



PRINCIPLES FOR QUALITY DIACONAL SOCIAL SERVICES: A RENEWED COMMITMENT AND CALL FOR ACTION

This document aims to constitute a reflection on the principles that should guide the provision of quality social services. In the eyes of Eurodiaconia and its member organizations, quality should be viewed as a core, defining feature of social provision. Far from a dispensable element in the present context of tight social budgets, quality represents a smart investment that yields substantial economic and social returns. In this way, quality renders social services sustainable over time and maximizes the potential of social intervention to bring well-being to users, as well as prosperity and economic growth to society as a whole.

These principles follow previous Eurodiaconia work on this relevant subject elaborated under the assumption of its regular review, taking into account feedback from our members and further developments in the field¹. Indeed, the profound changes operated in the EU during the last years have transformed dramatically the scenario in which social services are run, giving them a yet more central role in helping vulnerable persons but also facing challenges of financing and staffing. In particular, the positive correlation between sustainable funding and better quality outcomes can only be stressed in the context of tighter resources devoted to social services and related pressures on quality standards during the last years of crisis. In light of this, Eurodiaconia aims to reiterate that only when the dimension of quality is fully integrated into the organization, financing and provision of social services, the positive impact of these services on people can be released. This explains the need to bring quality to the forefront when social intervention is addressed, both at the political and practice levels.

What exactly is quality about?

The focus on the quality of social services may have different approaches, which reflect the multifaceted nature of the concept. Traditionally, the measurement of quality in social services has looked at the input side; from this perspective, the ratio of users to service professionals, the characteristics of service facilities or staff's qualification and training constitute accepted quality indicators. More recently, attention has been gradually shifted towards the actual impact of interventions on users and the ability of social services to meet their needs. Both perspectives are equally relevant to achieve desirable quality outcomes and a holistic approach that takes into account all different quality domains should be envisaged. Three domains, which are interdependent and should not be addressed separately, are usually identified: (1) **inputs**, which take into consideration the resources with which services are provided –funding, material input, qualification and training of staff–; (2) **process**, which refers to the scope, nature and actual practice of service provision, and (3) **outcome**, which measures how the service is rendered, focusing on its efficiency and, especially, users' satisfaction.

Quality in social services is not only the responsibility of providers. As a general principle, all relevant stakeholders should be accountable for the creation of an enabling environment for quality social services. These stakeholders should include public authorities at each level of government, funders, practitioners and users (both actual and potential). For this reason, cooperation and dialogue between stakeholders is a key precondition to establish an effective exchange of experiences and a precise understanding of users' needs. Since the latter may evolve over time, communication channels should be as flexible as possible. Another

¹ Eurodiaconia, [Principles for quality diaconal social services](#), 2009.





essential pre-condition for the provision of quality social services is that these services are made accessible to everybody who needs them. Insufficient coverage due to geographical or financial reasons, or because of claimants' country of origin, contradicts the inclusive nature of social services and, therefore, access –together with their availability and affordability– should be understood as a cornerstone of quality services.

The key role of a user-centered approach for quality services

Putting users at the centre of social service provision must be considered a distinctive sign of quality social services. In this context, quality should be observed from a rights-based approach, as supported by the European Social Charter and the Charter of Fundamental Rights². This approach is furthermore in line with users' demands for more voice and control over their lives and the way in which services have an impact on them. Because of this, the participation of users (and their families, relatives and friends) should be felt across all stages of quality.

A major element of users' participation in the provision of social services should be their ability to choose. Choice can accommodate the service to the demands, expectations and needs of users. However, free choice will only translate into more qualifiable social services if, first, authorities make the necessary efforts to ensure that quality standards are observed by the different providers and, secondly, users are able to assess the quality of services because there is agreement in a common system of measurement and this information is made available to them. It is only when the information asymmetries between users and providers inherent to social services are corrected that free choice translates into quality gains for users.

