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territorial quality standards in social services of general interest (tqs in ssgi)



REVES
European Network of Cities and Regions for Social Economy

*Local Authorities and Social Economy
A Partnership for Local Sustainable Development*



MESOGEA



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TERRITORIAL QUALITY STANDARDS IN SOCIAL SERVICES OF GENERAL INTEREST (TQS IN SSGI) INTRODUCTION INTO THE PROJECT AND THE PUBLICATION

The objective of the TQS project was to develop mechanisms **THE PROJECT**
for a participatory (re-)definition and measuring of local quality standards¹ for social services of general interest (SSGI) which would respond to local needs and provide an orientation to service users, services providers, local authorities and the local community. More specifically, the project aimed to develop and test:

- Mechanisms to identify criteria for the definition of local quality standards: Who should participate in the definition of these standards, when and how, by which means etc.?
- Mechanisms to ensure that local quality standards are coherent with national and European minimum requirements as well as with international benchmarks
- Mechanisms to improve local policies concerning the provision of SSGI, based on an analysis of local quality standards and their definition in the partner territories

1 Usually, the term 'standard' is defined as referring to an "accepted example of something against which others are judged or measured" (Collins dictionary online). This means that reference to a standard should be used only while dealing with a service (in our specific case) delivered in a situation that could be all in all similar to and therewith comparable *with* a given example. Yet, experience shows that local situations are rarely comparable in their specific aspects. A reference to a common standard – however elaborated – risks therefore to remain at a generic level, able to guarantee a *minimum* but not, so to say, a *maximum* of quality. For this reason, and even though we think that minimum standards are necessary (a large number already exists at international level), we have decided to use the term parsimoniously in the present project and its research in order to reduce the risk of confusion. In fact, we always refer to the term 'local standard' as a definition of local terms of reference and not as a(nother) European or International quality standard.

The project was launched in December 2008. It finished in October 2010.

Together with the project leader, the European Network of Cities and Regions for the Social Economy (REVES), local/regional authorities and social economy organisations from seven EU member states have been working on ways to define local quality standards for social services. These project partners were the following: Co-operatives Europe and CECOP, Region Provence-Alpes-Côte d'Azur (FR), Pfefferwerk Foundation Berlin and Deutscher Gewerkschaftsbund (D), Prefecture of Piraeus (GR), City of Gdynia (PL), PARSEC Consortium Soc. Coop, Province of Piacenza/Consortium SOL.CO Piacenza, City of Livorno/Arci Solidarietà ONLUS, City of Faenza/Zerocento Società Cooperativa Sociale ONLUS/Cooperativa Educativa Famiglie Faentine C.E.F.F./Ricercazione Società Cooperativa Sociale, City of Pordenone (IT), SERUS, Association of local authorities of the County of Jämtland, Coompanion Jämtland (SW).

The work plan of the project included different activities – one building on the other.

In a first step, existing international and European guidelines related to quality in SSGI were screened so as to set the framework for all following project activities: TQS partners agreed on the fact that local quality criteria for SSGI have to respect certain principles and standards established at international and European level.

Secondly, quality criteria applied in the performance of social economy service providers and the way they are identified were analyzed, taking the example of co-operatives. The objective of this exercise was to demonstrate the specificity of social economy service providers which, already by applying the underlying principles of their type of enterprise, may provide important examples for participation of different stakeholders (users, employees, local community...) in the definition of quality criteria. On the other hand, the exercise aimed to show the (hitherto in some cases maybe unused) potential of these enterprises to become driving forces in local participation processes to define quality criteria for SSGI service provision at local level in general.

These two research activities, carried out at European level, were followed by an analysis of the definition and application of quality standards in SSGI at local level in each partner territory. Local partners examined, most often from two perspectives (public authority and social economy) in how far quality criteria for SSGI were applied

in their city or region, where these criteria had their origin, in how far different stakeholders were consulted or even implied in the formulation of quality criteria or of the policy framework shaping these criteria, by which means, and which kind of obstacles might hinder the application of certain quality criteria in social services.

In a fourth project phase which built on results of previous activities, workshops and conferences, a proposal for a methodology which could support participation processes for the definition of local quality criteria in SSGI was developed and discussed by the partners.

Subsequently, local project partners carried out, at local level, a simulation (feasibility analysis) in order to test the applicability of the developed methodology in their city/province/region.

Based on the local simulation phase, the TQS methodology was reviewed once again. Moreover, recommendations to local, national and European decision-makers and (social) private service providers were formulated. They refer to potentials or obstacles, identified by the project partners, in the application of certain quality principles and standards that may be of importance at local level.

Before introducing into the structure of this publication and project results, it seems useful to clarify some main concepts and definitions on which TQS project activities were based.

MAIN CONCEPTS 'Social Service of General Interest'

The Commission, in its Communication on Social Services of General Interest of April 2006,² does not provide a fixed definition of Social Services of General Interest (SSGI), but an "open list of characteristics" of SSGI which are divided in two main categories, namely:

"(...)Statutory and complementary social security schemes, organized in various ways (mutual or occupational organisations), covering the main risks of life, such as those linked to health, ageing, occupational accidents, unemployment, retirement and disability (...)" and "other essential services provided directly to the person. These services that play preventive and social cohesion role consist of customized assistance to facilitate social inclusion and safeguard fundamental rights." Among the latter, figure, according to the Commission, services such as childcare, social housing, occupational training, services promoting reintegration into the labour market and society, language courses for migrants..., ...

In addition, the Commission provides a list of "organizational characteristics" of social services of general interest which may show at least one of the following features:

- Operations are based on the solidarity principle, which also means avoiding risks and "absence (...) of equivalence between contributions and benefits".
- Services are comprehensive and aim to meet the needs of the *individual* according to fundamental rights and the principle to "protect the most vulnerable".
- Services have a not for profit character.
- Services might be delivered also thanks to the contribution of voluntary workers.
- Services "are strongly rooted in (local) cultural traditions. This often finds its expression in the proximity between the provider of the service and the beneficiary, enabling the taking into account of the specific needs of the latter."
- The relationship between provider and beneficiary might not be the same as a 'normal' supplier/consumer relationship (financial contributions and benefits do not have to be equivalent). Access to and delivery of specific services might thus be ensured by additional financing by a third party (e.g. public authority).³

² COM (2006) 177 final.

³ For a detailed description of these characteristics, consult the Commission communication "Implementing the Community Lisbon Programme: Social Services of general interest in the European Union", COM (2006) 177 final.

However, in its communication, the Commission also specifies that it is finally up to each member state to define social services of general interest, their obligations and missions. Nevertheless, the application of this national definition has to be in line with certain Community rules. Education and training are not covered by the Communication, even though related services are clearly recognized, by the Commission, as “services of general interest with a clear social function”.

Not only the Commission’s communication on SSGI shows that the definition of Social Services of General Interest, which is composed, in fact, of the definition of ‘social service’ and the definition of ‘general interest’, is not an easy task.

The discussion on social services of general interest becomes even more complex, when adding issues linked to service *quality*, quality *principles* and quality *standards*.

For TQS research, a specific definition of ‘service quality’ was chosen, which can be found below and is open to discussion. Concerning the terms ‘standard’ and ‘principle’, already established definitions were applied. Moreover, it seemed appropriate to define the terms “service client” and “service beneficiary”.

‘Service Quality’

TQS focused on the following three dimensions of service quality:

1. Quality of the service itself as the ‘end product’ of a whole process;
2. Quality of the process/the way the service is designed and delivered;
3. Quality of the framework of services delivery: management of financial and human resources by the service provider, working conditions and involvement of staff (that may be directly in contact with beneficiaries, and/or be a beneficiary in itself), relationship with the local community.

A crucial aspect to be taken into account is thus the *processes* lying behind service delivery. They include, for instance, service planning, processes of information and “marketing”, processes relating to the internal organisation of a service provider (incl. relations between management and employees), service delivery as such (including access to services) or performance evaluation and improvement.

With specific regard to services, the online encyclopaedia Wikipedia (Italy) highlights two elements to be monitored when analyzing quality:

- a. the wishes/needs of the clients/beneficiaries and the way these are ‘collected’ and

- b. the translation of these wishes/needs into characteristics a producer/service provider is able to control.

It may therefore be concluded that a service provider's ability to interact as well as a service provider's knowledge of the specific socio-economic situation of a territory and the different groups of inhabitants has to be considered a pre-condition for service quality.

'Principle'

Following Collins dictionary, a principle can be defined as "a moral rule guiding personal conduct" or "a basic law or rule underlying a particular theory or philosophy".

'Standard'

Under 'standard' we understand "a level of quality or attainment" which can be "used as a measure for comparative evaluations" (Wikipedia/Collins – see also footnote n. 1).

Proposal for a definition: 'Client/Beneficiary'

TQS project activities also necessitated taking a closer look at the concept of "client".

In the following chapters the reader will notice that the term "client" is often used not only to describe a possible contracting body (e.g. in case a public authority commissions the service) or the end users, but also those structures or persons involved directly or indirectly in different stages of the production process *and* those on which the service and the process of service delivery might have an impact (i.e. the local community as such).

In the context of the project "Territorial Quality Standards in Social Services of General Interest", however, the term "client" refers in the first place to the organization or person commissioning and paying for a service, whereas a beneficiary or service user is defined as the final user of a service, e.g. an elderly person receiving medical care at home. The *(local) community*, which is considered a special kind of beneficiary, will be referred to as such.

A beneficiary might also become a client in case he or she commissions and pays for a service directly without any intermediate body (such as a public authority).

In this publication, results of the different project phases described beforehand will be presented:

STRUCTURE OF THIS PUBLICATION

1. Report on existing international and European guidelines related to quality in SSGI
2. Overview on the state-of-the-art regarding quality in SSGI in TQS partner cities and regions
3. Excursus: Report and case study on the definition and application of quality criteria in social economy organisations (example co-operatives)
4. Proposal for a methodology which could facilitate involvement of different stakeholders in the definition of local quality criteria in SSGI
5. Examples for the application of the TQS methodology at local level
6. Recommendations to local, national and European decision-makers and (social) private service providers

Even though this structure follows the sequence of TQS project activities and illustrates the development of the final reasoning, the publication is composed in a way to enable the reader to also read the chapters separately.

Moreover, a glossary as well as a short bibliography and overview of relevant websites can be found in the annex.

A downloadable version of the publication is available at the REVES website: <http://www.revesnetwork.eu/projects.php#proj1>. and at the project website <http://www.tqs.revesnetwork.eu>.
Contact for more detailed information and questions:
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INTERNATIONAL AND EUROPEAN GUIDELINES RELATED TO QUALITY IN SSGI

BY ERDMUTHE KLAER – REVES AISBL

INTRODUCTION The following report resumes the findings of a screening of international and European guidelines which have or may potentially have an impact on quality in social services of general interest.

The objective of this research was to identify orientations for quality of products and services (including quality of the whole process lying behind service delivery) such as they are expressed in international conventions, EU legislation as well as in already existing concrete quality principles or standards.

In the following chapters, examples for these guidelines will be given (the overview is thus not exhaustive). Not all of them are specifically service-related. However, also service providers may follow or even *have to* respect them.

Moreover, a number of the examples mentioned below are part of the legal framework in which national or local governments act and which has to be respected also in policies concerning (quality of) social services of general interest.

FUNDAMENTAL RIGHTS AS A BASIS FOR QUALITY STANDARDS IN SOCIAL SERVICES OF GENERAL INTEREST

International conventions on fundamental rights: Examples

When analyzing the international legal framework from which basic guidelines also for service delivery may be deducted, it is indispensable to have a closer look at the international conventions established by the United Nations.

Even though these documents are quoted by European institutions and policy makers at European and national level in declarations and other kind of policy statements, they are still all too often ignored when it comes to the concrete conception or implementation of policies.

In particular in the domain of social inclusion and regarding other aspects related to the issue of social services, conventions such as the Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, the UN Convention on the Rights of People with Disabilities or the Declaration of Alma-Ata (to name just a few) already give very clear indications/orientations which sometimes even seem to go beyond guidelines formulated in EU legislation.

The *Universal Declaration of Human Rights* (adopted in 1948), for instance, highlights, in article 22: "Everyone, as a member of society, has the right to social security and is entitled to realization (...) in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality".

In Article 25, *specific reference to social services* is made. "(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including *food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.* (2) Motherhood and childhood are entitled to special care and assistance. (...)".

Articles 23 and 24 of the same declaration include principles relating to working conditions, which also have to be taken into account by service providers and other actors involved in the process of service creation and delivery.

However, next to the rights of each person the Universal Declaration of Human Rights also stresses *obligations* of each individual as a member of a larger *community*. Article 29 (1) stipulates: "Everyone has duties to the community in which alone the free and full development of his personality is possible."

Furthermore, fairly concrete requirements also for SSGI, (which nearly have the form of indicators), can be found in the *Declaration of Alma-Ata on Primary Health Care*, signed by the member states of the World Health Organization (WHO).

First of all, the declaration, in article 1, presents an interesting definition of health as "state of complete physical, mental and social well being, and not merely the absence of disease and infirmity (...)".

Furthermore, in Article VII, it establishes clear principles related to service planning, evaluation and even the definition of quality in the

health care sector: "Primary health care (...) requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, (...) giving priority to those most in need (...)".

Other documents referring to particular domains and/or target groups provide orientations for specific types of services.

The *UN Convention on the Rights of the Child*, which was adopted in 1989 and entered into force in 1990), for instance, stipulates principles linked to the respect of the cultural/religious background of a child in education, but also in care services, leisure etc.

The *UN Convention of the Rights of People with Disabilities* (adopted on 13 December 2006), in particular in its Articles 19, 25 and 28, gives indications relating to aspects such as access to services for people with disabilities, appropriate training of health care professionals, anti-discrimination or specific rights of disabled persons regarding employment, work environment and participation at the workplace.

These are just some examples for a number of international conventions and declarations highlighting the rights of individuals (in a specific situation of life) and actions to be taken in order to safeguard these rights.

European conventions and (framework) declarations: Examples

Main principles of the above mentioned international conventions have also been taken up by the Convention for the Protection of Human Rights and Fundamental Freedoms (also called European Convention on Human Rights – ECHR) and, in a more detailed way, by the European Union Charter of Fundamental Rights.

The *European Convention on Human Rights* was signed in 1950 by the member states of the Council of Europe. It includes general principles such as the freedom of thought, freedom of expression and association, freedom to join trade unions or anti-discrimination.

The *EU Charter of Fundamental Rights* has been proclaimed on 7 December 2000 and will enter into force in the EU member states, except for Poland and the UK, together with the Lisbon Treaty after ratification of the latter by the member states.¹

With specific reference to social services, article 34 states: "The Union recognizes and respects the entitlement to social security ben-

¹ The Lisbon Treaty finally entered into force on 1 December 2009, several months after this research had been concluded.

efits and social services providing protection in cases such as maternity, illness, industrial accidents, dependency or old age, and in the case of loss of employment, in accordance with the rules laid down by Community law and national laws and practices." Article 35 refers specifically to the right of access to preventive health care and treatment in case of illness.

Chapter III includes the principles of non-discrimination, diversity and gender equality as well as the rights of specific groups such as children, elderly and disabled. In this context, the Charter also highlights the importance of participation of the aforementioned groups "in the life of the community".

Moreover, the Charter stipulates workers' rights related to aspects such as participation, and decent working conditions ensuring health, safety and dignity.

Workers' rights are also specific subject of the "*Community Charter of the Fundamental Social Rights for Workers*", adopted in 1989 by the Member States of the European Community, except the United Kingdom (which signed after a change of government in 1997). This declaration contains principles such as fair salaries, improvement of living and working conditions (including working time), social protection, vocational training, equal opportunities, health and safety at the workplace or information, consultation and participation of workers. Also, specific reference to elderly or disabled workers is made. The Charter constitutes the basis of European labour law.

Apart from these basic conventions, other documents referring specifically to social services have been adopted at European level by governments or by service providers themselves.

Important guidelines in the domain of childcare have been set, for instance, with the "Barcelona targets for Childcare", formulated by the Barcelona European Council in 2002. They describe, however, rather quantitative objectives related to access to childcare: "Member States should remove disincentives to female labour force participation and strive, taking into account the demand for childcare facilities and in line with national patterns of provision, to provide childcare by 2010 to at least 90% of children between 3 years old and the mandatory school age and at least 33% of children under 3 years of age" EU heads of state and governments.

The "*European Charter on Rights and Freedom of older persons in Residential Care*", which was, however, not adopted by governments, but by directors of residential care homes for elderly people, lists concrete criteria for long term care services regarding four dimensions: "Quality of life", "Permanent adaptation of services", "Access to care

facilities” and “Flexibility of financing”.² The signatories commit themselves, for example, to preserve the autonomy of older people, their right of privacy, right of choice and the right to take risk. Moreover, they engage to “recognize and maintain the social role of older people”, including their relations with their families, friends and the broader community. The Charter also stresses principles such as the appropriate information of the beneficiary, training of staff or affordability of costs.

EU POLICIES AND LEGISLATION HAVING AN IMPACT ON QUALITY OF SSGI: EXAMPLES

Next to the aforementioned conventions and declarations, it is also EU legislation which influences or may influence quality of social services of general interest both

in terms of final outcome as well as regarding the framework of service delivery.

This chapter will provide some examples for this legislation. Thereby it will refer to directives or regulations, but also to EU soft law such as communications, green papers and other documents which, though not being binding so far, may provide important orientations for quality in social services.

No specific reference to the more general provisions of the European Treaties will be made in this report, with the exception of the Lisbon Treaty and its “Protocol on Services of General Interest”.

Article 1 of this protocol states:

“The shared values of the Union in respect of services of general economic interest within the meaning of Article 16 of the Treaty on the Functioning of the European Union include in particular:

- the essential role and the wide discretion of national, regional and local authorities in providing, commissioning and organising services of general economic interest as closely as possible to the needs of the users;
- the diversity between various services of general economic interest and the differences in the needs and preferences of users that may result from different geographical, social or cultural situations;
- a high level of quality, safety and affordability, equal treatment and the promotion of universal access and of user rights”.

These provisions include important orientations for service quality.

² European Association for Directors of Residential Care Homes for the Elderly: <http://www.ede-eu.org/En/main.asp?id=0C922A7F>

From mentioned key aspects such as proximity to users or the statement of differences in the needs of users in different socio-cultural or geographic context one may deduct also guidelines for the definition of quality (standards) in social services.

Anti-discrimination directives and related policies

European anti-discrimination rules have a significant impact on different dimensions of service delivery and quality of SSGI.

Even though they do not provide very specific quality criteria in every respect, they set the framework for quality regarding aspects such as the access *to* and delivery *of* services, but also working conditions of staff of service providers etc.

Two important directives have been adopted so far.

The "Directive on the implementation of the principle of equal treatment between persons irrespective of race or ethnic origin" (Directive 2000/43/EC; so-called "Racial Equality Directive") refers to main fundamental rights and freedoms such as they are expressed in the international conventions. It applies not only to employment or training, but also to areas such as education in general, social protection, including social security and health care, the access to and provision of goods and services. In this context, the directive also promotes principles such as the respect and protection of private and family life (in particular in service provision) or, in a larger context, the promotion of equal opportunities between women and men.

The "Directive of a general framework for equal treatment in employment and occupation" (Directive 2000/78/EC) specifically focuses on the promotion of anti-discrimination *at the work place and access to work and vocational training*. It includes basic guidelines to prevent discrimination based on religion or belief, disability, age or sexual orientation. Moreover, the principle of equal treatment for women and men is highlighted. With regard to employees with disabilities the directive expects employers to adapt the working environment to the needs of these persons.

In 2008, the European Commission tabled a proposal for a "Council Directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation" which extends the scope of the aforementioned directive to areas outside employment (COM (2008) 426 final).³ In this context

³ The proposal was published together with a "Communication on non-discrimination and equal opportunities: A renewed commitment" (COM (2008) 420 final". The initiative is based on Article 13 of the Treaty establishing the European Community.

it also seems worth to mention initiatives such as the EU Disability Action Plan 2008-2009, which centers in particular on accessibility regarding quality care and support services.

Health and Safety

Another important part of EU legislation which has to be respected also by service providers delivers rules for health and safety of service users or staff.

The European Commission's "Communication on patient safety, including the prevention and control of healthcare-associated infections" (COM (2008) 837 final) as well as the related Proposal for a Council Recommendation (COM (2008) 836 final), for instance, include provisions regarding (quality) aspects such as the information of patients or training of carers.

Health of *workers*, and therefore also of service staff, is at the centre of the "Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work" and its amending acts "Regulation (EC) No. 1882/2003" and "Directive 2007/30/EC". It contains provisions linked, for instance, to safety and health training for employees or to the obligation of the employer "to take into account worker's capabilities regarding health and safety" when allocating specific tasks.

Working conditions

Apart from the above mentioned directive on safety and health at work, there are a number of other regulations relating to working conditions and therewith to quality aspects in the process of production or service delivery.

"Directive 93/104/EC concerning certain aspects of the organization of working time" fixes maximum working hours (48 hours in 7 days) and provides other rules regarding aspects such as breaks, holidays and rest periods in general.

Other pieces of legislation such as "Directive 94/33/EC on the protection of young people at work" refer to working conditions for specific groups of workers. The aforementioned directive relating to young workers (under 18), for example, includes provisions requesting not only limits for working hours, but also risk assessment and specific measures ensuring health and safety. Certain activities that may not correspond to the physical and mental capacities of workers or that expose them to dangerous substances are forbidden.

In this context it also seems important to mention once again the guidelines issued with the "Directive of a general framework for equal treatment in employment and occupation" which counteracts discrimination based on religion or belief, disability, age or sexual orientation. With regard to persons with disabilities, for instance, the directive obliges employers to "take appropriate measures, where needed in a particular case, to enable a person with a disability to have access to, participate in, or advance in employment, or to undergo training, unless such measures would impose a disproportionate burden on the employer." Moreover, it clarifies the justification of differences in treatment regarding specific age groups, in particular with regard to elderly and young people.

The racial equality directive, which was mentioned before, contains similar provisions to counteract discrimination based on racial or ethnic origin.

Certain forms of *participation of workers* are at the centre of "Directive 2002/14/EC establishing a general framework for informing and consulting employees", which confers workers the right to be informed and consulted on aspects such as the development of an enterprise's activities and economic situation or on changes in work organization.

Even though being 'only' a preliminary proposal for a more general policy framework, the Green Paper "Promoting a European Framework for Corporate Social Responsibility" (COM (2001) 366 final) sets out main principles relating, inter alia, to management of human resources as well as health and safety and work. It encourages empowerment of employees, life-long learning, the promotion of work-life balance, work force diversity and equal pay, better information etc.

The dimensions 'community' and 'environment'

A number of European guidelines have also been conceived for matters concerning the relationships of an enterprise/organization with its external stakeholders and the broader local environment in which the activities of the enterprise take place. Most often, these guidelines are not binding or relate to voluntary schemes (as many of the areas they refer to do not fall under the sole competence of the European Union). However, they provide orientations which partially also feed into existing quality standards or quality principles (see following chapters).

Guidelines for ***relations between an enterprise and external stakeholders such as business partners or the local commu-***

nity are expressed in the Green Paper "Promoting a European Framework for Corporate Social Responsibility" (COM (2001) 366 final). This document refers to the European Commission's working definition for Corporate Social Responsibility: "CSR is a concept whereby companies integrate social and environmental concerns in their business operations and in their interactions with their stakeholders on a voluntary basis".⁴

Article 48 of the Green Paper highlights the importance of the right choice of business partners and suppliers which, with their own (social) behavior, may also influence the social performance of the enterprise they cooperate with.

With regard to responsiveness to the needs of the clients of enterprises, Article 51 specifies: "As part of their social responsibility companies are expected to provide products and services, which consumers need and want in an efficient, ethical and environmentally aware manner. Companies, which build lasting relationships with customers by focusing their whole organisation on understanding what the customers need and want and providing them with superior quality, safety, reliability and service are expected to be more profitable. Applying the principle of design for all (making products and services usable by as many people as possible including disabled consumers) is an important example of corporate social responsibility".⁵

With respect to environment, other guidelines that have the potential to influence quality also of social services are those expressed in communications and other initiatives relating to environmental protection and sustainable development.

The above mentioned Green Paper on Corporate Social Responsibility also includes general orientations promoting a higher respect of the environment through energy savings, a reduction of pollution, better waste management schemes etc.

One of the most important EU initiatives promoting quality in environmental terms through monitoring of the environmental impact of diverse economic activities and (assessment of) environmental management systems was launched with the "Council Regulation (EEC) No 1836/93 of 29 June 1993 allowing voluntary participation by companies in the industrial sector in a Community eco-manage-

4 See CSR campaign homepage of the European Commission, DG Enterprise: http://ec.europa.eu/enterprise/csr/campaign/index_en.htm

5 The Green Paper was followed by a Communication "A business contribution to sustainable development" (July 2002) as well as by the Communication "Implementing the Partnership for Growth and Jobs: Making Europe a pole of excellence" (March 2006).

ment and audit scheme". In order to apply the EU Eco-Management and Audit-Scheme" (EMAS), enterprises have to follow a specific procedure.

An enterprise, which underwent these different stages and received the approval of the accredited EMAS verifier, may then use the EMAS logo.

Initially conceived for the industrial sector, the application of this scheme was extended to other economic activities, including public and private services, by Regulation (EC) No 761/2001. EMAS is based, *inter alia*, on the standards provided by ISO 14001 (see following chapters).

The Commission, in 2003, issued a recommendation containing fairly concrete guidelines for the implementation of the EMAS regulation (2003/532/EC). Referring to existing ISO categories and standards, the communication includes, *inter alia*, proposals for the selection and application of environmental performance indicators (*details further below*).

Another EU initiative, which may in the future have a growing influence also on services, is legislation establishing and reviewing the eco-label award scheme (see, for instance, "Regulation No. 1980/2000 on a revised Community eco-label award scheme Eco-label system"). The objective of the eco-label is to provide consumers with an instrument to recognize and purchase products or services having, in their life cycle, a reduced environmental impact. Enterprises and organisations wishing to obtain the label have to fulfill specific criteria fixed by the European Union Eco-Labeling Board (EUEB). Hitherto, the label has been awarded above all for products.⁶ However, its application to services has been encouraged.⁷

An initiative related specifically to the development of quality standards and which might have a future impact also on social services has been launched with the Commission's Communication regarding "Integration of Environmental Aspects into European Standardisation".⁸

6 So far, in the service area, the label was awarded mainly to services relating to the field of tourism such as camp site services or tourist accommodation.

7 Critics have been calling for an adaptation of the rules relating to the eco-label in order to make it accessible also for small and medium enterprises. The Communication from the Commission COM/2007/0379 final: "Small, clean and competitive – A programme to help small and medium-sized enterprises comply with environmental legislation" established an action plan, which also foresees to adapt the EMAS scheme in order to allow smaller enterprises and organisations to use it ("Environmental Compliance Assistance Programme"). Moreover, different measures to train and inform SMEs on possibilities to improve their environmental performance and related good practices were proposed.

8 COM (2004) 130 final.

QUALITY PRINCIPLES AND STANDARDS AT INTERNATIONAL LEVEL

Different types of international principles and standards which (might) also influence social services exist

and are further elaborated. Most of them are based most of all on the above mentioned UN conventions. They relate to various areas such as work and working conditions, health or environmental protection.

Other quality principles and standards, used by service providers and public authorities, refer to management processes in general. Often, they were initially conceived for *products* and related industrial processes and were only later adapted to services and the process of service delivery.

A majority of these principles and standards are further elaborated and monitored by UN agencies such as the International Labour Organization, the International Organization for Standardization or by civil society organisations.

TQS research could not identify any *international* principles or standards conceived *specifically* for social services.

TQM

Total Quality Management has to be considered rather a business philosophy than a concrete standard or certification system. Nevertheless, it is the fundament of a number of existing international and European standards.

TQM focuses on **process quality** regarding each part of the activity of an enterprise or organization (design, management, finance, production etc.). However, this process quality is closely linked to interaction with diverse stakeholders concerned by this activity. A continuous cycle of improvement of the quality of a product or service, based also on employee participation and consumer involvement lies at the heart of the approach.

Client-and community orientation are thus part of the Total Quality Management philosophy. However, in this context it should be stressed that the term "client" is not only associated to the end users of a product or service, but also to other categories of actors involved in the process or production or service delivery: "Each part of the company is involved in Total Quality, operating as a customer to some functions and as a supplier to others".⁹

Key principles of TQM include management commitment, employee empowerment, fact-based decision-making, continuous improvement and customer focus.

⁹ John Stark Associates: "A few words about TQM": www.johnstark.com/fwtqm.html.

Two pre-conditions for the implementation of TQM are amongst others the availability of data and information on the company's/organisation's current performance (including history, working conditions etc.) as well as a company's/organisation's ability to respond to its stakeholders needs and re-orient actions.¹⁰

International Labour Organization (ILO)

The standards drawn up by the International Labour Organization (ILO) certainly figure among the most known quality standards at international level.

Expressed in conventions and recommendations, they relate to **working conditions and therewith to the procedural aspects of production and service delivery inside a company.**

Standards are set and monitored with respect to aspects such as:

- Freedom of association (example: Freedom of Association and Protection of the Right to Organise Convention, 1948)
- Equality of opportunity and treatment (example: Workers with Family Responsibilities Convention, 1981, Discrimination (Employment and Occupation) Convention 1958);
- Tripartite consultation (example: Tripartite Consultation (International Labour Standards) Convention, 1976);
- Employment policy (example: Employment Policy Convention 1964);
- Vocational guidance and training (example: Human Resources Development Convention 1975);
- Wages (example: Labour Clauses (Public Contracts) Convention, 1949; Protection of Wages Convention 1949)
- Working time (example: Weekly Rest (Commerce and offices) Convention 1957; Part-Time Work Convention, 1994);
- Occupational safety and health (example: standards based on Occupational Safety and Health Convention, 1981 and its Protocol of 2002);
- Maternity protection (example: Maternity Protection Convention, 2000);
- Social policy (example: Social Policy (Basic Aims and Standards) Convention, 1962) or
- Migrant workers (example: standards based on Migration for Employment Convention (Revised) 1949, Migrant Workers (Supplementary Provisions) Convention 1975).

¹⁰ Khurram Hashmi: Introduction and Implementation of Total Quality Management (TQM): www.isixsigma.com/library/content/c031008a.asp.

The application of the above mentioned standards (and other ILO standards) in ILO member states is monitored on a regular basis by the ILO supervisory bodies, i.e. the Committee of Experts on the Application of Conventions and Recommendations and the Conference Committee on the Application of Standards.¹¹

SA 8000

The voluntary standard Social Accountability (SA) 8000 refers to UN Conventions such as the UN Declaration of Human Rights or the UN Convention on the Rights of the Child as well as to the standards of ILO Conventions. It is very much focused on the protection of workers' rights and allows for an audit and certification of labour practices in enterprises and their supplier structures. The standard includes, for instance, the prohibition of child labour, health and safety standards, anti-discrimination, freedom of association and collective bargaining, management practices etc.

