proximity between the service provider and the user while ensuring equal access to services across the territory;
5. Service providers often need a large autonomy to address the variety and the evolving nature of social needs;
6. these services are generally driven by the principle of solidarity and are highly dependent on public financing, so as to ensure equality of access, independent of wealth or income;
7. non-profit providers as well as voluntary workers often play an important role in the delivery of social services, thereby expressing citizenship capacity and contributing to social inclusion, the social cohesion of local communities and to intergenerational solidarity.

The European Commission also identified a number of more operational principles guiding social services such as (European Commission, 2007): Services of general economic interest should be responsive and delivered as closely as possible to citizens and businesses.

Respecting the diversity of services, situations, and needs and preferences of users:

1. Achieving a high level of quality, safety and affordability
2. Ensuring equal treatment and promoting universal access
3. Upholding user rights
4. Non-economic services
ANNEX 2: Quality aspects of guidelines development (Council of Europe, 1997)

1. The process of developing guidelines must be systematic, transparent, and include all stakeholders.
2. The level of evidence for the recommendations must be stated clearly, and a systematic effort to find the best possible evidence should be made.
3. The populations and the clinical circumstances where the guidelines are to be used should be defined.
4. Exceptions to the recommendations should be pointed out in the guidelines.
5. Guidelines should be useful, accessible, feasible, and understandable for both the professionals and the public.
6. Guidelines should take into account the cost-effectiveness of the proposed interventions.
7. Guidelines must be updated regularly and especially when new evidence or new technology have emerged.
8. Guidelines should be disseminated in a planned manner, through several media, and to both the professionals and the public.
9. The effects of guidelines should be monitored and results considered in the development and dissemination of guidelines.
ANNEX 3: The key principles for quality in Social Services of General Interest (SSGI) and core criteria for quality assurance (High Level Group on Disability)

**Rights:** Choice, freedom of choice (including personal choice on how services are individually delivered) self determination, non discrimination, including recognition of the position of women with disabilities within services planning and delivery.

*Core criteria for Quality Assurance:*
1. Systematic information of users, including on what are the services and what are good services.
2. Availability of accessible services.
3. Accessible complaints mechanisms.
4. Promotion of full awareness of human rights of people with disabilities, including training and education of providers, professionals, caregivers and authorities.

**Person centred:** Social services of general interest to people with disabilities should tackle the needs of each individual with the aim to improve the quality of life and equality of opportunities of the persons concerned. In line with the social model of disability, the physical and social environment of the person served should be taken into account.

*Core criteria for Quality Assurance:*
1. Conformance to the requirements and needs of the users.
2. Use of personal budgets to compose the package of SSGI to be delivered to persons with disabilities.
3. Proximity between the provider of service and the beneficiary.

**Comprehensiveness and continuity:** The continuum of holistic services - from early interventions to support and follow up - involves multi-disciplinary actions and coordination. Furthermore, such a continuum is essential all along the life of persons with disabilities, therefore a life cycle approach is to be taken. The life cycle stages are: children with disabilities, people with disabilities of working age, older people with disabilities.

*Core criteria for Quality Assurance:*
1. Seamless coordination among the centres or establishments providing services as well as when it comes to the benefits and financial aids available to those organisations.
2. Pro-active reduction of barriers to access services.

**Participation:** Users, first and foremost people with disabilities themselves, should be actively involved in the service team and engaged in self assessment and feedback.

*Core criteria for Quality Assurance:*
1. Participation evidence based forms of planning and definition of services, as well as of quality review.
2. Continuous measurement of degree of satisfaction of use.
3. Definition of models for users' programme review.

**Partnership:** all potential partners, including employers, the local community, social partners, funding authorities, policy makers are to be involved alongside service providers.

*Core criteria for Quality Assurance:*
1. Decentralisation of the organisation of services to local or regional level bringing the service providers closer to the service users.
2. Delivery or set up of services in close cooperation with mainstream social services
3. Delivery and management of services by well trained and skilled staff
4. Having access to Life Long Learning opportunities.

**Results oriented:** Quality is directly related to outcomes for the user, measuring satisfaction is crucial. Quality outcomes areas are to be identified by all stakeholders and used as reference to assess the success of the service in meeting individual needs.

