



Driving up Quality in Social Services





Everyone has the right to affordable long-term care services of good **quality**, in particular home-care and community-based services.

European Pillar of Social Rights Principle 18

Children have the right to affordable early childhood education and care of good **quality.**

European Pillar of Social Rights Principle 11

Access to social housing or housing assistance of good **quality** shall be provided for those in need.

European Pillar of Social Rights Principle 19

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About the European Social Network

The European Social Network (ESN) is the independent network for local public social services in Europe. It brings together the organisations that plan, deliver, finance, manage, research, and regulate local public social services, including health, social welfare, employment, education and housing. We support the development of effective social policy and social care practice through the exchange of knowledge and expertise

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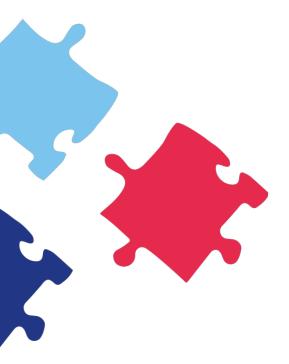
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About this Briefing

The policy briefing has been drafted in the framework of the 2022 annual meeting of the European Social Network's (ESN) Working Group on Quality of Social Services. The meeting brought together social services directors, professionals, and researchers from twelve European countries, who represent public social services at local, regional, and national levels; quality agencies; research organisations and social care providers, to reflect on current trends in social services quality assurance and build further on evidence and good practices gathered in previous ESN policy activities and publications such as our Round Table on Quality in 2021, our 2020 Seminar on Quality in Long-term Care, the 2018-2020 Working Group on Integrated Care and Support, the 'Striving for Quality' publication, the 2015 report 'Investing in Children – Improving Outcomes' and the 2010 research study 'Contracting for Quality.'

The working group, which will run until 2025, aims to gather evidence on common quality principles, existing quality assurance mechanisms, and possible ways forward on cross-European quality standards in social care and social services. This briefing is one of four supporting this objective and begins by addressing the concept of quality in social services and explores the main trends in European countries and relevant EU policies. This is followed by an overview of potential quality principles and considerations for future work.

The briefing has been drafted based on the discussions and knowledge exchanged at the first meeting in Prague (Czechia) on 7-8 November 2022. It is also based on desk research and questionnaires completed by ESN members from public social services at local, regional and national levels in July-September 2022 to collect data on national quality assurance mechanisms and policies, completed by 31 ESN members from the following countries: Austria, Belgium, Croatia, Czechia, Greece, Ireland, Israel, Italy, Lithuania, Malta, Romania, Slovenia, Spain, Sweden, Switzerland, and the United Kingdom.

Executive Summary

This document is the Executive Summary of the briefing 'Driving Up Quality in Social Services,' published as an output of the 2022 annual meeting of the European Social Network's 'Social Services Quality assurance' Working Group. Read the full briefing for a more comprehensive description of the definition of, and approaches to, quality in social services; a snapshot of current trends of social service quality assurance in European countries; and relevant EU policies, followed by an overview of potential quality principles and considerations for future work. This is the first of a series of four briefings that summarize the findings of the annual meetings of the 2022-2025 ESN working group on quality assurance in social services.

What is quality of social services and how to measure it?

The right to access quality social services is notably enshrined in principles 11, 18 and 19 of the European Pillar of Social Rights. According to the International Organization for Standardization, 'Quality' can be defined as the "appropriate delivery of a mutually agreed service or product." In the context of social services, the appropriateness of a social service delivered is defined in a trialogue of three key stakeholders of social care and support: the beneficiaries, public authorities, and service providers. Together, they should agree on processes, standards, indicators, and outcomes that ensure the quality of services. Quality can also be measured in relation to the general performance of the care system in a municipality, region, or country. To unify the socio-economic differences between countries, regions and municipalities at the European Social Network (ESN) we have proposed a framework to measure the performance of social services systems; the REC Index, which includes three key components: social rights, economics and coverage.