SA 8000 has been developed by Social Accountability International (SAI), an international non-profit human rights organization. A number of enterprises and organizations, among them social economy, in Europe, Asia, Central America and other regions all over the world participated and acquired SA8000 certifications.

The application of the SA8000 standard in Western European countries generated criticism, as some argue that it might serve as an excuse not to go beyond more general norms. Several elements of the SA8000 standard such as the prohibition of child labour or freedom of association are, in fact, considered rather general norms enforced already by existing legislation of EU member states.¹²

International Organization for Standardization

Another widely recognized type of international standards is the ISO standard system. The International Organization for Standardization brings together different national bodies in charge of standardization in 159 countries. It is a non-governmental organization with members originating from the public (governments) and the private sector (e.g. industrial associations). A number of the standards set by the organization is taken up and enforced by diverse treaties and

11 <http://www.ilo.org/ilolex/english/subjectE.htm>.

12 <http://www.sa-intl.org/index.cfm?fuseaction=Page.viewPage&pageId=937&parentID=479&nodeID=1>.

national standard systems. Again others standards remain rather voluntary.

Whereas most ISO standards were set for a very specific product, process or material, the standards ISO 9001 and ISO 14001/ISO 14004 as "generic management system standards" may be applied for a broad range of activities and sectors, including services provided by public or private service providers.

The term "management system standard" highlights the fact that both ISO 9001 and ISO 14001 ISO 14004 rather refer to the **process of production or service delivery** rather than to characteristics of the *final* product/the service.

ISO 9001 provides requirements for a sound quality management, including aspects such as planning and testing of the different stages of production or service delivery, information of and communication with employees and users, reference to users' needs, sound monitoring processes and flexibility regarding (re-)adaptation of the production process to the users' needs, appropriate equipment and infrastructure, training, purchasing etc. With these examples it becomes evident that user-orientation plays a vital role in these standards and recommendations.

ISO 14001 and 14004, in turn, are linked to environmental management systems (EMS). They provide a benchmark regarding the development of a proper environmental policy, adapted not only to the final product or service, but to the whole process in the framework of which a product is generated or a service delivered. These standards thus also include requirements for appropriate environmental impact assessment, planning and implementation of environmental objectives or corrective action.

It should be stressed that, notwithstanding clear guidelines referring to different aspects of (quality) management, ISO 9001 and ISO 14001/14004 are not accompanied by indications of concrete performance levels in order to allow their application by a large number of enterprises/organisations in different national legal systems.

(In 2005, a specific ISO working group was established to launch work on a new international standard ISO 26000 on social responsibility, which is due to be published in 2010. However, this standard has to be considered rather as a guidance document. It will contain orientations and recommendations instead of clear requirements. Furthermore, ISO 26000 won't be certifiable).

ISO standards are continuously revised by the ISO member organizations, based to a large extent on the experience of professionals applying the standards in their own organizations and enterprises.¹³

13 <http://www.iso.org/iso/home.htm>.

World Health Organization

Another set of fairly important and internationally recognized standards to be applied also and above all in social and health services, can be found in the Alma-Ata Declaration signed in 1978 by the members of the World Health Organization, the United Nations authority for health. What, at first glance, might be conceived as a rather “political declaration” ‘only’, is actually a document providing clear guidelines to ensure primary health care with the objective to make it accessible to all.

First of all, the declaration gives an unequivocal definition of health which is set in close relation with social aspects: Health is defined as a “state of complete physical, mental and social wellbeing, and not merely the absence of disease and infirmity”.

Moreover, in article IV, the declaration underlines the importance of participation of the final beneficiaries in health care systems (which, following the definition quoted above, might be extended to social service/social security systems): “The people have the right and duty to participate individually and collectively in the planning and implementation of their health care”.

In addition, the declaration sets health care several times in the context of the ‘community’, which, together with the state appears as the entity of reference when it comes to assuring equal access to health care. Article VI, for instance, stipulates (that): “Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain...”. Moreover, the document emphasizes aspects such as education and prevention, proper nutrition, maternal and child health care as indispensable elements for proper systems ensuring health care. Art. VII).

Furthermore, in Article VII, clear indications regarding an integrated approach and burden-sharing between different sectors are given. Once again, the article also highlights the need for active participation of the individual embedded in a solidarity system based on the contribution of the whole community:

“Primary health care (...); involves, in addition to the health sector, all related sectors and aspects of national and community development (...) and demands the coordinated efforts of all those sectors; (...) requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and

control of primary health care, making fullest use of local, national and other available resources; (...) giving priority to those most in need (...)."

WHO standards are thus fairly community-and client-oriented.¹⁴

United Nations Global Compact

United Nations Global Compact has been developed as a policy initiative, which is not based on a specific certification system, but provides clear orientations for businesses as regards their impact on and behavior in a specific local, national and global environment.¹⁵ The principles conceived centre above all on questions of social responsibility, environmental protection and good governance. They thus refer above all to the **community point of view**. In this context, public and private actors engaged in the UN Global Compact initiative, commit to assume their responsibility in the framework of a specific local community, but also with respect to larger development objectives concerning the international community. Reference is made to diverse UN conventions and UN goals.

Among the ten principles of the UN Global Compact figure, for instance, the elimination of discrimination regarding employment and occupation (Principle 6), the application of a precautionary approach to environmental challenges (Principle 7) or the realization of initiatives promoting environmental responsibility (Principle 8).

Participants are encouraged to submit and publish, on an annual basis, a so-called Communication on Progress (COP). Whereas it is businesses that are the target group of UN Global Compact, the initiative is supported by an alliance composed of enterprises, governments, civil society, trade unions etc.¹⁶

AA1000 Series of Standards

Another international set of standards applied by a variety of enterprises and organisations has been conceived by AccountAbility, a not-for-profit network bringing together enterprises, public actors and civil society.

Standards refer thus to the three dimensions of production/service

14 http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf.

15 The term 'environment' is used here in its general meaning, embracing also the socio-economic context!

16 www.unglobalcompact.org.

delivery examined by the TQS project – they are **process-, community- and client-related**.

Among the series of standards developed figure the AA1000 AccountAbility Principles Standards (AA1000APS) as well as the AA1000 Stakeholder Engagement Standard.

AA1000 APS Standards provide orientations to plan and carry out a proper strategy fostering sustainability of all actions an enterprise or organization may undertake. Main principles for AA1000 APS standards are inclusivity (involving those on which activities have an impact), materiality (a clear identification and follow-up of priorities and objectives) and responsiveness (being transparent about all actions). These standards refer thus to a broad range of issues such as administration, governance, evaluation, internal and external communication etc.

Complementary to AA1000ASP, the *AA1000 Stakeholder Engagement Standards* centre specifically on an enterprise's or organisation's relations and interaction with stakeholders directly concerned by its activities as well as regarding an enterprise's/organisation's ability to engage in actions concerning larger societal issues and concerns. Stakeholders are defined as those "who affect and/or could be affected by an organisation's activities, products or services and associated performance".^{17, 18}

Investors in People Standard

Initially developed and applied in the UK, the Investors in People Standard recently also spread in countries and on other continents. It refers rather to *internal* enterprise policy and sets principles linked to management, relations to employees, participation of employees in the elaboration of business plans etc. and skills development.¹⁹

QUALITY PRINCIPLES AND STANDARDS AT EUROPEAN LEVEL

Most of the existing European quality principles and standards are fairly more recent than those developed at international level. Nearly all of them draw, at least partially, on the aforementioned international conventions, principles and standards. A majority are voluntary principles and standards.

17 AccountAbility: Stakeholder Engagement Standard. Draft exposure. London 2005.

18 <http://www.accountability21.net/aa1000series>.

19 <http://www.investorsinpeople.co.uk/Facts/Pages/default.aspx>.

It should be stressed that, in this chapter, no detailed reference will be made to the *CEN standards* developed by the *European Committee for Standardization*, as most of them still provide rather specific technical provisions related above all to products and certain equipment. In the domain of social services, CEN standards are applied in particular in social housing (construction etc.) and health care, but also in other services using certain products or material.²⁰

However, it should be highlighted, that, in the framework of the European project PROMETHEUS, a specific CEN workshop 51 aiming to develop a “Common Quality Framework for Social Services” has been established. As a result of its work, which included a number of public consultations at European level, a CEN Workshop Agreement²¹ is expected to be issued in November 2010.²²

Fundamental Concepts of Excellence/EFQM Excellence Model

An important role in conceiving and promoting quality standards and orientations at European level and beyond plays the European Foundation for Quality Management (EFQM®), established in 1988 by leading European enterprises. The quality orientations developed by this not-for-profit organisation are discussed, further developed, promoted and applied by a number of enterprises and organisations from various sectors in most European countries.

The EFQM Excellence Model includes main elements of international quality orientations and principles such as those promoted by ISO standards or the Total Quality Management philosophy. The model’s objective is to provide clear guidelines to promote an organisation’s/enterprise’s sustainable excellence, which is based on the following concepts:

- Results Orientation
- Customer Focus
- Leadership and Constancy of Purpose
- Management by Processes and Facts
- People Development and Involvement
- Continuous Learning, Improvement and Innovation
- Partnership Development
- Corporate Social Responsibility

20 More information on CEN standards: <http://www.cen.eu/cenorm/aboutus/index.asp>.

21 For more information on CEN Workshop Agreements and what distinguishes them from ‘traditional’ CEN standards: <http://www.cen.eu/boss/supporting/Guidance%20documents/GD052%20-%20CWA%20and%20CEN%20Workshop%20Guidelines/Pages/default.aspx>.

22 More information on the PROMETHEUS project: <http://www.epr.eu/index.php/hidden-equass/210>.

Apart from delivering standards and orientations for **processes** running rather inside a company/organization (strategy development and planning, management, leadership), the EFQM Excellence Model also includes **strong references to relations with clients and other stakeholders** (customer focus, people development and involvement) in the immediate environment, but also in a larger societal context (partnership development, corporate social responsibility). As stakeholders are defined "those individuals or groups which impact upon, or have an impact on, the organization such as customers, employees, partners, suppliers, the society in which the organization operates, and those with a financial stake in the organization." Partnership "with customers, society, suppliers or even competitors" includes co-development of policies and strategies and is considered vital for achieving excellence as well as enhanced quality and value.²³ In order to facilitate application of the EFQM excellence model, EFQM developed the methodology RADAR (Results, Approach, Deployment, Assessment, Review). On a yearly basis, EFQM confers the EFQM Excellence Award to the European organization/enterprise which complied best with the Total Quality Management Principles.²⁴

Common Assessment Framework (C.A.F.)

The Common Assessment Framework is very much based on Total Quality Management and EFQM. It has been developed out of an (ongoing) cooperation of EU ministers in charge of public administration. The objective is to promote innovation and improve governance, public administration and public services. As easy-to-use instrument of self-assessment, the C.A.F. was conceived and is being further elaborated by the Innovative Public Services Group, a working group of national experts. To support this work and exchange, a specific European C.A.F. Resource Centre was set up.²⁵

Management by Objectives (M.B.O.)

The 'Management by Objectives' approach was first proposed by Peter Drucker in his publication "The practice of management" (1954).

23 EFQM: The Fundamental Concepts of Excellence. 1999-2003.

24 www.efqm.org.

25 <http://www.eipa.eu/en/pages/show/&tid=102#&title=topic>. From among TQS partners it is the provinces who reported the use of C.A.F.

Its point of departure is the formulation of a clear vision, objectives and sub-objectives of an enterprise/organization and therewith a clear focus on results.

Objectives should be negotiated *with* and *for* different members/stakeholders of the organization/enterprise, including employees. The objective is to foster not only awareness of general and specific aims, but also awareness of the role each stakeholder has to fulfill in order to contribute to the achievement of the objectives.

Goals should be negotiated above all in eight main areas:

- Marketing
- Innovation
- Human organisation
- Financial resources
- Physical resources
- Productivity
- Social responsibility
- Profit requirements²⁶

EU Eco-Management and Audit Scheme (EMAS)

Environmental performance not only in production processes, but also in service delivery is gaining increasing importance when it comes to quality assessment.

A leading management and evaluation tool at European level is the already aforementioned EU Eco-Management and Audit Scheme, which was launched with the "Regulation (EC) 761/2001 of the European Parliament and of the Council allowing voluntary participation by organisations in a Community eco-management and audit scheme (EMAS)". The scheme refers to the ISO standards 14000ff.

EMAS may be applied by public and private actors – participation is voluntary.

An organization that wishes to obtain the EMAS registration has to carry out the following actions:

1. Realisation of an environmental review regarding all activities carried out by the organization in the process of production or service delivery;
2. Conception of a proper environmental management system in order to pursue the environmental policy and objectives defined by the organization (definition of objectives, means, operational procedures, training, monitoring, communication etc.);

²⁶ http://www.1000ventures.com/business_guide/mgmt_mbo_main.html. From among TQS partners it is the provinces who reported the use of M.B.O.

3. Realisation of an environmental audit;
4. Publication of an environmental statement presenting results achieved and future orientations.

All these procedures and their outcome have to be approved by an accredited EMAS verifier.

An organization which received the EMAS registration obtains the EMAS logo.

The European Commission, in its "Commission Recommendation of 10 July 2003 on guidance for the implementation of Regulation (EC) No. 761/2001" provides detailed guidelines regarding the selection and use of performance indicators. Three categories of indicators are proposed: Operational Performance Indicators, Management Performance indicators, Environmental Condition Indicators. For each of them, the Commission lists examples that may be used (or adapted) by organisations participating in the EMAS scheme.

It seems worth highlighting the fact that the original EMAS regulation 761/2001 lists, among the objectives of the EMAS system, active participation and involvement of staff as well as an "open dialogue with the public and other interested parties".²⁷ Consequently, the above mentioned recommendations on guidance for the implementation of EMAS also include indicators relating to participation of staff and to the organisation's relations with its external environment (e.g. the local community), i.e. with all stakeholders directly or indirectly affected *by* or involved *in* the actions of the organisation.

Given the focus of EMAS on environmental sustainability, the system may be characterized as being, in the first place, **community-oriented**.²⁸

European Quality in Social Services (EQUASS)

The EQUASS system (European quality in social services) was launched by the European Platform for Rehabilitation in cooperation with the Council of Europe and other major European platforms and organisations representing public and private service providers, employees and service users and governments.

It provides a quality framework and certification system specifically designed for Social Services with a **strong user-orientation**.

EQUASS is supposed to complement or provide an alternative to

²⁷ Regulation (EC) 761/2001 of the European Parliament and of the Council allowing voluntary participation by organisations in a Community eco-management and audit scheme (EMAS), Art. 1b) and 1c.

²⁸ http://ec.europa.eu/environment/emas/index_en.htm.

existing quality management models perceived as being too general for the service sector or not far-reaching enough (minimum standards only).

Referring to major international and European conventions and guidelines for service quality such as the UN Convention on the rights of people with disabilities (2006) or the Disability Action Plan 2006-2015 of the Council of Europe, EQUASS is based on nine principles for quality which were translated into a number of criteria. These principles relate to the following domains and approaches:

1. Rights
2. Ethics
3. Partnership
4. Participation
5. Leadership
6. Person-centred approach
7. Comprehensiveness
8. Result orientation
9. Continuous Improvement

The EQUASS scheme is non-prescriptive, which also allows for its application in different cultural contexts.

Certification processes are monitored by an Awarding Committee composed by the founder members of the initiative and some other organisations. Among its members figure organisations such as the Council of Europe, the European Disability Forum, the European Platform for Rehabilitation, the European Association of Service Providers for Persons with Disabilities or the European Trade Union confederation.

EQUASS may be applied by public and private profit and not-for-profit service providers.²⁹

Disability High Level Group: Practical Framework for the quality of Social Services of General Interest

Main principles for quality in social services *to people with disabilities* have been established by the Disability High Level Group, which is composed of representatives of the European Commission and delegates from the EU member states.

In a position paper, which aims to provide guidelines for social services, the High Level Group formulates seven principles (“key features”) and related criteria:

²⁹ <http://www.epr.eu/index.php/equass>.

1. Social services have to refer to the *rights of the individual*. In order to guarantee or promote principles such as freedom of choice, self-determination or anti-discrimination it is thus necessary to ensure an appropriate information of users, accessibility and availability of services, complaint mechanisms, training of staff etc.
2. Social services have to be *person-centred*. Proximity between the service provider and the beneficiary is a major pre-condition.
3. *Comprehensiveness and continuity* has to be considered a key element of quality services. Holistic, integrated services need to be ensured at all the different stages of life of a person (with disabilities).
4. Social services need to be based on *participation* of the beneficiaries in planning, definition and review of services.
5. Social services have to be set in a framework of *partnership* between service users, service providers, the local community, public authorities and others. One important quality criteria is their link *to* and cooperation *with* 'mainstream social services'.
6. Social services also need to be *result-oriented*, which implies impact assessments, flexibility and responsiveness. Moreover, each stakeholder has to assume his/her responsibility.
7. *Good governance* is a pre-condition for quality in social services. It includes aspects such as a review of services on a regular basis, participation of staff in planning and review processes, cooperation with other services and service providers etc.

Likewise E-Qualin and EQUASS, the principles developed are very much person-oriented.³⁰

E-Qualin

A set of standards and orientations referring specifically to long-term care has been put forward with the E-Qualin® model, conceived by an alliance of training institutes, European and national organisations representing care service providers and service beneficiaries, public administration and nursing homes.

Referring to international and European guidelines and principles such as the Declaration of human rights or the European Charter on rights and freedom of older persons in residential care, this model aims to provide guidelines in particular for services linked to *residential care of elderly*, but also for other long term care services. It is in

³⁰ <http://www.easpd.eu/LinkClick.aspx?fileticket=4D55703469685630427A633D&tabid=4954&stats=false>.

the first place **user-oriented** and encourages service providers to assess and review their practices in the light of needs of residents and their families. However, at the same time E-Qualin also integrates the perspective of caretakers and other employees working in the field of residential care.

The model focuses on two areas – “structures and processes” as well as “results”. Both areas are analyzed under five different perspectives.

Assessment of the “structures and processes” area is very much based on the principles of Total Quality Management and related approaches. The quality management cycle “Plan-Do-Check-Act” is complemented by elements related to the involvement of different types of stakeholders (residents, families, staff...) with a strong focus, however, on residents that are considered “co-producers” of the service. The perspectives under which structures and processes are analyzed relate to aspects regarding a) residents, b) staff, c) leadership, d) social context and e) ability to be a “learning organization”.

In a second phase, “results” of the above mentioned structures and processes are assessed and discussed by means of qualitative and quantitative indicators. Perspectives taken into account here are related to a) residents, b) staff, c) economic performance (sustainability), d) social, cultural and environmental sustainability (social accounting/impact) and e) future orientations.³¹

Quality principles defined by the European Social Platform

Following different initiatives for the creation of European quality frameworks and a large debate as to whether it would be useful to develop European quality *standards* rather than more flexible, but clear *principles* for social services,³² the Platform of European Social NGOs (Social Platform), in 2008, issued its “Nine golden quality principles for social and health services of general interest”.

They place **the individual** (be it the service user, his or her family

31 www.e-qualin.net.

32 A number of European and national organisations representing social service providers, beneficiaries and other stakeholders as well as local service providers and their stakeholders fear that common European standards a) might lead to a rather static view of quality, b) could compromise diversity and local cultures in different European countries and regions, c) could result in minimum requirements only and d) might not consider the ‘output’, i.e. the final results of service delivery (see EASPD: Memorandum on a European Quality Principles Framework EQPF).

or service staff) and the **community** at the centre of all considerations regarding service quality.

Key elements taken up by these principles are:

1. Respect of human dignity and fundamental rights
2. Results-orientation (ensured by a continuous cycle of planning, realization, evaluation and review)
3. Services designed to satisfy the needs of the individual/Equal opportunities (without losing the needs of the larger community and society out of sight)
4. Ensuring security and safety of service users (including the most vulnerable), families and staff
5. User empowerment and Participation of users, their families, service staff and communities in the conception, delivery and evaluation of services
6. Continuous service provision and a holistic approach (between different service providers working with the same users)
7. Partnership with communities and other actors
8. Skilled staff/Quality employment and decent working conditions (including investment in human capital and life-long learning)
9. Transparent management and accountability (including aspects such as information, communication and participation)

Together with each principle, specific criteria for its realization are provided.³³

CONCLUDING REMARKS TQS screening of international and European guidelines which (may) have an influence on quality in SSGI was based on a distinction between more general **principles** as “moral rules that guide behaviour” and **standards** as a “specific level of quality”.

Results show that it is not necessary to start from the very beginning when (re-)defining quality **principles** for SSGI.

A number of such **principles** already exist. Even though many of them were not developed *specifically* for social services, they also refer, in one way or the other, to service providers, service beneficiaries, the local community and other stakeholders.

These principles are enshrined in documents such as the Universal Declaration of Human Rights, the European Charter of Fundamental Rights or in quality systems such as EQUASS, E-Qualin or the “Nine

³³ <http://www.socialplatform.org/News.asp?DocID=19224>.

golden principles for SSGI” of the European Social Platform. Other quality principles which *are* or *may* be applied to SSGI, can be found in models such as Total Quality Management and related schemes.

Moreover, certain *international conventions* such as the Alma-Ata Declaration (WHO) provide much more than quality *principles*. A number of them contain very clear criteria and guidelines for the application of these principles in practice. These are sometimes more concrete than the provisions of EU legislation. Often, however, such conventions are ignored, little known or simply not enforced (due also to a lack of control or specific mechanisms which would impose penalties in case of non-respect).

TQS research also found several sets of **standards** that are already or may be applied in social services. Yet, many of these standards were initially developed for *industrial production* and have been adapted, only at a later stage, also to services. International and European *standards* applying *specifically* to social services of general interest do not exist so far.

It became evident that only some of the principles and standards mentioned in this report take the individual (beneficiary, families, caregivers, local community) as the point of departure of all quality considerations. In a number of cases, participation of beneficiaries and staff or partnership with other stakeholders, appear to be often not more than (marketing) instruments for the improvement of the final product (or service) and means to finally better sell the product. Empowerment and social well being of all are not necessarily the *final* and *overarching* objectives of the whole process.

It seems thus that there is a need for specific *standards* concerning quality of social services, which would ensure that the needs of the individual are taken into account *at the very beginning of* and *throughout* the whole process of service planning, delivery and review. However, should these standards be conceived and common at *European level*?

The European Association of Service Providers for People with Disabilities, in its Memorandum on a European Quality Principles Framework, declares: “EASPD believes the best way for the EU to ensure high quality services provision in Europe is to establish consensus on European quality principles instead of quality standards. Quality standards could be implemented on the national or regional level, but quality principles are the most effective on the EU level”.

This statement received support also by REVES members and other organisations which participated in the kick-off conference of the TQS project.³⁴ Participants agreed that needs of individuals and communities might differ depending on the socio-economic situation in a country, region, city and other factors or personal circumstances. Even though there is a need for a common European framework with principles for SSGI, services and quality *standards* for social services have to be developed at the very bottom and in proximity to the citizens, i.e. at local level. Not only service beneficiaries, service providers and public authorities, but the whole local community, which may be directly or indirectly concerned by the results or shortcomings of service delivery, might play a crucial role in this process.

May 2009

³⁴ This conference was held on 4 and 5 May 2009 in Marseille (FR).

STATE-OF-THE-ART REGARDING QUALITY IN SSGI IN TQS PARTNER CITIES AND REGION

EDITED BY ERDMUTHE KLAER – REVES AISBL

This chapter will give a synthetic, though not all-embracing overview on a number of aspects regarding quality in social services and its definition in different TQS partner cities and regions.

By means of two brainstorming surveys carried out in the first phase of the project among the partners, general information regarding a) use and definition of specific terms such as 'SSGI' in TQS partner territories, b) challenges regarding quality services and c) the application of international, European or local quality criteria in SSGI was collected.

In the third project phase, TQS partners were asked to more deeply analyze processes through which quality criteria and expectations in their city or region are defined, evaluated and communicated.

"Social Services of General Interest"

First of all, it can be stated that a concrete definition of the concept "Social Services

of General Interest" does not seem to exist in most member states and local territories. Moreover, the term seems to be rarely used. Public and private actors often simply speak of "social services" (which also helps distinguish them from services of general interest such as telecommunications, energy, transport...).

USE AND DEFINITION OF TERMS SUCH AS "SSGI", "GENERAL INTEREST" AND "QUALITY" IN DIFFERENT TQS PARTNER TERRITORIES AND GENERAL OBSERVATIONS ON CHALLENGES REGARDING QUALITY IN SSGI -RESULTS OF A SURVEY AMONG TQS PARTNERS-

However, frequently, a basic understanding on what kind of services should fall in this category seems to exist in society and throughout Europe.

Most often, the following categories were listed:

- Care for elderly
- Social security
- Social re-integration and prevention
- Employment
- Specific services for orientation and re-integration into the labour market of disadvantaged persons
- Social housing...

In some member states, health and education are not considered as "social services (of general interest)". However, in the framework of the TQS project, both service domains will be 'counted in', as they are often closely linked to other social services and have a considerable social impact.

In several cases, social services are partially defined and regulated through national and regional legislation.

In a majority of TQS partner territories, they are delivered by public and (social) private actors. Delivery of social services in Sweden and Poland has for a long time been ensured above all by public providers. However, this is now about to change – (social) private actors get more and more involved in service provision.

A peculiarity regarding legislation regulating relations between local authorities and different types of service providers represents the Italian "Framework law for the realization of an integrated system of social interventions and services" (Law 328),¹ which integrates a community perspective and participation into service planning, provision and monitoring/evaluation.

All TQS project partners seemed to agree on several main characteristics of Social Services (of General Interest):

1. SSGI are based on fundamental rights and principles.
2. SSGI serve the whole community.
3. SSGI contribute to social cohesion.

1 Law 328 establishes the principle of cooperation between different service providers, service users and other stakeholders. Regional governments have to conceive concrete instruments for co-programming of social and health services in the framework of the Piani di Zona (zone plans set up through co-programming partnerships between different public and private stakeholders on a territory).

“General Interest”

In most TQS partner territories and their member states, definition and use of the term “general interest” are rather unclear.

It often has to be evaluated on a case-to-case basis whether something can be defined as being of general interest.

However, most TQS partners listed the following more general principles that are, following their experiences, linked to the concept of “general interest”:

- Respect of fundamental rights/human dignity
- Accessibility
- Equality
- Impartiality
- Equity
- Universality
- Reciprocity
- Transparency
- Participation
- Efficiency...

Elements of quality

With regard to quality in social services in their city or region, most TQS partners deplore the current focus on the (lowest) price and, when it comes to the definition and measurement of quality, the use of an evaluation of general management procedures or certification only.

Partners listed the following elements that should be part of quality.

Quality elements with regard to beneficiaries:

- Accessibility
- Diversity of responses to citizens’ needs
- Beneficiaries to be considered not as an object of care, but as promoter and protagonists of the respective project (empowerment, autonomy, elimination of the need instead of assistance-based service provision)
- joint definition and evaluation of quality by service users, families, service providers and their staff and other stakeholders

Quality elements with regard to service providers (internal processes) and staff:

- Improvement of working conditions

- Training/Development of (social) competences of staff
- Participatory management
- Equipment and premises

Quality elements with regard to processes/procedures in general:

- Capacity to identify (changing) needs of citizens and to adequately respond to these needs
- Activation of better governance and participation processes involving stakeholders and target groups
- Reduction of bureaucracy and of the time needed to respond to requests of the citizens
- Traceability of actions
- Appropriate monitoring and evaluation
- Instruments to value the quality of processes as such (beyond quantitative assessment)
- Combination of research and action

Quality elements with regard to the local community

- Solidarity
- Networking (identify and strengthen/empower all stakeholders that are in a position to contribute to the system of service provision in one way or the other)
- Coordination (high integration of different services and bodies that concern an individual project) and horizontal subsidiarity

Challenges regarding SSGI and their quality

TQS partners from different regions and cities reported very similar challenges they have to tackle when it comes to social service provision.

To give just some examples:

- demographic changes and the crisis of the traditional family model ⇒ a challenge for services such as long-term care
- increase of the migrant population
- increase of persons with disabilities acquired at different stages of life
- an increasing number of children and youngsters in difficult situations
- unemployment and working poor

It seems worth to highlight that all these challenges are linked to changes regarding the needs of different groups of the population.

With regard to this situation, all TQS partner organisations consider

it necessary to review the system of service provision. A major issue herein is sustainability of the service system. New ways have to be found to allocate resources more appropriately and to share costs. Moreover, partners highlighted the need to re-define the role of social economy and other not-for-profit organisations when it comes to service provision: the missing level playing field with public authorities not only in service provision, but also in planning and evaluation of services is perceived as a major obstacle. Yet other difficulties are caused, in many TQS partner territories, by (EU) procurement regulations which, in their application, lead to advantages for larger (private) structures, a focus more on price rather than on quality, and ignorance regarding the characteristics (and possible added value) of specific service providers.

Solutions to the above mentioned challenges and difficulties are seen, by TQS partners, in the following elements (to quote only some examples):

- diversification of the service offer;
- the promotion of participative processes in service planning, implementation and evaluation;
- person-centred interventions based on the empowerment of the beneficiary;
- new forms of cost-sharing;
- networking;
- coordination between different actors in the social and health sector..

Familiarity with quality principles/standards in social services

THE APPLICATION OF QUALITY PRINCIPLES AND STANDARDS IN DIFFERENT CITIES AND REGIONS -RESULTS OF A SURVEY AMONG TQS PARTNERS-

Most TQS partners think they are familiar with quality principles/standards in social services. However, here, it has to be specified that this knowledge refers not in every case to international or European principles and standards, but also and above all to national, regional and local rules and criteria (see below).

Relevance of specific quality principles/standards for social services in TQS partner cities and regions

Five local authorities (the majority of local authorities), but only one

social economy organization held that, in their city, province or region, the application of specific local/regional or international quality criteria for social services is considered relevant. In the case of the social economy organization it was specified that quality criteria are applied above all in specific service areas such as education and training.

On the other hand, one local authority and four social economy organisations had the impression that quality standards or principles in SSGI are not of any specific relevance on their territory.

Here, it appears worth to highlight that a local authority and a social economy organization *from the same territory* replied in a different way (the former indicating "relevant", the other "non relevant"). As a consequence, a major task for TQS partners was thus to more strongly investigate on the interaction/cooperation of different local actors when it comes to the elaboration, application and also *communication* of quality principles and standards.

