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Quality of social and health services Social NGOs' recommendations to EU decision makers

Adopted by the Social Platform Steering Group, 6 June 2008

Nine golden quality principles for social and health services of general interest

The Social Platform calls upon the EU and its Member States to ensure to all people living in Europe an equal access to available, affordable and quality social and health services in conformity with the EU Charter of Fundamental Rights and the new provisions and protocol on Services of General Interest of the Lisbon Treaty.

The Social Platform stresses that quality services call for a holistic approach based on a supportive economic and legal environment and a bottom-up participatory approach to quality.

The Social Platform is committed to the following nine golden quality principles for social and health services of general interest. They must all be adhered to in service provision - regardless of the nature of the service providers.

- ✓ **Quality services respect human dignity and fundamental rights** by implementing fundamental rights of users and respecting their physical and mental integrity.
- ✓ **Quality services achieve results** by focussing on the benefits for the person served and their communities.
- ✓ **Quality services are tailor-made to each individual** aiming to improve the quality of life and equality of opportunities of the user concerned.
- ✓ **Quality services ensure security to all users, including the most vulnerable** by preventing physical, mental and financial abuse of users.
- ✓ **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.
- ✓ **Quality services are holistic and continuous** by achieving coherence between different services and avoiding the negative impact of disruption of services.
- ✓ **Quality services are 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.
- ✓ **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.
- ✓ **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.

Introduction

All people living in Europe use social and health services at some point in their lives. These services put into practice the commitments and 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, based on a universal social protection system and solidarity.

More specifically, quality social and health services guarantee the implementation of fundamental rights for all, ensure the creation of comparable living conditions and opportunities and contribute actively to enhancing 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 for social services that all 27 Member States will have to implement.

At the same time new trends across Europe are directly impacting the quality of services: among them the liberalisation of markets, the reduction of costs linked to service provision, the shortage of skilled workers, poor working conditions in the services sector and the growing demand for social and health services due to social and demographic changes.

In this paper, 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. Interestingly, this paper has been drafted together with European networks of services providers and services users. Their recommendations are informed by their grassroots experience, from community, neighbourhood and local work, as well as previous contributions on services of general interest¹.

Social NGOs have therefore decided to put forward three key messages to EU decision-makers and EU Member States:

- Promote a supportive economic and legal environment for available, affordable and accessible quality social and health services
- Adopt a coherent and bottom-up participatory approach to a European quality framework
- Promote EU quality principles for social and health services that are respectful of fundamental rights

¹ [“Ensuring high quality Services of General Interest: Where are we now and what is the way forward?”](#), Social Platform common position of May 2007 and [“Making the Communication on Social and Health Services of General Interest a tool for high quality social services in Europe”](#), Social Platform common position of April 2006.

1. Promote a supportive economic and legal environment for universal quality services

Social and health services are profoundly affected by changes to the way services are provided, funded and regulated. Despite differences in national welfare systems and systems of social service provision, there is a striking similarity between trends among EU Member States: the reduction of running costs of service provision, the opening up of markets for commercial service provision and the increased sub-contracting of public service provision and direct support to users (e.g. through voucher systems). As a result, funding and public procurement procedures across the EU tend to value cost-reduction and financial viability over effectiveness, sustainability and quality of services.

This can lead, and is already leading, to the development of a two-tier system, as many people in Europe are unable to afford basic services or are simply refused access to these services. Additionally, access to services is all too often made conditional. As a result, many services are not delivered to those who need them crucially. This is particularly true for vulnerable people such as undocumented migrants or people who are homeless.

The social and health services sector is also characterised by the shortage of skilled workers, gender and race discrimination and difficult working conditions i.e. short-term and precarious contracts and irregular working hours. This is often due to insufficient funding streams and high pressure on cost reduction by authorities. Another major issue is also the lack of recognition and validation of existing competences and the absence of qualification systems.

Finally, changing family patterns, the evolution of the labour market and social and demographic changes are creating new demands for services with a clear need for more individualised, integrated and coordinated community based services.

To achieve a coherent EU approach to quality of social and health services, these trends affecting quality must be fully addressed by EU decision makers. If the EU is serious about fostering quality in this sector, it needs to actively promote supportive preconditions for quality services to develop. More specifically the EU must:

- Ensure the availability, affordability and accessibility of social and health services across the EU

The EU must make sure that equal access to available and affordable quality services is guaranteed for all people across the EU in conformity with the Charter of Fundamental Rights and the new provisions and protocol on Services of General Interest of the Lisbon Treaty. The EU must commit to the effective delivery of these rights. This needs to be linked to a specific monitoring, evaluation and reporting tool with transparent participation mechanisms, involving users, providers and stakeholders from local communities and local authorities.