**Core criteria for Quality Assurance:**

1. Personal responsibility of every stakeholder.
2. Records on outcomes.
3. Impact assessment of the quality of services on women and men.
4. Regular independent assessment of systems and procedures.
5. Flexibility and responsiveness to new challenges.

**Good Governance:** openness, participation, transparency, efficiency and accountability are to be applied by all types of organisations delivering social services to people with disabilities.

**Core criteria for Quality Assurance:**

1. Definition of principles and values at stake in service delivery;
2. Definition of the responsibilities and interrelations of the actors who manage, design, deliver, support and evaluate service provision;
3. Annual planning and review process with participation of staff in the definition and evaluation of roles and responsibilities of the various functions at stake in service delivery;
4. Cooperation with other agencies involved in the continuum of services to facilitate access to a comprehensive range services;
5. Records on outcomes of individual service plans and continuous evaluation of person served satisfaction;
6. Accessible complaint procedures;
7. Collection of feedback from purchases, funders and other stakeholders on performance;
8. Formal periodic and independent review of the business results of service providers.
ANNEX 4: European Foundation for the Improvement of Living and Working Conditions
ANNEX 6: The memorandum on a European Quality Principles Framework (EASPD)

In the memorandum EASPD states that a credible European Quality Framework must contain the following elements and principles:

VALUES
Values are, the right to:
1. Dignity
2. Equal opportunities
3. Independent living
4. Participation in and contribution to society

The key values underpin the principles of the UN Convention on the Rights of Persons with Disabilities, the Treaty of Amsterdam, the EU Charter of Fundamental Rights and the Council of Europe Disability Action Plan.

DOMAINS
EASPD believes that quality of life should be measured against a range of key domains so that it fully reflects the range of human experience. These domains must at least include:
1. Emotional well-being
2. Interpersonal relations
3. Material well-being
4. Personal development
5. Physical well-being
6. Self-determination
7. Social inclusion
8. Equal rights

INDICATORS
EASPD identified three types of complementary indicators of quality which apply to all the domains mentioned above:
1. Subjective indicators (focus on personal responses and rating of satisfaction) Subjective indicators are essential because they guarantee the direct participation of people with disabilities and their families. This is a fundamental component of services whose purpose it is to support people. However, because people adjust to circumstances, they are not sufficient since they may not properly measure how well objective life conditions meet personal goals.
2. Objective indicators (focus on a range of external environmentally based conditions and can be neutrally measured and compared) Objective indicators are a complement, not an alternative, to subjective indicators. They can be measured against specific standards and compared between different groups and over different periods of time.
3. Organisational indicators. (These indicators are essential to ensure efficiency and sustainability of social services) Organisational indicators, concerned with managerial aspects such as financial circumstances, the level of staff training and others, are equally important to assure high quality of services. These indicators are based on principles of good governance, efficiency and sustainability of the social service.
ANNEX 5: Nine ‘Golden Principles for Quality (European Platform of Social NGOs)

The nine ‘golden principles for quality’ set out direction of quality in Social Services of General Interest.

Quality services are respecting human dignity and fundamental rights by implementing fundamental rights of users and respecting their physical and mental integrity.

Core criteria for quality assurance

a. Systematic, accessible (in physical, sensorial, intellectual, social and cultural terms) and independent information for users on available services, an explanation of quality services and an easy comparison of available services including information of the type of provider, the source of financing and the performance in terms of quality.

b. Accessible and user-friendly participation and complaint mechanisms for users.

c. Promotion of full awareness of human rights of users and their families and carers.

d. Training and education of users, users’ organisations, service providers, employees, professionals, caregivers, volunteers and authorities on rights-based service provision, irrespective of whether they are in direct contact with service users.

e. Confidentiality of data regarding the user and the services provided to them.

Quality services are achieving results by focussing on the benefits for the person served and their communities.

