

Disability High Level Group position paper

Subject: Quality of social services of general interest (SSGI)

The Disability High Level Group, made up of representatives of all the Member States under the Commission presidency, has drawn up, with the collaboration of organisations representing people with disabilities, providers of services to people with disabilities and stakeholders in the field, a document on the "Quality of the Social Services of General Interest (SSGI)" from the viewpoint of disability.

The purpose of the present paper is to provide guidance and inspiration on how to promote quality social services addressing the particular needs of people (women and men, girls and boys) with disabilities. It is addressed in particular to actors active in the areas of social protection and social inclusion, including the Member States.

This paper is also to be considered in the context of the European Social Fund programming for 2007-2013, which includes a priority on reinforcing social inclusion of people at disadvantage, including people with disabilities.

The considerations in this paper follow the principle of mainstreaming, which can be defined as the systematic consideration of the specific needs of people with disabilities when designing social inclusion and social protection policies.

I. Introduction

In April 2006 the Commission adopted a Communication on Social Services of General Interest (Communication from the European Commission "Implementing the Community Lisbon Programme: Social Services of General Interest in the European Union" COM(2006)177 final 26.04.2006)

This communication is a follow-up to the White Paper on services of general interest, which announced a "systematic approach in order to identify and recognise the specific characteristics of social and health services of general interest and to clarify the framework in which they operate and can be modernised". It is a further step in taking the specific nature of social services into account at European level and clarifying, to the extent that they are covered, the Community rules applicable to them.

A specific reference is made in this Communication to the issue of the quality of these services (point 1.2.).

Furthermore, the European Disability Action Plan 2006-2007 (Communication from the European Commission on the situation of disabled people in the enlarged European Union COM (2005) 604 final 28.11.2005) has established as a priority to promote access to quality support and care services, considering that: " promoting quality, affordable and accessible social services and support to disabled people through consolidated social protection and inclusion provisions will be at the core of EU mainstreaming actions.... Quality aspects of disability-related social services will also be explored, including the need to promote coordinated delivery of services".

In this context, a thematic dialogue on SSGI to people with disabilities has been engaged by the Disability High Level Group with the view of reporting its findings to the Social Protection Committee, for further consideration. The Disability High Level Group has explored in particular how relevant quality aspects of disability-related social services can be taken into account including the need to coordinate the delivery of services.

In preparation of the present position paper, a questionnaire has been sent to all members of the Disability High Level Group to steer their discussion. It is attached in the Annex .

II. Background

- *Article 2,3 and 13 of the Amsterdam Treaty*

- *Declaration 22 Annex to the Treaty of Amsterdam (Intergovernmental Conference):* "The Conference agrees that, in drawing up measures under Article 100a of the Treaty establishing the European Community, the institutions of the Community shall take account of the needs of persons with a disability".

- *The UN Convention on the Rights of People with Disabilities:* In particular Article 19 on living independently and being included in the community and Article 26 on habilitation and rehabilitation, Article 28 on adequate standard of living and social protection.

- *The EU Charter on Fundamental Rights:* Articles 21, 23 and 26

- *The European Social Agenda 2005-2010:* its last point deals with SSGI, emphasising the need of : "moving towards a clarification of the role and characteristics of social services of general interest... in order to contribute to their modernisation and quality, having regard to the various areas covered."

- *Conclusion 34 of the Spring European Council 2006:* "Increasing employment in Europe remains one of the top priorities for reform. Labour market reforms that have been undertaken in recent years are beginning to bear fruit. A key objective is to increase labour market participation, especially of the young, women, older workers, persons with disabilities and legal migrants and minorities. To achieve these objectives, work should be conducted in close cooperation with the social partners."

- *The European disability strategy governance principle:* Nothing about people with disabilities without people with disabilities

III. Common basic assumptions

The Disability High Level group supports the following basic assumptions which are set out in the Commission communication of April 2006 as they are particularly relevant with regards to SSGI to people with disabilities:

"Social Services constitute a booming sector, in terms of both economic growth and job creation. They are also the subject of an intensive quest for quality and effectiveness. All the Member States have embarked upon modernisation of their social services to tackle the tensions between universality, quality and financial sustainability. Although social services are organised very differently in the Member States, certain general aspects of this modernisation process can be seen:

- The introduction of benchmarking methods, quality assurance, and the involvement of users in administration,
- Decentralisation of the organisation of these services to local or regional level,
- The outsourcing of public sector tasks to the private sector, with the public authorities becoming regulators, guardians of regulated competition and effective organisation at national, local or regional level,
- The development of public-private partnerships and use of other forms of funding to complement public funding".