- Recognise and invest in social and health services within the Lisbon strategy- a future driving force of the EU growth

Given a growing ageing population, demands for social and health services will subsequently increase, making this sector a driving force of European growth. To make full use of it, this potential must be recognised. That entails European and national macro and micro-economic policies which are favourable to the investment and development of the social and health services sector. Within the Lisbon Strategy, targeted measures to support the development of the sector, including financial means to invest in sustainable infrastructures, should be developed.

- Promote quality employment and good employment and working conditions

The shortage of skilled workers and good employment and working conditions in the sector deserves particular attention. The social and health service sector is an area where the gender segregated work

force is most apparent with an over representation of women. Valuing the sector, creating quality, stable employment and pay conditions and investment in human capital are issues that are closely inter-linked. The EU and Member States must set up a specific strategy to promote quality jobs and competences in the sector that takes full account of these dependencies.

- Recognise the value of unpaid care

Women are very often the ones who care for their dependent relatives, including children, disabled and/or older people. The value of their care work is not recognised - neither in human and social nor in economic terms. The EU and Member States must address in particular the negative effects for unpaid carers in terms of access to social protection rights and benefits e.g. pension rights, compensation for costs of caring, negative impact on their social protection and their careers, and the lack of adequate services supporting informal caregivers in fulfilling their caring responsibilities.

- Adopt a favourable regulatory framework to go beyond the strict market logic

While the commercial sector and competition may play a role in the provision of social and health services, it is the responsibility of public authorities to ensure that quality services are provided on the basis of solidarity and are guaranteed to all citizens, free from discrimination and at an affordable price. This implies legally binding acts ensuring the primacy of any European or national rules related to universal quality services over EU rules on internal market and competition policy. For instance, public procurement rules must be reformed to ensure that public authorities give priority to affordable quality services accessible for all with a strong user involvement, and to service provision that reflect social considerations over cost effectiveness criteria.

- Recognise the contribution of social economy and of the not-for-profit sector

As social economy actors, not-for-profit providers (often involving volunteers) are frequently at the forefront of responding to the absence of private and/or public services provision and market failure. They also provide innovative and responsive community services which have clear social objectives and are committed to quality. The EU must better acknowledge the added value and positive contribution of the not-for-profit sector and make sure these approaches are positively supported and evaluated in public procurement processes and state aid procedures.

2. Adopt a coherent and bottom-up participatory approach to a European quality framework

When developing a European quality framework for social and health services, the EU must take account of quality initiatives already elaborated within the sector, as well as measures recommended by international organisations, like the Council of Europe or the World Health Organisation. Social NGOs underline in particular the valuable work on quality services undertaken within the High Level Group for Disability.

Social NGOs strongly believe that quality must ultimately be defined at a local level, the closest level to the user of services and as part of a commitment to community proximity services. Therefore the EU must adopt a coherent approach to quality that is embedded in local choices and community services. The EU must set up a transparent framework for cooperation with a clear redistribution of roles between different levels and strong participation mechanisms for service users and providers, as well as other key community stakeholders.

- For the EU, a European quality framework entails:
 - Adopting common EU quality principles and an EU quality framework providing guidelines and recommendations to Member States on the methodology to set, monitor and evaluate quality standards through the Open Method of Coordination (OMC) on social protection and social inclusion.
 - Promoting a regular exchange of experiences between Member States, enabling transfer of best practice and innovative responses to shared problems, through the OMC on social protection and social inclusion.
 - Organising a yearly participative EU forum involving users, service providers, trade unions, local authorities and other community stakeholders including NGOs to enable active exchange and public assessment of the effectiveness of the processes to ensure quality.
- For Member States, regional and local authorities, a European quality framework means:
 - Implementing the EU quality principles by setting up indicator-based quality systems at national/regional/local level meeting EU quality principles. This must be underpinned by community-based participative mechanisms which engage users/providers and other stakeholders in the direct delivery of continuous improvement of services.
 - Developing local observatories involving service users, their communities, providers, their employees and public authorities and developing community-based indicators and benchmarking schemes.
 - Reporting on how the EU quality principles are being implemented, according to agreed indicators and specific problems/difficulties that may arise, including the effectiveness of the current EU legal framework applicable to social and health services.
- Finally, for service providers' and service users' networks, a European quality framework entails:
 - Committing to implement quality principles and reinforcing them.
 - Participating fully in all stages of the setting up, implementation and evaluation of the European quality framework.
 - Raising awareness with their members of European quality principles and advising their members to make only use of service providers that comply with European quality principles.
 - Informing and training their members at national level as how to comply with quality principles.