Core criteria for quality assurance

a. Personal responsibility of all people involved in the service provision for achieved results

b. Accessible and easily understandable records on outcome, including personal perception and achievements

c. Regular independent assessment of systems and procedures in place to achieve the targeted results. Publishing and disseminating information on results

d. Participatory forums which ensure the active direct assessment by users, authorities and others involved, including those currently excluded from accessing services for reasons of income or other factors of social exclusion, including undocumented migrants

e. Flexibility and responsiveness of service providers to new challenges and new needs

Quality services are tailor-made to each individual aiming to improve the quality of life and equality of opportunities of the user concerned.

Tailor made services means a strong human interaction, flexible and responsive services, taking into account the physical, intellectual and social environment of the person, respectful of cultural differences and taking account of a person’s financial situation

Core criteria for quality assurance

a. Conformance of services to the requirements and needs of the user

b. Right of the user to decide on the specific package and terms of services to be delivered

c. Proximity between the provider of services and the beneficiary

Quality services are ensuring security to all users, including the most vulnerable by preventing physical, mental and financial abuse of users.

Core criteria for quality assurance

a. Control mechanisms (regulatory frameworks) in place to avoid any kind of abuse (physical, mental but also financial) or exploitation of users
b. Independent and transparent advice and complaints procedures in place, allowing a direct voice for users, their families/carers and communities, as well as their representative organisations

c. Specific training of social and health service users, their representative organisations, and professionals, including administrative and other staff

d. Independent control mechanisms for the correct application of general health and safety rules

e. Protection against misleading advertisement

Quality services are participative and empower users to take decisions on their own by encouraging users to be actively involved in defining their personal needs and capacities, in the provision of services and their evaluation.

Core criteria for quality assurance

a. Active stakeholder dialogue forums and appraisals to ensure the direct participation and voice of users, their families, communities, workers and service providers, and to promote a shared vision and the delivery of quality services

b. Participatory planning and appraisal mechanisms in place for users as part of an on-going structured stakeholder dialogue process in the management of the service, including the definition of services, as well as of quality review

c. Specific instruments in place for users to improve their situation and that of their community, including mechanisms for collective action

d. Continuous feedback and consultation with current and potential users, their families and carers as well as the formal measurement of degree of satisfaction

e. Involvement of users adapted to their particular situation of vulnerability and dependency, taking into account accessibility, comprehension and the expression capabilities of the person being served

f. Engagement with potential users/currently excluded from the services due to accessibility or other criteria, including undocumented migrants

Quality services are holistic and continuous by achieving coherence between different services and avoiding the negative impact of disruption of services.

Core criteria for quality assurance

a. Long-term planning and investment in continuous and sustainable service

b. Seamless, integrated coordination among the different providers (centres or establishments) providing services

c. Coordination regarding users’ and providers’ benefits and financial aids available, ensuring affordability in the continuous provision of services

Quality services are pro-active reduction of barriers to access services provided in partnership with communities and other actors ensuring the delivery of local proximity services which are responsive to local needs and which build social cohesion through the active engagement of local communities in service development and delivery.

Core criteria for quality assurance

a. Joined-up working in place between all stakeholders in policymaking, planning, research, development, the service delivery, monitoring and evaluation and in ensuring that the service contributes to an inclusive society

b. Ensuring that groups that are currently excluded from accessing services are actively represented in dialogue structures
Quality services are provided by skilled professionals working under good employment and working conditions benefiting from life-long learning, skills development and specific measures to enhance non-discrimination and the gender equality of staff members.

**Core criteria for quality assurance**

a. A coherent legislative framework ensuring decent working conditions and equal pay  

b. Staff training and training of volunteers, including on user participation and on how to work with user organisations. Users’ organisations are active partners of the training of staff members  

c. Validation and improvement of competences of staff members  

d. Staff members actively involved in a partnership approach to the development, delivery and evaluation of services, together

Quality services are managed in a transparent way and are accountable by providing independent complaint procedures and easily accessible and understandable information to users on the quality provided and on the financial performance of service providers.

**Core criteria for quality assurance**

a. Definition of the responsibilities and interrelations of the actors who manage, design, deliver, support and evaluate service provision  

b. Records on outcomes of individual service plans and continuous evaluation of the satisfaction of the persons served  

c. Accessible, independently monitored complaint procedures with provision of free independent advice on the procedures  

d. Collection of feedback from purchases, funders and other stakeholders on the performance of services provided, and from potential users excluded from the service  

e. Periodic and independent review of the results of service providers, including participatory review mechanisms
ANNEX 8: EQUASS Principles for Quality and core criteria for Quality Assurance

The relationship between the EQUASS Principles for Quality is illustrated in the figure 1.

