

9 principles
to achieve
quality
social and
health services

socialplatform

For the Social Platform, a quality social and health service should:

1. respect human dignity and fundamental rights
2. achieve expected results
3. be tailored to each individual
4. ensure security to all users, including the most vulnerable
5. be participative and empower users to take decisions on their own
6. be holistic and continuous
7. be provided in partnership with communities and other actors
8. be provided by skilled professionals working under good employment and working conditions
9. be managed in a transparent way and be accountable

Introduction

All of us living in Europe use social and health services at some point in our lives.

These services apply the values of the European Union, such as social and economic cohesion, a high level of employment and social protection, equality between women and men, non-discrimination, the raising of the standard of living and the combating of social exclusion.

Quality social and health services are an essential part of the European social model. More specifically, they enhance the physical, mental, cultural and social capacity of individuals to participate fully in society and to lead autonomous and independent lives.

The European Union is about to adopt a European quality framework for social services, which will include a set of principles that all 27 Member States will have to implement.

This publication outlines the Social Platform's recommendations for this framework. We will first discuss the current state of play regarding social and health services (I), then the preconditions necessary to achieve quality (II). We will look at what we believe is the optimal methodology to reach this goal (III), and lastly the nine principles required for quality social and health services (IV).



I. Understanding the social and health services landscape

- Social and health services are profoundly affected by changes to the way these services are provided, funded and regulated.
- Despite differences in national welfare systems, there is a remarkable similarity between trends in EU Member States: the drive to reduce costs, the increased sub-contracting of public services, the opening up of markets for commercial service provision, and direct support to users (such as through voucher systems).
- Rather than bringing about more efficient services, these trends are leading towards a two-tier system where poverty, discrimination and the denial of existing needs are causing people to face reduced or no access to basic social and health services.
- Insufficient funds and the pressure to reduce costs also have consequences on working conditions in the sector, which is characterised by low salaries, short-term contracts and irregular working hours. This has a direct negative impact on quality and on the workers – mostly women, people from ethnic minorities and migrants. The problem is compounded by a lack of recognition and validation of existing competences, and the absence of proper qualification systems.
- The evolution of the labour market and socio-demographic changes are creating an increase in demand for more individualised, integrated and coordinated community-based services.
- As long as demand for these types of services is not met, individuals – particularly women – will continue to step in by caring for their dependent relatives. The value of this care work is rarely recognised and goes unpaid. Although this work is sometimes taken on voluntarily, it can have a damaging effect on the carer, both economically – in terms of income and pension rights – and at a human level in terms of restricting life choices.
- As actors in the social economy, not-for-profit providers are also at the forefront of responding to the absence of public services provision and market failure. They provide innovative community services, often supported by volunteers, which have clear social objectives.

II. Preconditions for quality: preparing the groundwork

In order to establish a supportive economic and legal environment that makes quality social services possible, EU decision makers should:



- Adopt a European regulatory framework for services of general interest, to go beyond the strict market logic and guarantee the availability, affordability and accessibility of social and health services across the EU
- Invest financially in social and health services as a driving force for social cohesion, sustainable growth and job creation
- Set up a specific strategy to promote quality jobs in this sector and develop qualification systems
- Formally recognise the value of unpaid care (i.e. in national and European statistics) and adopt tangible support mechanisms targeted at such carers like adequate minimum income, social protection and pension rights, access to life long learning, career breaks and support groups
- Quantify the contribution of the social economy and of the not-for-profit sector in the provision of social and health services, and recognise the specificities of the sector at the European level in European competition law, support for SMEs, state aid regulation and public procurement

III. A coherent methodology: using the right tools for the job

Quality must be defined at a local level – the closest level to the users of the services. The EU should set up a transparent framework for cooperation with a clear redistribution of roles, between the following three levels:

For EU institutions:

- Adopt European quality principles and provide guidelines and recommendations to Member States on the methodology to set, monitor and evaluate quality standards
- Identify and disseminate good practices using the Open Method of Coordination on social protection and social inclusion
- Organise a yearly European stakeholders forum on social and health services

For Member States, regional and local authorities:

- Design quality systems and services in line with the aforementioned principles; set up indicator-based systems at national, and regional and local levels
- Apply participative mechanisms to evaluate and improve services, such as local observatories or stakeholders forums
- Report on how European principles are being implemented according to agreed indicators

For European NGOs service providers' and service users' networks:

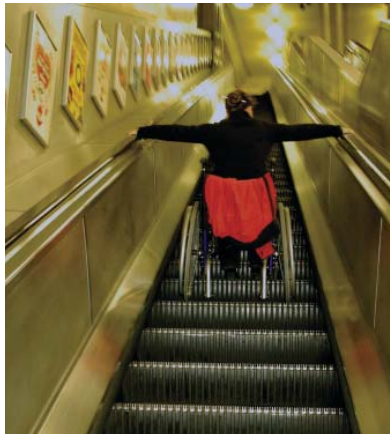
- Commit to implementing and reinforcing European quality principles
- Participate actively in all stages of the setting up, implementation and evaluation of the European quality framework
- Organise training for network members on how to implement European quality principles

IV. 9 principles to achieve quality social and health services in Europe

All people living in Europe should have equal access to available, affordable and quality social and health services, conforming to the European Union Charter of Fundamental Rights and the new protocol on Services of General Interest of the Lisbon Treaty.

In the following pages we have outlined nine principles that we believe the EU should adopt in order to achieve quality social and health services of general interest, based on fundamental rights and the needs of users and their communities.

Before these principles can be applied, a supportive economic and legal environment, and a bottom-up participatory approach to quality are necessary. Additionally, the principles should be part of a holistic approach and must all be adhered to, regardless of the nature of the service providers.



FOR THE SOCIAL PLATFORM, A 'QUALITY' SERVICE...

1. ...RESPECTS HUMAN DIGNITY AND FUNDAMENTAL RIGHTS

In detail...

Social and health services must observe the dignity of users and their fundamental rights as outlined in European and International human rights instruments.

For example...

A person living with a disability must be guaranteed a service that respects their physical integrity, and must not suffer any action that could humiliate them. They must be able to live a normal family life, irrespective of their sexual orientation and all their personal data must be kept confidential.



How this can be achieved...

- Issue accessible and independent information for users on the services available to them
- Implement user-friendly participation and complaint mechanisms for users
- Promote the full awareness to users of their human rights and those of their families
- Carry out programmes to train all involved parties (service providers, volunteers and authorities alike) on rights-based service provision, irrespective of whether they are in direct contact with service users
- Ensure the confidentiality of data regarding users and the services provided to them

2. ...ACHIEVES EXPECTED RESULTS

In detail...

Social and health services must reach their objectives and be evaluated regularly. They must focus on the benefits of the person served, their family and their community, and regularly channel feedback of users and stakeholders into the organisation as they revise their objectives over time.

For example...

A service provided to undocumented migrants must make sure that users are continuously involved in the development of the services as well as the evaluation of the results of the services provided. The evaluation of users' satisfaction must be published, disseminated and included in the revision of objectives to be achieved by the service provider.



How this can be achieved...

- Certify that all those involved in the provision of services take personal responsibility for achieving results
- Ensure that services regularly issue accessible, understandable reports on outcome that detail goals met and missed, and include feedback from users and staff
- Establish a regular independent assessment of systems and procedures to achieve the targeted results, and publish information on results

3. ...IS TAILORED TO EACH INDIVIDUAL

In detail...

Each person requires different services which will evolve according to their life. Quality services must therefore meet the changing needs of each user with the aim of improving the quality of life and the equality of opportunities of that user.

For example...

A health service cannot be provided in the same way to a man and a woman. A social and health service must be respectful of the user's age, their sexual orientation, their religion, their ethnic origin, and their personal needs and wishes as well as recognising specific financial or other obstacles that may exist.



How this can be achieved...

- Ensure that services conform to the specific requirements and needs of the user
- Respect the right of the user to decide on the specific package and terms of services to be delivered to them
- Make certain that the provider of services and the user are within close proximity to each other
- Ensure that service providers are flexible and responsive to new challenges and needs

4. ...ENSURES SECURITY TO ALL USERS, INCLUDING THE MOST VULNERABLE

In detail...

When a person who needs services is particularly vulnerable, mechanisms must be applied that counter-balance the asymmetric relationship between providers and users. These mechanisms must prevent the physical, mental and financial abuse of vulnerable users.

For example...

A childcare service must make sure that the environment in which the service is provided is safe for the physical and mental well-being of children. Children must also have the opportunity to easily access safe complaint mechanisms.



How this can be achieved...

- Put in place control mechanisms and regulatory frameworks to avoid abuse (physical, mental but also financial), and to ensure adherence to health and safety rules
- Implement independent and transparent advice and complaints procedures

5. ...IS PARTICIPATIVE AND EMPOWERS USERS TO TAKE DECISIONS ON THEIR OWN

In detail...

Both present and potential users of social and health services should be encouraged to be actively involved in the decisions on how these services are created, delivered and evaluated. This needs to be done by enabling users to meet together as a group and to participate as stakeholders in the management and evaluation of services.

