

Towards a European Framework for Quality in Social Services



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

European Pillar of Social Rights, Principle 11

*“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

*“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 (ESN)

The **European Social Network (ESN)** represents the voice of public social services as employers, managers, funders, planners, deliverers, and inspectors of social services in Europe.

ESN inspires social services leaders to improve the lives of people in the community through the development and exchange of knowledge to improve policy and practice in public social services, including all support and community-based services fighting poverty, promoting social inclusion and autonomy, child protection, protection of people with disabilities, care and support for older people, homeless people, as well as people and families in disadvantaged socio-economic situations.

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1. ABOUT THIS BRIEFING

This briefing has been drafted in the framework of the 2024 annual meeting of the European Social Network's **Working Group on Quality in Social Services**.

The Group, which runs from 2022 to 2025, aims to propose an **updated European Social Services Quality Framework** that takes account of current social services trends and developments.

This proposal results from a **co-creation approach** implemented by the ESN Secretariat with members of the European Social Network in the framework of our **Working Group on Quality in Social Services**. This co-creation approach includes a series of questionnaires, annual meetings, and focus group sessions with professionals from public authorities, inspection and regulatory bodies, applied research and providers, and feedback from people using social services.

In 2022, the Group assessed key trends in social services quality assurance and put forward its first ideas of key principles for quality in social services.

In 2023, the Group members agreed on the key quality principles relevant to social services, which will underpin the Group's proposal for common European social services quality standards.

In 2024, the Group defined draft standards of social services quality based on the principles defined in previous meetings. The standards are formulated from the perspectives of both people using services and professionals providing services. They are complemented by suggestions of arrangements that providers should put in place to ensure they implement the standards.

In 2025, based on feedback from external stakeholders, the Group will agree on the final proposal for a **European Social Services Quality Framework**.

The 2024 Working Group meeting brought together social services directors, professionals, and researchers from 18 European countries, representing local, regional, and national public social services, quality inspection agencies, research organisations and professionals' associations.

This briefing presents draft standards of social services quality. The content of this briefing is based on desk research analysing national quality frameworks, presentations and discussions of the 2024 Working Group meeting, and questionnaires completed by 28 ESN members from **Austria, Azerbaijan, Belgium, Czechia, Denmark, Germany, Greece, Iceland, Ireland, Israel, Latvia, Malta, Romania, Slovenia, Slovakia, Spain, Sweden, Switzerland**, and the **United Kingdom**.

The Group agreed to structure the framework along key principles and standards formulated as **'I-Statements'**, **'We Statements'**, and **'Arrangements'** that providers should put in place to reach good quality of service.

2. A PROPOSAL FOR A RENEWED EUROPEAN QUALITY FRAMEWORK

Fourteen years after its introduction, the impact of the **2010 EU Voluntary Framework on Quality in Social Services (VFQSS)** has been limited. Only three countries, **Bulgaria**, **Estonia**, and **Romania**, refer to the VFQSS in their legislation. Several EU Member States do not deem it relevant to their national quality policies. Regional and local agencies, which are usually the competent authority for social services quality assurance, are for the most part not knowledgeable about the European Framework.

There may be different reasons why there has been a limited application of the framework by national authorities across Europe, but one of them is the lack of follow-up and regular updates in line with social services trends.

A framework should be regularly updated to remain relevant, effective, and aligned with evolving needs and the sector standards. Regular updates can help to address potential gaps that may arise over time, enhancing the framework's reliability and performance. This also involves integrating feedback from users, incorporating new best practices, and adapting to regulatory or organisational developments. Keeping a framework current not only **improves its functionality** but also **fosters trust and compliance** among the organisations for which it has been designed.

Therefore, ESN will put forward a proposal for a revamped framework, which considers trends and organisational developments within the social services sector to ensure it is relevant to the sector and includes proposals for its implementation.

The framework will be a key reference document for:

Public regulators and quality agencies who develop new social services quality standards

Those who **review existing quality standards** in countries, regions, and municipalities across Europe

Providers who set up their own quality frameworks

This **European Framework on Quality in Social Services** will include standards of quality in social services, which are based on six key principles, namely:

**Human rights-based; Person-centred; Outcomes-oriented;
Safe; Community-based; Well-managed**

The Working Group identified these principles as most relevant. ESN's **2024** publication [Principles of Quality in Social Services](#) provides a more extensive description of each principle and how it was identified.