The figure illustrates a core process that links organisational leadership with service enhancers (partnership and participation) and a results orientation feeding into a continuous improvement process. This process is guided by two principles that reflect an individual focus (rights and ethics) and two that specify the desired service focus (person centred and comprehensiveness).

The principal of leadership requires organisations manage the organisation with good governance and to act in a leadership role within the community and with like-minded organisations. Delivery systems and services can be enhanced, even for relatively small organisations through the use of partnerships to ensure effective transitions and outcomes for service users. Partnerships with stakeholders, funders, user representatives, regulators and policy makers are all relevant in this regard. Participation, on the other hand, refers to the systems and structures that are put in place within the organisation to ensure that service users are respected in their empowerment and properly represented in all structures in the organisation, that consultative processes are in place and that pro-active participatory methods are used in service design, development, implementation and evaluation.

Product or service impacts must be measured from a service user perspective and used to develop more effective ways of delivering more relevant and responsive services. Rights and ethics should be explicit in all operational aspects of the organisation. They should be clearly defined and properly disseminated. Both service users and employees should be aware of the rights and responsibilities of service users and the ethical principles upon which social service delivery systems are based. Effective and non-intrusive complaints procedures, which protect the integrity and dignity of the service user, should be in place. The core underpinning methodology for service delivery should be person-centred. Service users should be valued as customers and should participate, on the basis of parity of esteem, in the multidisciplinary team.

The principle of comprehensiveness requires that the organisation acknowledges the need for a continuum of service for service users and therefore has measures in place to ensure that referral procedures. The principle of comprehensiveness also includes links to other organisations and that follow up and support procedures are in place for those making the transition to the community or other services. The principle of comprehensiveness emphasises the adoption of a holistic approach to planning interventions, which acknowledges the role that external factors, and in particular the environment, can play in challenging barriers to participation for service users.
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**Leadership**

Organisations demonstrate leadership within the social sector internally by good governance and within the wider community by promoting positive images, challenging low expectations, best practice, more effective use of resources, innovation, and a more open and inclusive society.
Criteria for Quality assurance are:

1. The organisation defines documents and implements its vision and mission on service provision.
2. The organisation defines, documents, and implements its quality policy by determining long term quality goals, quality objectives, and its commitment to continuous improvement.
3. Persons served, family members and service user organisations are able to give feedback on their individual and collective experience of programmes and services.
4. The organisation informs its stakeholders about the offered programmes and services available.
5. The organisation introduces innovative ways of working that have been identified based on the needs of stakeholders.
6. The organisation manages and documents the identified innovation projects and their results.
7. The organisation demonstrates organisation’s success in satisfying the needs and expectations of the society.
8. The service provider demonstrates organisation’s social responsibility through activities contributing to the society.

Rights
Organisations are committed to protecting and promoting the rights of the person served in terms of equal opportunities, equal treatment and freedom of choice, self-determination and equal participation. Organisations are ensuring informed consent and adopting non-discrimination and positive actions within their own services. This commitment is apparent in all elements of service development and delivery and in the values of the organisation.

Criteria for Quality assurance are:

1. The organisation informs the person served about his/her rights and duties especially to equal treatment on grounds of age, disability, gender, race, religion or belief and sexual orientation before receiving the services.
2. The organisation has a complaint management system which registers feedback on performance from persons served, purchasers and other relevant stakeholders.

Ethics
Organisations operate on the basis of a Code of Ethics that respects the dignity of the person served and their families or carers that protects them from undue risk, that specifies the requirements for competence within the organisation and that promotes social justice.

Criteria for Quality assurance are:

1. The organisation defines and documents its policy on ethics that respects and assures the dignity of the persons served, protects them from undue risk and promotes social justice.
2. The organisation defines a set of principles and values that govern behaviour in service delivery containing aspects of confidentiality, accuracy, privacy and integrity.
3. The organisation defines the roles and responsibilities, authorities and the interrelation of all personnel who manage, design, deliver, support and evaluate the service provision to person served.
4. The requirements for competence in the identified roles and functions of staff are identified and evaluated on annual basis.