Social Services Quality Assurance Trends

In the framework of the 2022 ESN Working Group on quality in social services, the following trends impacting social services quality assurance have been identified so far:

- 1. A shift from input based to output based quality measurement
- 2. Care is centred on the person's (and carer's) needs
- 3. A shift from institutional to home, family and community-based services
- 4. The increasing role of quality standards and improvement agencies
- 5. A culture shift from quality monitoring to continuous improvement
- 6. Self-assessment as part of continuous improvement
- 7. External quality certification
- 8. Integration of health and social care
- 9. Procurement and quality in social services
- 10. Personal budgets

The Need to reform EU Guidance on Quality in Social Services

The voluntary quality framework for social services, which is the only overarching EU guidance on quality in social services dates to 2010 and is rather unknown, especially at local and regional level. ESN believes that to promote quality across social services, an up-to-date common cross-sectoral quality social services framework at European level is needed. In our briefing we have highlighted trends and some potential principles, which should be reflected in future EU guidance on quality in social services. More recent guidance has been developed for early childhood education (2019) and long-term care (2022), but these guidelines should not remain standalone documents, but be in full alignment with an updated cross-sectoral framework.

Common Principles of Quality

Inspired by the quality principles mentioned in the existing European and national frameworks, ESN's working group discussed principles which should form the basis of a new European cross sectoral quality assurance framework. These encompass principles such as human-rights-based, safe, outcomes-oriented, person-centred, respect, partnership and trust, choice, empowering, easy to access, community-based, transparent, integrated and comprehensive, accountability, well-resourced/well-funded, workforce support. These principles need to be translated into objectives, standards, and measurable indicators.

Future Reflections

The EU has a role in supporting the development of EU-wide principles and standards that can be shared, help support ongoing improvement and ensure consistency.

ESN can support the EU in establishing a common language for standards i.e., define what can be commonly understood under terms such as home care, community care, independent living, residential care, care home, professional and informal carers, family carers.

The working group will continue to identify and assess national and local quality frameworks to support the process of overhauling the current EU quality framework and make proposals to ensure individual frameworks are integrated within this process.

Introduction

Access to quality social services is a key element of the European Pillar of Social Rights (EPSR) and notably enshrined in principles 11, 18, and 19. For almost 80% of ESN members, ensuring quality in social care and social services is their highest priority for the next few years. The latest EU guidance on quality in social services was published in 2010. Since then, the concept of quality in social services has been evolving, which has prompted the need to rethink the way we look at quality.

What does quality in social services mean?

'Quality' can be defined as the "appropriate delivery of a mutually agreed service or product" (ISO, 2010).

However, what is meant by 'appropriate delivery'? And who does 'agree mutually' on what 'appropriate delivery of a social service' is?

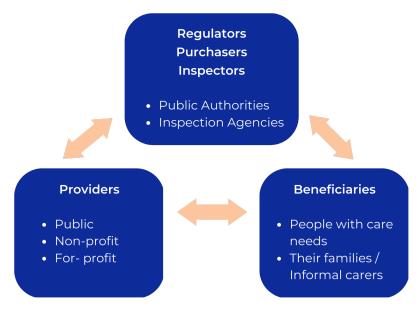
Agreeing appropriate delivery of social services

When defining the appropriate delivery of social services, it is paramount to bring together those concerned by these services:

- the beneficiaries, their families and potentially their informal carers;
- the providers of social care and support services
- public authorities as care regulators, funders, commissioners and inspectors at national, regional and local levels.

Together, they should agree on processes, standards, indicators and outcomes that ensure the quality of services.

Graph 1: The Quality Trialogue



Source: European Social Network (2021)

Measuring 'appropriate delivery' of individual social services

Social service quality can be assessed against the performance of its processes or achieved outcomes. Assessing the performance of processes implies, for example, the number of staff per clients, or the time spent per care visit, or the time of reaction in case of an emergency, or the variety of food served in a care home and home care services.

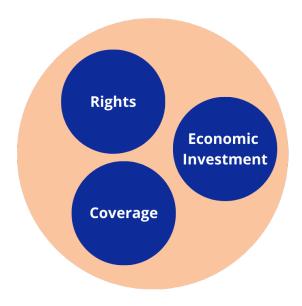
A care service may also be assessed against the performance of the outcomes they achieved for the beneficiary of the service. These outcomes should involve an improvement in people's quality of life and involve the person's view as well as that of their family.

Assessing the system as a whole

Quality can also be measured in relation to the general performance of the care system in a municipality, region, or country. Socio-economic differences between countries, regions and municipalities may lead to variations between them regarding services accessibility, coverage, services take-up, services coordination, levels of staffing, and funding.