Before presenting the concept of ESN's proposal in more detail, we will describe the Group's reflections on developing standards based on the agreed quality principles. The standards the Group proposes have been developed based on a review of existing quality frameworks through desk research, a questionnaire, and focus group discussions.

3. DEFINING STANDARDS OF QUALITY

3.1 What are standards of quality in social services?

There are several definitions of quality standards for social services.

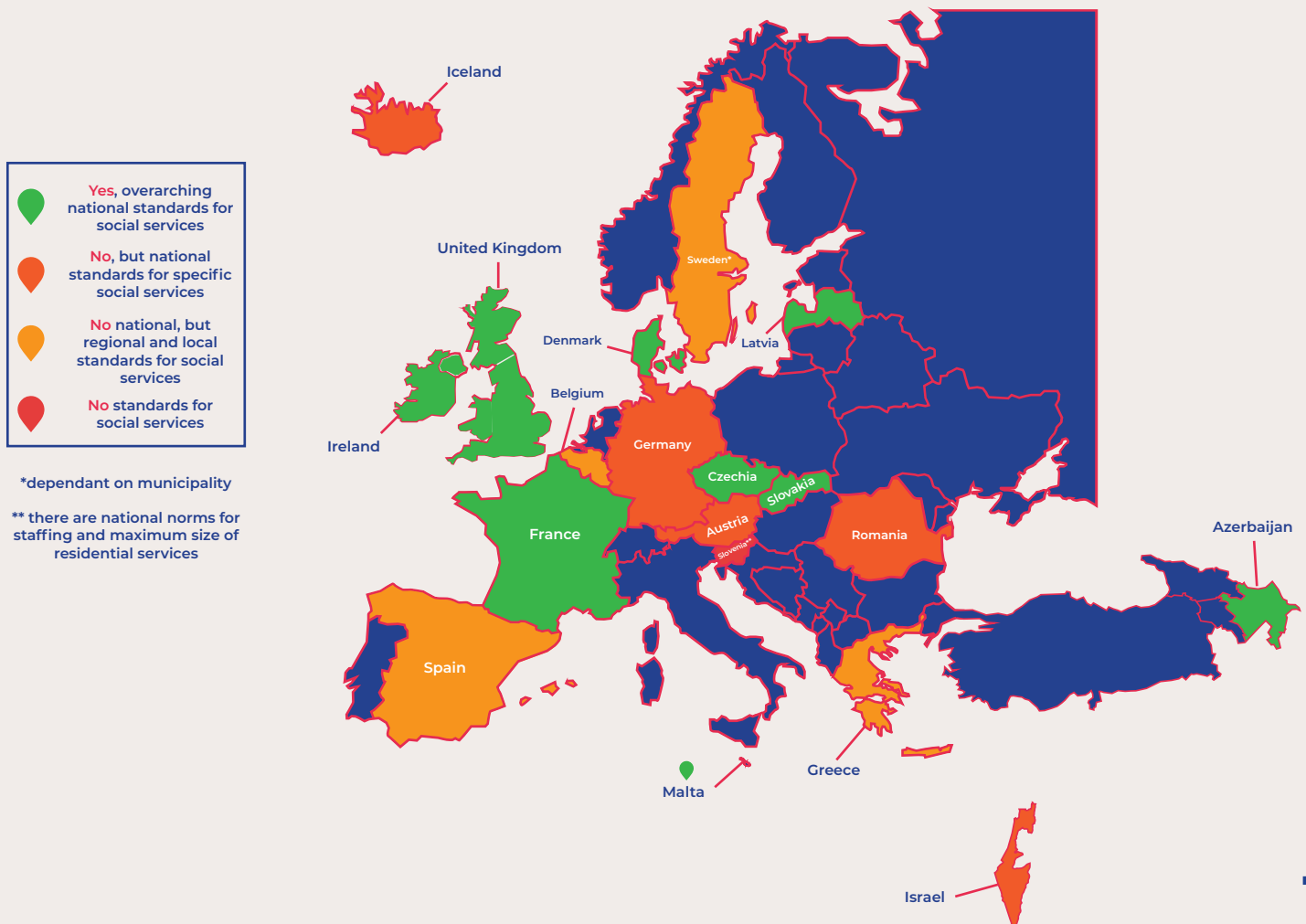
The **National Institute for Health and Care Excellence in England (NICE)** defines its Quality Standards as specific, concise statements that act as markers of high-quality, cost-effective care ([NICE, 2021](#)).