The reply of another non-public partner, who held that the application of quality criteria for social services were perceived as relevant in his city, but who could not tell which ones (brainstorming exercise!), shows that these contradicting replies of actors of the same territory do not necessarily have to be rooted in the absence of quality criteria. They might also be generated by a lack of communication and cooperation between different local actors/citizens. A local authority might be very active in formulating and/or using specific quality criteria for social services. However, at the same time, the population on the same territory might not necessarily know *which* criteria have been set or even *that* these criteria exist.

In this context, it also does not seem to be surprising that it is above all local authorities who confirm relevance and use of quality criteria on their territories. First of all, this is related to the fact that they are themselves important service providers or commissioners of social services. Moreover, a number of decisions and policy guidelines adopted by local authorities affect quality of social services directly or indirectly. In addition, quality criteria have to be specified in public tenders in one way or another. Finally, of course, one should take into account that not every local authority or private service provider would openly admit a lack of importance of quality criteria whatsoever.

The replies also clearly show that there is a need for stronger research regarding the application of quality principles/standards *by social economy organisations*. One social economy partner clearly stated that social economy in his city/region does not seem to apply specific quality criteria, apart from some environmental principles. In how far social economy organisations would develop and use quality

criteria other than those imposed by public procurement procedures or regulations is a question that deserves further attention.

Application of international and European quality principles/standards in public procurement

Even though several partners of the TQS project considered that the application of quality principles/standards specifically *for social services* does not seem to be of *particular* importance on their territory, a majority of them (four local authorities and four social economy structures) reported the use of European/international principles/standards (such as they have been identified by TQS research) in public procurement in general. One partner (local, non-public) was not able to reply to this question, another partner (social economy) had doubts about the nature of the principles/standards used (it was not clear to this partner whether the criteria related to local or international criteria).

Principles and standards required in public procurement for social services in TQS member cities and regions

From among the different international/European quality principles/standards identified by TQS research, it is above all ISO standards which are applied in public procurement on the partner territories. Two local authorities also mentioned the Common Assessment Framework (C.A.F.) and Management by Objectives (M.B.O.). A social economy organization stated the lack, in its city, of opportunities for enterprises to really carry out and, above all, *use* a standard certification in public procurement. Another local authority stressed that many of the existing international/European quality principles/standards are not applied as such, i.e. under the same title, to social services. At the same time, however, from a content point of view, the partner stated that many of the criteria used correspond to those expressed by international and European principles or standards. The partner specified that quality criteria for social services are actually the result of a mix of basic fundamental rights and other international principles, national and regional legislation as well as locally defined criteria. Amongst these locally defined criteria, which are defined, as indicated by this local authority, in the framework of participatory processes, the criterion “knowledge of the territory” is of particular importance.

Another non-public partner also stresses the importance of regional standards or principles defined *for specific service domains*. In again another TQS partner city, quality standards in social services rather appear “highly generalized” and are at least not explicitly mentioned under a specific title (of European or international quality standards), except for ISO. Quality criteria are rather fixed *by* or “hidden” *in* specific pieces of legislation or initiatives such as the social welfare act and social activity programming in general. However, in theory, no real obstacles for the formulation of more specific quality standards are perceived.

The stage of public procurement procedures at which quality principles and standards are applied

Most partners indicated that relevant criteria were included already in the call for tender as pre-condition for participation in the tendering process. One of the partner local authorities specified that, in the selection process, only 15 points out of 100 were allocated to the economic offer, whereas the rest of criteria refer to international and local *quality* principles and standards.

Some partners also mentioned that quality criteria are additionally applied at a later stage in specific evaluations during the period of service delivery.

Satisfaction with quality principles and standards applied in public procurement

Only two partners (two local authorities) out of 13 seem to be satisfied with quality criteria such as they are applied to date in their cities/regions *for* and *in* social services.

Nine others, among them five social economy organisations, three local authorities and a trade union, expressed their dissatisfaction.

Interesting here are, again, two opposed opinions on the same partner territory (one coming from the rather satisfied local authority, another ‘not satisfied’ statement from a social economy partner).

Weak and strong elements linked to the quality principles and standards that are currently in use at local level

TQS project partners perceive the following weaknesses regarding the promotion of quality criteria on their territory:

1. Specific certification procedures for standards that might be requested in public procurement are too complicated, too large and too costly for small local actors.
2. There is a high risk of bureaucratization (indexes, time frame...) of the application of quality principles and standards in social services (and other domains).
3. Public procurement processes treat micro-enterprises and SMEs the same way as multinational and national companies.
4. There is a clear lack of possibilities to take into specific consideration local actors and small enterprises.
5. Public servants responsible for public procurement do not consider use of specific criteria *responding specifically to social/environmental concerns*. They are today aware of related rules and possibilities, but do not help or encourage (political) decision-makers to apply these rules on the territory. (Politicians, in turn, might depend to a certain extent on the expert knowledge of administrators with regard, for instance, to EU rules for public procurement).
6. Criteria applied on the territories for social service provision are often rather structural indicators referring aspects such as, the number of rooms/locations, the dimension of these rooms in square meter; the types of competences and number of operators implied... etc.
7. Costs generated by control mechanisms for the application of quality principles/standards might become high for local authorities and service providers.
8. Local authorities are sometimes facing (initial) resistance of potential service providers regarding a measuring of quality and thus a change in quality management.
9. Local authorities sometimes deplore the difficulty service providers have when it comes cooperation and work in a team (it is vital that different service providers collaborate in order to address the beneficiary and his/her situation in a more integrated and coherent way).

Strong elements have been observed above all in those territories where service provision and the definition of service profiles, including quality, is based on co-programming processes:

Different stakeholders are involved already in the definition of objectives and quality criteria. This cooperation reaches through all subsequent stages. Here, a process of trust-building based on the consensus to reach quality results is activated. Moreover, it is ensured that criteria and needs are continuously re-evaluated with a strong focus on the service user/beneficiary, his or her rights and protec-

tion. In the co-programming process, (potential) service users are listened to. The resulting service map can thus also be considered a pact between service providers and service users. A new kind of social dialogue emerges.

OBSERVATIONS BY TQS PARTNERS REGARDING THE DEFINITION OF QUALITY CRITERIA IN SSGI AND INTERACTION AMONG DIFFERENT STAKEHOLDERS IN THEIR CITY/REGION

Hereafter, some observations from the different local analysis reports of TQS partners are listed. The

reader should note that these points are summarized extracts from these reports (statements that are considered particularly interesting or relevant in the context of the TQS project) and do not reflect the whole complexity of service planning and delivery in a region or city.² Furthermore, it should be stressed that the observations sometimes refer to a very specific local or regional context and might not always correspond with the situation in all parts of a member state. In some cases they may also be based on the personal view and interpretation of the authors of the respective local analysis report.

Among the observations made by TQS partners in Berlin (D) figure the following:

1. Participation of different stakeholders in shaping quality criteria for a service happens mainly at the moment in which a concrete service is designed and/or reviewed, i.e. at a stage where more general criteria might have already been fixed through the establishment of programmes and strategies.
2. In a number of service areas such as labour integration or care, a number of quality criteria and standards are either already fixed in legislation or in pre-established check-lists/handbooks.
3. Often, providers themselves are involved in the definition of the quality of the service *from the point of view of the user*, i.e. a long term care provider is asked about his opinion regarding expectations and needs of the user. The provider is thus supposed to raise his/her voice for the user – he becomes a kind of representative of the service user.

² The complete reports can be found on the project website: www.tqs.revesnetwork.eu.

4. Health insurance companies appear to have a weighty role when it comes to the establishment of programmes in the care and healthcare domain and related quality criteria.
5. Regarding labour market integration services, programming (including thus the establishment of quality criteria) is dominated by public agencies: Point of departure is the local "demand for qualifications" to which capacities of the job seeker are finally 'adapted'.
In services providing assistance to education, in turn, quality criteria are rather established based on the individual needs of the service user.
6. Schools/services related to education: Participation of different stakeholders in shaping the quality of the different services often depends on willingness and openness of staff (e.g. teachers) and school management.
7. Staff involvement in the definition of quality (in terms also of quality of working conditions) does not seem to happen systematically (if it happens, staff is rather asked to speak for the user and express his/her needs for a certain quality of the service).
In some areas related to health care/care for elderly, however, "satisfaction of staff" has been introduced as a quality criterion and led to a stronger involvement of front-line staff in programming and concrete design of services.
8. The perspective of a local community is taken into consideration only in very few cases. Often, it remains limited and is rather based on the involvement of volunteers (from a specific local community) in planning and provision of a service. Involvement of other actors than users, staff, volunteers, service providers and public authorities does not seem to be considered vital.
9. Social economy organisations consider themselves as initiators of dialogue between different actors and thus as initiators of new initiatives regarding social services.
10. In several service domains, a proper evaluation of services seems to be not existent – the provision of a certain service and its quality depends above all on available budget.
11. In some cases (mostly depending on local governments and specific service providers), multi-stakeholder committees for dialogue on quality exist. However, sometimes, their size might pose problems and be rather an obstacle for real dialogue.
12. Media have a certain importance when it comes to making certain living and working conditions public: They are a means to influence processes at a higher level (programming etc.).

In a number of municipalities and regions, a so-called “**dialogue on quality**” has been established. It is mostly financing public authorities that take the initiative and organize, on a regular basis (often annual), a public meeting to which service providers, service users, their families/partners and front-line staff are invited.

Participants have the opportunity to discuss the general programming framework for (a specific type of) services in a municipality/area/region, i.e. the general infrastructure and service provision scheme. Moreover, they may express their concerns and needs regarding a service. These meetings provide thus the opportunity to evaluate the existing service offer and infrastructure. At the same time, their outcome might influence future planning and evaluation processes.

In addition, so-called **quality circles** established by specific service providers exist. They bring together representatives of a service provider organisation (e.g. a home for elderly), service workers, but also users and their families in order to continuously evaluate a service and table proposals for its improvement.

The report by the Prefecture of Piraeus (GR) included, inter alia, the following statements:

1. It is above all public authorities that set the priorities and define quality criteria and standards. They act as a catalyzer of expressions of different stakeholders’ needs and monitor the performance of public and private social service providers.
In some cases (e.g. Social Solidarity Network of the Prefecture of Piraeus – see below), public authorities engage in a consultation process with service provider organisations regarding general programming of social services.
2. Decisions on quality criteria and standards in specific services are also related to the availability of funds.
3. Participation of beneficiaries and other stakeholders can be observed rather at ‘project level’ (concerning a concrete service) within specific service provider organisations. However, it depends very much on statutes, type of management and mentality of these organisations (in associations, for instance, service beneficiaries may influence programming and planning processes at least through their participation in the General Assembly).
4. Service beneficiaries, their families and service workers may influence the concrete design of a service above all by reacting to it, i.e. in a kind of rather informal feedback process, in particular through contact with service workers. Their participation con-

cerns thus above all the evaluation of existing services and their quality aspects rather than ex-ante programming and design.

5. In a number of cases, service workers are involved in service planning and evaluation as a kind of representative of the service beneficiary, i.e. by expressing expectations and needs of the latter.
6. Participation of the local community or parts of it in shaping quality (criteria) of social services is possible only 'indirectly' at concrete service level through involvement of volunteers. Here, it takes mainly the form of a rather informal ex-ante evaluation of already existing services.
7. In the case of the Prefecture of Piraeus, a specific hotline has been established to enable service beneficiaries to directly ask for information on services and/or express complaints on a service (approach "customer satisfaction").
8. A lack of a coherent programming and design of social services at local level could be stated, linked to the need for a better coordination and networking between different service providers. (First improvements were made with the creation of the Social Solidarity Network – see below).

To improve quality of social services, and also to allow for a better involvement of different stakeholders in discussing this quality, the Prefecture of Piraeus, in 2005, created the **'Social Solidarity Network of the Prefecture of Piraeus'**.

The network brings together a number of different public and private service providers and civil society organisations with a view to foster an integrated approach towards problems of poverty and social exclusion, i.e. integrated and coordinated actions.

It provides a broad range of services to homeless, unemployed, migrants, street children, heavily indebted families, people with disabilities, elderly without families and other groups at risk of exclusion. Emphasis lies on self-activation of disadvantaged groups – therefore, social skills development programmes, peer counselling and other additional services were created.

In its efforts to improve quality of service infrastructure and specific services, the network closely cooperates with service staff and, through the latter, also with final beneficiaries. Moreover, it collaborates increasingly also with other local actors (NGOs, church...). Finally, the Social Solidarity Network also aims to raise awareness on social exclusion in local communities and to involve different parts of these communities in its actions: This way, a number of volunteers could be mobilized and involved in planning and provision of different services. The volunteer movement as such, in particular among young people, was strengthened.

These are observations reported by TQS partners from the City of Faenza, the City of Pordenone, the City of Livorno and Province of Piacenza³ (IT):

1. Based on national law no. 328 and local/regional governance practices (including processes such as agenda 21, Territorial Social Responsibility[©] etc.), new forms of participation are emerging.
2. The above mentioned national framework law made the involvement of social economy service providers in programming of social services in a specific geographic zone an obligation!
However, when it comes to planning of a concrete public service, social economy and other stakeholders are not in every case fully involved. In tendering processes, they can only react to a specific vision of service quality and related expectations by tabling their proposals.
Some cities established a different system regarding mandating of social services: diverse service providers (and other stakeholders) are involved in planning processes of specific services (see good practice example below).
3. Through the above mentioned schemes, a stronger networking of different actors has been encouraged. However, a number of services and service providers still need to overcome a certain self-referential behaviour.
4. Beneficiaries and other stakeholders do participate in particular regarding concrete service planning (projecting phase). Yet, they are less involved in more general programming processes shaping the general service infrastructure on a territory and its quality features.
5. A key role for the participation of users, service workers and other stakeholders plays the so-called “carta dei servizi” – the services charter. In this charter, key criteria and indicators for quality of a specific service delivered by a service provider are defined by public and private actors, including (potential) service beneficiaries, their families, other parts of the local community etc. Some local governments made the existence of a carta dei servizi, elaborated in a participative manner, a basic condition for accreditation of a service provider.
6. Private service providers, in particular social economy, do involve beneficiaries, staff and other actors also in other ways, i.e. through consultations or even through their participation in their board or General Assembly. This allows for an implication

³ Attention: The example of TQS partner cities and regions is not exemplary for *all* regions and municipalities in Italy! Details also depend on specific local and regional legislation and practices!

of these stakeholders not only in evaluation, but also in planning of services.

7. Problems emerge linked to the fact that, even though social economy organisations usually are in a position to interact with different type of stakeholders and conceive innovative service concepts, some organisations might be very focused on public tenders and thus inclined to apply only those quality criteria that were established by local authorities (in these tenders).
8. Certain municipalities established (multi-stakeholder) quality commissions to evaluate services that have been outsourced.
9. Cases in which local communities have been involved in service planning are more rare, even though they do exist, for instance, in the creation of service projects in specific neighbourhoods. Here, however, in particular social economy actors state that many members of such communities are not well informed about such participation processes, not able to participate or simply not interested. Providers are thus rapidly discouraged.

In Italy, a number of good practices regarding programming of social services (the social service system) in a specific geographic zone derived from **law no. 328 (“Framework law for the realization of an integrated system of social actions and services”)**.⁴ This law established the principle of cooperation and co-programming between different service providers, service users and other stakeholders. Following the adoption of law no. 328, regional governments fixed concrete instruments for such co-programming of social and health services, which happens most often in the framework of the **Piani di Zona** (zone plans established through co-programming partnerships between different public and private stakeholders on a territory – they were made obligatory by the aforementioned law).

In the process establishing the zone plans, local needs and corresponding service profiles are defined, and criteria for accreditation and service management are fixed. In cities such as Pordenone, Faenza and Livorno, participation of the service providers in these co-programming processes is a major pre-condition for accreditation as such. Moreover, different stakeholders at local level have not only the opportunity to shape the framework and basic rules for accreditation, but they also have their say in the selection of service providers. The system also encourages service providers to establish network of cooperation (these networks and partnerships would include different service providers, beneficiary organisations, families of service beneficiaries etc.).

⁴ “Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali” (Legge 8 novembre 2000, n. 328).

TQS partners from the city of Gdynia (PL) reported, inter alia:

1. After the change of the political system in the 1990s, the diversity of service providers, including small and young structures, has been (and still is) promoted. Private service providers, be they profit-making or not-for-profit, exist next to public ones.
2. National legislation defines the services, which the local authority is obliged to put into place. In some cases, the standards of the service are defined. No explicit indicators concerning quality have been found. On the other hand the Polish legal system permits establishing of standards and quality systems at the local level, for example quality standards for care services.
3. Change in service quality results rather out of a reaction to existing services and is most often triggered by the local authority. No systemic evaluation of services exists. Social services are monitored and evaluated by institutional purchasers of services and providers but not yet in a systemic way.
4. Several systems of receiving reactions from inhabitants exist in Gdynia: eg. the possibility to meet directly with the president or with representatives of the local authority. However this produces a relatively limited number of reactions, which are not collective. It could be concluded that these existing systems do not have the potential to influence the quality of the services in a systemic planned way. Politicians and the local administration are now showing a clear tendency and will to change this.
5. The level of involvement of the local community depends on the type of service. In social work, for instance, methods such as community work are applied and allow for a deeper exchange with members of the local community.
6. Information on expectations and needs of different stakeholders is frequently collected through rather informal and often fragmented channels and means of communication. A more systematic approach is currently being put into place.

The following observations can be found among the main statements by TQS partners from the county of Jämtland:

1. The provision of social services in Sweden is governed by counties and municipalities, following the principles and rules established by the Social Services Act (SoL). Public actors (local government and administration) play a predominant role when it comes to encouraging changes in quality of social services and service design in general.

2. Only recently, also private for-profit and not-for-profit structures emerged as providers of social services (before, service provision was ensured above all by public authorities). Due to an increasing tendency of public authorities to purchase social services from private providers, the percentage of the latter is steadily growing.
3. Public authorities, in tenders for social services, still tend to consider price before quality.
4. Smaller, locally rooted private service providers face increasing competition by bigger multinational private providers that offer their services frequently at very low prices (general danger of price-dumping) and therewith win public tenders more easily.
5. Users are not formally and directly involved when it comes to shaping quality of social services. They may rather *react* to the provision of a specific service through formal or informal complaints, through user organisations or, in some cases, a specific ombudsman.
6. Through the introduction, in several Swedish municipalities, of freedom of choice for users regarding specific types of social services (e.g. vignette system for elderly care), opportunities for users to shape quality of social services seem to increase.

The city of Östersund established that at least 10% of social services provided by the municipality should be delivered by social economy. (Similar rules also exist in other European member states – they aim to take into account and reward activities of a certain type of service providers that follow general interest objectives).

EXCURSUS: SOCIAL ECONOMY ENTERPRISES AND QUALITY

INTRODUCTION

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WITH THE SUPPORT OF JAN OLSSON,
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A number of social economy enterprises have very concrete experiences and practices regarding democratic decision-making processes that imply members, cooperators, service beneficiaries and staff. According to what emerged from the previous chapter, these processes (may) strongly influence the services delivered by these enterprises. Due to their local rooting and their proximity to different groups of inhabitants, social economy structures often have to respond to the needs of a broad range of different types of service users who might at the same time be their members, employees or cooperators.

The fact that social economy is not oriented towards profit distribution allows for the individual to be placed at the centre of service planning. Yet, this does not exclude economic considerations in order to guarantee sustainability and quality of the service!

Finally, services provided by social economy organizations often have multi-fold aims. In a number of cases they do not contribute to social inclusion only, but also pursue objectives linked to the creation of jobs, environmental protection, maintenance of the cultural heritage etc...

Social economy may thus serve as a testbed and, in a number of cases (not in all!), also as an example for a definition of quality services from a general interest perspective which would take into account and weigh different needs and interests that may exist in a local community.

An example to illustrate the above mentioned statements are co-operatives.

Co-operative principles are the 'polar star' of the co-operative movement and its activities.¹

This chapter will try to figure out how and to what extent this principle-based approach represents an added value in the development of quality services of general interest responding to the needs of a territory and its population. In this context, it is worth to remind that in many cases co-operatives do not only provide social services to the *external public* but also in their internal environment to *internal stakeholders*.² It is self-evident that this creates a peculiar situation through which co-operatives distinguish themselves from any other service provider:³ Beneficiaries shift from a passive to an active position.

Before coming to a more detailed analysis, one might have a look at the following boxes that provide a comparative view of the cooperative principles and the quality criteria set out by the EC in relation to SSGI.

Cooperative principles	SSGI organizational characteristics⁴
<i>Co-operatives are voluntary organizations, open to all persons able to use their services and willing to accept the responsibilities of membership, without gender, social, racial, political or religious discrimination.</i>	Solidarity principle
<i>Co-operatives are democratic organizations controlled by their members, who actively participate in setting their policies and making decisions. Men and women serving as elected representatives are accountable to the membership. In primary co-operatives members have equal voting rights (one member, one vote); co-operatives at other levels are also organized in a democratic manner.</i>	Comprehensiveness, individual-oriented, protection of the most vulnerable

1 Although not all co-operatives deal with services of general interest, all of them are bound, in their activities, by the same principles.

2 These 'internal stakeholders' could be the members of the co-operative themselves, as it is the case with social co-operatives, where the beneficiaries are also the owners of the co-op.

3 Also public service providers, where beneficiaries could never be also members or owners of the service.

4 For more details, see the EC "Communication on Social Services of General Interest", April 2006.

Cooperative principles	SSGI organizational characteristics
<p><i>Members contribute equitably to, and democratically control, the capital of their co-operative. At least part of the capital is usually the common property of the co-operative. Members usually receive limited compensation, if any, on capital subscribed as a condition of membership. Members allocate surpluses to any or all of the following purposes: developing their co-operative, possibly by setting up reserves, part of which at least would be indivisible; benefiting members in proportion to their transactions with the co-operative; and supporting other activities approved by the membership.</i></p>	<p>Non-profit character</p>
<p><i>Co-operatives are autonomous, self-help organizations controlled by their members. If they enter into agreements with other organizations, including governments, or raise capital from external sources, they do so on terms that ensure democratic control by their members and maintain their co-operative autonomy.</i></p>	<p>Services might be delivered through voluntary work</p>
<p><i>Co-operatives provide education and training for their members, elected representatives, managers and employees so they can contribute effectively to the development of their co-operatives. They inform the general public – particularly young people and opinion leaders – about the nature and benefits of co-operation.</i></p>	<p>Rooted at local level</p>
<p><i>Co-operatives serve their members most effectively and strengthen the co-operative movement by working together through local, national, regional and international structures.</i></p>	<p>Relationship provider/beneficiary goes beyond the normal relationship supplier/consumer</p>
<p><i>Co-operatives work for the sustainable development of their communities through policies approved by their members.</i></p>	

Keeping in mind that the European Commission made rather general statements (as the concrete definition of the characteristics of SSGI remains a main task of the Member States), it is nevertheless interesting to see the relationship that appears between some of the co-operative principles and the characteristics set out in the EC communication. This might explain the particular position of co-operative SSGI providers.⁵

These observations will be further illustrated in the following analysis, in which Co-operatives Europe⁶ and CECOP⁷ screened – from a European point of view – the main principles of co-operatives and related criteria for action that may influence social services delivered by co-operatives (here, a specific focus lay on housing and social co-operatives). In how far are these principles translated into practice, which are the criteria? How are they defined?

The Italian co-operative PARSEC complemented this analysis with a concrete case study.

1st Principle: Voluntary and Open Membership

Co-operatives are voluntary organizations, open to all persons able to use their services and willing to accept the responsibilities of membership, without gender, social, racial, political or religious discrimination (Corresponding SSGI organizational characteristics mentioned by the EC: relationship between provider and beneficiary going beyond the provider-client relationship, individual-oriented, non-discriminating...).

“CO-OPERATIVE PRINCIPLES AND QUALITY OF SSGI”

BY MIRKO NODARI, CO-OPERATIVE IN EUROPE AISBL, AND DIANA DOVGAN, CECOP AISBL

The example of housing co-operatives

⇒ *Combining individual interests and needs*

According to the first principle, everybody interested in a co-operative can join it. The co-operative is thus a structure combining individual interests and needs.

⁵ Even though not all co-operatives are active in SSGI, one could argue, from this analysis, that the co-operative form of enterprise could be considered particularly appropriate for that.

⁶ <http://www.coopseurope.coop/>.

⁷ <http://www.cecop.coop/>.

This is the case of multi-generation dwellings, where elderly people can live next to young people: working mothers can therefore receive help from elderly who take care of their children and who in turn avoid loneliness, isolation and exclusion. Such solution benefits both and keeps people in good contact as neighbours.

⇒ *Accept its rules and by-laws; no discrimination*

Those wishing to become members of a co-operative have to accept its rules and by-laws. This is particularly important for housing co-operatives, where persons, once admitted, have to live closely together. A careful selection of candidates for membership is essential, which means that the current members and their elected leaders reserve themselves the right to admit new candidates who fulfill the conditions for membership laid down in the by-laws or to refuse admission for good reasons. Criteria for selection of new members can be:

- need to find accommodation;
- personal financial situation of the candidate;
- number of persons to be accommodated;
- sociability of the candidate, i.e. the candidate has to fit into the existing social structure of the housing association.

Of course, admission to membership has to be made without gender, social, racial, political or religious discrimination.

The example of social co-operatives

⇒ *Multi-stakeholder governance*

Multi-stakeholder governance structure means that different types of stakeholders are considered as internal to the enterprise system and that they participate in the decision-making process of the enterprise. A social co-operative's social base can consist of different type of "physical persons" members (workers, volunteers, users/beneficiaries, etc) and of "legal persons" members (co-operatives, associations, public bodies, etc). They are stakeholders involved in shaping the good or service of general interest being delivered. This multi-stakeholder structure is a guarantee that various interests and resources within a local community are represented and that an adequate answer is brought by the cooperatives.

Workers are always represented – in a significant way – in the membership/multi-stakeholder structure. In the case of social co-operatives of type B, they represent more than 50% of members.

The direct involvement of all the actors concerned (public authorities, doctors, nurses, families and local communities) helps to promote the well-being and integration of mentally ill people.

⇒ *Collaboration with external actors*

Collaboration with external actors, not traditionally involved in social co-operatives, might provide a growing added value.

Partnership with different organisations (for-profit and non-profit) is an important achievement in order to build a comprehensive system that can meet multiple needs in the care sector. To give an example – main partners of the Consortium COMUNITÀ SOLIDALI (IT), which operates in the sector of care for persons with disabilities and elderly, are: ANFASS (national association of families of persons with mental disabilities); FONDAZIONE TALENTI (grant-making foundation managing religious orders' properties, they make unused religious buildings available for transformation into residential homes for elderly, disabled or mentally ill people); FISH (Italian federation of disabled people); BANCA INTESA (preferential loans); CGM FINANCE (financial company in the CGM network providing financial support and services to member co-operatives); SOLIDALIA (mutual society=co-operative insurance company). COMUNITÀ SOLIDALI has a member on the board with the aim of finding common solutions in the conception of a new public-private welfare system (care services paid for both by the public sector and by personal private insurances).

2nd Principle: Democratic Member Control

Co-operatives are democratic organizations controlled by their members, who actively participate in setting their policies and making decisions. Men and women serving as elected representatives are accountable to the membership. In primary co-operatives members have equal voting rights (one member, one vote) and co-operatives at other levels are also organized in a democratic manner. (Corresponding SSGI organizational characteristics mentioned by the EC: relationship between provider and beneficiary going beyond the provider-client relationship, individual-oriented, solidarity, accountability...)

The example of housing co-operatives

⇒ *Satisfy members' needs*

With its members being the protagonists and the managers of the business, the co-operative works to satisfy members' needs. Satisfaction of members' needs is the only legitimate reason why co-operatives exist.

The basic service of a housing co-operative is to provide affordable, secure tenancy in adequate dwellings in a sustainable neighborhood. However, in many cases this basic offer is supplemented by:

- financial services: co-operatives can encourage savings, can help members in finding mortgage with good interest rates, etc.;
- social services in form of neighborhood help and neighborhood centers for instance, or of mobile social services, social security advice, social facilities, child care and kindergarten services;
- facilities for the elderly: home care units such as concierge and care-taker services; dwellings which can be adapted to changing needs: for example three-room apartments which can become two-room dwellings plus guest room, which allow the person/s to remain in the same social environment after the children have left the house or the partner has died.
- technical services: house-keeping services, assistance center for technical issues.

⇒ *Promote the economic, social and cultural interests of the members*

Once again, as the members are the protagonists of the co-operative enterprises, co-operatives work to promote their economic, social and cultural interests.

For example, this is the case of housing co-operatives organizing language and IT courses for their members, setting up meeting points for dwellers, providing a support service for school children doing their homework. Other co-operatives have put in place theaters, ball-rooms, culture, sports and leisure centers. In some cases they can even offer tourist services, such as putting at the members' disposal holidays apartments.

⇒ *Member-oriented effectiveness*

Co-operatives generate value for their members, which leads to member satisfaction. The ability of the co-operative to produce value for its members can be described as member-oriented effectiveness.

Objective criteria for measuring member-oriented effectiveness are:

- the number of applications for membership or for vacant co-operative apartments/dwellings;
- fluctuations in membership;
- member satisfaction revealed by surveys;
- number of members ready to stand for election as office-bearers.

⇒ *Democratic election of representatives*

Members influence and control the business strategy of the co-operative society:

- by electing the members of the managing bodies

- by directly controlling the activities, the work done by the administration, the maintenance, scrutinizing the annual balance sheet, getting in touch with management and staff, etc.

Very often, in particular in large businesses, the control function is assigned to a supervisory/audit committee, which is usually composed of experts either elected from among the members or chosen as outside experts. In such cases, new measures are required to support democratic member control, including full information of the members and access to documents and reports.

⇒ *Members' active participation*

The co-operative itself fosters the active participation of its members by:

- keeping the members continuously informed about its activities;
- creating intermediary structures which make the members feel their co-operative closer.

Several communication channels can be used to keep members informed about the co-operative activities: issuing the annual balance sheet, quarterly reviews, website, organizing members' meetings and study groups on specific issues where members can express their point of view, and so on.

An example of intermediary structures are the working groups composed by members with which the co-operative management very often works: in this way the decisions taken are supported by members.

⇒ *Innovative solutions*

Putting members and their needs first, the co-operative is the best way to find innovative solutions.

Multi-generation dwellings, to which we have already referred, are an excellent example of how co-operatives can offer clever solutions which make life of the members easier: what is usually considered a problem – groups of different age living in the same neighborhood – was made an advantage for both groups.

In their efforts to offer dwellings which correspond to members' needs and preferences and which at the same time meet the requirements of the housing market, housing co-operatives use modern architecture to develop easily adaptable dwellings to suit changing needs. Reference to the example of the three-room apartments which can become two-room dwellings plus guest room has already been made.

The example of social co-operatives

⇒ *Democratic control*

Participation is the key juridical feature distinguishing social co-ops from other forms of social economy organizations. Social co-operatives give

an opportunity to all members to take part in democratic control of the enterprise. For example, service users/members participate in shaping the quality of services and programs that impact them most directly. Democratic member control ensures not only the quality but also the sustainability, affordability, and accessibility (geographically speaking) of services provided.