On top of this it should be noted that SSGI as described in the Commission Communication, but in particular Health Care Services, are very important for the well-being of the disabled people. Consequently "Health" and Disability' strategies need to be coordinated, both at the EU and at Member States level. There is indeed a need for coordination among these types of services in order to deliver integrated and comprehensive solutions to people with disabilities.

IV. Key elements of quality of SSGI to people with disabilities.

4.1 Pre-conditions for quality:

A major pre-condition for quality of social services is access to these services. Access to social services by people with disabilities means that those services are affordable, available, and accessible.

Quality of services is not to be made dependent on organisation of services/nature of the provider (public body/NGO/commercial provider, for profit/not for profit). Quality of services should be a question combining choice of the individual user, availability/affordability of services with some basic quality guarantees.

4.2 Agreed basic principles:

Quality of social services to people with disabilities is a condition for people with disabilities to lead full and independent lives, to reach their full potential as individuals, to contribute to and participate in society.

When implementing fundamental rights of people with disabilities, basic principles for SSGI in the field of disability are:

- Natural observance of human rights and freedoms outlined in the EU Charter of Fundamental Rights - notably its article 26 which recognises as a fundamental right "the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community"-, the UN Convention on the rights of Persons with Disabilities and its optional protocol and other relevant documents
- All services to people with disabilities should be characterised by an individual perspective, taking into account equality between women and men
- Choice, freedom of choice, informed choice and self determination are vital.

When considering the issue of quality of social services to people with disabilities, it is necessary to combine security with flexibility, as well as to ensure compatibility among the competences of the Member States with the ones at European level as quality of social services also depends on traditions and diversity.

4.3 Agreed objectives of action at EU level with regards to quality of SSGI to people with disabilities:

- The advancement of the Human Rights of all people with disabilities in light of the increasing introduction of market elements in the social sector, and of increased cross border services provision triggers the need for a better understanding of what quality means. A practical quality framework at EU level, based on a total quality management approach starting from rights, values and principles would provide such an understanding.
- This European quality framework could be implemented through national quality systems in which the Member States would describe what are the most appropriate quality systems according to way they organise their social services respecting the internal diversity of EU Member States.
- Quality systems within the EU should stimulate and recognise continuous improvement so as to achieve ever increasing performance while being attainable by service providers in terms of efforts and costs.
- European quality systems should also enable service providers in countries where disability services are less developed to enter the system and engage in a quality approach that take them to the appropriate level of quality.

4.4 Actions at EU level to develop a quality framework:

Recommendation emerging by consensus is for work at EU level to focus on common features and criteria of quality which, then, could be declined at national level through quality systems according to national context and diversity of structures and respecting the subsidiary principle. Quality indicators are considered necessary to measure quality of services. They should be qualitative as well as quantitative, should generally measure outputs.

4.5 Common key features and corresponding criteria for quality of social services to people with disabilities:

- **Rights:** Choice, freedom of choice (including personal choice on how services are individually delivered) self determination, non discrimination, including recognition of the position of women with disabilities within services planning and delivery.. *Criteria: Systematic information of users, including on what are the services and what are good services. Availability of accessible services. Accessible complaints mechanisms. Promotion of full awareness of human rights of people with disabilities, including training and education of providers, professionals, caregivers and authorities.*
- **Person centred:** social services of general interest to people with disabilities should tackle the needs of each individual with the aim to improve the quality of life and equality of opportunities of the persons concerned. In line with the social model of disability, the physical and social environment of the person served should be taken into account. *Criteria: Conformance to the requirements and needs of the users. Use of personal budgets to compose the package of SSGI to be delivered to persons with disabilities. Proximity between the provider of service and the beneficiary.*
- **Comprehensiveness and continuity :** The continuum of holistic services - from early interventions to support and follow up- involves multi-disciplinary actions and coordination. Furthermore, such a continuum is essential all along the life of persons with disabilities, therefore a life cycle approach is to be taken. The life cycle stages are: children with disabilities, people with disabilities of working age, older people with disabilities. *Criteria: Seamless coordination among the centres or establishments providing services as well as when it comes to the benefits and financial aids available to those organisations. Pro-active reduction of barriers to access services.*
- **Participation:** Users, first and foremost people with disabilities themselves, should be actively involved in the service team and engaged in self assessment and feedback. *Criteria: participation evidence based forms of planning and definition of services, as well as of quality review. Continuous measurement of degree of satisfaction of use. Definition of models for users' programme review.*
- **Partnership:** all potential partners, including employers, the local community, social partners, funding authorities, policy makers are to be involved alongside service