The **Northern Irish Department of Health, Social Services and Public Safety** describes standards as a level of quality against which performance can be measured ([Department of Health, Social Services and Public Safety, 2006](#)).

According to an international review of health and social care standards conducted by [Kelly et al. \(2022\)](#), standards comprise statements describing a process or outcome of care. Setting standards for quality in social services is a widely used practice across Europe. However, not all European countries have overarching quality standards for social services.

Respondents to a questionnaire sent to ESN members were asked if their countries have an overarching set of quality standards for social services. A majority replied that their countries had such standards either at national or sub-national level (see Table 1).

Table 1: Existence of overarching quality standards for social services in European countries
Does your country have overarching national quality standards for social services?



3.2 Which types of standards exist?

According to [Kelly et al. \(2022\)](#), quality standards can describe aspirational levels of quality. In most countries, quality standards are not legally enforceable.

The **Scottish Care Inspectorate** explains that their “*Health and Social Care Standards set out what we should expect when using health, social care or social work services in Scotland.*” ([Scottish Care Inspectorate, 2017](#))

The **Scottish Care Inspectorate** makes a difference between standards and legislation in the preface of its quality framework: “*Standards do not replace or remove the need to comply with legislation, which sets out requirements for the provision of services. The Standards are intended to be used to complement relevant legislation and best practices that support care services to ensure high-quality care and continuous improvement.*” ([Scottish Care Inspectorate, 2017](#))

HIQA, the Irish Quality Agency, defines Irish national standards for quality in social services as “*a set of high-level outcomes that describe how services can achieve safe, quality, person-centred care and support.*” Their purpose is to:

“...offer a **common language** to describe what high-quality, safe, person-centred care looks like”

“...create a basis for services to improve the **quality and safety** of the care they deliver by identifying strengths and highlighting areas for improvement”

Assist people using services to “**understand** what they should expect from a well-run service”

“...**promote** day-today practice that is up-to-date, effective, and consistent.”

([HIQA, 2021b](#))

In some countries, minimum quality standards are set to describe limits under which services should never fall.

In **England**, such fundamental standards were introduced in 2014, following the ‘[Francis Report](#)’, which unveiled serious shortfalls in a care facility. The care regulator **Care Quality Commission (CQC)** holds providers accountable if fundamental standards are not met, including through courts, and can even introduce criminal penalties for failing to meet some of them ([Department of Health and Social Care, 2014](#)).

The **French** quality regulator, **Haute Autorité de Santé (HAS)**, has issued a framework for quality in social services with 157 standard criteria, of which most are non-mandatory. However, it also includes 18 standards that are ‘imperative’, which means that if they are not met, immediate action is taken after a quality inspector’s assessment visit ([HAS, 2022](#)).

Quality standards are also seen as reference documents for regulators and inspectors to evaluate whether a service should operate in the market.

In **Denmark**, for example, says, “*there is no automated decision in relation to the consequences of possible low compliance in individual areas, and no threshold value has been set for the required quality.*” ([The Danish Social and Housing Agency, 2024, own translation](#))

When a provider wishes to operate in a market or apply for a service contract from public authorities, it needs to prove to public buyers, regulators, and/or inspection agencies that it will be able to meet quality standards to receive an operational license or a contract.

In **Scotland**, Inspection Authorities “*take into account the Standards when carrying out their inspections and quality assurance functions, and when making decisions about care and health services which are, or are applying to be, registered.*” ([Scottish Care Inspectorate, 2017](#))

Once operating in a market or implementing a contract, the provider is regularly inspected by authorities or an inspection agency to verify whether the services delivered meet quality standards.

In **Denmark**, the social inspection authority must approve and conduct operational supervision of all services and foster families covered by the Social Inspection Act:

“When approving an offer, the social inspection authority must decide whether it is likely that the offer will deliver the required quality. In the case of operational supervision, the social inspection authority must assess whether the quality of the offer is sufficient in practice.”

[\(The Danish Social and Housing Agency, 2024, own translation\)](#)

Based on inspection results, providers may need to take action to improve quality. Quality Agencies are providing advice on how they can improve performance. Many Quality Agencies have, for example, training, and improvement material available on their website. In their inspection reports, inspectors also provide advice on how quality can be improved.