CGM has opened its membership to local consortia and not directly to social co-operatives. The reason is to keep a territorial level of co-ordination and to have an intermediary body that knows the global needs of the territory and is able to integrate different needs and actions. On the other hand, the local consortium could slow down the development of specific sectoral activities, because they may not be a priority for them. They also represent an additional link in the chain linking the national level with the users. The need to respect the principle of democracy and the need to involve and consult everybody before taking any decision makes the system very participative but slow to develop.

⇒ *Empowerment, self-efficiency and autonomy of workers and service users*

Type A social co-operatives connect two key functions: social production and social mobilization, two forms of empowerment critical to the fight against social exclusion: it means at the same time user and civic empowerment.

Users' empowerment signifies the ability to foster service users' personal autonomy and individual competency by reducing informational and institutional barriers to social inclusion. In this way, excluded citizens' personal autonomy is promoted, as well as their competence as "active consumers". User participation enables marginalized groups to exercise a say in decision-making. Allowing users to promote their views and protect their interests reduces the potential for exploitation. As a multi-stakeholder structure, the social co-operative can be an interface, for instance, between service users as claimants of social rights on the one hand, and public administrators as those who implement policies that have an impact on the users on the other.

Through work integration, type B social co-operatives contribute to empowerment and autonomy of disadvantaged groups, those who are the furthest of the labour market.

⇒ *Advocacy*

Advocacy helps to make public and explicit the issues and concerns of disadvantaged citizens by raising awareness of common problems and concerns that would otherwise not be expressed (e.g. social inequalities and injustices). Through democratic member control users are involved in producing services that enhance not only the quality of

their life but that also strengthen the group of citizens they belong to. Democratic member control contributes to the empowerment of excluded service users as a collective group.

3rd Principle: Members' Economic Participation

Members contribute equitably to, and democratically control, the capital of their co-operative. At least part of the capital is usually the common property of the co-operative. Members usually receive limited compensation, if any, on capital subscribed as a condition of membership. Members allocate surpluses for any or all of the following purposes: developing their co-operative, possibly by setting up reserves, part of which at least would be indivisible; benefiting members in proportion to their transactions with the co-operative; and supporting other activities approved by the membership. (Corresponding SSGI organizational characteristics mentioned by the EC: relationship between provider and beneficiary going beyond the provider-client relationship, solidarity, non-profit rule...).

The example of housing co-operatives

⇒ Quality control by the members

Members contribute financially to the co-operative business. This financial commitment increases their involvement in the co-operative activities and consequently their control over the quality of the activities. Members are at the same time owners and beneficiaries. The fact that members are owners ensures that the co-operative is run in a cost-effective way; on the other hand, with the members also being the beneficiaries, the quality of the service is controlled, as well.

⇒ Members' financial contribution

Housing co-operatives differ from many other types of co-operatives because they deal with expensive goods such as land and buildings. They therefore need a lot of capital. For many persons acquiring an apartment is a life-time investment.

There are different ways of mobilizing members' funds:

- Invite members to take mortgages and to pay back monthly together with rent and administrative fees;
- mobilize members' savings by forming a savings association, by offering members a cost-free bank account, and so on;
- use the co-operative as guarantor for housing finance;
- enter into a partnership with a bank;
- establish solidarity funds to help financially weak members.

The example of social co-operatives

⇒ Members financial participation

Members contribute equitably to, and democratically control, the capital of their co-operative. At least a part of that capital is usually the common property of the co-operative. Members allocate surpluses for setting up reserves. Their indivisible character gives an inter-generational character to the co-operative and contributes to the sustainability of the service provided.

Each member of the aforementioned consortium COMUNITÀ SOLIDALI has a share capital of 2.500 €, while CGM, as funding member, has a share capital of 35.000 €. Presently, each member pays an annual fee of 2.000 €, decided yearly by the General Assembly. The fee gives members access to seminars and products, while all the innovative projects are funded from other sources: donations, public or private funding.

4th Principle: Autonomy and Independence

Co-operatives are autonomous, self-help organizations controlled by their members. If they enter into agreements with other organizations, including governments, or raise capital from external sources, they do so on terms that ensure democratic control by their members and maintain their co-operative autonomy. (Corresponding SSGI organizational characteristics mentioned by the EC: relationship between provider and beneficiary going beyond the provider-client relationship, individual-oriented, rooted at local level...).

The example of housing co-operatives

⇒ Co-operation agreements with external actors

In many cases housing co-operatives work closely together with local governments or other public authorities. Even where a co-operative receives land and/or buildings from public authorities against the obligation to develop the land, rehabilitate old buildings or to create livable communities, it can retain its independence.

It may happen, for example, that the co-operative concludes a co-operation agreement with a city council. According to this agreement, the co-operative is given some dwellings free of charge with the obligation to maintain and renovate the housing stock. The city government reserves itself the right to allot 50% of the dwellings to needy persons. However, the co-operative retains the right of final decision whom to accept as a tenant and as members.

⇒ *Cooperation with decision-makers*

Keeping their autonomy and independence, co-operatives can also influence decision-makers, for example by bringing topics of sustainable housing development and urban planning on the agenda of local, regional and national authorities. The co-operative is thus an important interlocutor for public authorities.

The example of social co-operatives

Social co-operatives are private enterprises. Public authorities can have access to the membership but they have a minor voting power.

⇒ *Cooperation with decision-makers*

Keeping their autonomy and independence, social co-operatives often enter in deep collaboration with public authorities at different levels. In fact, being based on voluntary membership, rooted at the local level and often developed out of local community initiatives, they have a clear and close view on the social context and the actual needs – information which they can then bring in, together with other actors, during local policy programming processes.

Example: In many Italian regions and cities, based on the so-called law no. 328, social co-operatives are actively involved in the programming phase of social services. In some Swedish regions, social co-operatives participate in mixed councils on specific topics such as social inclusion.

5th Principle: Education, Training and Information

Co-operatives provide education and training for their members, elected representatives, managers, and employees so they can contribute effectively to the development of their co-operatives. They inform the general public – particularly young people and opinion leaders – about the nature and benefits of co-operation. (Corresponding SSGI organizational characteristics mentioned by the EC relationship between provider and beneficiary going beyond the provider-client relationship, local roots...).

The example of housing co-operatives

⇒ *Co-operatives invest in their members*

Co-operatives invest in their members and in their families: This is the best way to grow and improve the co-operative activities.

Housing co-operatives can invest in their members at different levels: improving their familiarity with the issues connected to being a member of the co-operative, investing in the training of elected representatives and administrative staff.

Co-operatives also invest in members' families, with emphasis on women and children, offering services such as kindergartens, supervised homework for pupils, training of women in the fields of language, sports or crafts.

⇒ *Generate mutual understanding and tolerance*

Housing co-operatives also invest on generating mutual understanding and tolerance among their members, by teaching them simple rules of group dynamics and conflict management, for example, or by generating mutual understanding and tolerance.

⇒ *Members are continuously informed*

Co-operatives keep members continuously informed on their activities in order to enhance their active participation. Two-way communication channels are put in place so as to allow a continuous exchange between members and the co-operative.

In small co-operatives this is relatively easy, because all the members can be consulted rapidly. Large co-operatives use more complex instruments to remain close to their members: creating decentralized offices, intermediate structures between the general meeting/meeting of delegates and the individual member such as house meetings, elected house representatives, house associations, and tenants' meetings. Furthermore, new media, especially the Internet, enable large co-operatives to be close to their members.

⇒ *Relations with external actors*

Co-operatives put great emphasis on their relations with the members, but also with other stakeholders, through periodical publications, annual economic and social balance sheet, updated websites, conventions and so on. All these instruments give visibility to the co-operative activity and to its role as an actor able to influence social dynamics and to co-operate with citizens, public authorities and other stakeholders.

The example of social co-operatives

⇒ *Training, research, innovation*

Training and professional evolution of workers is a strategic element of the quality development process in co-operatives.

Training is one of the main services the consortium COMUNITÀ SOLIDALI offers its members. It consists above all of short seminars on specific topics. They are addressed to co-operative managers and technical staff in order to provide updated information on specific topics or services.

The development of innovative services and constant research on the new needs of the welfare system helps co-operatives belonging to a consortium to provide rapid answers to emerging needs and to be competitive.

⇒ *Information*

In case of a multi-stakeholder structure, the co-operative has the responsibility to be transparent towards society and different stakeholders.

6th Principle: Co-operation among Co-operatives

Co-operatives serve their members most effectively and strengthen the co-operative movement by working together through local, national, regional and international structures. (Corresponding SSGI organizational characteristics mentioned by the EC: relationship between provider and beneficiary going beyond the provider-client relationship, solidarity,...).

The example of housing co-operatives

⇒ *System of education, training and information*

National and regional unions offer their associated co-operatives a whole system of education, training and information: training sessions, round tables, conferences, study tours abroad, seminars, exchange of experience, audit. Federations can also serve as guarantor for construction costs of affiliated co-operatives.

Belonging to a federation helps co-operatives in feeling their active role in the society and can affect the development of the housing economy at regional/national level.

⇒ *Influence decision-makers and media*

Gathering together in federations, co-operatives can make their voice heard vis-à-vis of decision-makers and media and have their say in strategic planning processes.

Co-operatives can, for example, take the role of advocates for sustainable solutions in the building sector and in urban planning, propagating the use of improved construction and technology standards in dwellings and encouraging local authorities to integrate the sustainability principle, combined with incentives for sustainable urban development, in building codes.

The example of social co-operatives

⇒ *Solidarity networks (consortia)*

The vertical integration of the productive chain is a driving concept of the history of local consortia of co-operatives. Many of them were born and work to combine activities that meet different needs in the local population such as rehabilitation, care, education, work integration, etc.

Through consortia, co-operatives are able to realize more substantial activities while remaining close and connected to the local community.

Through specific projects, the consortium COMUNITÀ SOLIDALI has launched research and experimentation in order to find, with its members, innovative solutions for care services for elderly and handi-capped people.

The promotion of “broad solidarity” (consortia) contributes to the implementation of the principles of reciprocity and subsidiarity at local level. Local consortia act as strategic agencies to promote social issues (e.g. mental health) in their territories.

7th Principle: Concern for Community

Co-operatives work for the sustainable development of their communities through policies approved by their members. (Corresponding SSGI organizational characteristics mentioned by the EC: solidarity, local roots...).

The example of housing co-operatives

⇒ *Concern for the environment*

In the case of housing co-operatives, concern for the community is closely related to the concern for the environment. This is translated in the introduction of energy-saving technologies and construction methods, and in the influence on members’ lifestyle, encouraging them to reduce their energy consumption or fostering car-sharing. This is meant, on one hand, to protect members from

rising energy prices, and, on the other hand, to reduce greenhouse gas emissions.

Co-operatives also work to encourage stakeholders and policy makers to include sustainability among their priorities.

⇒ *Focus on special groups of members*

Housing co-operatives can play a major role in the social integration of particular groups of members such as elderly people, disabled people or immigrants.

An example provides a housing co-operative working in a German city with an extremely high immigration rate: The co-operative has had to cope with 50% of its members being immigrants and having specific needs. As a consequence, it worked hard on social integration. Main emphasis has been placed, for instance, on the establishment of kindergartens where children coming from immigrant families often get in touch for the first time with the national language and the local lifestyle. Three specially trained teachers with a background of sociology try to give the children enough basic knowledge of the German language to enable them to follow classes when they go to school.

A meeting point has been created to bring heterogeneous groups of members together. This structure carries out a vast programme for all age groups, including help for school children to do their homework, language courses, classes on sewing, arts and crafts, IT courses etc.

Among the success factors of this co-operative figures also the fact that immigrants are represented in the managing bodies: the needs of all the members are therefore discussed and documents are also made available in different languages.

Another priority group for many housing co-operatives are the elderly. In several cases, special arrangements are made to meet the needs of older members by offering them adaptable and barrier free dwellings, a full range of social and home care services, multi-generation housing and so on.

The example of social co-operatives

⇒ *General interest mission*

General interest is seen as satisfaction of the common and fundamental needs of all citizens – or their vast majority – in a given territory or community, as distinct from private interests.⁸

8 Co-operatives Europe official position

Social co-operatives explicitly define a general interest mission as their primary and ultimate purpose and incorporate this mission directly in the production of goods and services of general interest.

⇒ *Territorialisation*

A direct contact with the community allows social co-operatives to detect various needs and try to respond to them before those needs become institutional. A deep knowledge of the community is necessary in order to deliver a relevant and adaptable response to community needs.

Conclusions

Over the last ten years, almost 50% of EU countries have expressed the need to regulate forms of enterprises in order to define the quality of services and goods delivered to the population.

Specific normative frameworks that define enterprises involved in the delivery of goods or services of general interest have emerged. We can classify them in two categories:

- social co-operatives and equivalent: Hungary, Italy, Portugal, Spain, France, Poland and Greece;
- social enterprises and equivalent (similar to social co-operatives but open to other legal forms of enterprises): Belgium – Social finality enterprise (1995), Finland – Social enterprise (2004), UK – Community Interest Company (2005), Italy – Social enterprise (2005/06).

Those enterprises are characterized by the following features:

- a clearly private nature (even though they can include representatives of the local authorities in their membership);
- they have a clear and recognized entrepreneurial nature (which means that they finance themselves by selling goods or services on the market);
- they are involved in the production of goods or services of general interest, namely goods or services that are fundamental and common to the citizens in general, including particularly weak categories of the population, in a given territory or community;
- they are characterized by the social purpose of the surpluses: in this sense, those enterprises can generate surpluses, but the latter must be used for the development of their activities and of their mission of general interest

The social co-operatives are also characterized by a very specific component, peculiar to all co-operatives: the participatory component – in the way that members/stakeholders have the control on the enterprise. This component is a guarantee that social co-operatives exercise their missions of general interest in the best possible way. This is even reinforced when those for whom the services are delivered are members, eg. service users, disadvantaged workers in social co-operatives of type B, etc. (multi-stakeholder membership).

Six out of seven co-operative laws analyzed in “Co-operatives and Social Enterprises – Governance and normative frameworks” allow multi-stakeholder membership in such a way that different stakeholders (physical or legal persons) are an integral part of the ownership and control of the enterprise and that they can thus fully participate in the decision-making process of the enterprise. In France, the SCIC (Collective Interest Co-operative Society) goes as far as making multi-stakeholder membership a mandatory feature: it foresees that at least three categories of members must be represented (the first two being mandatory): worker-members, user-members and any physical or legal person that does not belong to the first two categories.

In order to ensure the quality of social services, the elements listed above are not sufficient. Next to the participatory element, three other criteria should be promoted and ensured for the sake of the EU citizens: accessibility (in terms of geographical coverage), continuity (over time), and affordability. Among those elements, accessibility and affordability are often mentioned, whereas continuity is less often highlighted. However, the latter is a fundamental characteristic of a service of general interest. The co-operative structure, being member-based, and even more the co-operative multi-stakeholder membership structure, provide particularly high guarantees of continuity of the services of general interest.

General reference framework

The case study

Our qualitative research work focussed on one of the most important social enterprises in Italy and Rome: Parsec Co-operative. The main objective of our comparative

THE PARSEC CO-OPERATIVE BETWEEN PRINCIPLES AND ACTIONS: A CASE STUDY

BY GIULIA CANDIA, PIER PAOLO INSERRA,
PARSEC CONSORTIUM

work was an in-depth analysis of social quality. As in every case study, well-defined data and information (internal documents, strategic plans, reports, information material etc.), as well as existing literature (administrative papers, scientific literature), were extremely important, but most of all, its peculiar process and way of thinking (organization, management, social issues) were crucial. We conducted six interviews with key-actors (from management to intermediate and operative staff).

More globally, the case study focussed on the analysis of quality processes in a social enterprise. Even after having considered its links with the territory, one cannot fully talk about quality, because not only relationships between organisation and reference frameworks should be analysed, but also the features of quality at system, organisation and network level. Most of the observations emerging from the analysis of the collected information led us to the following conclusion: even though qualitative and "ethnographic" research is limited, and even though data are not representative, our research findings can still be considered as relevant.

Social quality and co-operation: the situation in Italy

A number of general trends help explain the debate about quality issues in the third sector in Italy:

1. With regard to quality, Social co-operatives often tend to refer to and to put into practice a number of management and organisation analysis patterns which are rather peculiar to "for-profit" enterprises;
2. There are crucial differences among Italian regions concerning the relationship with the profit-making and the third sector, with regard to the supply of health care and social assistance services, as well as in monitoring and assessing modes for the overall quality of these services;
3. No specific central directives, regulations or laws, established at national level, show how to set the issue of quality in not-for-profit organizations;
4. Only part of the professional third sector and academic world make social quality an issue of debate, and in the last six years some pilot projects have been carried out (at local and national level);
5. At present, we are facing an odd situation: While there is a rise in the number of enterprises and companies joining quality and social responsibility schemes – sometimes just for utilitarian and ubiquitous reasons – not-for-profit organizations are following the opposite trend. In very few Italian

regions, social policies include frameworks and systems for the participation of social enterprises. Here, production is the key word, as far as the need to assess organisation processes and services supply (based on a fordist model), which involve the use of apparatuses such as ISO certification (often a prerequisite to obtain public funds), is the objective. Moreover, in most of the country, as the third sector is frequently characterised by emergencies and delays in the supply of services, quality is often considered as a secondary issue.

6. Other problems are related to differences, from the point of view of administration and procedures, in authorizations, regulation, certification or the concept of social quality as such. In most of the cases, different levels of government and administration do not have a unique interpretation.

For an innovative definition of social quality

To understand how quality is structured and developed taking into account principles, strategies, projects, services and social actions, we should answer to some prior questions.

As previously said, there is not a unique definition of social quality and of the methods and instruments needed to produce it. This is due, firstly, to constraints of law and institutions, which do not give any indication about it. A second reason are epistemological problems related to quality, which is historicized and multiform by its very nature.

Certainly, some quality controls have been carried out, since administrative and management standards were imposed by regional and local institutions in order to regulate accreditation for services and contracting-out. Yet, the following issues still remain open:

1. There is no clarity about preparatory, intermediate and structural steps needed to implement quality processes in social enterprises. At present, words such as authorization, regulation, certification, social quality, monitoring and assessment evoke different meanings, and are often intended as separate concepts that are locally implemented in different ways.
2. Another crucial issue is related to quality intended as outcome or process. One question is: Is quality in a co-operative enterprise the *outcome* of a focus on each step, i.e. authorization, regulation, monitoring etc., or is it also a way of seeing a *process*, of identifying and managing work practices and procedures? Probably, quality in a not-for-profit organisation is both product and process.

3. Nowadays, according to our analysis of both literature and fieldwork of this case study, the anthropologic vision is commonly accepted. It is based on reductive approaches (the local body imposes regulation for kindergartens, as it is considered as the only way to produce quality) or neo-positivist approaches (ISO certification is the only quality guarantee for organizations).

Now, in this situation, it is absolutely necessary to analyse a series of steps, which are often considered as marginal:

- Implementing a sort of corporate vision and, consequently, thinking of a local welfare pattern, which links the idea of well-being and territory;
- Giving up the neo-positivist vision, based on cause-effect rationales (as for international standard certification procedures) in favour of other approaches, based on social constructivism, participative programming, and multilevel governance;
- Carrying out a long- and medium-term research action, in order to test social quality in organisations and territories, i.e. verifying its impact and increasing the number of scientific literature in this field.

The analysis

Quality in the history of the Parsec co-operative

In this chapter, we are going to briefly show the history of Parsec co-operative, from the point of view of quality. It is an "odd" organization, compared to the average services suppliers in Rome and the rest of Italy. Eight over ten co-operatives in Rome manage three different types of services: Home care for disabled persons, for children and for elderly persons, with multi-annual agreements and characterized by low innovation and fragmentary organisation or a commitment exclusively to "action and performance".

Parsec is an average urban co-operative (with 120 employees, staff and management) which plans about 60 projects per year and realizes about 30 of them. With its services and a specialization in global issues such as human trade, prostitution, youngsters, drug addiction, conflict mediation, training etc. and being deeply rooted in the territory, it is also an organization which annually renews its reference projects, its relationships with public administration, and which constantly searches for resources in order to maintain its activities.

Throughout its three main evolution steps, the Parsec co-operative has developed its approach to the issue of quality.

1. *Birth* – Between 1996 and 2000, the biggest organization in the Parsec Consortium was founded (today formed of two type A co-operatives, one type B co-operative and a research centre). It specialized in services management for different public customers, in the application of innovative ways of action and a complex organisation. In this period, main working areas were: drug addiction, as well as risk prevention and reduction among youngsters.
2. *Stabilization* – Between 2000 and 2007, new services were added in fields related to the fight against human trade, promotion of well-being, conflict mediation. A training centre for social work was founded.
3. *The co-operative today* – Since 2008 to date, the organization has invested in internal participation processes, in a new management group, and in participative projects. Its fields of action remained almost the same as those described in paragraphs 1 and 2.

From the analysis of the development and relationship of these phases and quality, some interesting observations arise:

1. At the beginning, internal quality was “assured” by the service coordinators and by the liaison between them and the board of directors. For every single project and customer, top-down based tools were used for assessment and monitoring of the use of public funds. On the other hand, staff meetings were organized in an unstructured way to analyse crucial issues such as workflow and to redefine plans and actions. This was though an unstructured process.
2. As the organization was growing, the complex management was addressed through the ISO 9001 certification (some customers already demanded it). Consequently, necessary actions were taken, and beside the standard monitoring tools, some scorecards and internal tools were created to improve assessment analysis and develop quality. At this moment, the earliest quality assessment and development system became more complex – even though it was still the underlying basis.
3. Today, ISO procedures are considered as priorities (in terms of investment, specific functions, human and time resources). Nevertheless, monitoring has improved and so did a series of organized exchange practices among staff, employees, managers that address the question of quality. Some crucial issues

still remain: lack of explicit and common knowledge about quality and lack of a common research pattern able to allow for the use of similar tools in each service supplied. For the time being, the co-operative is developing a new approach towards quality.

The main structural difficulties regarding quality (according to this specific context) are:

- a. Customers' lack of a clear idea of quality.
- b. Exchange practices, tools and competences aimed at identifying crucial issues and questions in management are not yet part of a unique strategic plan on quality. On one hand, there is an attempt to answer to customers' changing demand (regulation and certification). On the other hand, there is the need to enhance internal monitoring and assessment.
- c. Excessive fragmentation of customers makes it difficult to implement processes described in paragraph b.
- d. There is a focus on "doing", which makes constant investments and reasoning harder, especially in a complex organisation like PARSEC.

Booster contexts for internal and territorial quality

Interviews clearly show the need to go further in the quality issue, in relation to some booster contexts. The term "booster context" refers to the fact that there are strategic sectors (such as a social enterprise) which have to be addressed to develop social quality and to assure a "social impact" of the work done in territories. At the same time, they can be considered as interfaces, occasions for enhancement and increase of quality. They represent the link between organisation and territory, which is important to the analysis of territorial quality.

This reasoning led us to define the functional priorities for every booster context, that are necessary to build up social quality from the interaction with the co-operative. These priorities shall be analysed in terms of produced or processed quality, at different levels: procedures, red tape, functions, organisation, inter-organisation, strategies etc.

The following table gives some examples linked to the analysis that has been carried out, but it is not exhaustive.⁹

⁹ We did not include – in this publication – an in-depth analysis of the relationship between local quality, services, citizenship and intermediate bodies, associations etc.

Booster context	Functional priority
Customer	<p>Ability to put in action strategic planning processes</p> <p>Monitoring and control of the supply chain: Corporate view, welfare pattern, policies, strategies, plans, programmes, projects</p> <p>Interface role (promoter, mediator, ability for agreement)</p> <p>Processes and policies based on negotiation and deliberation (multi-level governance)</p>
Networking	<p>Implementation of common strategies and objectives</p> <p>Integration between projects and actions</p> <p>Development of standards for cultural and project proposals</p> <p>Processes and policies based on negotiation and deliberation (multi-level governance)</p> <p>Transformation impact (on the system, government patterns, overall quality of territorial services, etc.)</p>
Parsec Consortium	<p>Implementation of common strategies and objectives</p> <p>Integration between projects and actions</p> <p>Development of standards for cultural and project proposals</p> <p>Identification of common tools and methods for the definition and implementation of social quality</p> <p>Processes and policies based on negotiation and deliberation (multi-level governance)</p> <p>Analysis of the impact and the capacity of common principles and values (mission and vision) at a political and cultural level (participation, cooperation, re-distribution etc.)</p>
Organisation	<p>Identification of common tools and methods for the definition and implementation of social quality</p> <p>Processes and policies based on negotiation and decision (internal and external governance)</p> <p>Analysis of the impact and the capacity of common principles and values (mission and vision) at a political and cultural level (participation, cooperation, re-distribution etc.)</p> <p>Responsiveness</p> <p>Accountability</p> <p>Impact factor</p>
Projects and services	<p>Monitoring and assessment of process and outcome</p> <p>Impact on the territory</p> <p>Leadership and management quality</p> <p>Governance</p> <p>Impact factor in general</p> <p>Heuristic sensitiveness</p> <p>Innovation</p> <p>Integrated project development</p>

Quality should be considered from a holistic point of view. Quality is implemented and influenced by the interaction between several social actors, not only within the co-operative, but in a wider social context. There are thus six necessary steps to take for the single organization:

1. Working on *dialogue* between generations and groups, services and network organisations, in terms of shared values, principles, methods and standards.
2. Working at the same time on differentiating the concept of quality through a minimum set of *dimensions* (beside their interaction, content and type) concerning individual/professional, group, sector, organisation, inter-institutions, network, subsystem, system, inter-systems (territorial, extraterritorial and meta-territorial).
3. Working at the same time on the differentiation of quality through a minimum set of *content elements*: policy, principles and strategies compliance, services systems, services, structures, specific social actions, projects, professions.
4. Working at the same time on differentiation of quality through a minimum set of *types and tools* at different levels of the process (procedures, red-tape, management, organisation, culture, method, strategy, etc.): set the conditions for authorisation, regulation, certification, quality, monitoring and assessment.
5. On the basis of what has previously been said about the holistic vision underlying the term "social quality", the following remark is essential: Quality shall not be the outcome of actions of few actors. From the very moment it becomes part of the underlying principles of action of a single co-operative, it should be the product of the interaction between several actors, some of them even external to the co-operative (such as customers, other territorial stakeholders, beneficiaries of social actions).
6. Implementing a series of common exchange and reflection practices between users, costumers, services suppliers and other stakeholders in order to identify cultural and theoretic references for social quality, a corporate vision, a local welfare pattern, principles and values. Consequently, identifying, at a working level, dimensions, variables and indicators of quality. The whole system should be coordinated referring to content, *standards* and process, because a standard cannot be set simply by tracing it from another. Quality is the outcome of participation processes.

The proposal

A first attempt of defining Participative Social Quality: from the organisation to the territory

In the last few years, an increasing number of people have started to look for ways to implement *quality* and *quality assessment* in the sector of health care and social assistance services.

Nevertheless, reflections are still lacking of something: There is a need for a framework involving *all* the actors (social and health workers, not-for-profit organizations, institutions, citizens...). It should aim at legitimating an overall epistemological and cultural concept dimension: the *Participative Social Quality* (PSQ). By using an extremely historicized and general characterisation, in relation to this case study, PSQ could be defined as:

"The result of interactions between different local and national actors. In an explicit, common and formal way, this result corresponds to the overall improvement of the implementation/management of processes, relationships, supplies and effects related to the strategic, project and operative objectives of a service, an organization, a network, a system."

The complete case study of PARSEC in its original version (Italian) can be found online on the project website www.tqs.revesnetwork.eu.

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DEFINING LOCAL QUALITY CRITERIA FOR SOCIAL SERVICES FROM A MULTI-STAKEHOLDER PERSPECTIVE: PROPOSAL FOR A FRAMEWORK METHODOLOGY

BY LUIGI MARTIGNETTI AND ERDMUTHE KLAER – REVES AISBL

INTRODUCTION Who shapes the character of Social Services of General Interest (SSGI)? Who decides how to deliver Social Services of General Interest? Who chooses the correct service provider for Social Services of General interest? On the basis of which criteria should this choice be done? How does a client/customer/beneficiary receive information about a potentially good service provider?

These are just some of the questions that might be raised while discussing an appropriate system of design and delivery of a given SSGI.¹

In fact, in many (most) cases, the task to set the conditions in order to ensure that all citizens can benefit from (quality) services is ascribed to public authorities.² Given that public authorities should represent the general interest and strive for it, this makes sense. However, even if public authorities are the *customer*, they are not, as such, the *user/beneficiary* of the service.

This means that the evaluation of the actual quality of the service³ will be necessarily not immediate but *mediated* both in terms of timescale and in terms of direct experience. In other words, the customer will know if quality criteria for a specific service were actually met only a more or less long while after the service was actually purchased and delivered, and only on the

1 Given that in the case of SSGI the axiom according to which the demand creates the offer could be largely challenged.

2 Even if not always, services might also be set up by self-help initiatives of civil society, including structures such as mutual societies.

3 and of the service provider

basis of a report done by those who have had occasion to benefit from the service.⁴

It is even more complex: Being responsible for the general interest, the public authority needs to be able to take into consideration the interests⁵ and expectations of the direct user⁶, and, at the same time the interest and expectations of the community,⁷ not to mention the interest and expectations of those that are actually delivering the service as such.⁸

It is clearly a challenging situation, made even more difficult by the fact that all this has to be taken into consideration at an early stage, that is to say while *programming* the action to be taken. Moreover, it has to be the object of a continuous check.

It seems thus helpful to develop an appropriate methodology with appropriate tools in order to take all necessary steps that would guarantee a correct quality of the service at an early stage.

First of all, it seems crucial to have a clear view. As mentioned before, the subjects that may play a role when it comes to the definition of an acceptable level of quality are different. Moreover, they might enter in the definition of quality of this service at different levels.

4 This also means that an appropriate method to report the experiences is needed.

5 for quality, in our specific case

6 By "direct user" we refer to the person or group for which the service was actually designed. These are persons or groups who find themselves in need of the service and for whom there might be a relevant impact – positive or negative – on quality of life related to the quality of the provided service.

7 With this term we refer to the community of those who actually use the same service (see previous footnote), as well as the community of those that *potentially may* use it, but also to those who do not use either in fact or potentially the service but have a specific interest in that the service exists and in how it is shaped...