This is a relevant point that applies to more specific issues such as the debate on the potential of vouchers to facilitate the development of personal services³. Vouchers are viewed as a useful way to combat undeclared work, which is widespread in the area of personal social services, and to maximize users' freedom of choice. While it may be argued that competition among providers and users' free choice should already act in favour of quality services, an adequate protection of vulnerable users is still justified, all the more in the light of the financial support given by authorities to the system in the form of subsidies to workers' pay and tax relief for users. In this context, it is legitimate to question if public support should not be made dependent upon the quality of the service. In general, freedom of choice through voucher systems or other instruments should not be interpreted by public authorities as an opportunity to abstain from quality assurance.

The place of quality within the changing scenario of service financing

In a context of growing social needs, social services are fundamental to cushion the effects of these on persons facing distress. The economic crisis has also exacerbated the trends in inequalities both across and within EU Member States. While these disparities are linked to several factors and in spite of the fact that one of the functions of social services is to combat inequalities, differences of access to and quality of social services have played an important part of the growing gap. Therefore, improving social services became a priority shortly after the onset of the crisis.

In the light of this, social services, as part of services of general economic interest (SGEI) and in the wake of the Single Market Act⁴, were given prime importance to promote prosperity in a competitive and socially inclusive way. In line with this, the European Commission presented a document striving for better Services of

² Among the rights and principles to be pursued by all appropriate means both national and international in character is to benefit from social welfare services (art. 14), [European Social Charter](#); and arts. 34-36 of the [Charter of Fundamental Rights of the EU](#) recognizing the rights to social assistance, health services and services of general economic interest.

³ For an overview, see Anna Maria Sansoni, 'Limits and potential of the use of vouchers for personal services. An evaluation of titres-services in Belgium and the CESU in France', *ETUI working paper 6*, 2009.

⁴ COM (2011) 206 final, [Single Market Act. Twelve levers to boost growth and strengthen confidence: "Working together to create new growth"](#)



General Interest in Europe through stronger quality standards⁵. To fulfill the goal of enhancing quality, the text advocated for greater clarity and certainty of the EU legal framework applicable to these services, with a view to promoting cross-country activity in the sector. More importantly, it called for ensuring access to essential services and pointed at the need to promote quality in the services supplied, with particular reference made to quality in social services. The document received input from social NGOs and other stakeholders, who agreed on a Voluntary Common Quality Framework for SSGI that included preconditions, principles for quality and criteria for quality assurance applicable to providers, funding bodies and regulators⁶.

The mention of quality in this context is especially relevant because, being included in a policy effort to boost economic growth and social inclusion, it validated once again the full economic rationale of quality promotion in social services. In this way, spending on social services of high quality, based on effective and well-implemented interventions can save significant resources over time. Quality also favours the preventive side of services, which leads to releasing people's full potential as citizens, as well as economic agents. The inclusive role of social services is also key to guarantee inclusive economic growth and, finally, the foreseen rise in demand of social services also puts the sector at the center of job creation expectations.

From this perspective, the focus and initiatives dealing with quality issues have been often related to promoting more efficient working social services markets in the specific current economic scenario of austerity, with users' well-being as a given by-product of this. For instance, the need for clear quality standards that are easily verifiable by stakeholders is viewed as a necessary step to achieve best value to money. In this way, contracting authorities should be able to assess the quality of social service provision and prioritize providers offering the highest possible quality levels in order to achieve best price-quality ratio. Ideally, users and providers should also have had the opportunity to participate previously in the development of quality criteria and the overseeing of their consideration in the contracting process. The provisions contained in the Directive 2014/24/EU on Public Procurement to incorporate quality criteria in the assessment of the most advantageous tender should be viewed as an opportunity to pursue that goal⁷. The challenges brought by this are not the same for profit-seeking providers than for not-for-profit organisations (NFPOs) which are usually less experienced operating in competitive markets for funding. However, the latter possess several elements of added value which should be stressed as distinctive quality elements giving NFPOs some advantage over other types of service providers when quality is assessed⁸. As a general rule, quality should be viewed as an inalienable feature of social services when the accountability of public money outlays is taken into consideration. Tighter public budgets should make this requirement only more stringent in the eyes of contracting authorities.