This can impact people's experience of social services quality individually but when considered collectively can give us a picture of the situation in that particular place. At ESN we have proposed a framework to measure the performance of social services systems: the REC Index, which includes three key components:- social rights, economics and coverage.

Graph 2: The Social Services Rights, Economics and Coverage Index



Source: European Social Network

Trends affecting Quality Assurance of Social Services

In the framework of the working group, the following trends impacting social services quality assurance have been identified so far:

1. Shift from Input-based to Output-based Quality Measurement

Quality assurance has been moving away from structural and process standards oriented inspection to outcome-oriented performance measurement, based on indicators with a focus on the beneficiary's quality of life (Malley et al., 2016).

As ESN reported in 2021, there are wide differences across Europe in relation to how countries have been advancing on this matter. Some countries, for example, in Central and Eastern Europe, have just started to define minimum structural standards and establish inspection agencies. Lack of progress has also been recognised at European level.

However, some countries such as the Netherlands, Germany or Austria are moving towards outcomes-based quality assurance.

For instance, the Dutch Care Institute (Zorg Instituut) has developed a scheme that brings together eight themes on quality of life for persons living in care homes. The four themes on the top half of the diagram relate to the content of care and support, (person-centeredness, well-being, safety, culture of learning and improvement), while the four bottom ones focus on the preconditions that care services need to have in place for optimal quality of life (use of information, resources of support, mix of staff, leadership and governance).

Graph 3: The Eight Dimensions of Optimal Quality of Life

"Quality standards often focus on clinical outcomes and do not sufficiently address the quality of life of people receiving care and their ability to live independently."

Council of the European Union (2022)



Source

Presentation Prof. Henk Nies, ESN Seminar on Quality in Ageing and Care (2020)

2. Care centred on the Person's (and Carer's) Needs

What a 'good' life is, depends on the person's perspective. This is why the person needs to be at the centre when it comes to the planning, design, provision and evaluation of care and support services.

"When I entered a childcare home for the first time as a social worker, I could still recognize that clinical smell and the sad white walls that surrounded me in the care home I grew up in in the 1990s. We clearly need to let the children have a say how they want to be cared for."

Chris Wild, Expert by Experience and Board Member of the Independent Care Review England, ESN Round Table on Quality (2021)

With the aim to plan services that respond to their needs, the Care Inspectorate in Scotland introduced joint inspections with young people with care experience. The Inspectorate currently works with 15 young inspection volunteers aged 18-26 years old who take part in inspection visits in children and young people's services, conducting interviews with service beneficiaries and managers (Care Inspectorate, 2023).

3. From Institutional to Home, Family and Community-based Services

Being able to live in the community and having meaningful social contacts is a key aspect of quality of life for many people who are dependant on social care and support. International pieces of legislation such as the UN Conventions on the Rights of Persons with Disabilities and the Rights of the Child promote access to family, home- and community-based support. More recently, the high number of excess deaths during Covid-19 in care homes has underlined even more the need to provide care at home and in the community (ESN, 2021b).

Though the provision of these services is still patchy and limited, countries are increasingly investing in these services. For instance, national Recovery and Resilience Plans foresee increased investment in community-based care (ESN, 2021d). Quality frameworks and monitoring mechanisms need to adapt to new ways of providing care, particularly in people's own homes. The inspection of care homes and residential facilities is something that has been established for many years, but when it comes to quality assurance particularly in people's homes, this is a new situation that requires a specific approach. The EU has also recognised this challenge in its Council Recommendation on Access to Affordable High-quality Long-term Care:

"Quality assurance is often insufficient in home and community-based care. While quality of residential care is more regulated."

Council of the European Union (2022)

Regulating Quality in Home Care in Ireland

To facilitate and regulate access to home and community-based care the Republic of Ireland is currently in the process of developing a statutory scheme to support people to live in their own homes by providing access to high quality, regulated home care. As part of this policy initiative the Health Information and Quality Authority (HIQA) was charged to undertake an international scoping study on the regulation of home care comparing national frameworks of regulating home care (UK, NL, NZ, AU) aiming to inform the development of National Standards for Home Care and Support Services.