In case of risk to clients or constant underperformance by the service provider, public authorities may decide to take actions such as suspending the provider operations or a facility, withdrawing a license, cancelling a contract, or reporting concerns to law enforcement authorities. This is seen as a measure of last resort and happens only in exceptional cases ([ESN, 2021](#)).

3.3 What should be the role of European Standards for Quality in Social Services?

We asked members of the Group what they would expect from a **European Social Services Quality Framework**. The main arguments mentioned were:

1. **Alignment** and **consistency** of quality standards in European countries
2. **Easier comparison of service quality** between countries
3. Opportunity to **improve, change, update**, and **develop** national, regional and local standards
4. Possibility to **benchmark** and **improve** internal quality standards of social care providers with international reference standards
5. **Motivate providers** and **professionals** to promote new ways of working and enhance human rights-based and person-centred social services management

Below are some examples of specific arguments made by Group members:

Alignment and consistency of quality standards in European Countries



Agreed quality standards for social services can drive consistency in social services across Europe. For Tusla, it would provide a reliable source for developing outcomes and quality management framework



John Maguire

Acting Head of Practice and Performance Systems / General Manager Standards and Outcomes, **Tusla Child and Family Agency, Ireland**



These standards could allow us to further align our methods and tools with other European countries, which may expand the possibility of cross-country support and consultation and staff and service user movements.



Bianca Andrea Caruana

Manager of Quality Audit, Risk, Research and Innovation,
Agenzija Sapport, Malta

Easier comparison of service quality between countries



EU standards would help us in our upcoming work to set those same standards in Iceland. For EU countries, it is important to set uniform standards between countries where systems, processes and outcomes can be compared in the measurement of quality of social services.



Herdís Gunnarsdóttir

CEO, Quality and Supervisory Agency of Welfare (GEV), Iceland

Opportunity to improve, change, update, and develop national, regional and local standards



European quality standards for social services could be a good basis to update our own quality standards.



Anaëlle Becker

Project Manager, Federal Public Planning Service for Social Integration, anti-Poverty Policy, Social Economy and Federal Urban Policy, Belgium



European quality standards for social services would be a reference point that would inspire and contribute to our national, regional and organisational work with ensuring social services quality for and with service users as well as provide a wider framework and network for common quality development and improvement in Europe.”



Vinni Bøgelund Jensen

Quality Development Consultant,
Social Services in Central Denmark Region, Denmark



The development of standards at the European level would be a useful guide to follow as we are working on the development of a quality assurance agency in partnership with our provincial government.



Madalen Saizarbitoria

Senior Researcher, Research and Documentation Centre (SIIS), Spain

Possibility to benchmark and improve internal quality standards of social care providers with international reference standards



European quality standards will further enhance our internally developed standards in alternative child care and prevention and most importantly provide a frame for the further development and alignment of national standards in European member states and beyond.



Nicola Oberzaucher

Programme Director, SOS Children's Villages International

Motivate providers and professionals to promote new ways of working and enhance human rights-based and person-centred social services management



European quality standards for social services can influence and motivate social services in Romania to develop new approaches, to increase the participation of service users, to be more human rights-based and better managed.



Adela Setet

Manager, Centre for Training and Assessment in Social Work (CFCECAS), Romania

In short, the Group believes that having common European standards will allow public regulators, inspection agencies, and social service providers to have a shared vision, understanding, procedures, and common language and understanding of quality, needed to meet the expectations of people drawing on social care and support. It will also help define what people using social services in the EU can expect from those services.

4. HOW TO FORMULATE QUALITY STANDARDS?

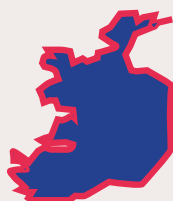
Having described why we should develop European social services quality standards, we will now describe how these standards could be formulated and look in practice.

The Group's review of quality frameworks concluded that an up-to-date **European Social Services Quality Framework** should be oriented towards **outcomes**.

Therefore, the Working Group came up with the use of '**I-Statements**' to express what outcomes a person can expect from quality social services from the point of view of the person using the services themselves. '**We-Statements**' describe the aspirations providers should adhere to in order to meet people's expected outcomes formulated in '**I-Statements**'.

4.1 I-Statements: reflecting the perspective of the person using services

Several quality agencies across Europe have integrated the principles of person-centred and outcomes-based services in their standards by formulating them from the point of view of people who use them.