Notwithstanding the fact that public authorities have and should continue to retain a leading role in funding social service provision, increased funding opportunities from private investors means that these economic agents should also be aware of the value added of quality services and be ready to make informed investment decisions taking quality as a leading criterion. The context of increased competition for funding also makes necessary for providers to elaborate methodologies, agree on relevant criteria and put into practice adequate ways to measure and communicate quality levels in social services provided. The cross-border provision of social services, which is presently limited but expected to grow, equally calls for a greater level of service and quality comparability, as well as for reinforced protection of service users' rights.

⁵ COM (2011) 900 final, [A Quality Framework for Services of General Interest in Europe](#).

⁶ [Voluntary Common Quality Framework for Social Services of General Interest](#), 2010. The document was developed in the framework of the Prometheus project to support bottom-up initiatives to support quality of SSGI, preferably with a transnational character.

⁷ For an overview of these provisions, see Eurodiaconia's briefing with [Key points for the transposition of Directive 2014/22/EU on Public Procurement](#).

⁸ For a position on the added value of NFPOs and recommendations on enhancing their support, see Eurodiaconia's *The added value of not-for-profit social service providers. Recommendations for enhancing their support*.



The essential role of staff quality

Social services are labour intensive activities where the qualification and training of staff is, therefore, vital for the final quality of the service provided. Conversely, quality advances in the sector should also lead to improvements in the lives of the professionals providing services. Therefore, when quality standards rise, a virtuous circle is established that benefits users, practitioners and providers.

The stress on staff quality should act as an incentive towards the professionalization of care staff, a boost of their professional status, better working conditions and more attractive career paths. The promotion of professional associations and enhanced social dialogue in the sector may be useful for these goals⁹. At the moment, average pay in the sector is below average. Career paths are limited and job security is low in the more flexible labour markets. The stressful and demanding nature of jobs also limits the appeal of working in the social service sector. Because of this, staff turnover in the sector is high, which leads to recruitment bottlenecks and shortages of skilled staff¹⁰. The detrimental effects of these on users' wellbeing are especially felt in services where personal ties with staff are crucial for the effectiveness of services (for instance, in long-term care).

Staff requirements should be equally stringent when applied to professionals providing services in domestic settings. These account for a very important share of (care) services provided but qualification requirements in these cases are weaker and usually more difficult to monitor while the service is being conducted. Supervision, as well as training opportunities, should also apply to these professionals while taking into account the specificities of work provision in a home setting. Attention to this is all the more relevant if the shift towards residential care as a way to diminish the disruptive effects of social intervention in the lives of users is to be pursued.

Another key feature of workers in the social service sector is the large number of migrant professionals employed. The challenges of using migrant workforce are multiple: it is important to stress the need to better align the expectations between the worker in the sending country and the employer in the receiving end; it is also necessary to pursue the integration of workers in a broad sense, covering not only the administrative dimension of the contractual relation but also the cultural dimension of the outflow; finally, greater efforts towards the recognition of professional qualifications is desirable in order to release the full potential of workers and protect their rights. In addition to this, it must be acknowledged that the cross-border recruitment of caregivers only solves one side of labour shortages, as migrant workers are then no longer available in their own countries and hence a new gap arises.

Technical innovations may constitute an option to increase the productivity of social services, increase the impact of interventions and relieve the more burdensome aspects of job performance. Online tools, which are now widespread in the care sector, may be in particular suitable to ease accessibility from rural or peripheral areas. Telemonitoring has also shown its potential to reduce the need for re-hospitalisation and emergency care through a better management of chronic conditions¹¹. However, such innovations should not be promoted solely as a cost-saving opportunity to substitute the personal contact offered by professionals.

Measuring and reaching desired quality outcomes

In spite of the central role of quality for social service improvement, few countries systematically collect information on it. In several EU countries, a personal care service quality assurance is mandatory; in others,

⁹ Social Platform, [Recommendations for care that respects the rights of individuals, guarantees access to services and promotes social inclusion](#), 2011, pp. 18 & ff.

¹⁰ Annette Angermann and Werner Eichhorst, 'Eldercare services-Lessons from a European comparison', Working paper num. 6 of the Observatory for Sociopolitical Developments in Europe/IZA Research Report num. 45, 2012, Berlin.