At the working group meeting, Carol Grogan, HIQA's Chief Inspector presented the results of a recent comparative review of national home care regulations, which found that only in Northern Ireland home care was regulated by dedicated mandatory standards. The remaining countries had overarching standards that applied either to all health and social care services (Scotland and New Zealand) or all older person's services (Aged Care Australia) or all disability services (National Disability Insurance Scheme Australia). Further key findings of the study were:

- 'National standards setting for home care and support services requires a common definition of home care services that fall under the regulation
- 'Stretch Goals' are needed to incentivise providers to go beyond simply aiming for compliance with minimum standards
- New standards should be outcomes-based and person-centred, ensuring the physical, psychological and social wellbeing of the person
- New standards should be elaborated in partnership with persons, families and providers
- Implementation of new standards requires active support for providers
- Workforce is a key element for quality services: recruitment, but also registration
 of care workers, training and pathways for career progression can foster quality
 of care.

4. The Increasing Role of Quality Standards and Improvement Agencies

Care quality standards and improvement agencies have become a crucial safeguard to ensure quality assurance. These agencies may be responsible for registration, inspection and monitoring of care providers ensuring their compliance with rules and regulations in place (ESN, 2021a). Services under their supervision range from social to health care, long-term care, disability services, early learning and childcare, social work, children's services, and community justice.

In the past 15 years, several quality agencies have been established. Examples include Health Information Quality Authority (Ireland, 2007), Care Quality Commission (England,

2009), Care Inspectorate (Scotland, 2011), Health and Social Care Inspectorate (Sweden, 2013) or Social Care Standards Authority (Malta, 2018).

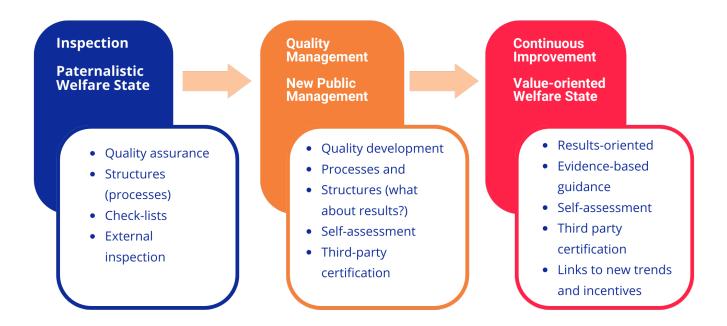
The financing model of those agencies differs across Europe, for example whereas improvement agencies in the United Kingdom and Ireland are entirely funded from the services they inspect, quality agencies in France, Malta and Sweden are funded though a mix of public funds and provider contributions such as registration fees.

5. A Culture Shift from Inspection to Continuing Improvement

There is a trend that is shifting from mere inspection and standards enforcement to quality improvement, for instance through the provision of guidance and support on compliance.

Care and service inspections are seeking to adopt the least restrictive action in bringing about the necessary improvements and outcomes for people. Enforcing standards comes only as last resort and takes place after all collaborative efforts to improve have been unsuccessful. A more collaborative approach between care inspectorates and providers is key in quality improvement. In this manner, care inspectorates have integrated this ambition in their mission documents.

Graph 4: Evolution of Quality Assurance – From Inspection to Continuous Improvement



Source

Presentation of Kai Leichsenring, European Centre for Public Welfare, ESN Quality Roundtable (2021)

For example, HIQA's mission in Ireland is not only to monitor compliance with regulations, but the agency also supports providers with advice on continuous improvement in the quality of their services. It provides several online courses addressed to care staff such as an online module on human-rights-based-approach-in-health-and-social-care or a dedicated module for frontline-staff-on-how-to-implement-national-care-standards-in-their daily work. To fulfil their role as advisors on quality, inspection and quality agencies have required adequate resources to be able to work with providers to help them improve the quality of the care they provide (ESN, 2021a).

6. Self-assessment

Self-assessment is key in continuous improvement. The rationale of self-assessment is to help providers to better understand how they perform and to proactively take actions to improve quality as soon as possible. Self-assessment tools are made available by care inspectorates (i.e. IE, UK) or associations of care providers or care service managers (i.e. AT, CZ, LU, SI). Managers and frontline staff need to be trained and develop their skills to use self-assessment tools to their full potential.

The Care Inspectorate in Scotland has developed eleven self-assessment frameworks for different types of services and care settings ranging from care homes for adults, to fostering, adaption and adult placement, to support services in home care. These <u>frameworks</u> are available to download (Care Inspectorate, 2022).