Partnership
Organisations operate in partnership with public and private sector agencies, employers and worker representatives, funders and purchasers, organisations of people with disabilities, local groups and families and carers to create a continuum of services and achieve more effective service impacts and a more open society.

**Criteria for Quality assurance are:**
1. The organisation works in partnership with other organisations in the provision of services.
2. The organisation works in partnership with persons served, purchasers and other stakeholders in the development of services.

**Participation**
Organisations promote the participation and inclusion of people with disabilities at all levels of the organisation and within the community. Organisations involve users as active members of the service team. In pursuit of more equal participation and inclusion, organisations should facilitate the empowerment of the person served. They work in consultation with representative bodies and groups to support advocacy, the removal of barriers, public education and active promotion of equal opportunities.

**Criteria for Quality assurance are:**
1. The organisation includes persons served as active participants giving direction in all aspects of the planning and service review.
2. The organisation institutes an annual evaluation of participation of persons served both on individual and/or group basis.

**Person Centred**
Organisations operate processes aiming at the improvement of quality of life of person served that are driven by the needs of both the person served and potential beneficiaries. They respect the individual's contribution by engaging them in self assessment, service-user feedback and evaluation and that value personal as well as service goals taking into account the physical and social environment of the person served. All processes are subject to regular review.

**Criteria for Quality assurance are:**
1. The organisation selects programmes which are based on a needs assessment.
2. The organisation delivers programmes consistent with the identified needs of its customers and objectives for the programme.
3. The organisation operates individual processes that are driven by the needs of both the person served and potential beneficiaries.
4. The organisation documents the planning of services based on the identification of individual needs and expectations of persons served in an Individual Plan.

**Comprehensiveness**
Organisations ensure that the person served can access a continuum of holistic and community based services, which value the contribution of all users and potential partners including the local community, employers and other stakeholders and that span from early intervention to support and follow up. The services should be delivered through a multi-disciplinary team approach or multi-agency partnership with other service providers and employers.

**Criteria for Quality assurance are:**
1. The organisation identifies, documents, and maintains the key service delivery processes to the persons served in line with its vision, mission statement and quality policy.
2. The organisation reviews this delivery process and maintains control over the delivery of the service.
3. The organisation ensures that the person served can access a continuum of services that span from early intervention to support and respond to changing requirements over time.
4. The organisation develops a seamless continuum of services and reduces barriers in a multi-disciplinary or multi-agency setting.
5. The organisation operates services from a holistic approach based on the needs and expectations of the person served with the aim of improving the quality of life for the person served.
6. The organisation identifies the needed competences, skills and support for staff to enhance the quality of life for person served.

**Result orientation**

Organisations are outcome focused, in terms of both perceptions and achievements, on the benefits to the person served, their family / carers, employers, other stakeholders and the community. They also aspire to the achievement of best value for their purchasers and funders. Service impacts are measured, monitored, and are an important element of continuous improvement, transparency and accountability processes.

**Criteria for Quality assurance are:**

1. The organisation identifies its business results and provides formal periodic and independent review.
2. The organisation identifies and registers the aims and objectives of the Individual Plan and measures in to what extent these objectives have been met.
3. The organisation evaluates its business results in order to determine best value for purchasers and funders ('best value’ can also be expressed in relation to quality of life of person served).
4. The organisation evaluates the individual and collective satisfaction of persons served by internal and/or external evaluation.

**Continuous Improvement**

Organisations are proactive in meeting market needs, using resources more effectively, developing and improving services and utilising research and development to achieve innovation. They are committed to staff development and learning, strive for effective communications and marketing, value user, funder and stakeholder feedback and operate systems of continuous quality improvement.