3. Promote EU quality principles for social and health services that are respectful of fundamental rights

The EU must adopt common EU quality principles for social and health services of general interest which put fundamental rights and the needs of users and their communities at the centre.

The quality principles for social and health services must be part of a holistic approach. They must **all** be adhered to in service provision - regardless of the nature of the service providers.

The members of the Social Platform, consisting of both service providers' and service users' networks, are committed to the following nine golden quality principles for social and health services of general interest:

1. Quality services respect human dignity and fundamental rights

Social and health services must observe the dignity of users and their communities, their human rights and freedoms as outlined in the *EU Charter of Fundamental Rights*, the *European Convention for the Protection of Human Rights and Fundamental Freedoms* of the Council of Europe and other international human rights conventions, especially those elaborated under the United Nations².

Services respectful of human dignity and fundamental rights are services which implement all fundamental rights of users, their physical and mental integrity, their privacy and family life, and favour their social integration.

It includes more specifically:

- **Respect of users' preferences:** Users must be able to choose how services are individually delivered to them. User choice however should not be used as a justification to undermine an overall commitment to the delivery of universal quality services which must guarantee genuine access to affordable quality services for all.
- **Non-discriminatory service provision:** Services must be provided free of discrimination on all grounds, particularly age, disability, gender, sexual orientation, race, religious belief and social origin.
- **Ethics-based service provision:** Services must respect the dignity of the users and their families and carers.
- **Inclusive service provision:** services are available, accessible and affordable and conceived in a way that meets the particular needs of persons, with particular safeguards for those who are among the most vulnerable and excluded.

Corresponding criteria for rights-based services:

- 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
- Accessible and user-friendly participation and complaint mechanisms for users
- Promotion of full awareness of human rights of users and their families and carers
- 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
- Confidentiality of data regarding the user and the services provided to them

² For example, International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights, the UN Convention on the Rights of Persons with Disabilities, UN Conventions on the Rights of the Child, UN Convention on the Elimination of All Forms of Racial Discrimination, UN Convention on the Elimination of Discrimination against Women.

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

2. Quality services achieve results

Social and Health Services must be effective, must reach their objectives and be evaluated regularly. In other words, they must focus on the benefits of the person served, their family and their community.

More generally, it must be ensured that social and health service provision is a cyclical process in which evaluation results are used to optimise future service delivery. This entails measuring the satisfaction of users and their families as well as the assessment of local communities, the collection of data and the identification of clear quality indicators. Providers' achievements and evaluations of their results must be made public.

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

Corresponding criteria for results-oriented services:

- Personal responsibility of all people involved in the service provision for achieved results
- Accessible and easily understandable records on outcome, including personal perception and achievements
- Regular independent assessment of systems and procedures in place to achieve the targeted results. Publishing and disseminating information on results
- 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
- Flexibility and responsiveness of service providers to new challenges and new needs

3. Quality services are tailor-made to each individual

Every person is different and therefore 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 equality of opportunities of the user concerned, while ensuring the overall quality of the universal services for the community and society as a whole.

Tailor-made services means in particular:

- **A strong human interaction** between the user of services, his/her family (where appropriate) and carers and the service providers, which takes time, understanding and respect to respond to each person's specific situation, condition and needs.
- **Flexible services** which are responsive to new needs.
- Services which take into account the **physical, intellectual and social environment of the person**.
- Services respectful of **cultural differences**, and that are sensitive towards the specific needs of people from a different ethnic (and, therefore, cultural) backgrounds, in particular in the context of immigration.

Corresponding criteria for tailor-made services:

- Conformance of services to the requirements and needs of the user
- Right of the user to decide on the specific package and terms of services to be delivered
- Proximity between the provider of services and the beneficiary

- Services which take account of a **person's financial situation** and ensure that low income is not a barrier to equal treatment.

For example a health service cannot be provided 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.

4. Quality services ensure security to all users, including the most vulnerable

When a person who needs services is particularly vulnerable (because of their physical and mental health, socio-economic condition, dependency or age), 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. More generally, services must be provided in a safe way within a safe environment to ensure the physical security of users, their families and carers.

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.