Services can self-evaluate themselves against six key questions:

- 1. How well do we support people's wellbeing?
- 2. How good is our leadership?
- 3. How good is our staff team?
- 4. How good is our setting?
- 5. How well is our care and support planned?
- 6. What is our overall capacity for improvement?

This <u>guide to self-evaluation</u> supports services in their improvement journey (Care Inspectorate, 2021).

Self-assessment tools have also been developed by non-public organisations. The E-Qalin quality management system is a self-assessment and certification tool for care homes, home care services and care services for people with disabilities. It provides training for social services managers on how to use the E-Qalin self-assessment tool which includes 66 criteria in the area of 'structures & processes', and 25 'results' against quality. The crucial point is then how to develop improvement plans based on their self-assessment findings. It is available in Austria, Germany, Italy, Luxembourg, Slovenia and Czech Republic (EAN, 2023).

7. External Quality Certification

There are external agencies that provide quality certificates for social services. This can help providers to **go beyond compliance with minimum quality standards** established by law and distinguish themselves from other providers on the market. It can also help them to set up internal quality management systems, which are compliant with international standards such as International Organisation for Standardisation (ISO) norms.

Quality Mark Certificate for Social Care in Czechia

In Czechia, social service providers can apply for the Quality Mark Certificate, awarded by the Association of Social Services Providers, which is available for nursing homes for older people, nursing homes for people with dementia, home care services and mobile services. Currently more than 125 organisations have been assessed against the standards of the Quality Mark Certificate. The standards are measured based on evidence gathered through questionnaires for clients, providers and family members and other documents such as food menus and client's activity plans. This information is complemented by interviews with clients, staff and management, and general observations during on-site inspections. Results are published online.

ISO Certification for Quality Management in the Child Care Inspection Agency Tusla, Ireland

Social Services can choose to undergo certification according to the ISO certification to improve their quality management processes. Tusla, which is responsible for inspecting child and family services, is envisaging to undergo ISO 9001:2015 certification in order to update its internal Quality Assurance Systems. ISO 9001:2015 is one of the most recent ISO standards on quality management worldwide and is used in private and public organisations.

8. Integration of Health and Social Care

Improved outcomes for people using services are more likely through improved coordination across services in planning, assessments and service provision (ESN, 2021). A recent HIQA report highlights that in the provision of home care, health and social care services frequently intersect, and there is a strong argument that this will increase over the coming years with the move to more care in the community (HIQA, 2022). Acknowledging the interrelatedness of social and healthcare, the Care Quality Commission (CQC) in England has overhauled its quality assessment system and merged its four quality assessment frameworks into one for health and social services.

"We will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment."

Dave James, Head of Adult Social Care Policy, CQC. Meeting of the Working Group on Quality of Social Services (2022)

Single Assessment Framework for Health and Social Care

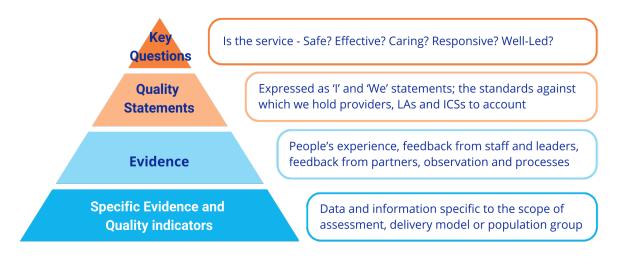
The CQC has developed a <u>single assessment framework</u> that looks at quality based on five key questions: Is it **safe**, **effective**, **caring**, **responsive**, and **well-led**?

In the new single assessment framework these five areas of quality are analysed based on statements from people with care experience, care providers, relatives, staff, and management, feedback from partners, processes as well as based on the outcomes achieved for the person.

Evidence is from beneficiaries based on **'I' statements** that express what people expect and need.

Self-assessment forms with 'we' statements for providers will help them understand better what is expected under the new single assessment standards. The aim is to reduce duplication in the CQC's four current separate assessment frameworks so that inspectors focus on specific topic areas under each key question and to ease inspections for providers (CQC, 2022).

Graph 5: A Single Assessment Framework for Health and Social Care in England



Source CQC (2022), adapted by the European Social Network

9. Procurement and Quality in Social Services

Procurement and contracting-out care services from public authorities to private or third sector providers needs to be taken into account when regulating and improving quality. Beyond service regulation and monitoring, public authorities in many countries use public procurement, contracting and commissioning as a tool to improve and ensure quality of care (ESN, 2021a).