**Criteria for Quality assurance are:**

1. The organisation management establishes and documents an annual planning and review process.
2. The plan includes:
   a. Annual outcomes / targets
   b. The activities to be undertaken in achieving the annual targets
   c. Monitoring of the performance of the organisation in meeting its annual targets
   d. Time-scales and procedures for review and revision.
3. The organisation has a standard procedure for continuous improvement on the basis of an improvement cycle.
4. The organisation identifies performance indicators for measuring the results of the improvement actions.
5. The organisation has a plan for staff training, development and support based on annually gathered feedback and on a commitment to non-discrimination on the grounds of age, disability, gender, race, religion or belief and sexual orientation.

6. The organisation has a staff recruitment and retention policy that promotes the selection of qualified personnel based on required knowledge, skills and competences.
ANNEX 8: European Union for Supported Employment

Dimension: The organisation
Standard 1: The Leadership and Management set a clear direction that leads to the delivery of a high quality service. (EUSE formulated 15 indicators for standard 1)

Standard 2: The organization recognises, promotes and values stakeholder involvement in planning and decision-making at all levels within the organisation. (EUSU formulated 4 indicators for standard 2)

Standard 3: The organization is committed to protecting and promoting the rights of people who are disadvantaged. (EUSE formulated 6 indicators for standard 3)

Standard 4: A quality service is delivered by a range of professional and competent staff at all levels within the organisation. (EUSE formulated 8 indicators for standard 4)

Dimension: The process

Standard 4: The person with the disadvantage has received, in an appropriate manner, all the information needed to decide about using the Supported Employment Provider. (EUSE formulated 7 indicators for standard 4)

Dimension: The vocational profile
Standard 5: A Person-Centered approach is used to collect relevant information about the individual’s aspirations, interests and abilities for work. (EUSE formulated 7 indicators for standard 5)

Standard 6: Individuals are supported to make informed and realistic choices about work and future career development. (EUSE formulated 6 indicators for standard 6)

Standard 7: An individual flexible plan is developed with each job seeker. (EUSE formulated 9 indicators for standard 7)

Dimension: Job Development

Standard 8: Appropriate training and support to find a job is made available to the person. (EUSE formulated 11 indicators for standard 8)

Dimension: Employer engagement

Standard 9: The employer is supported to find the ‘best person for the job’ (EUSE formulated 13 indicators for standard 9)

Dimension: On – Of the job Support

Standard 10: The employee’s training and support is appropriate and effective and encourages workplace independence and progression. (EUSE formulated 9 indicators for standard 10)

Dimension: Outcomes

Standard 11: The Job Seeker finds and sustains a paid job in the ordinary labour market. (EUSE formulated 4 indicators for standard 11)

Standard 12: The employee is a valued colleague and a full member of the workplace team. (EUSE formulated 3 indicators for standard 12)
Standard 13: The employee has opportunities for career development. (EUSE formulated 3 indicators for standard 13)
ANNEX 9 : Quality approach of Inclusion Europe

The focus on quality evaluation should be on the achievement of outcomes derived from the person’s preferences and lifestyle. Different aspects can be evaluated:

1. their satisfaction with certain aspects of their life and the support they are getting
2. the value and relative importance people attach to these aspects;
3. the degree to which their individual needs, wants and preferences are met;
4. the degree to which they can aim for personal objectives;
5. the degree to which they have the feeling that change or improvement is possible.

Clients want quality-of-life outcomes
All areas that are relevant to the person concerned must be given a place in the quality evaluation.

A multidimensional approach shaped by the client
The following areas of life that are encompassed by this broad concept of quality-of-life:

1. Emotional well-being (aspects like security, spirituality, happiness, self-appraisal, sexuality, etc.)
2. Social relations, (aspect like family relations, friendships, intimacy and affection, good relations with co-residents, etc.)
3. Community affiliation and inclusion (aspect like social contacts with people in the local community, being accepted and respected, social participation, etc.)
4. Material well-being (aspect like property, money, a secure and comfortable home environment, etc.)
5. Personal development and constructive activities (aspect like access to educational activities, learning skills, having meaningful work and leisure activities, participating in domestic tasks, etc.)
6. Physical health, (health, food, mobility, access to health care, etc.)
7. Self-determination in making choices and decisions, exerting influence on the environment, having a preferred lifestyle, etc.
8. Civic equality and involvement, (aspects like the right to participation, information and education, access to general services and specific care, etc.)
9. Protection from violence, abuse, physical and emotional harm and discomfort, neglect, etc.