8 An example may help: If a local authority is providing a quality childcare service, it has to meet the expectations of: a) the child (direct beneficiary: the child goes to the kindergarten), b) the family of the child (direct beneficiary: they entrust their children, who are under their responsibility, to the kindergarten), c) other families with children (potential direct beneficiary: they might be entitled to entrust their children to a kindergarten under the same conditions), d) the local community (indirect beneficiary: they might be interested in that the child benefits from a good first education as this will make it a good member of the community in the future; they might be interested in that the parents participate in the social and economic life without worrying about their children; they are interested in that design and delivery of childcare services do not affect negatively quality of life of the community as such...), e) the front line staff (indirect interest: for the workers, service delivery should not affect negatively their personal quality of life and their capacity to contribute to the community ...), f) the organization delivering the service (indirect interest: the organization providing the service, should be able to carry out its statutory activity in the most smooth and correct way). This specific example shows that it is, in many cases, not easy to clearly distinguish who belongs to one or another category (except for the direct user, in our case example the child), given also that a person could belong to several ones.

Let's propose a scheme:

	User1	User2	Community	Front-line staff		Provider		
						Public	Private	
Individual	Box1	Box2	Box3	Box4	Box5	Box6		Direct
Collective	Box7	Box8	Box9	Box10	Box11	Box12		Indirect
Individual	Box13	Box14	Box15	Box16	Box17	Box18		Indirect
Collective	Box19	Box20	Box21	Box22	Box23	Box24		Direct

What is the aim of this scheme? The aim is to provide a view on different aspects relating to the design of quality SSGI, to check different expectations from different subjects and afterwards, possibly, to *rank* them in a relational and hierarchical way. If we agree on this, we should also assume that the scheme is not a fixed one, but *adaptable*, as it needs to respond to a wide range of different (local) situations and services.

If we agree on this point, let's have a look at the logic of the scheme: While constructing it, we have to pose some *questions* and set them into a relation.⁹ In the scheme, these questions are answered by row one, by the first column and by the last column.

The first question to be posed (first row, starting from the right) is: Who is (are) the user(s)? The user(s) is the subject for whom the service was designed,¹⁰ i.e. in a sense the *core* of the service: He/she is the one who receives the service or is in need of it. There could be one or more users: In this case, we will have to create a column for each of these categories.¹¹

Second question: Who is the community? The community is composed by all those who are in a direct or indirect relationship with the user(s). This could be the local community, the regional community and so on, depending on the service.

Third question: Who is the front line staff? This means: Who is actually carrying out the *activities and making the service actually available*? Here we have (at least) a double point of view to take into consideration: 1) the *single person* making the service available; 2) the *category* of front line staff making the service available.¹² They

9 These questions are fundamental to the design of quality services.

10 It is worth to remind that we are taking here a person-oriented approach instead of a service-oriented (production-oriented) one. This is essential when talking about quality. In other words, we are not interested in designing a service as such, but in designing a service *that responds to the person's expectations*.

11 Users could be: those who are actually receiving the service (1); their families (2); others who are in a position to receive the service, i.e. potential service users (3), and so on. The number of user categories is obviously linked to the kind of service.

12 The single person is the one who enters in actual relationship with the user; the category is the group of persons sharing same competencies and same professional profile.

have to be taken into consideration separately as they share only a part of the interests (this will become clearer later on).

Fourth question: Who is the service provider? The service provider is intended here as the organizer of the service, i.e. the one that creates conditions for the service to be delivered¹³.

Once we have answered *at least* to these questions, we have a first part of the scheme, i.e. a picture of all the subjects concerned, in a way or another, by the process of service provision.

Now let's have a look at the first column and the very last column (both are interrelated) and the questions they generate:

Fifth question: Are we confronted with an individual situation? That means: Do we have to take into account the expectations of each single person?

Sixth question: Are we confronted with a collective situation? That means: Do we have to take into account the expectations of a group of persons?

We will have to repeat these questions once again to cross them with the questions related to the last column (direct/indirect). This last set of questions relates to the last column:

Seventh question: Is the relation between the service provided, its quality and the subject defined in row 1 direct? Does the service and its quality relate directly to the subjects put in row one? Are these subjects directly benefiting from the service? Was the service designed for them? Is the service directly and substantially affecting their situation?

It becomes evident that the first question here consists in fact of several ones. Some of them are even not univocal (e.g.: one could directly be affected by the service without being the one for which the service was designed).¹⁴ Here, those actors programming and designing services have a certain degree of discretion that relates to the context in which the service is designed. This discretion is not necessarily a negative thing, but requires an additional work of *ranking* of the interest and expectations of different subjects who are in the same *area of analysis* but with different positions.¹⁵

The eight and last question is: Is the relation between the service

13 This provider could be public, private, social private. Depending on its status it clearly has different interests.

14 This might, for instance, apply in the case of service workers (front-line staff).

15 A *direct* and *individual* position of the user, for instance, generates expectations which may differ from the *direct* and *individual* position of the front-line staff member.

provided, its quality and the subject defined in row 1 indirect? Does the service and its quality relate indirectly to the subjects put in row one? Is the service indirectly affecting their situation? The individual or groups who find themselves in this situation will therefore also have expectations for service quality, even though they are 'only' indirectly concerned.

Once again: The aim of this scheme is to propose a method allowing to construct a complete overview of different aspects relating to quality of SSGI. It can (has to) be adapted to actual conditions at local level.

The boxes:

The *boxes* tell us what the position of the each subject with respect to the specific service is. They therefore give us some hints on how to define – or search for – an appropriate quality level.

It is important to underline that this matrix aims to provide an overview of *the kind of interest each subject (row 1) has regarding quality of the service*. This is important to know in order to take into correct consideration the point of view of each of them for the definition of the global quality of the service, or better *the territorial quality of the service*.

An example could help. Let's take a childcare service:¹⁶

	User1	User2	Community	Front-line staff		Provider		
						Public	Private	
Individual	Box1	Box2	Box3	Box4	Box5	Box6		Direct
Collective	Box7	Box8	Box9	Box10	Box11	Box12		Indirect
Individual	Box13	Box14	Box15	Box16	Box17	Box18		Indirect
Collective	Box19	Box20	Box21	Box22	Box23	Box24		Direct

The highlighted boxes are those that have been considered basic and relevant for the purpose of defining a quality criterion for the childcare service,¹⁷ and all of them enter in the game, although at different level.¹⁸ (*In different local contexts, one might choose and highlight different boxes!*).

¹⁶ Please notice that this is a simplified example!

¹⁷ In this *simplified* example we have not taken into consideration some positions that might be relevant such as the direct interest of the front line staff which is related to quality of the organisation of the service – a specific aspect of quality.

¹⁸ Box1 indicates that there is a direct and individual demand for quality coming from the direct user: the baby. Box 22 tells us that there is a direct and collective demand – expressed by the family of the baby. Box9 indicates a collective and indirect demand: that of the community. Box16 represents an individual and indirect demand: expectations coming from the front-line staff. Box 11 concerns a collective and indirect demand: that of the

Boxes 1, 20, 9, 16, 11 and 18 are *research areas* for which we should respectively define an appropriate method to identify quality criteria, while the *sum* of them¹⁹ will give us the territorial quality picture for childcare service.

The task is therefore to construct instruments for an *analytical* definition of the desired quality of a service by all the identified subjects, and for a *synthetic* expression^{20, 21} of it. The following pages will give more explanations on how this could look like.

The search of methods for the definition of the service quality expected by an *individual direct user* is apparently an easy task. Apparently.

QUALITY FROM THE POINT OF VIEW OF THE INDIVIDUAL DIRECT USER (BOX1)

In fact, while dealing with a specific kind of service such as childcare, there are different variables that enter into the game, for instance: Has the user a clear idea of quality?²² Is the user in a position to express his/her expectations? Is the user in a position to know if these expectations are understood?

Other examples could be presented...

It appears important to make a first distinction about *unmediated* and *mediated* methods for the definition of quality from the point of view of the *individual direct user*. Unmediated methods are those based on the expression of expectations by the user himself/herself, while mediated methods refer, for instance, to conclusions on the expectations of the user drawn from the state of existing knowledge or know-how relating to the specific service.²³

workers *category*. Box 18 is about a collective and indirect demand: expectations by the service provider (intended as an organization). The scheme could (should) be more complex, embodying also the potential users: however, for the sake of simplicity, we won't include them here.

19 More correctly we should probably talk of the algorithm representing the relation among them, but we won't go into such details for the moment...

20 *All highlighted boxes*

21 In a successive step, this could also be represented with an algorithm. For the time being, however, we prefer not to use it.

22 Does the user know what he/she can expect from the service? To give just an example: Does a baby or child know everything she/he can expect from a childcare service? Does a person with a mental disease know all the services he/she can actually expect to receive in his/her city or region? Does an elderly person know what he/she can expect from highly technological SSGI? It might be the case or not.

23 To stay with the childcare example: Consulting existing literature and studies on the state of the art of pedagogy for children under school age, for instance, could be such a mediated method allowing to find out about – existing – quality expectations and standards.

Unmediated methods for the definition of quality for the *individual direct user*

The first case is the one in which the individual direct user is actually asked to express her/his idea of quality. This immediately makes us think of surveys, interviews, questionnaires²⁴ etc. Let's have a deeper look at the issue.

The role of the individual direct user (hereafter referred to as IDU) is in this case comparable to the one of the purchaser of a good or a service on the market: In fact, through a survey and the application of its results, the producer of the service tries to meet as far as possible the expectations of the IDU. We can agree on the fact that this works fine with *standardized* services and produces an *average* quality level.

Yet, what happens with *non-standardized* services?²⁵ And what about the "*extreme values*"?²⁶ Here we have to focus on a) the active role of the IDU and b) the changing perception of quality from one person to another.

Concerning the **active role of IDU**, it is interesting (and useful) to quote the paper "Has service users' participation made a difference to social care services?" issued by the Social Care Institute for Excellence in 2004:²⁷ "(...) *the social model of disability has become fundamental for the service user movement and the demand for independent living and citizenship rights*".²⁸

This statement is very important, as it allows us to introduce two

24 All are methods of participation relating to the 'consultation' level.

25 When it comes to relational goods or services (based on human relationships), standardization becomes fairly challenging. This does not mean that standardized activities *are not or cannot be* present in the actual delivery of the service – on the contrary, a minimum of procedure is often essential in order to *start* or make the service actually *existing*. But the core of the service, that is the moment in which the IDU and the 'deliverer' find themselves *face to face*, is quite difficult, if not impossible, to standardize. In fact, we could almost say that the actual expectations of the IDU are clearly defined only at the moment of the direct contact, which makes it very difficult for the provider and its staff to apply a standard procedure or to choose a most appropriate standard among a series of possible ones. An example are the so-called "street units", which are service units for socially excluded people living in the streets: Apart from basic services such as handing out blankets or warm drinks, most of the service comes actually to life in the moment when the service worker starts talking with the person. Here, also the action of talking could become part of the "service".

26 Defining an average, we will have situations falling at the extreme of the range taken into consideration, that is to say situations in which users express expectations that will not be correctly satisfied by the average service: In some SSGI this could concern a number of service users...

27 coordinated by Sarah Carr

28 Please notice that this work has a rather different objective from the present one. We quote it, as it allows us to deepen some concepts.

issues: the IDUs' movement and the extension from benefiting of a service to citizenship.

In fact, by referring to the active role of IDUs, there is a tendency to immediately substitute the IDU herself/himself with his/her representative bodies. Not surprising, when going back to what we said at the very beginning about the universality and generality of SSGI. Not incorrect either in order to proceed as smoothly and effectively as possible.

Yet, even though reference to the service user movement is particularly effective for the standardized part of the service, it could be less appropriate for the non-standardized part of it.

We have to find more instruments to promote the active role of IDU in the definition of the quality of the SSGI that benefits him/her.

We could try and introduce an additional intermediary actor on the scene: the service staff and their organisation.²⁹ But with which task? Service staff is considered to know about needs of the IDU from a different point of view than the users' movement³⁰ – but still, in this case, he/she would bring his/her own point of view on the problem, not the one of the IDU.

The service staff is, or can be, a direct link³¹ with IDUs who are not, for different reasons, represented by users' organisations.³² This position is, of course, of fundamental importance and can be properly used when defining quality from the IDU's point of view, provided the service staff is equipped with appropriate instruments to support the expression of the point of view and the active participation of the IDU.³³

The IDU, in turn, should be in a position to express a concept of quality by stating his/her expectations, but should also be put in the position to participate in the definition of a "quality delivery process". In other words, he/she should not only express "what to do", but also, together with others, "how to do".

Let's try and make a point about possible methods for fostering

29 This "interface" is more and more used in different countries. As an example we could quote the experience of the "Piani di Zona" (territorial social regulatory plans) in many Italian provinces, where the service provider organizations are called, together with users' representatives organizations, to participate in the programming of SSGI, based on the idea that service workers have a clearer and closer view on the issue.

30 reaching, *inter alia*, also those who are not attached to a users' movement

31 sometimes the only one

32 A proper users' organization might not always exist, for example, in the case of drug addicts or clochards.

33 In a rather different context, REVES has been carrying out an initiative promoting the "empowerment of social organisations" which aimed at providing them with the instruments to support participation, in the definition of key territorial principles, of persons that usually do not take part in 'traditional' participation processes. The result of this experience was the definition of TSR© principles in the Faenza community (IT).

an *active* role of IDUs in the definition – and programming – of quality SSGI:

- Direct consultation and surveys among IDUs
- Partnership with IDUs' movements
- Active involvement of staff in IDUs' empowerment
- IDUs' direct empowerment and involvement in the definition and programming of quality SSGI

It seems of evidence that these methods (and others that might be relevant) for an IDUs' active participation in the definition of quality services have to be activated at the same time.

The next question is "how" to do that. On this, we can give only examples, as the practice needs to be adapted to the local context.³⁴

Consultation and survey among the IDUs is apparently an easy task, demanding a basic level of competences in order to shape a questionnaire. It will require: a) the involvement of IDUs' movements; b) the active participation of all stages of public or non public services entering in contact with IDUs; c) the direct involvement of front-line staff.

This easy task has nevertheless its limits, relating to a) the actual representativeness of results; b) the limited level of participation of IDUs (limited to the consultation process).

*Partnership with IDUs' movements*³⁵ appears easy, as well. It requires a) an activity of screening of existing representative movements and the evaluation of their actual representativeness and b) the definition of an appropriate framework for the partnership.³⁶

In this case we have to keep in mind the fact that each partnership requires a clear definition of common objectives, and the results of its activity must be clearly visible and actually used according to the defined framework.³⁷

The *active involvement of front-line staff in IDUs' empowerment* could be a less easy task. In fact, although experience shows, generally speaking, a rather positive attitude of social service workers, one could argue that the IDUs' empowerment "is not their job". Could thus be considered desirable: a) a motivational activity helping front-

34 In fact, it has to take into consideration the culture, tradition, rules and habits of a local community – it thus has to start from the existing and from the actual possibilities and be adapted to them.

35 We consider partnership with IDUs' movements an unmediated method in cases in which these organisations only act as support to individual service users and help them to express themselves directly (direct involvement of individual service workers is a condition, otherwise this kind of cooperation might become a mediated method).

36 a place, roles, a timetable...

37 In other words, partnership for a mere validation of definitions taken elsewhere would not be useful.

line staff to perceive the link between their “normal” activity and empowerment; b) a training activity aimed at providing front-line staff with empowerment skills they might not have. Also in this case it is important to set things in a way that the service staff can see the direct output of their activities.³⁸

The last point is without doubts the most complex: *IDUs’ direct empowerment in the definition and programming of quality SSGI*.

In fact, in this case we expect a positive, pro-active role from persons benefiting from SSGI.³⁹ If it is true that some of them (or some groups) could easily take on this role, we also have to take into consideration those who are not in a position to do it directly.⁴⁰

It is worth to underline that the task here is particularly challenging, as it requires to question the existing approaches to definition of quality and to propose new ones.

Help could be provided by: a) the creation of a proper participation framework, with a clear attribution of roles to the IDUs; b) the setting of a participatory procedure aimed at building up key principles; c) the pre-definition of the process that would then lead to the adaptation of SSGI.

However, in the end, we should always keep in mind that any methodology has to be adapted to the local context!

Mediated methods for the definition of quality for the individual direct user

Direct participation of the IDU in the definition of quality of SSGI should be the standard – everybody could agree on this point.

But this statement has to be based on some assumptions such as: 1) the IDU has a clear knowledge/idea of what is *desirable*; 2) the IDU has a clear knowledge/idea of what can *actually be done* (in the current situation); c) the IDU has a clear knowledge of *what to expect*...⁴¹

38 This is even more important when the empowerment activity is seen as “additional”.

39 We could consider these persons to be in a particularly “weak” position with respect to the other members of society.

40 as the already quoted examples of babies or children helps us to understand

41 Also in this case it is important to remind that we are talking about SSGI, which are a particular kind of service: they are services delivered to *persons* – and not to consumers – persons who might be in a particularly weak situation, stable or transient, which could prevent them from having an easy access to all information needed in order to shape their idea of their “desiderata”. As a weak situation we can perceive also the one of a person not able to identify clearly and directly his/her expectation: This situation could be permanent in some cases (e.g. persons expressing themselves differently, to which society usually attributes the definition of “persons with mental disease”) or transient (e.g. babies), but in any case it makes it harder for

What to do when one or more of these assumptions are not met? Is it acceptable that a service designer⁴² just sits and waits?

If the answer to the last question is 'no', then we have to look at how a service designer (SD), understood as the structure(s) that participate(s) in the decision-making on the general policy framework, in programming and/or in development of the concrete service activity, can contribute to the definition of quality from the point of view of IDUs. In other words, we have to consider a *mediated* method for definition of quality.⁴³

It is probably already clear that this implies an active role of the SD, who is called to have: 1) a clear knowledge of the IDUs' group, and 2) a clear command of the state of knowledge related to the specific type of SSGI.⁴⁴

The first task for the SD is thus to get a thorough knowledge of IDUs.⁴⁵ Do we therefore have to ask the SD to have a personal and wide knowledge of all situations relating to specific IDUs? This would be ideal, but is it really feasible? And is it efficient? On the other hand, a SD could be (most probably) a group of structures/persons having different kind of knowledge and expertise – yet, this doesn't seem to solve the situation in a satisfactory way.⁴⁶

A different way is needed for the SD to acquire all knowledge required *when it actually needs it*. The easiest would be to *ask* for information/findings. However, that is easier to say than to do.

In fact, in order to have a proper knowledge of the IDUs, through mediate methods, the SD should turn to: a) the scientific state of the art relating to the IDU groups; b) the front-line staff and other persons working/dealing with IDUs.⁴⁷

the service designer to understand expectations. An interesting overview on this issue can be found in "Obstacles to an increased user involvement in social services" by Matti Heikkilä and Ilse Julkunen, published by the Council of Europe, 2003 (page 10 ff.).

42 We introduce the concept of service designer with a neutral meaning: This means that, for the moment, it is not important to distinguish the policy maker, the programme maker or the deliverer. It could well be one of these three, or all three. At this stage we just refer to service designer as "the one who has to design the service to be delivered to the IDU".

43 Please notice that there might well be a certain degree of direct participation of IDUs also in this phase.

44 Using once more the example of the childcare, a good SD should know about children's behaviour and the most advanced techniques in childcare management.

45 A remark: The SD will be called to develop a service, which would potentially be available for all IDUs. This means that the SD works necessarily at a certain level of abstraction from the expectations of a single IDU and therefore more on aspects that can be standardized. The latter then need to be blended with the non-standardized part of the service we talked about in the previous chapter.

46 How many persons/structures should be involved in a SD group in order to provide a sufficient level of knowledge? How do we make such a – presumably big – group work properly?

47 Let us remind that here we are dealing with the issue of a mediated definition of quality, to be applied in those cases in which the IDU herself/himself is not in a position to express

The problem for the SD is then to bring all inputs together and to transform them into a set of actions aimed at designing a quality service.⁴⁸ This is the main task for the SD, and an SD's competencies must be related to that.⁴⁹

The SD should therefore bring together all input about *the IDU group in general* from the best of scientific knowledge and all information about *IDUs in particular* from the best of day-by-day knowledge (e.g. of front-line staff). SDs should use this information in order to define a basic quality service taking into consideration at the same time the general perspective and the specific context.

The aforementioned processes will lead to a definition of quality SSGI which will have to be checked against the results of the unmediated definition of quality.

We won't repeat considerations for the collective direct user, i.e. the group of all those who use the same service, as reflections and proposed

QUALITY FROM THE POINT OF VIEW OF THE COLLECTIVE DIRECT USER (CDU, Box 9)

methodologies would be fairly similar to the ones laid out in the previous chapter. Basically, one would have to consider a) the involvement of service user movements which represent the whole group (or large parts of it), or b) cooperation with all single persons belonging to this specific service user community.

Another type of collective direct user, namely the family⁵⁰ (which, however, is *not in every case* a direct service user), might merit here some more attention, as methods to involve it are sometimes less evident.

It should be highlighted that the aim of this exercise is not to think about participation of families as spokesperson or complete substitutes of the individual service user in the participation process (also a family member might not be able to correctly express the expectations of the service user). The objective is to take into account the

expectations. Maybe the potential IDU does not even know that he/she is a potential IDU, because he/she is still not user of a specific service as such. In other words, mediated definition of quality can also be considered a preventive activity.

48 Indeed, it is quite probable that each group consulted or involved would pretend to know exactly what quality means in its specific area of activity.

49 In other words, the SD should be familiar with methodologies such as multi-criteria-type analysis or with impact and re-programming matrices. More information about multi-criteria analysis can be found, for instance, in "Guidelines for a TSR process", Martignetti, Giunta and Schluter, ed. Mesogea, Messina 2006.

50 Here, we refer to all kind of primary social groups, including long-term committed relationships between two persons (physically sharing the same place of residence does not have to be a condition).

impact a service has on other persons having a direct relationship with the IDU and expectations of these persons (defining thus *their* idea of quality).

Families or partners (as family in the narrower sense) do not necessarily form or join any specific movements. Even though a number of initiatives set up by family members of services users, in particular in the domain of care services, emerged in recent years, and even though interests of family members might sometimes also be represented by movements of service users, they do by far not cover all persons concerned. The same can be stated for the establishment of social care councils, which exist only in some European member states and cities, or for direct participation of family members in advisory boards of service provider organisations.

It seems thus useful to apply similar methodologies as those quoted for individual direct users.

Unmediated methods for the definition of quality from the point of view of the collective direct user – Example family

Again, when considering methods allowing collective direct users such as the family of a service user to express their expectations concerning quality service, there are different possibilities to be taken into consideration, among them:

- Direct consultation *of* and surveys *among* family members or other persons being in direct relationship with the IDU
- Partnership with movements of IDUs' families
- Active involvement of front line staff, where relevant
- Direct empowerment/involvement of family members in the definition and programming of quality SSGI

Several aspects here are very similar to those mentioned in relation to the individual direct user. However, some others might differ, also depending on the respective situation.

Consultation of families of service users may not in every case appear easy, as the task is first of all to identify the family members that should be consulted.⁵¹ Additionally, it must be made clear that

⁵¹ To give just one example: The fact that a person is closely related to a service user (e.g. children...) might not in every case justify their consultation, as, for different reasons, they

in this case the aim of the consultation is to understand the impact a quality service should have on the family life, not on the IDU.

Partnership with movements of IDUs' families might therefore sometimes be easier to realize and represent, beyond that, a condition also for adequate consultation of families of service users.

Also front-line staff might help to best identify the persons to be consulted and the questions to be asked.

Active involvement of front-line staff in the empowerment of families when it comes to expressing needs might be an option under two conditions: a) families are not able/used to express themselves or to make themselves heard through movements/advocacy organisations; b) the service concerned is a service where front-line staff is, on a regular basis, in contact with the families of service users, and a certain relationship of trust exists.

Direct empowerment of families (as collective direct service users) in service programming and design, to be successful, needs to be based again on a very careful identification of a) the persons/family members to be involved and following which criteria they are chosen,⁵² b) the time/phase in which family members should be involved, c) which role families should have in a specific action of programming or concrete service design. Moreover, a clear understanding of the relevance the question of quality has for the family as such (and not only for the IDU) appears fundamental...

Mediated methods for the definition of quality from the point of view of the collective direct user – Example family

In some cases it might be very difficult or only partially possible to make families express their expectations concerning quality service.

Moreover, a quality definition that is mainly based on the expression of needs by the families has again to fulfill the aforementioned criteria: 1) the CDU/family has a clear knowledge of what is *desirable*; 2) the CDU/family has a clear knowledge of what can *actually be done*

might not necessarily be the persons being most in contact with the service user. In some cases, a niece/nephew or grandchild living nearby (to stay with the example) might have taken over certain tasks linked to care for the person. A service delivered to the latter might therefore also have an impact on the life of this niece/nephew or grandchild.

52 Families find themselves, likewise individual service users, often in a very specific situation which cannot necessarily be compared to others. Therefore they would, obviously, argue from their respective, a very personal point of view. Clear criteria and objectives are thus necessary when involving families directly in concrete programming and service planning.

(at the current state of the art); c) the CDU/family has a clear knowledge of *what to expect...*

Again, it might appear useful to also include mediated methods for the definition of quality such as research regarding recent scientific findings or consultation of service workers, where it appears relevant and useful.

**QUALITY FROM THE POINT OF VIEW
OF THE LOCAL COMMUNITY
(BOX 22)**

When considering quality service from a 'general interest' point of view, we cannot disconnect needs and interests of the service user

completely from the perspective of other persons, on whom the delivery *or not* of a specific service might have a direct or indirect impact.

Beforehand, we referred to community as "the community of those that potentially may use it (the service), but also those who do not use the service but have a specific interest in that the service exists...", which also applies to the *local community*.

Members of the local community might thus also *indirectly* (without being direct users) benefit from the existence of a service and (some of) its specific characteristics. In addition, they might shape the circumstances/conditions in which a service is delivered.

It might therefore be important to also include the perspective of the local community when planning a service and when assessing its quality.

Certainly, due to their different positions, not all members of a local community will be able to determine or assess quality of a service from a *community perspective* the same way. Especially persons that are not (potential) users of the same service and/or that do not live in the immediate neighbourhood of, for instance, a kindergarten or a hospital/residence for elderly, might not always see the impact a service could have on their proper lives.

Nevertheless, the community perspective is of fundamental importance in order to guarantee the sustainability of the service itself.⁵³

⁵³ In fact, also those parts of a community that do not have any direct relation – positive or negative – with the service itself, may play a key role when it comes to deciding whether or not to keep a service alive. In the event of important reduction of public budget, for instance, a local community that did not have any role in the process leading to the set-up of services won't probably have any understanding of it and therefore not consider certain services as fundamental...

Unmediated methods for the definition of quality from the point of view of the local community

Possible ways to involve the local community in the definition of service quality through expression of its expectations might be:

- Direct consultation of *all* members of a local community on general principles of well-being in their community (which would then also be applied in service planning).
- Direct consultation of *all* members of a local community on a specific service (or some elements of this specific service)
- or: Direct consultation of a *specific* part of the local community (e.g. house community/direct neighbourhood/specific representative organisations) on a specific service – however, this would lead to differential consultation processes.⁵⁴
- Partnership with groups of the local community having specific competences and knowledge.
- Empowerment of the local community or of a part of the local community through its involvement in programming and, where appropriate, concrete design of quality services.

Direct consultation of all members of a local community on general principles: A part of the local community might not have appropriate knowledge or experience to express themselves on the quality of a specific service or might limit their idea of quality on the basis of common sense only. However, each person has general needs or, as one might not always be conscious of all needs, knows at least more or less which features life in his/her neighbourhood/city/region should have.

54 Let's take the example of an apartment for disabled which a public authority and/or a private organisation intends to establish in a residential building with dwellings also for persons without handicap: The apartment might be part of a larger programme and a more general policy framework which is to be implemented at the same time. It appears thus useful and appropriate to involve the larger local community already in the programming process (i.e. before implementing different measures such as the transformation of apartments for persons with a handicap in mixed residential buildings).

Before the realization of the different measures (e.g. the establishment of this specific apartment), however, it seems also vital to consult the house community (the tenants of all other dwellings in this building) on different aspects linked not only to construction, but also to other elements of the future living-together with persons with a handicap. In this context, practices of housing co-operatives (based on participation of their members also in planning of their own services and development) are exemplary and could be extended to other forms of house communities.

It might thus appear useful to consult the members of a local community on the *principles* each local actor (including service providers) should respond to in order to foster well-being in the local community. However, such consultation would require a proper preparation and good knowledge of the local community, communication channels within this community etc.

Cooperation with local organised actors such as the city council/local administration, local citizen movements and others might appear useful in the preparation and consultation phase.

Moreover, a feedback mechanism should be included which would enable the members of the local community to actually be informed on the results of the consultation and on how these results were taken into account by different local actors such as service providers or local authorities. Again, it should be stressed that, without such feedback, members of the local community, especially when not directly confronted *with* or concerned *by* a specific service, might not perceive the link between their expression of principles and service planning/evaluation.

In this context, of course, it is vital to also fix a basic schedule and inform participants on the time span that might be necessary for service providers and others to adapt their actions to the principles/proposals expressed and make first results visible.

Direct consultation of all members of a local community on a specific service (or some elements of this specific service) appears feasible and appropriate, for example:

- a. when referring to a number of persons living in a relatively *small area* (e.g. in the neighbourhood where the service is to be established) or
- b. if each member of this community is a potential user of this specific service (example: health services, but probably less appropriate in the case of care for persons with a handicap);
- c. if the specific service is likely to have a direct impact on the neighborhood or on the community as such.

Here, the consultation would not or *not only* concern general principles of well-being, but relates to more concrete characteristics of services which still have to be designed for the area or which are already planned.

Case a): The launch of a programme or any other action, including services, in a particularly deprived zone, for instance, requires a certain knowledge regarding needs of the population and persons work-

ing in the zone. Likewise, the establishment of a service (provider) – such as a kindergarten, a hospital or specific apartments adapted to disabled – in a neighbourhood might require consultation of persons living and/or working in this area.

Also, the request, by several members of a local community, to introduce specific measures or services or to adapt services might entail a consultation procedure (the initiative does thus not always have to come from the local authority or a service provider!).

In all cases, consultation might also refer to proposals for cooperation, when realizing a service, between the service provider, service users, the local authority, ...,... and the local community.⁵⁵ Here, however, we get already close to another form of participation – co-programming/joint service design.

Similar key aspects as mentioned in previous chapters (local diagnostics to prepare consultation, feedback mechanisms, schedule and division of roles etc.) have to be taken into account.

Case b): In the case of a larger area (a whole city, for instance) it seems much more difficult to carry out consultation on *one specific service (or elements of it)* among *all* members of the community:

Difficulties might arise not only with respect to time and other resources this would require (especially if consultation would then happen for all kind of services).⁵⁶

As already argued before, not every member of the local community is in a position to express herself/himself on concrete features of a specific service. In a number of cases, persons might even not feel concerned and simply not be interested (also, if this might, sometimes, be a wrong perception by themselves).

Therefore, another solution could be to organize different phases of consultation with different parts of the local community.