In Practice: I-Statements - Ireland

In **Ireland**, '**I-Statements**' have been developed for the Draft Overarching National Standards for the Care and Support of Children Using Health and Social Care Services ([HIQA, 2021a](#)). By providing a common framework for all health and social care services working with children, the overarching standards aim to promote clarity, consistency, and continuity within and between services.

The **Draft Overarching National Children's Standards** describe how service providers can achieve safe, high quality, and integrated child-centred care and support for children accessing health and social care services. Each standard statement consists of two elements:

A statement **written from the perspective of the child** stating the outcomes they should expect

A statement **setting out the arrangements that a service provider must have in place** to achieve these outcomes

Table 2: Example of a Principle under the Irish Standards Development Framework

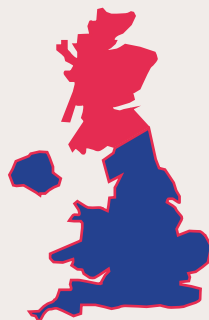
PRINCIPLE 1: A HUMAN RIGHTS-BASED APPROACH	
How a person experiences a human rights-based approach	Arrangements a provider should put in place
<p>My rights are protected and promoted by health and social care services and are explained to me in a way that I can understand.</p>	<p>The principle of a human rights-based approach (HRBA) means that health and social care services respect, protect and promote the human rights of the person receiving care and support at all times.</p>
<p>I am treated with dignity and respect, and I do not experience discrimination for any reason when I am accessing or using services.</p>	<p>In the context of health and social care services, dignity and respect includes respect for people’s physical privacy, for the privacy and confidentiality of their personal information, their property and their possessions, and respect for the person’s abilities, needs, views, culture, and preferred lifestyle.</p> <p>Services recognise that people have diverse needs, and staff provide culturally sensitive care and support to ensure that all people are respected, regardless of their ethnicity, gender, religion, language, abilities or any other status.</p> <p>(Services) work to identify the barriers to their engagement and participation, including discrimination and disadvantage, and consider how they can address care disparities by developing systems and structures that promote accessible and equitable access to the service.</p>

Table created based on: [HIQA \(2021b\) Standards Development Framework: a principles-based approach](#)

In the case of **Ireland**, the overarching framework for quality in social services developed in 2021 is used to develop quality frameworks for specific population groups. For instance, in the **Draft Overarching National Children’s Standards**, the principle of a human rights-based approach was adapted to reflect better children’s support.

Table 3: HIQA Draft Overarching National Standards for the Care and Support of Children Using Health and Social Care Services

PRINCIPLE 1: A CHILDREN’S RIGHTS-BASED APPROACH STANDARD	
The outcome a child should expect	What a service provider must do to achieve this
<p>1.1. My rights are explained to me, respected and upheld. I am valued by the staff in the services I use and treated with dignity and respect.</p>	<p>The service provider has arrangements in place to ensure the rights of children as set out in the United Nations Convention on the Rights of the Child and the United Nations Convention on the Rights of Persons with Disabilities are respected and upheld in all decisions about their care and support and that children’s rights are protected, promoted and supported when they are using the service.</p>



In Practice: I-Statements - Scotland

When the social and health care standards were introduced in 2017, the **Scottish Care Inspectorate** underlined how crucial the **I-Statements** were in putting the focus on the person and the outcomes for them.

The **Scottish** standards for quality in health and social care are formulated based on five **I-Statements** that reflect the principles of dignity and respect, compassion, being included, responsive care, and support and wellbeing.

Headline Outcomes for Quality Standards in Scotland

1.
“I experience high quality care and support that is right for me.”
2.
“I am fully involved in all decisions about my care and support.”
3.
“I have confidence in the people who support and care for me.”
4.
“I have confidence in the organisation providing my care and support.”
5.
“I experience a high quality environment if the organisation provides the premises.”

Source: Scottish Care
Inspectorate, 2017

The use of **I-Statements** as the basis for inspections of social services has been positively perceived by professionals and people using services alike. [Social Work Scotland \(2023\)](#) wrote in its response to the [Review of Inspection, Scrutiny and Regulation in Scotland](#):

“The Standards are guided by ‘**I-Statement**’ questions, an approach that enables those using services, and their carers and family, a platform from which to contribute to a review of their service and support.”