Regular evaluation is necessary
Quality evaluation from the client’s perspective must not be a once-only event, but something that takes place regularly.

Quality of life is determined by the support
The quality of life experienced by disabled people is determined to a certain degree by the kind of their support services. That is why researchers have defined some support processes that contribute to a significant degree to positive quality-of-life outcomes:

1. Person-centeredness: each person with a disability is acknowledged as an individual with unique potentialities and needs. One of the most important quality criteria therefore is that support should be individualised and person-centred.

Full participation in society: people with a disability must have inclusive, community-based educational, employment and living options. Support is directed at participation in community-based activities and at interactions involving people with and without disabilities.
2. **Dignity and respect**: support must be given in respect and esteem for the integrity and the personal lifestyle of each person. They should also be protected against all kinds of violence, abuse and neglect.

3. **Choice and control**: people with a disability must be given every opportunity to make their own choices and to exercise decision-making concerning their living conditions, work, leisure time, relations etc. They are encouraged to act as the primary agent in their life and to achieve personal goals.

4. **Relations**: people with a disability should feel a bond with and commitment to family, friends/acquaintances. Support must be directed at extending and strengthening this relational network.

5. **Independence and development**: support is directed at raising clients’ confidence in their own competencies. At the same time they are stimulated to develop skills and to carry out tasks and activities as independently as possible.

6. **Engagement** in varied and stimulating work and leisure time activities: persons with a disability must be supported to participate in activities according to their interests and choices.
ANNEX 10: Quality Objectives of the Social Welfare Associations for Obtaining their Specific Quality of Service (BAGFW)

Guiding principle orientation
The social organisation within non-statutory welfare has a guiding principle which serves as orientation for their professional and organisational action.

Quality requirements
1. The organisation’s guiding principle incorporates statements on tasks, purpose, image of humanity, value orientation.
2. The contents of the guiding principle are communicated to the users.
3. The guiding principle has been developed in a participatory manner and undergoes regular further development.
4. The guiding principle is communicated to the staff.
5. The staff transposes the contents of the guiding principle into their own action.
6. Managerial staff promotes the implementation of the guiding principle and sets the example.
7. There is regular evaluation of the guiding principle and its implementation, which may lead to measures.
8. The organisation develops its quality policy and/or quality strategy by deriving them from this guiding principle.
9. The quality policy forms the framework for defining quality objectives.

Orientation towards the personal benefit
We regard users, patients, clients or people seeking advice as customers and respect their sovereignty, self-determination and creativity. This orientation moves away from an institution-driven approach towards a person-oriented action in social work, where quality of life and the well-being of the users are central as a yardstick for measuring the quality of services.
Providing services is oriented along individual need and the desires of the users.
Assistance and services provided are characterised by the principle of participation and the idea of helping to help oneself.

Quality requirements
1. The services and support are designed to strengthen autonomy and responsibility of the users.
2. The relationship between staff and users is characterised by respect and esteem.
3. The organisation informs the users on the range of services offered and on how the services are shaped.
4. The organisation regularly surveys the expectations and satisfaction level of its users.
5. The assistance and services offered correspond to the need as defined together, their personal needs and life situations.
6. Planning, implementation and evaluation of services provided happen in cooperation with the users.
7. The organisation secures a maximum level of continuity regarding person related provision of services.
8. Support and services guarantee a maximum level of freedom from barriers (language, physical proximity and accessibility).

Objective and impact orientation
Impact orientation focuses on the intended and achieved impact of social work. It forces to define clear objectives and to describe fulfillment/success criteria.

**Quality requirements**

1. The organisation’s objectives are formulated with a view to impact objectives.
2. An institutional networking is in place to achieve impact objectives.
3. The organisation providing the service does a targeted action planning and implementation.
4. The objectives defined must be measurable.
5. Systematic monitoring/evaluation of the achievement of impact and organisational objectives is in place.
6. The results of evaluation are part of quality controlling 2 and of the planning of further action.

**Staff orientation**

The leadership sets the framework conditions and garners resources so that the staff is enabled to provide the services in a qualified and caring manner. Both assume their professional responsibility and contribute towards the improvement of how services are shaped.