For example...

A long-term health care service for older people must ensure that users are actively involved in the definition and evaluation of the services they use. Older people should be encouraged to join groups that inform them of their rights and defend their interests to the management of the services provided.



How this can be achieved...

- Set up participatory planning and appraisal mechanisms for current and potential users and their families
- Ensure that the involvement of users is adapted to their particular situation, taking account of any vulnerabilities or dependencies they may have
- Enable engagement with potential users who are currently excluded from the services due to accessibility or other criteria

6. ...IS HOLISTIC AND CONTINUOUS

In detail...

A coherent and holistic approach is needed between service providers providing different services to the same user. In some cases a continuous, uninterrupted provision of services is essential throughout a person's life - particularly when responding to developmental and long-term needs.

For example...

A person living with a disability will need a set of different social and health services throughout their life. At a certain point, they may no longer be able to work, and may need specific services. They may also need specific social services to be continuously provided to them if they are able to once again integrate into the employment market.



How this can be achieved...

- Establish long-term plans and invest in continuous and sustainable service
- Ensure a seamless coordination between different service providers

7. ...IS PROVIDED IN PARTNERSHIP WITH COMMUNITIES AND OTHER ACTORS

In detail...

A community-based social and health service provision implies the development of local services with a strong involvement of the users' communities. It responds to local needs and actively engages in building social cohesion.

For example...

Educational social services for Roma people must make sure their communities are involved in the service provision and that employers and trade unions take part in follow-up services, ensuring full integration of the users in society and their current and/or future place of work.



How this can be achieved...

- Establish synergies between all stakeholders in policymaking, planning, research, development, service delivery, monitoring and evaluation
- Ensure that groups that are currently excluded from accessing services are actively represented in dialogue structures

8. ...IS PROVIDED BY SKILLED PROFESSIONALS WORKING UNDER GOOD EMPLOYMENT AND WORKING CONDITIONS

In detail...

Stable and acceptable employment and working conditions, as well as investment in human capital, are central to creating quality services.

For example...

Social workers assisting people who are homeless, or professionals caring for disabled older people must be trained specifically to make sure their target users receive services that respect users' dignity and fundamental rights.



How this can be achieved...

- Set up a coherent legislative framework ensuring decent working conditions, acceptable wage structures and equal pay between men and women
- Establish training programmes for staff and volunteers, and set up life-long learning schemes
- Ensure that competences of staff members are certified and continuously improved
- Make staff members actively involved in a partnership approach to the development, delivery and evaluation of services, together with their representative trade unions

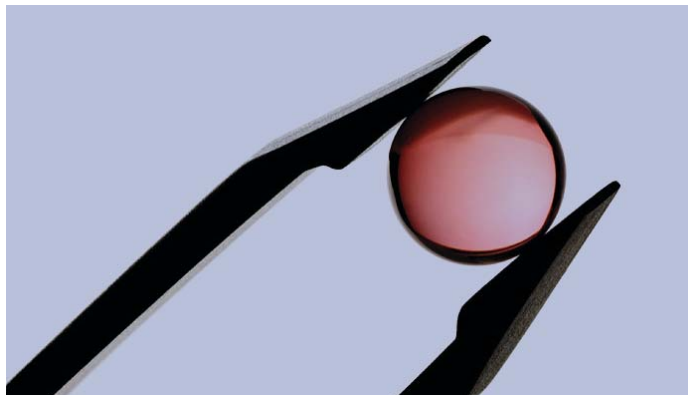
9. ...IS MANAGED IN A TRANSPARENT WAY AND IS ACCOUNTABLE

In detail...

Social and health services provision should be carried out by provider organisations on the basis of openness, transparency, efficiency and accountability. Such services should also be developed according to the best knowledge and practices available at the time.

For example...

A service provider should make available to the public easily accessible information on who is responsible for the delivery of services to users, including results of user satisfaction and explaining how the service provider involves the participation of users and their families.



How this can be achieved...

- Define clearly the responsibilities of, and the relationships between, the actors who manage, design, deliver, support and evaluate service provision
- Gather continuously the feedback of users, funders and other stakeholders, as well as from users who are potentially excluded from the service
- Establish a periodic and independent review of the results of service providers, including participatory review mechanisms

SOCIAL PLATFORM FULL MEMBERS



Contact:

socialplatform

Square de Meeûs 18
B-1050 Brussels
Belgium

T +32.2.511.37.14

F +32.2.511.19.09

platform@socialplatform.org

www.socialplatform.org



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