Corresponding criteria for secure services:

- Control mechanisms (regulatory frameworks) in place to avoid any kind of abuse (physical, mental but also financial) or exploitation of users
- 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
- Specific training of social and health service users, their representative organisations, and professionals, including administrative and other staff
- Independent control mechanisms for the correct application of general health and safety rules
- Protection against misleading advertisement

5. Quality services are participative and empower users to take decisions on their own

Users should be encouraged to be actively involved in the decisions on how social and health services are created, delivered and evaluated. In other words, services must empower users to define their personal needs and capacities and contribute together to the development of services which adequately serve the local community. Service provision must contribute to users' independence and support their personal and social development. 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.

Corresponding criteria for participative and user-empowering services:

- 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
- 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
- Specific instruments in place for users to improve their situation and that of their community, including mechanisms for collective action
- Continuous feedback and consultation with current and potential users, their families and carers as well as the formal measurement of degree of satisfaction
- 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
- Engagement with potential users/currently excluded from the services due to accessibility or other criteria, including undocumented migrants

Specific measures must be put into place to ensure consultation with people who are currently excluded from services due to

accessibility or affordability criteria. However, this can be difficult to implement for 'emergency services' (e.g. services offering shelters where people stay as little as possible).

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. It also implies that older people are part of a group defending their interests and are engaged in the evaluation of the management of the services provided. Similarly, good health is one of the necessary elements to ensure autonomy of young people. Young people should have access to quality health care and should be empowered to make healthy life choices.

6. Quality services are holistic and continuous

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 - in particular when responding to developmental and long-term needs. In this case a "life-cycle approach" to service provision should be adopted, which addresses institutional obstacles that may break the ease of accessibility to continuous services, through periods of education, employment/unemployment and retirement.

Corresponding criteria for continuous services:

- Long-term planning and investment in continuous and sustainable service
- Seamless, integrated coordination among the different providers (centres or establishments) providing services
- Coordination regarding users' and providers' benefits and financial aids available, ensuring affordability in the continuous provision of services
- Pro-active reduction of barriers to access services

For example, a person living with disability will need a set of different social and health services throughout their life. They might not be able to work at a certain point and may need specific services. They may also need specific social services to be continuously provided to them, when they (re)integrate into the employment market.

7. Quality services are provided in partnership with communities and other actors

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.

In a wider sense, a partnership-based service provision means that all potential partners are involved in partnership alongside the service provision: service users, their families and carers, users' groups, service providers, their representative organisations, local NGOs working directly with the local community, local authorities, employers, the workers, their trade unions and other stakeholders.

Corresponding criteria for community and partnership-based services:

- 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
- Ensuring that groups that are currently excluded from accessing services are actively represented in dialogue structures

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 workplace.

8. Quality services are provided by skilled professionals working under good employment and working conditions

Stable and acceptable employment and working conditions, as well as investment in human capital, are indispensable to create quality services. This also implies opportunities for developing life-long learning schemes, skills development, acceptable wage structures and specific measures to enhance non-discrimination and gender equality of staff members, in particular regarding equal pay.

It also consists of the identification of career pathways including work/life balance measures which allow care workers to move between care and support disciplines becoming multi-skilled. All categories of personnel should be trained appropriately about the specificities of the populations they serve, according to their level of involvement with the people they serve.

For example, social workers providing services for people who are homeless or professionals caring for disabled older people must be trained specifically to make sure their specific target users receive services that are respectful of users' dignity and fundamental rights.

9. Quality services are managed in a transparent way and are accountable

Social and health services provision must be carried out by provider organisations on the basis of openness, transparency, efficiency and accountability. They also must be developed according to the best knowledge and practices available at that time. This implies easily accessible and understandable information to users, their families and communities on the way services are provided and how they perform in financial terms and regarding the quality of services.

For example, a service provider must make available to the public easily accessible information on who is responsible for the delivery of services to users. It also implies detailed information on user satisfaction and how the service provider establishes the participation of users and their families.

Corresponding criteria services provided by highly skilled professionals under good employment conditions:

- A coherent legislative framework ensuring decent working conditions and equal pay
- 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
- Validation and improvement of competences of staff members
- Staff members actively involved in a partnership approach to the development, delivery and evaluation of services, together with their representative trade unions

Corresponding criteria for transparent and accountable services:

- Definition of the responsibilities and interrelations of the actors who manage, design, deliver, support and evaluate service provision
- Records on outcomes of individual service plans and continuous evaluation of the satisfaction of the persons served
- Accessible, independently monitored complaint procedures with provision of free independent advice on the procedures
- Collection of feedback from purchases, funders and other stakeholders on the performance of services provided, and from potential users excluded from the service
- Periodic and independent review of the results of service providers, including participatory review mechanisms