**Quality requirements**

1. The service orientation of the organisation is regularly communicated to the staff.
2. The organisation uses a systematic method of managing human resources.
3. This includes, among others, a definition of procedures so that appropriate staff can be selected, recruited, trained and supervised.
4. In order to fulﬁl future staffing needs, the organisation has an HR planning and development concept with a visible implementation.
5. The staff is qualiﬁed for their tasks and update their knowledge regularly. The necessary resources are provided by the leadership.
6. Attitude and behaviour of the leadership vis-à-vis the staff is of a nature which is appreciative, attentive, motivating, supportive and caring.
7. The staff participates in establishing, shaping and developing the QM system.
8. The leadership regularly and systematically surveys staff satisfaction, analyses this and derives corresponding measures for improvement.
9. The leadership promotes autonomous action by the staff.
10. The leadership involves staff in decisions and systematically incorporates ideas for improvement.
11. The organisation has a mandatory communication structure that involves the entire staff.
12. Health and safety are ensured within the organisation.

**Orientation towards the community and society**

The social organisation of non-statutory welfare work is geared towards strengthening the community, organising participation, strengthening civic engagement, improving life situations and deepening integration and solidarity.

**Quality requirements:**

1. It is a task of the leadership to ensure that community and civic orientation are anchored within the organisation.
2. The establishment/organisation sees itself as part of and co-designer of the social area.
3. The establishment/organisation is actively involved in networking within the community.
4. The organisation provides information on possible tasks and fields of action for volunteers in the 
   social area.
5. The organisation supports citizens in their efforts to do volunteering.
6. When involving voluntary workers, the organisation applies basic principles inherent to user 
   orientation, staff orientation as well as objective and impact orientation.

**Contractual partnership**

The service contract with the users provides them with legal certainty. Contract management with 
providers and co-operation partners ensures the necessary conditions for the service organisation to 
provide qualified social services.

**Quality requirements**

1. The contractual partners are defined.
2. If possible, there are contracts with the users of a service.
3. The contractual form is understandable to all.
4. Before signing a contract all contracting partners are fully informed on the contents of the 
   contract.
5. Contractual partners involved in providing the service share the view on quality of non-statutory 
   welfare.
6. The provider offers to the contractual partners a binding service with quality assurance.
7. The contractual partners will receive timely information on foreseeable changes.
8. The contractual partners will be informed at once regarding unforeseen changes to the contents of 
   the contract, and new agreements are entered upon.
9. Consumer rights are protected.
10. There shall be no contracts with public funding agencies if it is not possible to have 
    professionally acceptable services on that basis.

**Resources orientation**

In line with sustainable action in the social field, there is a conscientious and responsible handling of 
human, financial and ecological resources.

**Quality requirements**

1. (Regarding human resources, see user and staff orientation)
2. The organisation has a systematic financial management including an appropriate controlling 
   system and risk management.
3. Facilities and equipment management is in place.
4. The procurement process is integral part of quality management (incl. selection and evaluation of 
   suppliers).
5. The organisation has adequate technology in use (IT, accessories, …).
6. The wise handling of resources is ensured.
7. Ecological standards are defined and implemented.
Quality management orientation

The quality requirements of the associations of non-statutory welfare can only be maintained in a sustainable way if an efficient management guarantees their implementation. This pre-supposes a quality management in correspondence with standards recognised at the European level (DIN EN ISO 9001:2000 or EFQM’s Excellence Model).

Quality requirements

1. The quality management significantly supports the implementation of the organisation’s policy and strategy.
2. The organisation’s professional know-how is reflected in the QM system.
3. The compliance with legal requirements is reflected in the QM system.
4. The quality management system is documented and known to the staff.
5. The quality management guarantees both the quality of the organisation as well as the quality of objective and impact orientation vis-à-vis the users.
6. The management of complaints is part of the QM system.
7. Internal and external audits are performed (own and independent assessments).
8. Leaders use quality data gathered in a systematic way for their controlling in their areas of responsibility.
9. Leaders promote quality awareness within the organisation.
10. The controlling processes and supporting processes are oriented towards the core processes.
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