"Public services are accountable for externally provided services, since where a public duty is partly or wholly delegated to another organisation, it is still a public duty."

European Social Network (2010) For example, the Municipality of Barcelona defines in its contracts with external social care providers key quality outcomes which need to be achieved for care beneficiaries such as supporting people's needs, enhanced quality of life, early detection of risks and community-based service provision.

10. Personal Budgets

Increasingly, traditional services are being replaced or complemented by more personalised service arrangements whereby individuals become 'commissioners' of their own social services. For instance, individuals assessed as needing support provided by public social services are increasingly opting for personal budgets, which allow them to purchase and organise their own service packages from the providers that they choose. This leads to the reflection, if care beneficiaries should become the inspectors of the quality of their services and how they could be supported to do this.

Therefore, establishing and continuously monitoring principles of quality assurance is desirable not only for formal regulators, commissioners and providers, but also for those individuals who are choosing their own care and social support services to help ensure they have a better understanding of what they need to look for in a quality service.

This issue will be further discussed in upcoming meetings of our working group.

EU Frameworks Relevant for Quality in Social Services

The European Union made an attempt to set up a framework to develop a common understanding of quality in social services across the EU. In 2010, the Social Protection Committee (SPC), consisting of national social policy ministry representatives at EU level, developed a voluntary quality framework for social services, which however has remained unknown, especially at regional and local levels. ESN has been working to make the framework better known and to support the European Commission in its assessment and revamping of the framework.

"Our quality assurance mechanisms at EU, national and local level need to adapt to the new trends we have seen in recent years."

Alfonso Lara Montero, Chief Executive Officer, European Social Network Other attempts have been made to promote quality of specific sectoral services. In 2019, the Council of the EU put forward key quality principles for early childhood education and care and agreed in 2022 on quality principles for long-term care. Part of our working group's mission is to revisit those principles and make suggestions how they could be updated as part of our suggestions on how to update EU social services quality guidance.

Voluntary European Quality Framework for Social Services

The voluntary European Quality Framework identifies common quality principles with the aim to contribute to a common European understanding of quality in social services. The defined principles are classified in four categories:

Overarching quality principles

- 1.Available
- 2 Accessible
- 3. Affordable
- 4. Person-centred
- 5. Comprehensive
- 6. Continuous
- 7. Outcome-oriented

Relationships between service providers and users

- 1. Respect for users' rights
- 2. Participation and Empowerment

Relationships between service providers, public authorities and other stakeholders

- 1. Partnership
- 2. Good governance

Human and physical capital

- 1. Good working conditions and working environment / investment in human capital
- 2. Adequate physical infrastructure

EU Guidance Quality in Long-Term Care (Joint Principles)

As part of the 2022 <u>Care Strategy</u>, the European Union put forward a <u>Council Recommendation on Access to Affordable High-quality Long-term Care</u> including an Annex with key principles for national quality frameworks:

- 1. **Respect** (for people in need of long-term care, their families and carers).
- **2. Prevention** (maintaining or restoring physical and/or mental health, and autonomy).
- **3. Person-centred** (beneficiary at the centre of attention and the basis for service planning, care management, worker development and quality monitoring).
- **4. Comprehensiveness and continuity** (integrated care, uninterrupted range of services, smooth transitions).
- **5. Focus on Outcomes** (quality of life and ability to live independently).
- **6. Transparency** (availability of information and advice about available long-term care) options and providers, quality standards and quality assurance arrangements).

- 7. Workforce (skilled, competent, reflecting number and needs of beneficiaries.
- 8. Facilities (complying with health and safety rules, accessibility among others).

Upcoming Framework for Social Services of Excellence for Persons with Disabilities

In its new Strategy on Disability the European Commission has announced that the Commission will present by 2024, a specific 'Framework for Social Services of Excellence for persons with disabilities,' to improve service delivery for persons with disabilities and to enhance the attractiveness of jobs in this area including through upskilling and reskilling of service providers, building on the existing voluntary European Quality Framework for Social Services. In its latest progress report on the implementation of the EU Strategy for the Rights of Persons with Disabilities, the European Commission also referred to this framework as 'Framework for Social Services of Excellence to Improve the Quality of Community-based Services for Persons with Disabilities.'