¹¹ Social Protection Committee and European Commission, *Adequate social protection for long-term care needs in an ageing society*, 2014, p. 52



quality assurance is not mandatory but nonetheless common¹². A way to promote adequate quality standards among providers is to impose minimum input benchmarks (staff qualification, infrastructures, safety) through licenses, accreditations or certifications that protect users against underperforming services¹³. In light of the key importance of such instruments to signal good quality, public authorities should support –in particular, financially- providers who take the necessary steps to obtain such benchmarks. Only more recently, quality dimensions assessed in accreditation have adopted a more holistic perspective and incorporated minimum thresholds in outcomes such as quality of life, choice and human dignity. From a more normative perspective, regulators may also promote standards that make services converge towards concrete quality targets. However, this possibility should not give way to ignoring users' specific needs and rightful expectation of tailor-made service designs.

Another approach to stimulate quality improvement through market-based incentives directed at both providers and users. With this respect, providers may be faced with increased competition when quality is presented as a performance measure. Users may also have an active role when freedom of choice is used to discriminate between high and low quality services.

A major obstacle for the improvement of quality measurement and development are split responsibilities between health and social care, fragmentation of service points and difficulties in coverage of data. The structure of service provision should never represent an obstacle for the implementation of adequate quality assessment. In this framework, it is worth stressing yet again that integrating services is a way to overcome these challenges and, more generally, to raise the quality, efficiency and effectiveness of service delivery¹⁴. Finally, the pursuit of quality should in all cases observe data protection and privacy of users, protecting them from a potential misuse of personal information, which have led to specific patient legislation in some countries¹⁵.

Guiding principles of quality diaconal social services

A. General principles of services provided

- They are person-centred and therefore concentrated on fulfilling the needs of users and generating gains in quality of life.
- The focus on users determines an individual approach towards the type of service given and the way in which it is provided. For this reason, services should be offered on a proximity basis as locally as possible to favour closeness to the person served, as well as his family, relatives, friends and caregivers. No user should be excluded for geographical reasons.
- Social services should be affordable for any person in need and price should never constitute a motive of exclusion for persons facing social vulnerability.
- Financial, social and regulatory environments should establish enabling conditions for providers to fulfil their missions

¹² Monika Riedel and Markus Kraus, 'The organisation of formal long-term care for the elderly. Results from the 21 European country studies in the ANCIEN project', *ENEPRI Research report* 95, 2011.

¹³ OECD, *A good life in old age? Monitoring and improving quality in long-term care*, OECD Health Policy Studies, 2013, pp. 150 & ff.

¹⁴ Eurodiaconia, [Recommendations to support and develop integrated care](#), December 2014.

¹⁵ OECD, *A good life in old age?...*, *Ibid*, p. 20



- An integrated approach is vital for quality social services. In this way, social services should aim towards the coherence among the different service providers, reducing the barriers to access different establishments or providers, and working for the benefit of users. For that purpose, collaboration and dialogue structures between different service providers should be promoted. Service disruptions due to administrative barriers or access problems across establishments should in every case be avoided.
- The integrated involvement of service providers and all stakeholders should start at social planning and the formulation of services including the assessment of a community's needs, and be continued throughout all the process of service provision, including its evaluation. In addition, stakeholders should be involved in dialogue about all policy affecting services.
- Coordination is not only beneficial for users. Services provided in a complementary way are more efficient, effective and create positive synergies that reduce overall service needs.
- The integration of social services should already be viewed from a life-cycle perspective, and the potential risks faced by users, as well as their actual needs and expectations, should be tracked and addressed before needs are realized. This would reinforce the preventive function of social services.
- Social service providers should orient their activity towards concrete outcomes. These should be centred on the welfare gains received by the person served and by other relevant stakeholders (families, community, society as a whole, taxpayers, funders).
- Outcomes should be verifiable through understandable information –quantitative and/or qualitative–. Availability of such information should in all cases be compatible with the protection of privacy and personal data from users.