4.2 We-Statements: reflecting the perspective of the provider

'**We-Statements**' formulate the outcome a service provider should aspire to, formulated in an outcomes-based manner. Instead of formulating standards in a prescriptive way, such as "**The provider should...**".

'**We-Statements**' show providers' aspirations to provide good quality care.



In Practice: We-Statements - England

The [English Single Assessment Framework](#) uses '**We-Statements**' to describe standards of quality (called '**Quality Statements**').

The '**We-Statements**' are an extension of '**I-Statements**' that are also part of the [English Single Assessment Framework](#). They are written from a provider's perspective to help them understand what is expected of them. They match the [Making It Real](#) '**I-Statements**' that were developed with [Think Local Act Personal \(TLAP\)](#), [National Voices](#), and the [Coalition for Collaborative Care](#), organisations that co-developed statements describing how people using services would like to experience care of good quality.

'**We-Statements**' describe the aspirations providers adhere to in order to meet the people's expected service outcomes formulated in the '**I-Statements**' ([CQC, 2024b](#)).

"Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care."

([CQC, 2022](#))

As an example, the [CQC Single Assessment](#) is structured into five principles, each subdivided into subthemes, each of which is translated into '**I-**' and '**We-Statements**'. The following table illustrates how this looks in practice, with the principle '**Safe**' as an example.

Table 4: CQC's Single assessment Framework combining 'I' and 'We-Statements' – Example of the theme 'Safe'

PRINCIPLE OF QUALITY	GENERAL STATEMENT	
SAFE	<p>Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse, and discrimination.</p> <p>Their liberty is protected where this is in their best interests and in line with legislation.</p>	
THEME	I-STATEMENT (PERSON'S PERSPECTIVE)	WE-STATEMENT (PROVIDER'S PERSPECTIVE)
LEARNING CULTURE	<p>I feel safe and am supported to understand and manage any risks.</p> <p>I can get information and advice about my health, care, and support and how I can be.</p>	<p>We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to.</p> <p>Safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.</p>
SAFEGUARDING	<p>I feel safe and am supported to understand and manage any risks.</p>	<p>We work with people to understand what being safe means to them, as well as with our partners on the best way to achieve this.</p> <p>We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect.</p> <p>We make sure we share concerns quickly and appropriately.</p>
SAFE ENVIRONMENTS	<p>I feel safe and am supported to understand and manage any risks.</p>	<p>We detect and control potential risks in the care environment.</p> <p>We make sure that the equipment, facilities and technology support the delivery of safe care.</p>
SAFE SYSTEMS, PATHWAYS, AND TRANSITIONS	<p>I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.</p> <p>When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.</p>	<p>We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured.</p> <p>We ensure continuity of care, including when people move between different services.</p>

Source: CQC, 2024d

5. ESN'S PROPOSAL FOR A RENEWED EUROPEAN SOCIAL SERVICES QUALITY FRAMEWORK

Based on the assessment of the different national frameworks presented and discussed in the Group over the years **2022** and **2023**, the Group agreed to structure the framework along:

1. Key principles and their themes
2. Standards formulated as '**I-Statements**' and '**We-Statements**'
3. **Arrangements** that providers can put in place to meet the standards

1. Key principles and their themes

In **2024**, the Group decided to subdivide the principles into themes and that for each theme, it would develop quality standards. The table below explains the distribution of those themes.

Table 5: Principles and Themes

KEY PRINCIPLES	THEMES
1. Human rights-based	I. Ensure respect of human rights II. Dignity III. Privacy, intimacy, and confidentiality IV. Equality and non-discrimination
2. Person-centred	I. People's involvement II. Enabling choice III. Responsive to needs IV. Recognising aspirations V. Accessibility
3. Safe	I. Staff II. Safe environment – managing risk III. Transition and continuity IV. Balancing self-determination and safety V. Safeguarding
4. Community-based	I. Choosing where to live II. Living environment III. Live personal relationships and maintaining a personal network IV. Meaningful life V. Community participation
5. Well-managed	I. Values II. Culture of learning III. Inclusive service planning and decision-making IV. Structure V. Staff and human resources VI. Environment and sustainability

2. Quality Standards

For each theme, the Group developed several draft standards that will be further developed in 2025. The standards would be formed by 'I-' and 'We- Statements'.

'I-Statements' are the outcomes a person should expect, formulated in a person-centred and outcome-based manner.