Here, however, the question is how to identify these different parts of the population (without excluding concerned persons). Again, cooperation with the local authority, citizens movements and other organisations might be useful.

This brings us to another option:

55 In this context a question could be, for instance: Which contribution could be made by the local community to optimize quality of a service?

56 Apart from the resource problem there might also be a danger of tiredness of the population vis-à-vis consultation processes.

Partnership with different groups of the local community having specific competences and knowledge would be another possibility to involve the local community in defining service quality.

This would solve some difficulties described beforehand: Not every single inhabitant of a city would be consulted, but one or several bodies representing the interests of different parts of the local population. In addition, these bodies might be better placed to also take into consideration principles such as universality. They might be able, to a certain extent, to resume and find a trade-off between the different interests of a larger number of persons.

On the other hand, however, we have to presume again that not all members of a local community (and their interests) might be represented through these bodies. Also, as mentioned already with regard to the IDU, they might not be able to provide information and assess specific parts of service quality which are not necessarily standardized, but relate to (new) needs of individuals.

Finally one should keep in mind that this kind of partnership (which involves only a part of the local community) might not be an alternative option to larger involvement of the local community as a whole – it is rather additional.

Empowerment/Implication of the local community or of a part of the local community in definition and programming of quality services:

Already before we mentioned the possibility for a local community to encourage a consultation process, and therewith maybe the creation of a new service or modification of the quality of an already existing service (the initiative does not have to come from the service provider or local authority).

Here, the *direct involvement of the local community (or a part of it) in the definition and programming of a service (or several services)* might be vital: Most members of this local community might be (potential) users or could contribute and therefore enhance quality of life not only for the service user, but also for the whole local community.⁵⁷

For these processes to happen and to be accepted, however, an open attitude by local politicians, administration and other local actors (e.g. private service providers), but also willingness and capacities (empowerment) of the local community are vital. This can also be stated for other forms of active involvement of the local community in the definition and programming of services (i.e. the participation

⁵⁷ Examples here are initiatives between children and elderly, hospitals and cultural associations, residences for elderly and neighbours etc.

in concrete decision-making processes) which were encouraged by the local authority or the service provider.

Already when referring to the implication of the individual service user we highlighted the need for a proper framework that would clearly set out roles, procedures and expected outcome (the latter, of course, described in a general way). Yet, a fundamental condition for direct involvement of the local community (or parts of it) is, as already highlighted beforehand, openness of politicians and service providers, from the very beginning (already before a service exists), towards proposals coming from the community.⁵⁸

Nevertheless, it might in many cases appear rather difficult to involve the local community *as a whole* and *directly* in processes of programming and concrete design of services (i.e. in processes going beyond pure consultation). Often, it might be feasible only to imply a part of it (for example civil society organisations promoting the community as such).⁵⁹

A compromise could be to imply the whole local community in a process defining the *framework* for direct involvement of representatives of the local community and different evaluation procedures.⁶⁰

Mediated methods for the definition of quality from the point of view of the local community

The constraints mentioned above, as well as possible limits in the fulfillment of conditions for an effective participation such as we mentioned them already for the case of users,⁶¹ might necessitate additional instruments to define quality from the point of view of the local community.

Another, however *mediated* way to identify quality criteria is the consultation of scientific findings.

Nevertheless, this method has again its limits which are similar to

58 Sarah Carr, in the publication "Has service users' participation made a difference to social care services?", speaks about a clear political commitment.

59 In order not to 'mix' different interests (even though this will sometimes be inevitable), these organisations should not be linked primarily to service users and their movements, but focus on the promotion of welfare of the local community *as a whole*.

60 With TSR©-type methods, for instance, all members of the local community could be given the opportunity to express themselves on criteria indicating who should be involved, how, at what stage etc.

61 They also apply for the community which should have 1) clear knowledge of what is *desirable from the point of view of the community*; 2) clear knowledge of what can *actually be done* from the point of view of the community (at the current state of the art); c) clear knowledge on *what to expect from the point of view of the community*...

those already mentioned in previous chapters. To give just one example: Often, scientific findings are rather general/global in the sense that they will rarely relate to the needs and interests of a *specific* local community and local context.

Being appropriate for standardized aspects of a quality service (i.e. those that could be applied beyond a local context), this mediated method should thus be considered rather *complementary* to other, unmediated, ones.

QUALITY FROM THE POINT OF VIEW OF THE INDIVIDUAL SERVICE WORKER/FRONT-LINE STAFF

Service workers, but in particular the front-line staff, i.e. those who enter in direct contact with the service user, play a crucial role when it

comes to shaping quality of a service.

They are in a position to contribute to deliver a service which would best meet the real needs of beneficiaries.

However, we have to keep in mind that also the quality of his/her working context,⁶² which also has an impact on her/his quality of life, will influence the quality of the service delivered.

A number of – fundamental – quality criteria from the point of view of service workers/front-line staff are already laid down in various conventions and charters. They relate to working conditions and other basic rights that should be granted to the service worker in order to enable him/her to carry out his/her work in the best possible way (which also requires fair living conditions for the service worker herself/himself etc.).

Yet, beyond respect and application of such basic rights and principles it is necessary to have a closer look at the very specific situation and perspective of the individual service worker.

Empowerment and involvement of the service worker/front-line staff in service design and programming processes is vital, a) as it helps ensure conditions to achieve a quality service,⁶³ b) due to the expertise in particular of front-line staff regarding the “how” of service

62 This encompasses working conditions, including work-life balance, work satisfaction (linked also to the quality of the relation to the service user, which is fundamental in social and health services).

63 This is a crucial point. In a number of cases, for instance, a front-line worker has to deal with particularly sensitive social situations. Experience (e.g. in social economy) has shown that, in such cases, this worker might have a tendency to go beyond her/his duties, if these do not cover in a satisfactory way the social needs of a person. This leads to a situation of self-exploi-

delivery,⁶⁴ c) to ensure that service delivery – and therefore the improvement of quality of life of the beneficiary – does not happen at the expense of quality of life of front-line staff.

Unmediated methods for the definition of quality from the point of view of the individual service worker/front-line staff

As in the case of other stakeholders, expression of needs and interest by individual service workers/front-line staff regarding quality services might happen through different means. Possible methods are, for instance:

- Direct consultation and surveys among individual service workers
- Partnership with trade unions/other bodies representing service workers/worker representatives at enterprise level
- Empowerment/Direct implication of individual service workers/front-line staff in the definition and programming of quality SSGI

Direct consultation and surveys, as proposed also in the previous chapters, seem most common and therefore not necessarily hard to realize.

However, in comparison with service users and members of the local community, service workers might be slightly more difficult to identify and to reach (in terms of contact data etc.). A part of them might also not live in the respective neighbourhood or city, but come from outside. Moreover, as in the previous cases, good preparation is necessary regarding, for instance, the formulation of questions for a survey (are the right questions included?). Again, it appears therefore useful to cooperate, in the preparatory and consultation phase, with employers (service providers), trade unions (those representing social service workers)⁶⁵ or individual front-line staff members, and, if appropriate, with local/regional administration/authorities (that might also have access to registers of service providers and their staff).

In some cases, *partnership with trade unions and workers' representatives at enterprise level* might help workers that, for different reasons, may not be in the position to raise their voice, to express

tation that, in the long run, reduces the capacity of the worker to deal with his/her work in a proper manner.

64 This point has already been mentioned previously. Nevertheless, we take it up again, as it seems hard to divide quality of working conditions from the quality of the service delivered.

65 Here, however, we should keep in mind that by far not every service worker is member of a trade union and represented by the trade union.

themselves on quality aspects of their activity (with the support of their organisation).

Yet, again, one should keep in mind that a trade union, like any other organisation representing specific interests, may also participate, *without direct consultation of individual service workers*, in procedures for a definition of quality in SSGI. In this case, however, it has expertise only to express its opinion on standardized parts of quality criteria (such as working hours etc.). Here, partnership with trade unions becomes in fact already a *mediated method* (as *individual service workers* are not necessarily involved *directly* by their representative organisations).

As highlighted in previous chapters, this kind of cooperation/partnership would require careful screening of service workers' representatives and representative organisations of workers. A balance should be reached when involving representative organisations/workers' representatives.

Another step towards a stronger involvement of service workers/front-line staff is their *Empowerment/Direct implication in the definition and programming of quality SSGI* in their organisation (service provider), but also more generally at local level (in local/regional programming processes).

Several examples for such practices already exist. One could mention, amongst other models, social care councils⁶⁶ at local level or participation of staff, on a regular basis, in board meetings at enterprise level.

It seems important to highlight, in this context, that such participation of staff at enterprise level is everyday practice in co-operatives and other forms of social economy organisations that act as providers of social services.⁶⁷

Nevertheless, these practices are still not very common in a number of cities/regions/member states.

66 Social care councils or 'user group councils' are quoted as good practice in some EU member states in the "Report on user involvement in personal social services" (p. 39), edited by Brian Munday for the Council of Europe (March 2007). Most of them were set up specifically for services including residential and sheltered care with the objective to give service users a say regarding the internal rules of procedures (for instance of residences for elderly) and quality assessment of social services. Another important function a number of these bodies have is to mediate in the event of problems between service users and the administration of service provider organisations (e.g. the administration of a residence for elderly). Service workers are usually also represented in these councils.

67 In social economy, democracy and participation of staff and service users have not been introduced specifically as criteria that have to be fulfilled to obtain *service quality*, but as fundamental principles of entrepreneurship (and therewith also service delivery) in general. On this issue consult also the paper "Cooperative Principles and Quality of SSGI" developed by Co-operatives Europe and CECOP in the framework of the project "TQS in SSGI" (chapter III of this publication).

Again, it is vital to establish a clear framework for the participation in definition and programming of quality SSGI: Who should be involved, at what stage, with what objective, following which time frame...

A problem might appear for all the options mentioned before: For different reasons (*lack of clear knowledge or awareness, language, ...*), some service workers might not be able to recognize or *express* themselves correctly on the relation of *their* work and well-being with the well-being *of the beneficiary* and his/her specific needs.

Here, training and improvement of communication are indispensable means to optimize processes to define and realize quality in SSGI.

Also here in the case of the individual service worker/front-line staff it is thus by far not evident that he or she has: 1) a clear knowledge of what is desirable (considering both the perspective of the service worker and the relation service-worker/service user); 2) clear knowledge of what can actually be done and 3) clear knowledge of what to expect.

Mediated methods for the definition of quality from the point of view of the individual service worker/front-line staff

Given the fact that, in the case of the individual service worker, we deal with a situation that might be even harder to generalize than that of the individual service user,⁶⁸ it appears rather impossible to complement statements by service workers themselves on service quality with data compiled through mediated methods such as scientific research. Research findings might, in this case, be too general so as to properly reflect the position of an *individual* service worker in a *specific local* context.

Moreover, one should consider the fact that a number of (quality) criteria relating to quality of work and working conditions, which have partially been developed in cooperation with universities and other research institutes, can be found in the aforementioned conventions (chapter I) as well as in collective labour agreements. These documents may have been conceived, depending on the national context, at national, regional and sometimes even at local level (in cooperation with trade unions). Even though legally binding, they are not always fully implemented. It might thus appear worth to consult them (once again) when establishing quality criteria from the point of view of the individual service worker.

⁶⁸ The personal situation of the service worker, the specific characteristics of a service *and* the personal situation of an individual service user would have to be taken into consideration.

Another mediated method would be to *cooperate with trade unions* (we already explained in chapter 4.1).

QUALITY FROM THE POINT OF VIEW OF COLLECTIVE FRONT-LINE STAFF

Sometimes, e.g. regarding questions that seem to be linked to minimum standards and that seem to be easier to generalize, it might be necessary to imply, in any case, **all service workers belonging to a certain category** (i.e. childcare...) in the definition of quality criteria for SSGI.

Here, of course, reference will be made less to the relational aspect of service delivery (i.e. interaction between front-line staff and service user), but more to general standards of a part of a service (procedures).

Often, and not only in the planning phase of a service which might not yet exist, it might appear crucial to involve next to front-line staff belonging to *one specific service category* (e.g. carer for elderly) also front-line staff from *other categories* (e.g. health services) whose work is interconnected with the activities of the former. The outcome of the service delivered by one of them might shape the conditions and outcome of the activity of the other and vice-versa. Synergies can be created and interaction should be ensured to avoid unnecessary overlapping of actions or lack of information relating to the well-being of the beneficiary, but also to quality of work of the relevant category of service workers.

Unmediated methods for the definition of quality from the point of view of the collective service worker/front-line staff

Possible ways to involve collective front-line staff could be:

- Partnership with trade unions/other bodies representing service workers/worker representatives at enterprise level
- Empowerment/Direct implication of trade unions/other bodies representing service workers in the definition and programming of quality SSGI

In both cases it is vital to well define the way in which participating bodies are selected and the framework/rules following which they are involved. It might not always be evident to identify representatives for a specific type of service workers or to guarantee a balance between different types of service workers and their organisations.

Therefore, not only a clear definition of selection methods and the

framework of participation (how, which tasks, at what stage...) is crucial, but also its visibility and transparency for all stakeholders, including the local population as a whole.⁶⁹

Mediated methods for the definition of quality from the point of view of collective service worker/front-line staff

Possibilities to use mediated methods to identify quality criteria from the point of view of the collective service worker/front-line staff do, in our view, not much differ from what has already been said for individual service workers/front-line staff. Options appear again rather limited. Consultation of scientific findings might not lead to (a large number of) results and often simply not be feasible, as we are confronted here with a very specific local context, in which a number of variables⁷⁰ intervene that could only be dealt with by specific case studies (but not in more generalizing research).

Also the review of existing conventions, charters and collective labour agreements won't provide a complete insight in quality expectations of (a) specific category(ies) of service workers/front-line staff in a particular territory (unless they have been conceived on the basis of a concrete local situation).

Again, these methods should thus be considered rather complementary to unmediated ones.

After having considered the implication of service users, the local community and front-line staff, a fourth perspective has to be taken into account when defining quality of SSGI: the perspective of the service provider (as legal person/organisation).

QUALITY FROM THE POINT OF VIEW OF THE INDIVIDUAL SERVICE PROVIDER

Service providers influence quality of services by setting the conditions for their delivery: They take decisions on distribution of resources and division of tasks. These decisions, in turn, have an impact on time schedules, equipment of workers and other working conditions, but therewith also on the extent to which needs of service users are met.

69 Every service workers/front-line staff member that is concerned should be in a position to understand the process and possibilities to participate (i.e. he/she has to be informed on which structure/body will defend his/her interests and might therefore be open to his/her proposals). Likewise, other stakeholders, including the local population as such, should be able to follow the process and express objections/proposals in case they perceive any imbalances and other weaknesses.

70 personal situation and working conditions of the service worker, concrete features of a specific service, personal situation of the individual service user etc.

However, on the other hand, service providers also experience constraints (internal or external) which might force them to take one decision rather than another.

It is thus important to also consider the point of view of service providers (and not necessarily perceive them as the counterpart of beneficiaries and users).⁷¹

Unmediated methods for the definition of quality from the point of view of individual service providers

Involvement of individual service providers, which allows for their direct expression of quality criteria, might take different forms:

- Direct consultation of individual service providers
- Partnership with employers' organisations or other representative bodies of service providers
- Empowerment/implication of service providers in *programming of services at a higher level*

At a first glance, *consultation of individual service providers* might appear rather simple at least with regard to the identification of relevant structures. Most service providers (if not all) figure in public registers. However, for an 'outsider' such as a public authority or any other external structure it might already be more 'tricky' to formulate appropriate consultative questions (an implication of service providers or their representative bodies already in the preparatory stage preceding a survey or consultation might be useful – even though their participation should be counterbalanced by the implication also of other stakeholders in order to prevent the consultation/survey to be biased/suggestive from the very beginning).⁷²

Finally, during identification of service providers and preparation of the consultation (e.g. questionnaire), attentions should also be paid to the fact that some services *are* or *should be* based on the interaction of *different* individual service providers (integrated service approach).

71 In the case of social economy organisations it might happen these categories meet in one structure: a service provider might at the same time represent workers or users or both (this becomes particularly evident in cooperatives – an example are childcare co-operatives run by parents).

72 In some EU member states such as Italy, consultation of different individual service providers (and other stakeholders) and even their involvement at a higher level of co-programming has become obligatory for public authorities when it comes to the conception of policies and programmes related to social inclusion and SSGI (context of the so-called piani di zona – zone plans). A number of interesting conclusions and good practices could already be drawn from these experiences in regions and cities such as the city of Pordenone and the city of Faenza (both partners of the project TQS in SSGI. More information can be found in the summary reports of surveys carried out among the partners and in the partners' local reports.

Partnership with employers' organisations or other representative bodies may provide other instruments through which individual service providers may be encouraged to express their point of view regarding quality criteria in SSGI.

Yet, not every individual service provider might be part of an employers' organisation or another representative bodies⁷³. Moreover, it appears necessary to verify in how far employers' organisations or others are in a position to encourage service providers to formulate their opinion on sometimes very specific issues regarding quality of SSGI. Do they in every case have a mandate? And in how far are they really able to correctly convey sometimes differing attitudes of *individual* service providers that might reach beyond aspects which could be considered as 'general standards'?

A third option to involve service providers and make them express themselves directly is their *empowerment and implication in programming of services at higher level*⁷⁴. This would give them the opportunity to directly contribute to shaping programmes and strategies (i.e. a part of the more general policy framework) in which they operate at local and regional level.

Nevertheless, as already mentioned with respect to service user, local community and service worker, such a direct implication needs to be based on a clear framework defining criteria of selection of participating structures, roles, moment of participation (at what stage?) and expected outcome.

Mediated methods for the definition of quality from the point of view of individual service providers

For different reasons it might be necessary and appropriate to complement results of the application of the aforementioned unmediated methods by quality criteria for SSGI such as they emerge through mediated methods.⁷⁵

73 This might, for instance, be the case for a number of smaller social economy structures.

74 We have to take into account that service providers are already main actors when it comes to concrete service design and planning. However, in doing so, they have to respect more general guidelines and are exposed to conditions shaped by more general local and regional policies (which are still most frequently adopted by local and regional governments). It appears thus useful to involve service providers, where appropriate, also in the conception of this more general policy framework and programming.

75 Remember the three criteria we quoted already previously for the other stakeholders. They also apply to the (individual) service provider (ISP): 1) the ISP has a clear knowledge of what is *desirable*; 2) the ISP has a clear knowledge of what can *actually be done* (at the state of the art); c) the ISP has a clear knowledge of *what to expect*...

In the case of the individual service provider, options of such mediated methods are a) review of scientific research results and b) review of already existing legislation (more general policy frameworks and regulations) having an impact on activities of service providers and their relation with other local actors.

On scientific findings: A number of scientific studies regarding different fields of social services and conditions in which service providers have to operate (and those in which they *should* operate to in order to deliver quality services) exist. Yet, one should again keep in mind that findings are often of a more general, standardized nature – they might not include *every* quality aspect an individual service provider in a very particular local context would mention.

In the context of this paper, we will not deal with the **collective service provider** (meaning all organisations providing services in one or more specific field(s)), as their involvement would be more appropriate in the use of standardized approaches.

When considering several service providers, it seems, for the TQS project, rather relevant to focus on relations and co-operation between different *individual* service providers.

THE SPECIFIC POSITION OF LOCAL GOVERNMENT

The initial proposal for this methodology, as becomes also apparent in the introduction, was mainly addressed to the local political decision-maker (local authority). In discussions on the TQS methodology, however, a number of TQS partners pleaded for including local/regional government as a proper category in the analysis scheme. The reasoning was that a local authority does not in every case act (only) as a service provider, but also as general decision-maker shaping the framework in which services are delivered (be it in the concrete policy field related to a specific service or in other policy fields that may, however, have an impact on the service). Even though one might argue that both functions should finally be carried out in a coherent way and with the objective to follow the general interest, reality might look differently in particular with regard to administration which is supposed to implement political decisions.

There might thus be a necessity to involve both, the department of a local authority which is in charge of planning, evaluating or accompanying social services, but also politicians and other administrative departments influencing the framework in which social services in a city or region are provided.

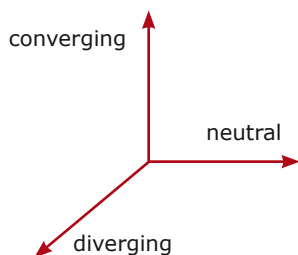
We leave the decision of whether to consider the two functions/roles

of local authority separately or not to those applying the proposed scheme in their city and region. In how far it is useful to include the local/regional authority as a separate category will become clear only after the scheme will have been applied and tested in different local contexts and situations.

	User1	User2	Community	Front-line staff		Provider		Local/regional authority	
						Public	Private		
Individual									Direct
Collective									Indirect
Individual									Indirect
Collective									Direct

The examples proposed in sub-chapters 1 to 7, although not exhaustive, shall help individuating the expectations of *each* subject that should be involved, in a direct or indirect way, in the design of a quality service. This will provide us with an *analytical view of different ideas of quality that have, so far, not yet been set* in relation to one another. A first step to pass from this analytical view to a synthetic vision is to insert all results (i.e. quality expectations of different groups or persons) in the proposed matrix and start checking the relations between the different boxes. In an extremely simplified way, one could focus on three axes expressing similarities or differences between various expectations or interests: converging, diverging, neutral.

SYNTHETISING DIFFERENT POINTS OF VIEW WHILE DESIGNING A QUALITY SSGI



This should help understanding which expectations for quality of different subjects relating to the same service a) go in the same or in a coherent direction; b) go in opposite directions; c) do not have any effect on each other.⁷⁶

⁷⁶ To stay with the example of the childcare: The expectations of the child and the family are likely to go in the same direction, while the expectations of the child and the local community

Once this analysis is done, the service designer (public authority or private service provider) would have enough information to start the actual planning of the service taking into consideration all relevant territorial quality expectations.

It seems self-evident that the task would be rather simple for converging situations/expectations and also not too complicated in what concerns expectations that find themselves in a neutral relation. It is a bit more difficult when dealing with diverging expectations. In this last case, the service designer could:

- a. try to figure out possible ways to reduce this divergence and/or
- b. define and declare priorities, i.e. rank the different expectations, which might lead to a situation (service quality) that could not be completely satisfactory for some of the subjects involved.

Obviously, at this stage, the discretion of the SD in the process is high, but not indefinite, as the SD should take into consideration those standards that already exist and are accepted by the international community: They might have been translated into laws and rules and have to be applied at least as basic standards.

CLOSING REMARKS Without going more in depth into possible technical aspects of processing data on different quality expectations of various groups,⁷⁷ it is worth to remind that the main objective of the TQS project was to propose a conceptual framework for the (re)definition of territorial quality approaches in SSGI and to support it with a methodological proposal.

The methodology presented in this chapter responds to this aim without pretending to be perfect and “all-inclusive”. The objective is above all to draw the attention of decision-makers (all those programming and designing services) on different aspects of quality in SSGI and their impact rather than to provide a ready-to-use tool which could be applied the same way in every situation. On the contrary, we remain convinced that the proposed framework methodology has to be adapted to the specific local context in which it is applied and to changing situations.

are probably in a neutral relation. Expectation of the family and those of the service provider, in turn, may differ..etc.

⁷⁷ This could be done, for instance, through the elaboration of a multicriteria impact and programming matrix.

An example, taken from real life, could help understanding how the proposed methodology for the definition of quality services could work in practice.

The starting point is an article from a local newspaper which tells about the life of a person living in a caravan since 30 years, while waiting for proper lodging which, for this man, consists in a simple container house.

According to the proposed TQS methodology, the first step to be taken by a service designer in order to solve this specific issue would be to understand who are the subjects involved in this case and what is their position. According to information given by the newspaper article, the following persons/groups/structures have to be considered:

1. the person living on his own in the caravan,
2. the family of the person living in the caravan,
3. the local community from the district in which the caravan can be found,
4. the civil servant responsible for social housing
5. the Mayor and the city council

In the scheme presented beforehand, these different actors would find themselves in the following highlighted boxes:

	The person living in the caravan	His family	Community	Front-line staff		Provider		
						Public	Private	
Individual	Box1	Box2	Box3	Box4	Box5	Box6		Direct
Collective	Box7	Box8	Box9	Box10	Box11	Box12		Indirect
Individual	Box13	Box14	Box15	Box16	Box17	Box18		Indirect
Collective	Box19	Box20	Box21	Box22	Box23	Box24		Direct

The scheme therewith: a) provides a general picture of all the interests regarding quality of a service that enter into the game in this specific case, b) should help to individuate proper ways to consult the different actors, and c) should help to rank the different interests.

But what is the reasoning that led to this specific picture and not to another one? Let's have a look at the boxes one by one:

1. Box 1: According to international and national rules, the provision of proper housing is a right of the person living in the caravan. He has thus the right to benefit from general policy provisions, which would change his life radically, as he could physically pass from a caravan to a proper lodging (provided that life in a caravan was not his objective and a voluntarily chosen life style).

2. Box 14: The provision of proper housing to the person living in a camper is an interest of the family of this person. This interest is double, as the family is linked to the person by affection and wishes to see him living in decent conditions. Moreover, the family has to compensate for the lacking of proper services for their relative (linked to housing). At the same time, however, we should keep in mind that the housing service as such is not designed for the relatives but in the first place for the individual.
3. Box 9: The provision of proper housing to this person is an interest of the local community, as this would mean, for instance, an improvement of the quality of life in the district by removing inappropriate lodging. On the other hand, the local community has an interest in checking that the current situation is not substituted by another one that could result in an improvement of living conditions for the user, but not of quality of life for the community (this could be the case, for instance, with a solution based on a container-house). Moreover, it seems that access to decent housing for the person living in the caravan would not radically change basic living conditions for the community.
4. Box 16: The provision of proper housing to the person is an interest of the civil servant responsible for social housing in as far as a lack of proper housing for this person could be considered, from this point of view, a shortcoming regarding the accomplishment of his civil servant duties. At the same time, access to decent housing of the person living in the caravan is not likely to radically change the civil servant's own living conditions.
5. Box 18: The provision of proper housing to the person is an interest of the mayor and the city council, as it is their duty to guarantee proper access to all rights to all citizens. In addition, it seems that also their own living conditions are unlikely to radically change after the person in the caravan has been granted access to decent housing.

According to this first analysis, once the consultation of all subjects will have been carried out, situations 1, 2, 4 and 5 (and linked expectations/interests) are likely to be converging, while the situation under point 3 includes some elements that could slightly diverge from expectations/interests of the other groups (the community could oppose the building of a container house in the borough).

After this analysis, the service designer will be in a position to collect additional information on the expectations of the different subjects and to make a proposal that takes into consideration all of them, ranked in a proper way. It would therewith be possible to provide proper lodging that meets a maximum of expectations of all the involved/concerned subjects.

TQS METHODOLOGY: HOW COULD THIS WORK AT LOCAL LEVEL? - EXAMPLES -

The final phase of the TQS project focused on a test of the methodology described in the previous chapter. Could it work at local level? How would its application in a city or region look like? Which are its strengths, which are its weaknesses?

All project partners simulated the application of the methodology based on a specific case of a person in need or based on a specific service. This chapter includes the simulation reports of the TQS working groups of two partner territories, the city of Pordenone and the city of Gdynia. The reader will notice that the TQS scheme, which 'recalls' different stakeholders that might have an interest in the existence (or not) of a specific service appeared helpful in reviewing processes for the definition of local quality standards for this service and those that should be involved. However, it also becomes once again obvious, that, depending on the local context, the application of the TQS methodology may take and has to take different forms, and that a number of concepts such as 'direct/indirect interest' or 'individual/collective interest' need to be further elaborated and discussed.

The service we chose

The youth issue is one of the main themes of the Municipality of Pordenone.

In 2008, the Municipal Board approved the Youth Local Plan 2008-

CITY OF PORDENONE: LOCAL SIMULATION REPORT

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1 The full simulation report in its original (Italian) version can be found on the project website: www.tqs.revesnetwork.eu.

2010. The Plan, after collecting the main needs and demands of the local young population (14-25 years), defined the guidelines of interventions to satisfy these needs.

One of the instruments defined by the Plan was the Deposito Giordani (D.G.), which had to become, more than a place of meeting and interaction for young people, an identifying place where to socialize, to share experiences, to project and to experiment.

(NOTE: The D.G. was created in 2001. Its management crossed different phases: it came up from a public procurement procedure that intended to choose one or more subjects, with whom to project a service for young people. First, the management was run directly by the Municipality, then a convention with the local ARCI Association was signed, and at last management was entrusted to a co-operative, after a public call for tender that asked for the presentation of a cultural, social and investment project).

The D.G. is a former bus depot, transformed into a site of cultural production and use, a multifunctional pole to foster creativity and socialization of youngsters. The Youth Local Plan indicated it as the main instrument of the local youth policy. It was expected to be a place where a lot of public and private subjects, working with youth issues, could collaborate on common aims.

For these reasons, we chose this service for the local experimentation of the TQS project, because it presented and still presents some critical aspects, in particular the necessity to review the current youth policy, starting from a sharing of its aims and the definition of quality criteria, including the involvement of more stakeholders.

The contract for the management of D.G. is actually expiring in the next few months and, although the procedure makes provision for a possible prolongation for another two years, the Municipality, before using this possibility, wants to analyze critically the problems and the causes for which some activities were not launched. In fact, the Municipality is not completely satisfied with the present management, because the activities and initiatives do not succeed in attracting the attention of the youngsters. In short, the place seems to lack appeal for young people. Consequently, a comparison within REVES network and within the project TQS could bring up new remarks and new ways of doing, through the use of a more structured methodology.

Which are the problems and the obstacles linked to the local context?

The D.G. (we refer to it as a place of interaction, more or less coordinated, of a lot of subjects), was not able, up until now, to propo-

itself in the city as an alternative and positive place for the realization of cultural and socializing activities for the youth. Moreover, it was not able, too, to propose itself as a place which the young generation of Pordenone could identify with. Some of the proposed initiatives appeared generic, matching very little the real needs of youth and being, for this reason, not appealing enough. Only the offers linked to musical issues were accepted and used, but often in terms of simple "use and consume", with very little participation and "protagonism" by the considered target.

These aspects were not promoted and developed in a methodic way. At the same time, there was a lack of development of the ability of listening and understanding problems and languages, which demands attention and mental flexibility, together with a sort of coordination, exchange of competencies and cooperation between the different actors engaged in this field.

Another theme was not adequately developed in respect to the initial project: multicultural and integration. Even if the D.G. was always frequented also by youngsters with foreign roots, the promotion of knowledge of other cultures and traditions and their spontaneous and natural exploitation were not pursued in the right way. Prejudices and stereotypes grow in the local context among young people, too. The D.G. was not used in the right way in what concerns the application of experimental instruments (non-conventional and pacific) to fight these prejudices and, looking at the future, to avoid the birth of small "ethnic" gangs of young people.