B. Characteristics of services provided

- Services enable people to live in dignity.
- Services are person-oriented: the individual's needs are catered for through comprehensive, personalised services.
- Services enable the user to recognise his or her own resources and to use those resources to fulfill their potential.
- Services cater to the individual's culture, faith and spiritual needs
 - pastoral care is available for users
 - in particular, opportunities to attend Christian services are provided
- Services complement each other:
 - where the user receives multiple services, including health services, they should be coordinated in a way that involves user and provider organizations.
 - where the user's services are provided by multiple providers, these providers should work in collaboration
- Services are flexible and responsive to new needs.
- There is timely, continuous, uninterrupted provision of services.
- There is human interaction with the service provider.



- All, including people with disabilities, can physically access a service for example through adaptation of buildings, or documents with large print and easy language.
- Community living is facilitated where possible.

C. The relationship of the provider and staff with users

- Because of their social nature, services are addressed to all citizens, irrespective of their income level.
- There is respect for the individual's culture, faith, age, gender, ethnic and social background.
- Users have rights and should be able and encouraged to claim these. Users should make decisions in their lives based on free and informed choice.
- Social service providers and staff members must have an ethical commitment towards their users. This commitment needs to be translated into clear, stringent rules that are communicated to all concerned parties. Such rules should be aimed at respecting users' dignity and protecting them from abuse of physical, mental or financial type.
- In this respect, setting-up mechanisms to file complaints and fight abuse is a basic point to enable users' involvement in the enforcement of quality standards.
- Staff are trained in human rights issues and are committed to a relationship of trust with and respect of the user.
- There are procedures in place to ensure user protection such as carrying out dynamic risk assessments.
- Users are informed of the services available (especially those who are less capable of informing themselves).
- Users are informed in the appropriate manner of the methodology of the service given and the choice of services available, including their rights to and information on secondary follow up services.
- Users can participate in creating, carrying out and evaluating the service they receive and the quality standards being applied.
- Independence and self-determination for the user should be pursued as far as possible or feasible.

D. The relationship between the provider and staff (and volunteers)

- To achieve the goal of quality social services, providers will employ qualified professionals with the adequate skills to perform them. Professionals should enjoy decent working conditions, adequate supervision where appropriate, fair wages, flexible and respectable working hours.
- Providers should identify career pathways which allow care workers to move between care and support disciplines becoming multi-skilled. The quality of staff performance should also have a positive impact on themselves by way of clear career opportunities, higher status, etc.



- Staff should be recruited and retained so as to minimize staff turnover and attract qualified, motivated professionals.
- Social service providers, as employers, must commit to observing the applicable labour law, ensuring equal pay for equal work, and neutral to the nationality of professionals.
- Social services professionals will be trained with a lifelong perspective and with a specific aim towards the characteristics of the users they serve, respecting their rights, culture and spiritual values.
- Staff training should include a diaconal-theological aspect.
- Staff should also have access to pastoral support.
- Volunteering is a major value added in not-for-profit social service provision and further contributes to the human dimension that quality social services should champion. Notwithstanding the fact that volunteering is a choice freely made by each individual, volunteers should also be given the training necessary to fulfill their duties adequately and have appropriate supervision.

E. The relationship between the provider and other stakeholders

- Innovation and experimentation are key drivers to improve the quality of services to users. For this to happen, there has to be enough space for organizational flexibility to allow staff to innovate and to establish stable dialogue channels between users, providers and funders that empower and facilitate all stakeholders' involvement.
- Empowering social service users in order to improve the person-centred dimension of delivery but also personal self-management. A preventive approach favours not only informed choices on different service options available but also a transition from passive recipient to active decision-maker in how/what services are provided to her.
- Transparency rules concerning services, including prices of services, should be observed at all stages of service provision and with respect to all relevant stakeholders.
- Services should be provided with a link to and in cooperation with the local community. Close contact and cooperation with users' family, relatives and/or friends needs to be guaranteed.

Key background documents

- Eurodiaconia, [Principles for quality diaconal social services](#), 2009.
- COM (2011) 206 final, [Single Market Act. Twelve levers to boost growth and strengthen confidence: "Working together to create new growth"](#)
- COM (2011) 900 final, [A Quality Framework for Services of General Interest in Europe](#).
- [Common Quality Framework for Social Services of General Interest](#), 2010.
- Eurodiaconia, [Recommendations to support and develop integrated care](#), December 2014.

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