'We-Statements' are the outcomes service providers should aspire to, formulated in an outcomes-based manner.

Each 'I-Statement' is matched by a 'We-Statement'. Together they form a quality standard.

3. Arrangements

Furthermore, example 'arrangements' were developed to describe processes that providers should implement to meet the standards. These are suggestions, and providers can also use other processes if they meet the standards.

The following table illustrates the structure.

Table 6: Outline of Framework Proposal

PRINCIPLE A			
THEME 1	QUALITY STANDARD		ARRANGEMENTS
	I-STATEMENT	WE-STATEMENT	
THEME 2	QUALITY STANDARD		
	I-STATEMENT	WE-STATEMENT	
PRINCIPLE B			
THEME 1	QUALITY STANDARD		ARRANGEMENTS
	I-STATEMENT	WE-STATEMENT	
THEME 2	QUALITY STANDARD		
	I-STATEMENT	WE-STATEMENT	

In **Table 7**, we can see an example of how the proposed **European Social Services Quality Framework** will look like, at the example of the principle ‘**person-centred**’ and its theme ‘**people’s involvement**’.

Table 7: Preview of the draft proposal for a European Social Services Quality Framework

PRINCIPLE: PEOPLE-CENTRED		
THEME: PEOPLE’S INVOLVEMENT		
I-STATEMENT	WE-STATEMENT	ARRANGEMENTS
<p>I am involved in all care and support decisions affecting my life.</p> <p>My autonomy is respected. I am actively engaged in the planning, implementation, evaluation, and decision-making processes regarding my care and support.</p> <p>My wishes and preferences are taken into account in the planning and provision of my care and support.</p>	<p>We actively engage people using our services in planning, delivering and evaluating the care and support we provide.</p> <p>We plan and provide our services according to the individual needs, preferences and rights of the people we support.</p> <p>We involve people in all decisions affecting their lives and ensure their autonomy is supported. We are open and interested in the wishes preferences of our clients.</p>	<p>1. We have processes in place to engage people in decision-making about their care.</p> <p>2. We co-develop care plans and empower people to be engaged during the implementation and evaluation of the plan.</p> <p>3. We train our staff on how to meaningfully involve people in the planning, implementation, and evaluation of our services and in decision-making processes impacting their care and support.</p> <p>4. We actively seek people's input and feedback for the development of our services.</p>

Towards a final framework proposal in 2025

The draft framework will be further developed by the Group in **2025**. The final version will be published by the end of **2025**.

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7. ANNEX

ORGANISATIONS INVOLVED IN THE DEVELOPMENT OF THE DRAFT STANDARDS IN 2024

ORGANISATION	COUNTRY
Consortium of Retirement Homes, Vienna	AUSTRIA
National Association of Social Workers (OBDS)	AUSTRIA
SOS Children's Villages International	AUSTRIA
Federal Public Planning Service - Social Integration (PPS – Social)	BELGIUM
Public Centre for Social Welfare (PCSW), Bruges	BELGIUM
Walloon Agency for a Life of Quality (AVIQ)	BELGIUM
Ministry of Labour and Social Affairs	CZECHIA
Aarhus City Council - Department of Social Services	DENMARK
Regional Government of Central Denmark	DENMARK
Haute Autorité de Santé (HAS)	FRANCE
Ministry of Labour, Social Affairs, Health and Equality Saxony-Anhalt	GERMANY
University of West Attica	GREECE
Quality and Supervisory Agency of Welfare (GEV)	ICELAND
Health Information and Quality Authority (HIQA)	IRELAND
Child and Family Agency (TUSLA)	IRELAND
Myers-JDC-Brookdale Institute	ISRAEL
Welfare Department, Riga City Council	LATVIA
Foundation for Social Welfare Services (FSWS)	MALTA
Social Care Standards Authority (SCSA)	MALTA
Centre for Training and Assessment in Social Work (CFCECAS)	ROMANIA
Banska Bystrica Self-Governing Region (BBSK)	SLOVAKIA
Faculty of Social Work, University of Ljubljana	SLOVENIA
Research and Documentation Centre (SIIS)	SPAIN
National Board of Health and Welfare	SWEDEN
Regulation and Quality Improvement Authority (RQIA)	UNITED KINGDOM
Care Quality Commission (CQC)	UNITED KINGDOM
Local Government Association (LGA)	UNITED KINGDOM

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