Often, the hypothetical synergies among different actors (social, sanitary, scholastic, coming from the associations and from cooperation...) did not happen, sometimes because of lacking agreements about resources (financial, human and instrumental), sometimes because of disagreement about the methodologies or the actions chosen to reach the aims, sometimes because of the "self-reference" of the various organizations or of the single operators and professionals.

Another problem connected to the local context consisted in the way chosen for running some initiatives, which did not sufficiently take into account the expectations of the people living in the neighborhood. The residents, not previously involved and informed about the programme, disapproved activities and protested against them.

Which are the opportunities linked to the local context?

The D.G. is an informal and non-institutional place, even if it was founded by the public authority. It looks like a "factory/workshop/forge" in a wide industrial zone, well connected with the road system,

but also in proximity to the new university campus. The D.G. is able to be used and diversified in relation to the different possible activities, to emphasize its character of multifunctionality and of informality. Actually, the wide spaces of the former bus workshop could be modulated in many smaller spaces, to be better used. Moreover, the walls can be used for artistic performances, and the look changes very often.

This great versatility and informality of the space would not only permit to attract young people for different performances in the musical field (the main vocation) or in general in the artistic field, but also to make them feel comfortable with other people, talking, discussing about themes of interest or about problems, expressing and exchanging opinions, designing activities and initiatives, creating innovative and experimental workshops and so on. In short, it should foster a sort of "sense of identification" with the place for the young target group.

Moreover, the proximity to the new University of Pordenone could lead to interesting collaborations and interactions, in particular in the field of the multimedia sciences and disciplines. In this context, the D.G. could also be characterized as a place of experimentation of university activities.

The stakeholders

The demands regarding this kind of service in our territory has been different, depending on the stakeholders. We remember that the participative process for the definition of the service involved, apart from the Municipality of Pordenone, an (informal) representation of young users, some social co-operatives, the co-operative provider, some local cultural and social-sanitary associations, public social and sanitary services.

The requests coming from young people were the following:

1. The opportunity to develop ways of autonomy and independence, through the creative, musical and artistic (in the widest sense) expression;
2. The opportunity to socialize and meet, connected to specific activities and interests, which would not be imposed "top-down" but chosen in autonomy: in short, a place of cultural and social exchange where people can develop authentic relations, in the context of a peer education;
3. The possibility to have places of participation where to "learn" how to become active citizens in the city, not only occasionally;

4. The possibility to develop competencies and abilities for the labour market;
5. The possibility to get to know new cultures, traditions, old crafts and different ways of life, and to experiment oneself in new social and working contexts.

On the other hand, the Municipality, the school, the third sector, the community... asked:

1. To promote a positive life style and individual welfare of the youngsters, to foster growth and development of their personalities in a serene and equilibrated way;
2. To fight behaviours at risk, particularly in the field of drugs and alcohol;
3. To promote "multiculture" among the young people in the city, in relation to the great presence on our territory of young people with a migration background;
4. To encourage the sense of belonging to the city and consequently active citizenship, and to foster also knowledge of Europe and of the social and political problems of the world;
5. To have spaces, instruments and collaboration, creating a large network of structures and persons that work with and for youngsters, in a perspective of shared and coordinated work.

By using the matrix of the stakeholders elaborated in the framework of the TQS project, we pointed out:

- In our case, there are three types of users: a) young people, b) youngsters' parents and families and c) the group (using common spaces and activities) formed by some subjects of the third sector, of some schools and of sanitary services – all of these organisations offer activities, services and initiatives inside the building;
- We referred to 'community' in the sense of an "educating community", i.e. educating its young people. In addition, we considered the REVES network also as community at a wider level, facilitating a comparison of approaches and methods.
- We considered, with regard to front-line staff, the individual service workers (everybody, not only technicians and professionals, but also those concerned with management or maintenance), and bodies representing them (ex: educators, social assistants, psychologists, sanitary operators generally speaking, and so on);
- In our case, the provider is at present a temporary association of enterprises, composed by a co-operative (not social) and by an association that deals with music. There is a constant inter-

action with the public administration (Municipality), because the agreement (and the relation) is based on a project with educational, managerial, structural and networking objectives.

- The local authority to be involved is firstly the Municipality of Pordenone, which elaborates youth policies and has the responsibility for their realization in terms of quality towards the local community. Yet, we had to consider also another two public stakeholders: the Province, which coordinates youth politics on a wider territory than that of the Municipality, and the Region, which is financing a project for the development of the D.G.

The Users

First User: Young People

Obviously, the first stakeholders are the young people (14-25 years), because the multifunctional space is dedicated to them. We have to promote the involvement of those who do not even know about this opportunity or know a very little of it. Young people hold a **direct interest in terms of quality** both (obviously) **individual and collective**. We mean collective interest because the D.G. would be perceived as a place which identifies the young generation of Pordenone (identification factors could be creativity and music, intended as common languages, but also the atmosphere of pleasant informality of the site).

Second User: Parents and families

Very often, adults see negative aspects in places dedicated to young people, where they can make, in a free way, music or follow any other artistic or multimedia activities. The need for security and confidence that place and people attended have the necessary standards of quality for their youth are the reason for considering parents and families (in a large sense) as users of this kind of service, with a **direct interest both individual** (for their youth) **and collective** (for the new generations).

Third User: Subjects of the "Third Sector", School and Sanitary Services

We identified as users, and not as "community", some co-operatives (social and not), cultural, sport and recreational associations, training bodies, secondary schools and university, sanitary services that fight drugs and alcohol, deal with mental diseases, Red Cross etc., because the multifunctional service offers them space and opportunities for cooperation to run activities for young people of the city in a coordinated and shared way, avoiding or reducing the present dispersion of resources. This cooperation, working already for a long time, was structured with the Youth Local Plan that launched the Youth

Policies Working Group. This group began to develop ideas and collaborations, on the basis of shared objectives.

These stakeholders can have an **individual interest** because they are **directly** interested in the use of service and spaces, but **also a collective indirect interest**, because collaborations permit a synergic work to promote prevention and counteract behaviour at risk while, at the same time, fostering positive lifestyles.

The Community

Community is meant as the whole of subjects (single or associated) that do not use the D.G. like the third user mentioned above, but benefit from it in an indirect way, in terms of local quality of life, thanks to the large availability of services and places in the cultural, social, sports and associative field.

The more the activities of D.G. grow in terms of quality, the more the community of Pordenone benefits from it in terms of cultural growth. In this case the community can be considered as a stakeholder with an **indirect interest**. We speak then of an "educating community", called to assume a responsibility towards the educational needs of its youth. In other words, the whole local community is responsible for realizing the education objectives towards its young people, for the needs expressed, for the care asked for, for allowing and, in some way, protecting, growth and development.

In a more specific way, with the term community we intend the people living in the same district of the D.G., the neighborhood, the associations of every kind that work with young people but that are not included in those already mentioned as users (3), parishes and representatives of other religions and faiths, the local politicians and the private citizens who, in a process of "empowerment" as "educating community" could be stimulated to participate in the definition of quality standards of the service, through a public call inviting to declare the interest to take part in the process.

Moreover, we thought to include the REVES Network as a stakeholder, as community at a wider level in a comparison of processes. The interest is collective and indirect.

The front-line staff

In the case considered, the front-line staff is composed of educators, social and sanitary operators, workshop professionals, technicians and musicians, but includes also people who work at the bar or for maintenances. Often the interest of these operators is **individual**, because turned to a specific young user, but at the same time has to be **collective** and based on the point of view of the worker, whose working conditions influence the quality of the given service. In this

last case we have to see the operators **as a category**, with a **collective indirect interest** in this service.

The provider

In our case, the provider (private), as the manager of the service, has an **individual and direct interest**. At the same time, he belongs to the co-operative sector, and one of his principles is the empowerment not only of the workers but also of the services beneficiaries. So, he has a **collective interest**, too, in promoting and pursuing an aim of quality towards the young beneficiaries.

Moreover, the provider has an **indirect interest**, because the management of the service permits him to mature competencies and culture and to experiment initiatives and services he can refer to when responding to future public calls for tenders or in other services.

The local authority

As already said, we considered as stakeholders for this service several levels of public authorities. The **Municipality** of Pordenone, as public authority establishing the service contract, has a **collective direct interest**, because it is directly responsible for the quality of the service (even if not directly managed by its own structures) towards young people and community.

The **Province** is indicated as stakeholder since it has the role of a coordinator of Youth Projects on the provincial territory. Its interest is **collective and indirect**, from the point of view of the necessity of homogeneous quality of services on a wider territory.

The **Region** financed part of the investment with government funds. Its interest is **collective and direct**. Direct, because it has a specific interest in spending the funds to obtain a quality service as it was designed in the approved project.

	Young people	Parents and families	Third sector/school/sanitary service	Community	Front-line staff (social and sanitary operators educators, technicians, others...)	Workers ad category	Private Provider	Local authority	
Individual	X	X	X		X		X		Direct
Collective	X	X					X	Comune	Direct
Collective			X	X		X		Provincia	Indirect
Individual							X		Indirect
Collective								Regione	Direct

The involvement of the stakeholders

The involvement of young people

The ideal situation. Methods and tools appropriate in the local context
The D.G. is a place dedicated to young people, aimed to the prevention of discomfort, to socialization, to the promotion of "protagonism" and active citizenship.

As already mentioned, the Municipality elaborated strategies for the involvement of youngsters, but surely it still has to work a lot in this direction, and more deeply, to increase the quality of the service and, in this sense, to promote and to foster a better and greater participation of the young generations in the social and cultural local life.

Therefore one of the instruments to activate, surely not an easy one, are processes of participation of young people in relevant places, also providing resources that can "give a voice" to their needs and that can allow to promote the ideas of young people. So, inside the D.G. it is necessary to give way to this process of inclusion, promoting forms of collective aggregation in every social and cultural area, from music and creativity (generally speaking), to voluntary work, to work and house admittance and to mobility on the Italian and European territory. We intend to activate, in this way, the social participation of young people, that will take great capacity to listen, to disseminate information and strengthen communication instruments and new languages, to foster the dialogue with public bodies and adults in general and to provide opportunities to experiment and activate themselves at social level.

To foster the social participation of young people, we think to use **a specific call** asking them to signalize their interest to participate to the discussions, keeping in mind the already mentioned **themes** (creativity, work, house and credit admittance, mobility...). This specific instrument (the call) will have **a wide circulation**, firstly using the **existing networks** of schools, university, aggregation centers, associations, parishes, sanitary services and so on. We will not leave out the **traditional channels** of communication, i.e. media, placards in interconnection points and meeting places, be they formal or informal (squares, streets, bars, bus stopping and parking places,...), and possibilities to spread the call through **the "peer groups"**.

These instruments are necessary to reach the large target group and to obtain an **adequate representation not only of every interest and trend, but also of the different ages** we want to reach (from the adolescent to the university student and, why not, to the so called "bamboccione" ("kidults"?)), who needs vocational guidance or support on themes such as work and housing).

A forum will be then necessary to express clearly the objective to reach and to define the formalities to participate to **the working tables**. The time for this involvement will be necessarily long enough to allow people who will represent the young community at the working tables to get to know and master diverse needs and expectations of this part of the society, so compound and complex because of age, interests, origin, education, culture and so on.

It is to underline that the territory of Pordenone is not a 'beginner' concerning this way of participation. In fact, **a similar approach was tested** in a positive way eight years ago, and since then every year a project involving the secondary schools is carried out, dedicated to foster personal and social growth through the "protagonism" of young people in interpreting themes of actuality (relations with the adults, with themselves, with the environment, etc.). Moreover we created **networks** with other public bodies, other public and private services, the co-operative sector and associations, everyone engaged in the youth field, to develop synergies and to better use existing resources.

The involvement of parents and families

The ideal situation. Methods and tools appropriate in the local context
The D.G., as a place dedicated to young people, well placed in the local context, has to become a place of common interest also for parents and families. This objective, well present in former projects, has not been realized that much in the last years. This resulted in the adults' mistrust and doubts about the necessity of the existence of the D.G. and about the good quality of the educational, social and cultural work made inside. So, ideas and prejudices, not corresponding to what was really produced inside the D.G., spread among people.

Therefore, in the awareness of this situation and with the aim to promote the D.G. also as a place of meeting and discussion between young people and adults, as a place where intergenerational dialogue can mature, we have to find necessary means for a process of involvement of adults.

Firstly, it is important that adults accept "to be inside" the places of young people and to spend time there, conscious that knowledge of their situation is vital in order to understand their needs, the context etc. (rule valid for every situation and field).

This first cognitive step has to lead to their following insertion as holders of life experience and as active participants in the working tables (already mentioned) and then in the decision processes regarding the activities, workshops, etc., of the D.G.

To start off the participation of these stakeholders, we think to use

the existing school network, proposing a sort of report that would present the sceneries, the objectives and goals we want to reach and ask for the availability to participate. We do not intend to leave out the media, **the political channels or the traditional channels of local social communication** (through the existing network between associations, social co-operation, parishes, inter-religious working table, other bodies, etc.).

With these stakeholders, too, it will be necessary to have, **preliminarily to the working tables, a sort of forum**, to discuss possible problems, proposals and ways of participation and to define the representatives who will take part in the working tables.

The time for this process **necessarily has to be coherent with the programme for the involvement of young people.** The involvement of adults in the definition of quality standards and their participation in building the quality of services dedicated to minors is a method already used by the Municipality of Pordenone in the services to the infancy (0-3 years), where the parents are present in various activities both formal/institutional and informal/not institutional (Management Committee, Service Charter, documentation about education, theater group, animation of celebrations and anniversaries, etc.).

Moreover, the current moment of economic crisis could stimulate a greater responsibility of parents and families and therefore a bigger engagement in participating in the elaboration of quality standards in services dedicated to their youngsters.

The involvement of subjects of the Third Sector, Schools and Sanitary Services

The ideal situation. Methods and tools appropriate in the local context
Today it is evident that the access of young people to the job market and consequently to autonomy happens very late. This is one of the aspects that characterizes the present crisis and has a real impact on the individual, emotional and relational situation of the person.

During these years, we lost sight of the great potentialities of the D.G., which means that one of the aims was to create a place of production of resources and of promotion of innovation in the artistic and multimedia field, based on the assumption that youth creativity could create work opportunities. This objective can be realized through a joint management and organization of several actors: the Third Sector, schools and sanitary services, with a view to stimulate both economy and new ideas and designs.

Therefore, the common aim has to be the **promotion of partnerships** for a best integration of knowledge, competencies and

activities, so as to stimulate the birth of new ideas, to foster instruments of information and communication, in short to better complement each other, in order to achieve services and projects of quality and excellence which would increase offer and appeal of the D.G.

In order to innovate the participation of these actors that are already working in the D.G. and at the existing Youth Policies Table, it will be necessary for them sit down at the working tables together with other stakeholders, particularly with the other two groups of users, i.e. young people and their parents, to design ways and solutions, that will become integral parts of the agreements. This has to be done **before a review of existing agreements or the elaborations of new agreements** that should ensure not only participation, but also the sharing of common quality objectives.

This kind of agreement is **a traditional instrument**, and it is the **most indicated** for managing the relationships between public bodies and between these bodies and actors from the co-operative sector and associations.

The involvement of the Community

The ideal situation. Methods and tools appropriate in the local context
As already said, the territorial impact of the quality of services is important for the whole community, because the more the activities of the D.G. are growing in terms of quality, the more the community of Pordenone will benefit in terms of cultural growth. In this sense, the community has to be an "educating" one, called to assume a responsibility towards its young people with regard to listening, to dialogue and so on.

The social context will then be stimulated to participate in the definition of quality standards of the service **through a call announcing the start of the process, together with an invitation to declare one's interest to take part in it.** To reach the community in the widest possible sense, we think of using **various instruments.** Firstly, we will begin with the **involvement of all the three user groups** already mentioned (young people, parents, third sector/schools/sanitary services...). **Traditional media** (web site, newspapers and local tv, placards and so on...) will be employed for the circulation of the call and for dissemination of information on the starting process of the definition of quality standards for the D.G.

This step will be preliminary to an "opening" of the D.G. to the community, interested, as declared, in this quality process, which will provide the opportunity to get to know opportunities

and potentials offered by the D.G. (**on this occasion the users will be the main actors for the presentation**) and to define all aspects connected to the participation to the thematic working tables.

This “path” of community participation has already been tested by the Municipality, starting from the States General, in the framework of participative planning, where the inhabitants of a district or of a particular zone of the city had the opportunity to contribute with their suggestions and proposals to better implement projects and existing services or to create some new or experimental ones.

Another reasoning has to be done for the stakeholder REVES, intended as community at a wider level. With its members, especially with those involved in the project TQS, but also with those simply interested in youth policies, we will carry out, in a periodic way, a comparison of processes. Obviously, in this case, the discussion between different members of the network will be done above all via web tools.

The involvement of the front-line staff

The ideal situation. Methods and tools appropriate in the local context

In order to involve the front-line staff, we think of a **preliminary meeting with all the staff** that, with different tasks and professions, work in the D.G. (including persons working for various employers, such as the social assistant of the Municipality, the staff of the provider and those of the Municipality, the psychologists of the sanitary service, the teachers of the schools, the volunteers of the associations...), so as to explain the participative process for the definition of quality standards of the service. This discussion which aims to share possible problems and solutions through the expression of different opinions and the proposals can be considered a sort of “common training” towards the target group of the D.G. and allows to start framing important assumptions for the definition of the quality of a service (ex.: security of staff and users in the work places, propriety of the behaviors, respect of hygienic rules, etc.).

Subsequently, **the formalities of participation in the thematic working tables** with the other stakeholders will be defined.

The participation of the workers in the design of projects and in their monitoring is not a big news for the city, because it happens already at the mentioned Youth Policies Table, which allows to confront the point of view of staff of different public authorities and providers with that of staff coming from the sector of social co-operatives, while at the same time enhancing the progressive growth of a common “educating culture”, too.

Moreover, it should be underlined, that the Municipality of Pordenone always attached great importance to the participation of the workers in designing quality of social services (e.g.: in sheltered housing for elderly, in the services for infancy, in domiciliary assistance, etc.), so that **in estimating the tenders for this kind of services, it allots a good score to methods of staff involvement in the management of the quality of service and to the ability of networking locally.**

The involvement of the provider

The ideal situation. Methods and tools appropriate in the local context
The present provider running the D.G. is bound by a contract that includes the duty to participate in the mentioned Youth Policies Table together with other actors indicated by the Municipality. Consequently, the instrument to dialogue and to discuss with the objective to share and jointly establish guidelines and solutions, has already been used and produced collaborations and co-design, beyond what was declared in the project presented by the provider in its tender.

The Municipality, however, as already said, intends to discuss the causes of the lack of appeal of the place, since it invested a lot of funds in the D.G. The comparison of processes with other partners inside the REVES network and inside the project TQS, based on a more structured methodology, is aimed to consent new considerations and new paths.

The provider will have to be present at the thematic working tables and he will have to specify if he intends to be represented by his staff or use a proxy or to be present in person at every table.

The involvement of the local authority

On the basis of the Municipality program, which includes social participation in every field and the constant research of quality in the services, particularly in those devoted to the person, **the Municipality of Pordenone has the main responsibility to lead the process** that will lead to a participative definition of quality standards of the multifunctional pole dedicated to young people, named Deposito Giordani.

The Province will be involved through the participation of the representative of the Municipality of Pordenone for the Youth Policies, who will take the results of the thematic working tables on a regular basis to the existing Provincial Co-ordination of Youth Projects. This provincial service coordinates activities, projects and operators and will facilitate the wide diffusion of the methodology used for the

process of definition of quality standards in the services dedicated to young people.

The Region Friuli-Venezia Giulia will be involved through the periodical monitoring of the project, financed by a special government agreement, which defined protagonism and participation of young people as main aspects of quality of the services provided through the D.G.

From the participative thematic tables to synthesis and planning

The 5 thematic tables, when constituted, will discuss with regard to quality of the service that should be **feasible at local level** the following themes (listed without a priority order), which are directly connected to the goals identified for the D.G.:

- **work and training,**
- **independence and autonomy,**
- **participation,**
- **mobility,**
- **musical and (in the widest sense) artistic creativity.**

It is very probable that the stakeholders' vision of quality does not always coincide. What can be a qualitative aspect for a young man or woman, might not be financially sustainable for the Municipality. What parents judge as a quality standard could be a problem from the point of view of the operator or its staff and so on. Here, a good management of the working tables becomes crucial and **the ability of mediation will be a qualitative requirement of the leader/moderator of the workshop.**

It is vital not to consider the opinion of one specific stakeholder from the very outset as more important than that of others, even though we have to take very well into consideration the point of view of the young target group: If young people do not recognize the quality in a service dedicated to youth, the process has failed, definitely. On the other hand, the public body, but also other stakeholders, could consider as a quality criteria of priority for example a code of behaviour inside the place, fighting violence and vandalism. **A possible criticism regarding the feasibility to reconcile the different proposals is the limit of the resources at disposal.** However, in this perspective, the participation process and all efforts to realize it could be considered even more important and already as such a quality aspect.

The results of the discussions and the proposals will then be taken to the Youth Policies Table created some years ago by the Municipality, based on the Youth Local Plan. Its members will be joined by the representatives of those stakeholders that at the time of the estab-

lishment of the plan had not been involved (parents and families, young target groups that could not be reached, community and third Sector in the widest sense).

This permanent Youth Policies Table, which in the meantime will have the task to coordinate the process of the thematic tables, will then be able to make a synthesis of every step and to elaborate a document which will propose to the local authority (the Municipality of Pordenone) some guidelines to rethink the considered service (which is, in fact, not a simple service but a pole of services).

At this point, the Municipality, in accepting the proposals, will reformulate the Local Youth Plan and introduce a series of actions that will ensure a change of the service in terms of quality. These actions will then enter in the planning process of the Municipality regarding the budget of the public body, both annual and multi-annual.

Yet, the results of this participative process should not only impact the public planning process, but should be assimilated, in an "educating" sense, by the community in all its social parts: This will be the proof that the qualitative aspects of the services of a particular territory are the property of that territory, because they have been expressed, analyzed, elaborated, planned, realized and then, in a constant way, verified by its inhabitants.

The obstacles

Even though the main principle of the quality in this process is the largest participation possible of the stakeholders in the definition of quality standards of a service, from the phase of proposal to that of the provision of the service, it is obvious that, if the input phase has to collect every proposal, the designing phase has to be more reduced. At this point, an obstacle could emerge: the claim of a sort of priority position due to specific skills, abilities, experience and so on by the representatives of public bodies or by public and private operators and their staff (we call it "autoreferenzialità").

It is clear that the "political" mediation and the level of authoritativeness of some stakeholders can help to solve conflicts and to find possible solutions, even if they are a compromise. However, in this way, the qualitative principle of "sharing" something would be abandoned.

This can be avoided, in our view, if, since the beginning of the process and in every phase, we will define and remind ourselves of common objectives that the territory and its different groups want to reach with this service, in a sort of shared and permanent training.

The results

Of course, the timing of this complex path could request more than a year, firstly because of the difficulty to “attract” skeptics and suspicious people (of every type of stakeholder) and then because of the difficulty of reconciling quality expectations of everyone. It is, however, a path for the social and cultural growth of a territory and therefore it has to have the right time.

The reviewed Local Youth Plan has to include a temporary phase, too, during which, ensuring at the same time the management of the D.G. as a multifunctional pole, new proposals elaborated by the stakeholders will be experimented.

The final product of the process will be the local **Youth Charter**, that will include quality indicators, valid for every local service, public or private, dedicated to young people (D.G. included).

The process should not stop here, but has to continue in form of a **regular quality check** and possible review of the indicators following the change of sceneries, which, in the youth field, happen very fast. In this future phase, the actors, even if they will not be the same (young people will certainly change their role), will not anymore start from zero.

Pordenone, September 2010

Introduction

Gdynia, a city of nearly 250 000 persons in the north of Poland is part of the three city agglomeration of Gdynia, Sopot, Gdansk known as «Trójmiasto». It was created as the new port for Poland on the Baltic Sea between the two world wars. It is therefore composed of persons who immigrated here in the thirties to find work. The inhabitants of the city played an important role in all the movements against the communist authorities in the post war period and the city found itself, like others, to be a selfgoverning body when freedom came about 20 years ago.

It is from that moment that the **social policy** of the town started to be developed in an autonomous fashion for the first time, as during the whole communist period, it was, like everything else, dominated by orders corresponding to the centralized party line.

The partner of the REVES project is the City of Gdynia itself, but the running of the project concerning the quality of social services is

CITY OF GDYNIA: LOCAL SIMULATION REPORT

BY MOPS GDYNIA: KATARZYNA STEC,
JAROSŁAW JÓZEF CZYK, PIOTR WOŁKOWIŃSKI

done by the Municipal Social Welfare Centre called «Miejski Ośrodek Pomocy Społecznej» (MOPS). The level of reflexion and strategic preparation of the MOPS is comparable to many similar institutions in the «old» countries of the European Union. It is based on principals of internal management that rely on participation, co-ownership of new ideas and relatively long processes of assimilation by the different levels of management, the front line staff as well as external partners.

It is important to underline that in Poland changes in society and the economic situation are very rapid and all institutions have to have a high level of flexibility in order to react adequately to these new circumstances.

A specific situation

As in all situations of structural reform, MOPS had to change many parameters concerning numerous aspects of the social policies of Gdynia. One of the most important challenges was in the area of services to the elderly and the persons with disabilities. The diagnosis showed that the whole sector, concerning services to about a 1000 persons a year, had to be reformed. This included:

- breaking the **monopoly** of the single provider, (division of the city into 4 areas and organisation of separate bids – 3 providers at present).
- a standarisation process with many negotiations, (stability of the overall budget, client satisfaction even though the number of hours was reduced (no complaints were received), increase of the number of overall clients, definition of each element of each service (standardization), payment of a higher salary to the front line staff, change in the way in which the allotment of services was done.

This process, took some time, but was succesful in reforming the system from an organisational point of view. Unfortunately up till now it did not manage to influence, in a satisfactory way, the quality of the work done by the front line staff.

Improving the quality of services rendered

The TQS REVES project gave the opportunity to work on this area, and to launch an experimental process of quality improvement in Gdynia, whereby the different stages of the process were worked

through by steadily wider circles of persons involved in provision of the services. This permitted an impressive motivation and a great deal of innovation from all sides and produced no blockages amongst the different stakeholders.

Reasons for choosing services to the elderly in Gdynia:

- Ageing process in local society makes the service urgent and important for whole community, not only to satisfy individual interests.
- Total budget spent for social care services has reached a scale, which has forced the local authority to search for methods of rationalization and effectiveness (it is the biggest amount spent out of all the other sectors of social services in Gdynia as a whole).
- Delivery of care services in Gdynia is seceded in 100% to the nongovernmental organizations and private enterprises – this is the reason for establishing dedicated monitoring and controlling systems (partially it is forced by Polish law), which assures proper spending of public money.
- The monitoring system of individual service users' satisfaction produced data about needs to raise the quality level.
- The service itself gives good chance for measuring quality – it is possible to match needed indicators and to analyze them.

A series of steps

Gdynia already had a strategic policy of monitoring and evaluation of social policies at the city level. This is seen as an indispensable element of management, which at the same time guarantees that change can come about and new innovative policies and techniques can be created in order to assure **optimum quality**.

The preparatory process, leading to the major steps of the city wide consultation was long and intricate, as the question of evaluation remains delicate at all levels. The table below shows the different stages of the process, it's main achievements and difficulties.