providers. *Criteria: Decentralisation of the organisation of services to local or regional level bringing the service providers closer to the service users, delivery or set up of services in close cooperation with mainstream social services, delivery and management of services by well trained and skilled staff having access to Life Long Learning opportunities.*

- **Results oriented:** Quality is directly related to outcomes for the user, measuring satisfaction is crucial. Quality outcomes areas are to be identified by all stakeholders and used as reference to assess the success of the service in meeting individual needs. *Criteria: Personal responsibility of every stakeholder. Records on outcomes. Impact assessment of the quality of services on women and men. Regular independent assessment of systems and procedures. Flexibility and responsiveness to new challenges.*
- **Good Governance:** openness, participation, transparency, efficiency and accountability are to be applied by all types of organisations delivering social services to people with disabilities. *Criteria: definition of principles and values at stake in service delivery; definition of the responsibilities and interrelations of the actors who manage, design, deliver, support and evaluate service provision; annual planning and review process with participation of staff in the definition and evaluation of roles and responsibilities of the various functions at stake in service delivery; cooperation with other agencies involved in the continuum of services to facilitate access to a comprehensive range services; records on outcomes of individual service plans and continuous evaluation of person served satisfaction; accessible complaint procedures; collection of feedback from purchases, funders and other stakeholders on performance; formal periodic and independent review of the business results of service providers.*

4.6 Examples of good practises

➤ *National frameworks of quality:*

In Finland, the municipalities are in charge of organising the services according to local needs and resources. Three different national frameworks have been spelled out and are in place: .

- National framework for high-quality care and services for older persons:
<http://pre20031103.stm.fi/english/pao/publicat/paocontents97.htm>

- Quality recommendation for housing services for people with disabilities: framework for municipalities:

http://www.stm.fi/Resource.phx/publishing/documents/3743/summary_en.htx

- Quality recommendation for Assistive Device Services:
http://www.stm.fi/Resource.phx/publishing/documents/457/summary_en.htx

Portugal is about to complete a national network of services of information and mediation for people with disabilities . The services are set by the municipalities through a protocol signed with the national institute for rehabilitation which is responsible for the coordination unit, the training of the local technicians and the electronic collection and providing of data. Local NGOs and public and private service providers are also very much involved.

Spain has developed a programme coordinating social and health services in cooperation between the national government and some regional and local governments for the support of persons with mental disability problems. The programme coordinates all the activities addressing mental disability and psycho social services. Local governments takes care of the local physical infrastructures and of the accessibility for persons with disabilities of the mainstream local community services. The regional governments are in charge of the design, coordination and follow up of the mentioned plans and the financing of their implementation and functioning: mental disability services, psycho-social day centres, and small residential setting where needed.

➤ *Individual budgets :*

The UK is currently piloting an Individual Budgets approach in 13 local authorities. The pilots began in 2006 and are due to end in December 2007. If the evaluation of these pilots shows that this is a feasible approach, including that it can be delivered within the existing resource and benefits the individuals concerned, consideration will be given to rolling out this approach nationally.

The Individual Budget approach is designed to put individuals who currently receive services or direct payments in control of their package of support. They are intended to:

- Allocate resources transparently, giving individuals a clear cash or notional sum for them to use on their care or support package
- Streamline the assessment process across agencies, meaning less time spent giving information
- Bring together a variety of streams of support and/or funding, from more than one agency.
- Give individuals the ability to use the budget in a way that best suits their own particular requirements
- Provide support from a broker or advocate, family or friends, as the individual desires
- Be delivered within local authorities' existing resource envelope

The pilots will cover a range of different client groups. This includes older people, people with physical disabilities or sensory impairment, people with learning disabilities and people with mental health needs. Some pilots are also looking at young people undergoing transition to adulthood, people with long term neurological conditions and carers.