Potential Principles for Quality in Social Services

Inspired by the quality **principles** mentioned in the relevant European and national frameworks, ESN's working group discussed the principles which should form the basis of quality assurance frameworks. Below ESN provides a summary of the principles that were highlighted. These principles needto be translated into **objectives**, **standards** and **measurable indicators**.

- **Human-rights-based**: Social services provision needs to be based on the respect of people's human rights in line with international and national human rights legislation.
- Safe: Beneficiaries are safeguarded from discrimination and the risk of neglect or abuse.
- **Outcomes-oriented**: Care and support should be oriented towards outcomes and not just be concerned with processes. The maintenance of quality of life should be the overarching goal of social services.
- **Person-centred**: The person is at the centre of the care process and is involved in care plan design, provision and evaluation.
- **Respect:** Care providers respect the equality and diversity of beneficiaries and staff, their individual characteristics, culture, background, beliefs.
- **Partnership and Trust**: Different agencies responsible for the various phasis of care work with each other in a spirit of partnership and trust a) professionals should be working with the person in need towards a common outcome; b)

authorities and inspectorates should be working with providers for the best outcomes of the person in need; c) professionals and informal carers should work together for the best outcomes of the person in need.

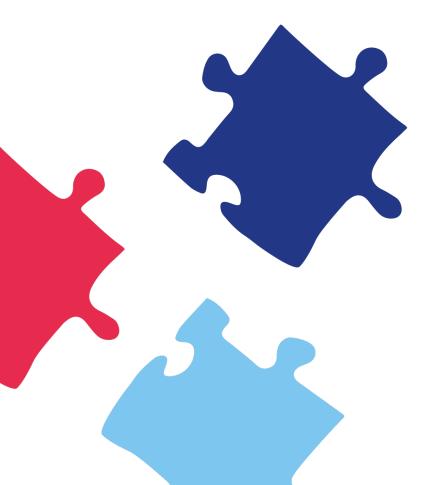
- **Choice:** Beneficiaries are given the possibility to choose their care according to their personal needs.
- **Empowering:** The person in care feels empowered to live their life as autonomously as possible.
- **Easy to Access:** Care is made easy to access, addressing mental, physical and digital barriers in the process of planning, implementation, and evaluation. Persons in need of care and support are assessed against needs and the means they have to be provided with the right support.
- Community-Based: Persons in need of care are integrated in the community, meaning they can receive care in their homes, and/or have meaningful relations with their community, wherever they live.
- Transparent: Information on care quality inspections results and advice for improvement are publicly available and presented in an accessible way. Persons in care are informed on how they can provide feedback on the quality of their care.
- **Integrated and Comprehensive:** Care is provided in an integrated manner, preventing gaps between sectors such as health and social care and support. This includes for example procedures for hospital discharge shared care plans between primary community care and specialist healthcare where appropriate.
- Accountability: Providers and public authorities are both accountable on the quality of care provided. Outsourcing statutory duties to external providers does not mean outsourcing of responsibility for the quality of life of persons in need of care and support.
- **Well-Resourced/Well-funded:** Providers and inspectors of care and support receive sufficient funding and support to effectively fulfil their roles.
- Workforce Support: Senior staff commits to good governance and having in place a culture of improvement and learning. Qualified and healthy workforce whose well-being and safety is taken into account, are supported through a positive culture of supervision and encouraged to develop new skills through training.

Future Reflections

Below ESN provides some reflections for future work in the framework of the working group based on the points identified in the focus group discussions.

- The EU has a role in supporting the development of EU-wide principles and standards that can be shared, help support ongoing improvement and ensure consistency.
- ESN can support the EU in establishing a common language for standards i.e., define what can be commonly understood under terms such as home care, community care, independent living, residential care, care home, professional and informal carers, family carers.
- The EU can support national authorities in identifying and agreeing measurable indicators that help them assess the quality assurance of social service.
- There needs to be a common cross-sectoral quality social services framework at European level. As quality evolves over time, this framework needs adapting. Sectoral frameworks. related to specific services may then be developed but they need to steam out of the cross-sectoral framework, and they must be consistent with it, not as standalone but in full alignment with.

The working group will continue to identify and assess national and local quality frameworks to support the process of revamping the EU quality framework and make proposals to ensure individual frameworks are integrated within this process.



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