Group	Achievements	Challenges	Participants
Training in evaluation (2 days)	Common culture of evaluation, reduction of preconceived ideas, identification of stakeholders, acceptance of a global experimental process, collective will and motivation to participate in the search for improved quality in the SSGI	Which stakeholders should participate? How to organize exchange with different levels of competence and knowledge? A major difficulty for staff to separate out the notion of evaluation and control (being afraid of new challenges)	25 persons, from the MOPS and the PUP (work office) and NGO's. The MOPS participants included a deputy director, director of an old persons home, management staff (area and thematic), the development department, social workers
Permanent working group (regular meetings from the beginning to the end of the process)	Assimilation of the REVES TQS project, work on definitions, working out how to establish the quality criteria rather than the criteria themselves, agreement to include all the stakeholders, end users and their families included, working out the details of how to put the model into action (timesheet, coordination meetings, persons nominated to coordinate different groups of stakeholders, press campaign, guaranteeing appropriate information transfer, reporting and synthesising)	Understanding of the European debate and transferring it to the local context, Acknowledging that all the stakeholders should have a role in the consultation process Adjusting the timing of the REVES project to the local reality Lack of time to complete the simulation	Two deputy directors, the manager and assistant manager of the development department, the director of a social economy structure, the programme coordinator
Enlarged working group (4 four hour sessions) on defining the working model	Agreeing on concepts such as quality criteria, change, the characteristics of stakeholders..., proposals on different models of implicating stakeholders, (peer groups together or groups containing representatives of all the stakeholders), working out a common final model of the consultation process, planning all the stages through to including the criteria into bids, monitoring them during the execution of the services, evaluation scheme	Agreeing on common concepts, sharing knowledge about the way in which services are structured and decisions taken, approaching how to construct a system of participative building of quality criteria, Reaching an appropriate level of exchange and debate (not too general and not too detailed) The process constantly oscillated between the method of establishing the quality criteria and the tendency of wanting to measure the level of quality of the services	(15 persons all volunteers) director of an old persons home, director of the elderly activation centre, deputy area managers, social workers, manager and deputy manager of the elderly persons and handicapped persons department and all the members of the permanent working group

<p>Gdynia international workshop</p>	<p>Enrichment of the Gdynia process by the international debate and theoretical models, comparison with the other partners of the project, reinforcement of the intuition that the Gdynia model could work</p>	<p>Understanding the other national realities and ways of working, Achieving together an adequate level of understanding of theoretical models</p>	<p>Presence of over 20 actors of the Gdynia process invited on a voluntary basis</p>
<p>From the REVES TQS project to a Gdynia strategy</p>	<p>The executive management board of MOPS decided to pursue the logic of the REVES TQS project as an integral part of the MOPS strategy The model worked out will be used on other SSGI</p>	<p>The constraints of the REVES TQS project calendar do not allow the real life simulation to take place within the time schedule of the REVES TQS project.</p>	<p>MOPS executive board</p>
<p>Project coordinator and members of the permanent working group</p>	<p>Preparation and coordination of the consultative process (see model) Development of the 0 (information) level as it has to guarantee "equal" capacity of dealing with the criteria, vocabulary common notions by all the stakeholders. Each coordinator guarantees that the stakeholders concerned can make propositions on an equal footing (3 meetings for each group of stakeholders were possible and individual interviews done by members of the peer group for those persons who are not mobile). Planning of levels 1,2 and 3. Definition and putting into place of the press campaign (press, posters in public transport, internet sites) Press conference with the presence of the deputy director and coordinator. Technical meeting with the persons responsible for area management, directors of service provider companies and certain specialists. These persons had to facilitate the process that was ongoing in their teams.</p>	<p>All change produces opposition. This effect was a serious challenge. The process required more resources and energy than planned. Organizing the whole process to guarantee equal access to information, understanding and influence. Working out how to rank the information that was obtained. Working out the final form of the document, which contains the essence of the whole process. Harmonisation. Finding the extra time needed. Ensuring that the process could be done in appropriate conditions. Namely that for example front line staff could express themselves freely, in the presence of an independent moderator and without their hierarchy.</p>	<p>Project coordinator, 2 deputy directors, manager and deputy manager of the MOPS development department.</p>
<p>Program launch</p>			<p>2 deputy directors, area managers, directors of service provision companies, director of an old persons home (previous recipients of SSGI), director of the university for the elderly (future recipients, some of whom will do some of the interviews with the non mobile end users), coordinator of voluntary workers, manager and deputy manager of the development department,</p>

Group	Achievements	Challenges	Participants
<p>Stage 0 – transmission of relevant information to all stakeholders, preparation stage, (6 weeks)</p>	<p>8 groups – end users, families, voluntary workers, front line staff, social workers, service coordinators, providers, service orderers. Each group prepares itself for the level 1 (exchange with the closest group). As far as professionals (management level) are concerned, they decided themselves on the quality criteria, before facilitating the same process with their teams.</p> <p>The method used and the extent to which persons could be involved, had to correspond to the abilities, potential and will of the persons who formed the groups. In the case of service users, we considered that involvement should be designed for every possible state of their health. That meant that if the persons could not come physically to the meeting place, to say what is important for them in the service, we searched for ways to reach them in their homes and do an interview. If, for example, a person has lost the ability to give information orally, we designed and introduced methods of non-verbal expression etc.</p> <p>As far as it was possible, direct contact with stakeholders was preferred. Meetings, well moderated discussions and exchange of points of view helped to create a basis which opened up information channels, allowed group integration and finally created higher social capital and stronger social cohesion.</p>	<p>Disparities in the organisational problems:</p> <ul style="list-style-type: none"> - only one meeting necessary with the deputy mayor. - 3 sometimes 4 meetings with the end users. <p>views, and group work of the different end users (past users, present users and future users)</p> <ul style="list-style-type: none"> - subject fields were systematically divided in order to identify which ones are nearest to the service users (eg. strategic planning of service implementation appeared to be far away from service users preoccupation, direct care activities appeared as the closest). <p>Opinions related to the closest subject field, should have a strong binding force (in other words had to have a positive reaction from the decision making level).</p> <ul style="list-style-type: none"> - considering the extent of participation as we see it, it was crucial to secure access for the widest possible representation. 	<p>End users 950, (invitation to meetings or interview if not mobile), previous end users 35, future end users 100, families 950, front line staff 300, voluntary workers 10, social workers 60, front line staff coordinators 7, directors of providers organisations 3, director of service buyers and area managers 7, local authority 2,</p>
<p>Stage 1 meetings between neighbouring peer groups (2 weeks)</p>	<p>Each group of stakeholders met together with the closest group (linguistic and conceptual proximity) in order to confront their opinions and to create the first draft versions of a catalogue of quality criteria (4 versions).</p>	<p>Organisational questions.</p> <p>Coordination of the flow of information, in order to guarantee maximum objectivity</p> <p>Presence of end users and families</p>	<p>Groups:</p> <ul style="list-style-type: none"> End users and family Voluntary workers and front line staff Social workers and service coordinators Service providers and service orderers <p>All these working sessions are moderated and written up by the project coordinator or members of the permanent working group</p>

Stage 2 meetings between four groups (see above)	<p>Working through the drafted criteria by confronting those who receive the services, with those who procure them as well as the coordination level and the decision level.</p> <p>A strong feeling of mutual respect and creativity could be noted.</p> <p>Several persons underlined the healthy logic of the whole process</p>	<p>Some discussions had to be brought back to the main themes of the process.</p> <p>Presence at some meetings was not as numerous as hoped.</p> <p>Some persons could not easily find their place in the whole of the process.</p>	<p>Groups:</p> <p>End users and families with voluntary workers and front line staff</p> <p>Social workers and service coordinators with service providers and service orderers</p>
Stage 3 final negotiations and definition of the quality chart	<p>Due to the previous stages two "points of view" emerged, one from the operational level (the first 4 groups of stakeholders) and one from the decisional level (the second group of stakeholders).</p> <p>The final version negotiated between the persons present giving a unitary, shared view on the catalogue of criteria concerning the quality of services.</p> <p>This finalisation stage was public, in the presence of many of the process participants.</p>		<p>Groups:</p> <p>End users</p> <p>Families</p> <p>Voluntary workers</p> <p>Front line staff</p> <p>Social workers</p> <p>Service coordinators</p> <p>Service providers</p> <p>Service orderers</p>
Public campaign	<p>Several posters showing the stages in a very practical way in buses. A series of articles on the web site, in the municipal and local press.</p> <p>Official announcement of the finalized quality criteria.</p>		<p>The city population</p>
Operationality	<p>Using the established criteria in Gdynia</p>	<p>Inclusion of the criteria into the realisation of public procurement procedures concerning SSGI on the local level</p> <p>Training of management and staff in the new approach to SSGI quality criteria</p> <p>Monitoring and evaluation processes put into place to allow for eventual corrections.</p>	
Finalisation and transfer of methodology	<p>Possible dissemination.</p> <p>The established charter presented to all the stakeholders in order to be approved in its final version.</p>	<p>The final version of the methodology will be made clear and adapted to new sectors of SSGI such as social work or specific services eg autistic youngsters.</p>	

All the above stages are documented (in Polish) in the archives of the project – reports, visualisations, photos.

Identified challenges

The quantity challenges

- The number of service users and the seriousness of their health condition

The quality challenges:

- Assuring proper qualifications and abilities on the side of employees (care service givers)
- Readjustment of social care services to expected long-term changes in the profile of the elderly (changes of lifestyle and needs in comparison to today's situation)
- Raising of care service' activating potential in regards to the autonomy of the end user
- Raising of family solidarity (support for families taking care of dependent persons)

Social cohesion challenges

- Wider social inclusion of elderly persons and weaking of the age discrimination phenomenon
- The rights of the elderly are respected and **realized** in the city (access to social services)
- Assuring conditions for healthy ageing, promotion of healthy ways of life
- Raising the quality of life of the elderly in the social dimension – building up social solidarity and mutual responsibility for the elderly, raising the involvement of local community (particularly persons threatened by social exclusion) in the development of social services, generating and exchange of intergenerational social capital
- Dignity in all aspects of ageing for the elderly
- Stereotypes – breaking them down

Obstacles:

- the situation on labour market – not enough qualified labour force in the sector of social care services
- low social esteem of the care staff profession:
 - amongst the causes are low wages and temporary employment – emigration of well-educated staff to other countries in EU

- mental picture of care staff as a servants is strongly anchored in the population
- very low level of competition on the market of social care services (number of service providers and similarity of their offer)
- low purchasing-power of pensioners – they cannot afford to pay for the care services on the open market (there is still serious number of people who cannot buy this kind of services at all)
- the relationship between service providers and service users (and their families) is very fragile and could prove to be an obstacle for innovation and change
- changes of life-family model (crisis of the traditional family model)

Opportunities:

- Local authority open for changes and innovations
- Well motivated and integrated professional team made from representatives of different stakeholders in Gdynia
- Cooperation in the field of standards of services to the elderly at the Threecity level
- New regulations in the field of social protection of the elderly are planned (national level)
- The process of social services standardization on regional and national level (project co-financed by EU)
- There is a college in Gdynia which trains social care staff – it gives a possibility to prepare social care staff to local specificities / needs (pedagogical innovation)

Gdynia multicriterial analysis

	User1	User2	User 3	Community	Front-line staff		Provider		Local/regional authority	
					Care worker	Group of social workers	Public	Private		
Individual	Individual user				Care worker		Service provider			Direct
Collective		Family living separately		Neighbours Groups organized through the process Local town community Agglomeration (3 city) *****	Group of social workers			District council City council and executive board Regional council and executive board		Indirect
Individual			Distant relatives** of user 1		Social worker Social worker's trade union	President of Gdynia MOPS		District council member City council member Voievodship***** Member of parliament		Indirect
Collective	Individual users giving their opinion collectively*****	Family* living with user			Group of care workers			Human rights defender of the Republic of Poland		Direct

* family – group of persons bound by emotional and social relations.

** relatives – persons who are linked to the user only by their blood relationship (less emotional bonds).

*** the differentiation between a group (minimum 3 persons with a common interest and stable relationships) and an ad hoc assembly.

***** the agglomeration statistics indicate an ageing population in contrast to the voievodship where in the countryside the statistical age is much lower.

***** representative of the central Polish government.

Comments on the stakeholders:

User 1:

- **Individual/direct user** – the activities linked to the care service touch the individual physical sphere of the person. The interest in the quality of the service is direct because lack of the service or its low quality can cause a threat to the health of the person or even a threat to the person's life.
- **collective/ direct** – individual users giving their opinion collectively. We consider there can be a difference between opinions expressed individually and collectively. Some of the end users can be encouraged by the group process to express a more profound opinion about the service concerned. The growing participation process is designed to create a variety of groups capable of giving their opinions and creating pressure on the decision making level.

User 2:

- **family living together in one household** – the service has an effect not only on the end user but also on every member of the household eg. lack of proper hygiene or lack of relief of pain.
- **family living separately** – the family does not feel the direct effects (compare with the above mentioned situation) of the service but are interested in a good quality service, as this will guarantee their own tranquility.

User 3:

- **distant relatives** – by distant relatives we understand persons who are only linked to the end user by a blood relationship with little or no emotional bonds. They can be brought into a closer relationship through legal obligations of the members of the family to give additional support.

Users grouped in an NGO: a more formal advocacy group, able to express opinions and even make effective pressure on decision makers.

Community: this category is divided into three possible levels:

- **neighbours** – in some cases, they become a sort of second family and could well find themselves in either of the user 2 categories.
- **groups organized through the process** – the process of working on quality of SSGI could well produce the outcome that some users, families and neighbours could get organized and try to influence the decision making process.
- **local town community** – the city of Gdynia does represent a sort of community. For example it is very high in the ranking concerning «quality of life» if one compares it to other Polish cities. Bad quality of services can impact the image of the city and the community as a whole.
- **agglomeration (3 city community)** – the three cities identi-

fied a common interest in standardization in order to defend the public interest from important differences in prices of services and their quality in different cities. The negative rivalry between the cities is diminished in the area of obtaining service providers and their front line staff. Moreover, the unified position of the agglomeration gives a more precise and adequate approach in the area of training future staff.

Front line staff:

- the relationship between the front line staff and the end user is the basis due to which the service exists. Secondly the front line staff effectuates the service in a direct physical contact with the end user. The care worker carries an immense responsibility in the area of the health and wellbeing of the end user. His career totally depends on the quality of the service rendered.
- **Group of care workers:** (see similar explanation concerning end users giving opinions collectively)
- **Social workers trade union:** It formally represents a collective interest in the process in an individual way. It has a legal force to defend the group of professionals. The interest is indirect because they have the responsibility to secure adequate working conditions and remuneration.
- **Social worker:** as a professional who has to manage plans concerning difficulties of the local community, this person is partially responsible for the condition of the individuals who are excluded from the community. The social worker does not perform the service directly, but the quality of the service influences the results he is obliged to attain. Moreover his professional career is not directly linked to the quality of the rendered service.
- **Group of social workers:** this group is treated differently from the trade union, because professional experience creates strong links between social workers. The group remains informal and is capable of expressing coherent opinions about the needed quality criteria of the service. The relationship to the service is indirect because social workers take part in the organization of the service and not in rendering it.

Provider:

- **Public:**
 - the **MOPS** is the unit of the city dedicated to put into place social support services adequate to the needs of the inhabitants. Polish law obliges this kind of unit to fulfill precise duties and defines the activities it has to assure. In this role the MOPS is the organiser of the SSGI and has an indirect relationship to the service.
 - **President of the city:** due to his public function he is

obliged to take care of the wellbeing of the inhabitants. He is elected by a direct vote and is responsible for the creation of the city's social policy of which quality is an important element. If the quality of the social policy's implementation does not meet the required level, the community's mandate could be put into question at the time of reelection.

- **Private service providers:** the existence of service providers depends largely on the satisfaction of the ordering structure and the end user. The service provider is responsible for the delivery of the service with an appropriate level of quality, and through the employment of the front line staff is in a direct relationship with the end user.

Local/regional authority:

- **District council, City council and executive board, Regional council and executive board:** create the conditions which enable the service to exist. They have the legal capacity to shape the social reality through the choice of programmes they will support.
- **Voievodship:** stands as the legal guardian of the national legislation and laws. In the case of insufficient quality which breaks the law the activity can be interrupted or stopped.
- **District council member, City council member, Member of parliament:** as democratic representatives of the population (voters) they fall under the election rules (see explanation concerning the president but they have less responsibility for the social policy as a whole).
- **Human rights defender of the Republic of Poland:** strengthens the voice of the individual citizen (end user), through his national responsibility to defend human rights. It is common that the human rights defender defends individual rights and individual interests.

This model shows, as the exercise required the perfect vision of the process. At the present time several stakeholders are not yet involved in the process. They are:

- users grouped in NGO's.
- neighbours, groups organized through the process.
- social workers trade union.
- district councils, city council, regional council and executive board, voievodship, members of parliament, human rights defender of the Republic of Poland.

For all these categories of stakeholders, it would appear that the process is in it's early stages and collective reactions may come about, but in reaction to the whole process.

The question of ranking

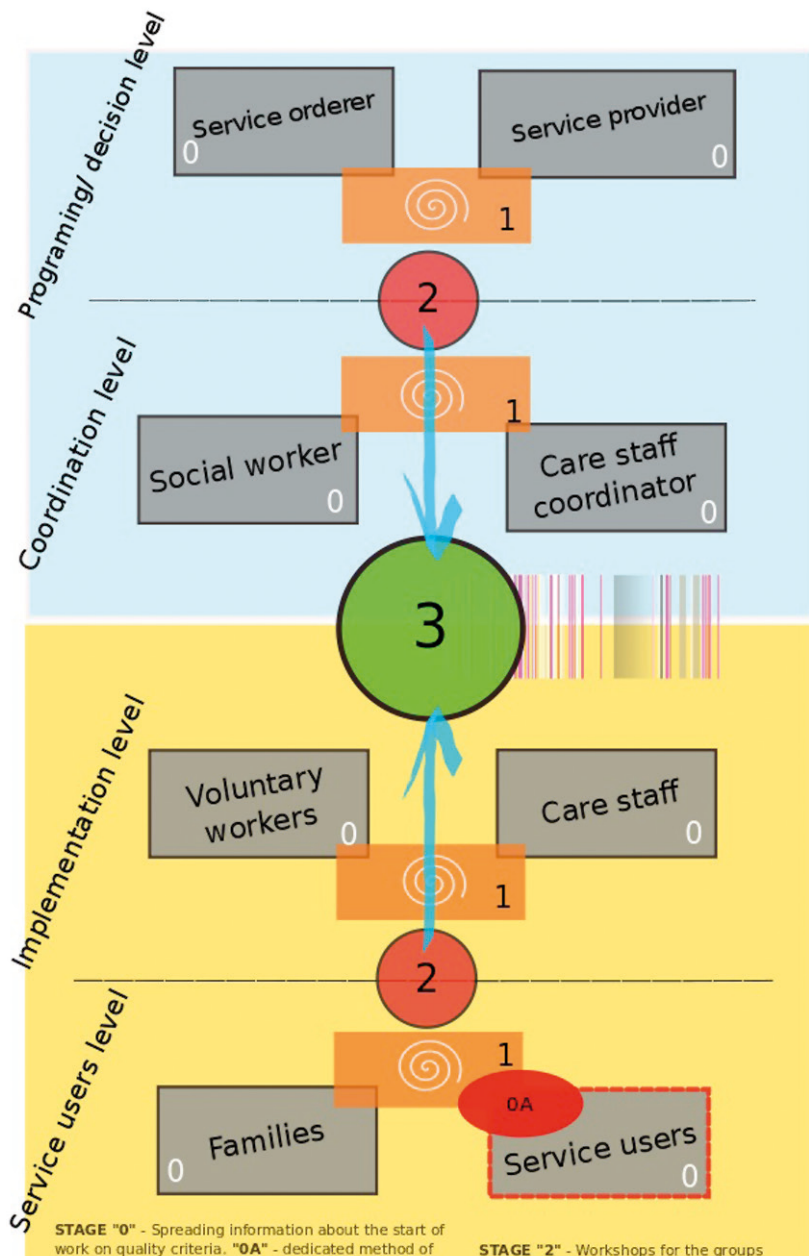
The eight categories of stakeholders all have a different point of view and all hold a part of the “truth” that is needed to guarantee the quality of SSGI in Gdynia. The quality of services was worked through on the basis of positive intuitions at all levels, with a high degree of professionalism. This way of working was necessary due to the need to create social policies very rapidly in the city after the democratization of social life 20 years ago.

In the Gdynia process of working out the model, the weight of the stakeholders’ opinions has to guarantee a compensatory system in defense of the weakest. The end user, who is on his own, who is not an organization or an institution, has the most difficulty to express his opinion and to be heard. He is the weakest in defending his interest. In order to compensate this weak position his opinion should be given the highest added value in terms of ranking. On the other hand the local authority and its executive representative, who has the legal right to decide and fulfills his legal obligations, is the most easily heard and has the power and resources to put into place his ideas and strategies. In this case the weight of his opinion has to be put at the end of the priority continuum.

The ranking system proposed by Gdynia is based on compensation of power and weakness indicators. Each group of stakeholders is analyzed using the following indicators:

- indicators of power: resources in direct disposition, level of institutionalization and legal position/status and position in the decision making chain.
- indicators of weakness: level of isolation in the local community, lack of resources at disposal, lack of legal standpoint and position in (or outside of) the decision making chain.

This model will be adapted to each category of stakeholder in turn. In order to compensate certain stakeholders’ capacity to explain their opinions and interests, the Gdynia model will guarantee independent moderators as facilitators in the different meetings planned. The final quality service charter will therefore contain the agreed answers to the question as to **what** is the most important in care services in Gdynia (this stage will take into account the above ranking system, giving the biggest weight to the weakest – the end user). Subsequently the implementation process will be put into place in order to convert **what** is most important into **how** to realize it in practice. Finally monitoring and evaluation techniques will check whether the weight given to the opinion of the final user was taken into account in the realization of the service.



Implementation of the establishing quality criteria model in Gdynia on the example of care services.

STAGE "0" - Spreading information about the start of work on quality criteria. "0A" - dedicated method of contacting and work with service users to prepare them for the meetings stage.

STAGE "1" - Unifying the criteria of quality on the same functional level.

STAGE "2" - Workshops for the groups from the neighbouring functional levels.

STAGE "3" - General meeting of the all stakeholders with unified quality criteria catalogue.

CONCLUSIONS AND RECOMMENDATIONS

1. At European and international level, a number of declarations and norms exists that relate – even though not always explicitly – to quality in SSGI.

Declarations are often quite general, as their main task is to declare rights and resulting principles. **However, respect of these (fundamental) rights should play a crucial role in the establishment of any legislation and practice of service provision.**

Norms provide, generally speaking, precise directions. Yet, while often being very specific, they tend to generalize situations, notwithstanding differing conditions and circumstances.

2. Even though TQS partners welcome initiatives fostering social cohesion in Europe also by defining a common voluntary quality framework for SSGI, it should not be forgotten that **it is in particular at local level, where questions related to quality in SSGI have to be dealt with on a daily basis by public authorities and other actors that are active in the field of social services.**

3. Nowadays, the need to pay attention to the person (potentially) benefiting from the service is generally recognized. Yet, **existing legal frameworks are often in conflict with such a perspective, as rules are based, in general, on a perspective focusing more on the service as managerial process and “product” (responding to certain standards) rather than on the “person” and his/her real needs.**

In the coming years, **the objective for decision-makers at differ-**

ent level must be to place the person – who is the final beneficiary of rights and their application – in the centre of all measures, through an adaptation of legal frameworks and their concrete realization in daily life.

For this to happen, it is vital to pass to a territorial (local) vision on SSGI and quality, as it is the local level which is closest to the person and will also influence his/her needs.

4. When designing or reviewing a service, all persons and groups that might have a direct or indirect interest in the existence (or not) of this service (and its quality) have to be taken into consideration.

Quality expectations from the point of view of the beneficiary as well as those of the other persons/groups concerned (front-line staff, members of the local community, service provider...) have to be taken into account, even though a ranking of differing expectations might at a certain point be necessary and inevitable.

It is here where the 'general interest' character of a service, its capacity to respond to the needs of a larger community and territory, while respecting fundamental rights of persons, will be shaped.

A quality dialogue, which would involve not only service providers, beneficiaries and public authorities, but also other persons whose life might be directly or indirectly concerned by a specific service and its quality, should be established when designing a new service or reviewing existing ones.

To date, the point of view of groups such as the local community in a neighbourhood, for instance, has been largely neglected.

Some good practices in this respect already exist. In a few cities and regions they were even made a condition for accreditation or a central criterion for selection in public procurement processes.

This way, the condition to identify expectations of different stakeholders and realize a proper quality dialogue sometimes also replaced complicated certification procedures that were required in public procurement (with standards that did not necessarily respond to the real needs of persons). **The latter make it often impossible for smaller service providers to participate in public tenders due to the high degree of bureaucratization. This situation leads to discrimination of these actors, which, in turn, represents a major obstacle for diversification of the service offer as another basis for quality.**

5. A number of member states still apply rules regarding public procurement and related fields which present an obstacle to above

mentioned forms of dialogue and do not always correspond to EU legislation. The European Commission should facilitate and more strongly monitor the implementation of EU legislation at national level and foster exchange between member states on this.

6. Specific types of social service providers, in particular social economy enterprises, already involve beneficiaries, staff and (parts of) the local community in processes of service planning, implementation and evaluation. Participation, empowerment and co-operation are an intrinsic part of their philosophy and point of departure for their actions.

Such added value and example should be more strongly recognized and enhanced.

Moreover, knowledge of these actors with regard to local needs as well as their potential to mobilize different parts of the local population might help establishing and stabilizing new patterns of dialogue and multi-governance at local level.

7. Quality in SSGI has to be considered the outcome of participation, dialogue and co-operation.

The TQS methodology might help integrating and valuing already existing approaches to shaping quality of social services. It provides tools allowing to identify all those stakeholders that should be involved in the definition of quality of a specific service. The objective is thus not only to consider the expectations of (potential) service beneficiaries, but also those of other persons/actors that might (indirectly) be influenced *by* or have an impact *on* this specific service. The TQS methodology supports the identification of these persons/actors and of methods facilitating their participation in the process of defining service quality. Moreover, it provides methodological orientations on how (possibly differing) expectations of various groups could be ranked.

However, provided the central role of the person and the need for a local perspective it entails, it seems evident that **each methodology – also the one proposed by the TQS project – has to be adapted to the local context and point of view.** Also, it should be applied at the most appropriate territorial level in order to ensure that those governance levels which actually have the competence to decide on service programming and provision are involved.

8. In order to foster a proper participative approach in planning and evaluating quality services, **all stakeholders should have the opportunity to further develop their capabilities in order to fully participate.**

9. The promotion, through measures/programmes adopted at EU, national or regional level, of a proper experimentation of participation processes related to social services might help local and regional governments to overcome their hesitation regarding the application of new governance practices.

ANNEXES **Glossary of terms used by the TQS project**

Accessibility: Easy to approach, enter or use. (Collins)

Beneficiary/User: In the context of the project "Territorial Quality Standards in Social Services of General Interest", the term "client" refers to the final user of a service, e.g. an elderly person receiving medical care at home.

Delivery: The act to deliver a good or services. (Collins).

Client: In the context of the project "Territorial Quality Standards in Social Services of General Interest", the term "client" refers in the first place to the organization or person commissioning and paying for a service.

Evaluate: 1) To find or judge the quality or value of something (Collins); 2) Systematic determination of merit, worth, and significance of something or someone using criteria against a set of standards (Wikipedia).

Impact: 1) The effect or impression made by something; 2) The act of one object striking another; 3) The force of collision (Collins).

Input: Entrance or changes which are inserted into a system and which activate/modify a process. (Wikipedia).

Monitor: Warning, checking, controlling or keeping a continuous record of something (Collins).

Output: 1) An amount produced or manufactured during a certain time by a certain process (American Heritage Dictionary); 2) The act of production or manufacture (Collins).

Quality: 1) An attribute ascribable by a subject (Cargil, 1995); 2) A degree or standard of excellence; 3) A distinguished characteristic or attribute; 4) The basic character or nature of something (Collins dictionary).

Pre-condition: Something that is necessary before something else can come about (Collins).

Principle: A moral rule guiding personal conduct/a basic law or rule underlying a particular theory or philosophy (Collins).

Process: 1) A series of actions or changes; 2) A series of natural developments which result in an overall change; 3) A method of doing or producing something (Collins).

Programme: A planned series of events (Collins).

Project: A proposal or plan to achieve a particular aim (Oxford dictionary).

Resource: Something sorted to for aid or support (Collins).

Stakeholder: 1) A person, group, organisation, or system that affects or can be affected by an organisation's action (Wikipedia); 2) A person or group not owning shares in an enterprise but having an interest in its operations, such as the employees, customers or local community (Collins dictionary).

Standard: 1) A level of quality or attainment (Wikipedia); 2) used as a measure for comparative evaluations (Wikipedia/Collins).

User/Beneficiary: In the context of the project "Territorial Quality Standards in Social Services of General Interest", the term "client" refers to the final user of a service, e.g. an elderly person receiving medical care at home.

List of alternative methods of participation

Objective	Method of participation
Information/Exchange of information and knowledge/Awareness-raising	Strolls (Promenadologie – "Strollogy") Maps (Parish Maps/City Maps for families...) Pin method Talkworks Encounter of generations
Consultation	Citizens' Exhibition Community Appraisal Planungszelle Citizens panel Participatory Appraisal Theatre of the Oppressed Team Syntegrity Walt Disney method
Participation in the sense of cooperation	Advocacy planning Work-book method (Arbeidsbokmetoden) Action Planning Consensus conference Local dialogue Community planning Charrette method
Co-decision/Co-management	Community Organizing Open Space
Co-responsibility	Planning for Real Future Search Real Time Strategic Change Enspirited Envisioning Choices Method Community Indicators "Imagine" Participatory strategic planning
	Games E-participation

Synthetic descriptions of these methods are available on request. Please contact: office@revesnetwork.eu.

Examples of relevant national/regional legislation concerning SSGI, quoted by TQS partners

Germany

Sozialgesetzbuch (SGB I – SGB XII): <http://db03.bmgs.de/Gesetze/gesetze.htm>

Greece

Law 2646/1998 on Reorganization of the National System of Social Care and Other Provisions

Italy

Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali (8 novembre 2000 n° 328) – Law 328/2000 “Legal Framework for the Establishment of an Integrated System of Social Services and Interventions”

Emilia Romagna region

Norme per la promozione della cittadinanza sociale e per la realizzazione del sistema integrato di interventi e servizi sociali (L.R. 12 marzo 2003 n° 2) – Regional Law 2/2003 “Standards for the Promotion of Social Citizenship and for the Establishment of an Integrated System of Social Interventions and Services”.

Friuli Venezia Giulia region

Sistema integrato di interventi e servizi per la promozione e la tutela dei diritti di cittadinanza sociale (L.R. 31 marzo 2006 n° 6) – Integrated System of Social Services and Interventions for the Promotion and Protection of the Rights of Social Citizenship.

Toscana region

Sistema integrato di interventi e servizi per la tutela dei diritti di cittadinanza sociale (L.R. 24 febbraio 2005 n° 41) – Integrated System of Social Services and Interventions for the Protection of the Rights of Social Citizenship.

Poland

Law on social assistance (2004)

Law on public benefit and volunteer work (2003)

Law on social employment (2003)

Law on publicly financed health care benefits (2004)

Law on public procurement (2004)

Regulation on Social Assistance Homes (2005)

Sweden

Social Services Act (2001)

Health and Medical Services Act (1982)
Act concerning Support and Services for Persons with Certain Functional Impairments (Lagen om stöd och service till vissa funktionshindrade, LSS) (1993)

EU legislation

- Services of General Interest in Europe, COM (2001) 598
- Green Paper on Services of General Interest, COM (2003) 270
- White Paper on Services of General Interest, COM (2004) 374
- Implementing the Lisbon Community Programme: social services of general interest in the European Union, COM (2006) 177 final
- Opinion of the Committee of the Regions of 6 December 2006 on the Communication from the Commission – Implementing the Community Lisbon programme – Social Services of General Interest in the European Union – COM (2006) 177 final
- Services of general interest, including social services of general interest: a new European commitment, COM (2007) 725 final
- European Parliament resolution of 14 March 2007 on social services of general interest in the European Union
- Biennial Report on Social Services of General Interest, COM (2008) 418 final

Publications and links

Quoted publications

- Carr, Sarah: Has service user participation made a difference to social care services? Social Care Institute for Excellence, London, March 2004.
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Quoted links

- AA 1000 Series of Standards: <http://www.accountability21.net/aa1000series>
- EMAS: http://ec.europa.eu/environment/emas/index_en.htm
- E-Qualin: www.e-qualin.net
- EQUASS: <http://www.epr.eu/index.php/equass>
- European Foundation for Quality Management: www.efqm.org
- European Social Platform – 9 Principles to Achieve Quality Social and Health Services: <http://www.socialplatform.org/News.asp?DocID=19224>
- John Stark Associates: "A few words about TQM": www.johnstark.com/fwtqm.html
- International Labour Standards (International Labour Organization): <http://www.ilo.org/ilolex/english/subjectE.htm>
- International Organization for Standardization: <http://www.iso.org/iso/home.htm>
- Khurram Hashmi: Introduction and Implementation of Total Quality Management (TQM): www.isixsigma.com/library/content/c031008a.asp
- SA 8000: <http://www.sa-intl.org/index.cfm?fuseaction=Page.viewPage&pageId=&parentID=479&nodeID=1>
- UN Global Compact: www.unglobalcompact.org
- World Health Organization – Declaration of Alma-Ata: http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

Other useful links

REVES TQS project: www.tqs.revesnetwork.eu

European Commission: http://ec.europa.eu/services_general_interest/index_en.htm

European Parliament Public Services Intergroup (SGI-SSGI): www.publicservices-europa.eu

Collectif SSIG (France): <http://www.ssig-fr.org/>

European projects financed under the PROGRESS programme (VP/2008/004: Promoting quality of social services of general interest):
<http://ec.europa.eu/social/main.jsp?catId=632&langId=en>

Social Economy Europe: <http://www.socialeconomy.eu.org/>