Individual Budgets include a number of income streams rather than simply social care services in order to give the individual a more joined-up package of support. Individual Budgets also give the individual choice over how they receive their allocation – it does not have to be a cash allocation. Most importantly, individual budgets put people in the centre of the planning process, and recognise that they are the person best placed to understand their own needs and how to meet them.

At this stage the pilots are only looking at adult services and are rooted in adult social care provision. The lessons learnt from the pilots will be used to explore the options for piloting individual budgets for disabled children, young people and families

➤ *Care allowance:*

In the Czech Republic, a new act on Social Services came into force in 2007. This act is a final step in the process of transformation of social services in the Czech Republic.

Pursuant to this act, people with disabilities draw a special benefit “care allowance”, for which they buy services of their own choice, services that fits their personal needs. Social services help people to live an active life - they allow them to work, attend school, participate in leisure time activities, take care of themselves, their households etc. The social services aim to maintain the highest possible quality and dignity in their lives. Social services are provided to individuals, families, as well as to groups of people.

The statute stipulates the same conditions for all service providers (including financing). Pursuant to this act, service providers have to register in the special register of service providers and they have to fulfil standards of quality. The quality of social services is controlled by quality inspectors.

➤ *Partnerships between service providers, people with disabilities and their families :*

The members of European Association of Services Providers (EASPD) in all the 27 Member States have agreed a memorandum on European Quality Principles Framework (EQPF) on how to define, measure, implement and improve quality, supporting the further development of the common features and criteria of quality of social services to people with disabilities and establishing a direct link between quality of life and quality of services. This memorandum is available on : www.easpd.org

The European Platform for Rehabilitation (EPR) has consolidated a widely set of European Principles of Excellence in Social Services, including the perspectives of Europe's most important stakeholders in the field. On the basis of these Principles of Excellence, the EPR developed two labels of accreditation : the European Quality in Rehabilitation mark (EQRM) which is a mark of excellence and the European Quality Assurance for Social Services (EQUASS) which is seen as a mark for quality assurance and quality control in social services attainable by any service provider committed to quality. The EQUASS label is recognised in 5 jurisdictions: Romania, Portugal, Ireland, Denmark and Norway Various stakeholders, including the service users, the social partners, the funders and policy makers contributed to the establishment of these two marks. More information can be found at www.epr.eu

4.7 Financial instruments:

The Council Regulation laying down general provisions on the European Structural Funds states in the second paragraph of the article 16 that: " The Member States and the Commission shall take appropriate steps to prevent any discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation during the various stages of implementation of the Funds and, in particular, in the access to them. In particular, accessibility for disabled persons shall be one of the criteria to be observed in defining operations co-financed by the Funds and to be taken into account during the various stages of implementation." The European Social Fund could continue to support many projects

concerned with the quality of services intended to foster social inclusion and integration through employment.

The new Programme for Employment and Social Solidarity: PROGRESS could in principle be used for the support of studies in relation to quality assessment of services including evaluation of the quality of existing services. In this respect, there is strong consensus on the need for a Commission's study on best practices to identify cases where coordination in the delivery of services to people with disabilities has been successful. Cases where input was generated from users themselves should also be considered while taking into account the diversity of social services.).

V. Conclusion

-The Disability High Level Group highlights the particular disability relevance of the following issue which has been raised in the Commission Communication on Social Services of General Interest

"Modernising social services is one of the most important issues facing Europe today; on the one hand, these services play a vital social cohesion role; on the other, their transformation and job-creation potential make them an integral part of the Lisbon Strategy. The conclusions of the European Council in March 2006 confirmed this, reiterating that the internal market for services must be made fully operational, while preserving the European Social Model."

- The Disability High Level Group draws attention to the likely impact that the development of European framework for quality of services relevant for people with disabilities could have in terms of competitiveness. The particular case of the "social economy" enterprises may be an easy entry point for applying quality criteria of SSGI as they are characterised by the importance of not-for-profit providers.

- The Disability High Level Group considers that any new Commission initiative in the area of SSGI area should take into account the key features raised in chapter IV of the present document: basic principles ; common strategic considerations ; objectives of action at EU level ; actions at EU level to develop a quality framework ; and of course, common quality criteria.

- Finally, the Disability High Level Group, insists on the need to address the issue of the quality of the SSGI and their common quality criteria as an essential element of the European Model of SSGI.