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QUALITY MATTERS

A look at quality models,
needs and trends in VET and
social services supporting
people with disabilities

Booklet



The QUASAR project is co-financed by the European Union. The opinions and views expressed in this publication are those of the authors (ISEM, EPR, AJA, Rehab Group) and do not necessarily reflect those of the European Union or the SEPIE National Agency. Neither the European Union nor the SEPIE National Agency can be held responsible for them.

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1. Introduction

The main aim of QUASAR project is to improve the knowledge of sustainable quality assurance in VET support providers for people with disability (PWD) by enhancing, improving and increasing the quality awareness, quality culture and quality behaviour of the staff in these VET support providers.

This QUASAR booklet was elaborated collaboratively by project partners and with external experts. It is a digital resource that, on one hand, serves to raise awareness and offer baseline knowledge regarding the state of the art of quality management in disability services, with special mention of the latest approaches and trends, and current recommendations of the EU and UN. On the other hand, it offers tools to implement quality assurance processes, enabling professionals to assess objectives, procedures, processes and policies currently implemented in the organisation and, if needed, update them to improve the service provided.

Quality support services¹ have to do with a sector known to be the largest employer in the European Union. Many EU countries have shifted from an industry or agriculture towards a service economy, with millions of people working in this sector. Countries like Malta or the Netherlands report more than 80% of employment only in services. For 2021, Eurostat noted 73% of total employment and also 73% of total value added in services.² Likewise, Europe has become a continent of service users. Many of the 450 million residents in the EU are daily service users. Naturally, the quality of services is important and an issue when services do not deliver what was promised, when trains depart with delay or goods arrive at the wrong address. Every day, millions of services are requested, and we look at quality to determine if the service works for us.

Support services for vulnerable groups are influenced by the standards and trends in the much wider market of services. We often hear care staff talk about their "customers" even though the relationship is different compared to a bank, where the teller works as the first point of contact for the paying customer. In support services for vulnerable people, the relationship can be more complex. It can be a triangle between service user, service provider and service funder/regulator. A relationship where the service user is a person in need, and a person with rights that ought to be assured by the state. Health, social, care and education services belong to the Services of General (Economic) Interest which also include electricity, water, transport, telecommunications, or waste management. The service providers may be public or private, commercial

¹ Quality support services can refer to very different programs, initiatives, or entire support systems designed to meet the needs of persons, families or communities. Quality services in the health, social and education sector aim to enhance the well-being, social functioning and quality of life for people, helping them to lead a life in dignity and health, and as a valued member of society.

² [Eurostat 2021: Three jobs out of four in services](#)

or non-commercial, while the users are actually citizens, and the services are needed for the functioning of the community.

A considerable share of services for the community are offered to people in need of assistance, support or care, for example persons with disabilities. **The QUASAR project takes a closer look at the trends with services for people with disabilities, including in social care, vocational rehabilitation, vocational education and training, and in formal education.** The project explores the topic of quality across different subsectors, investigates how quality is assured, and how quality systems are improved. Also: **Who are the drivers of quality? Do the service workers have a say? Are the service users being heard? Are decisions on service provision based on their rights?**

2. Quality management in services for people with disabilities

Quality assurance in support services refers to a systematic approach to ensuring that the services meet standards of excellence, effectiveness, and ethical practice. Quality assurance involves processes, procedures or strategies designed to monitor, evaluate, and improve the quality of services delivered to individuals, families or entire communities.

Quality assurance frameworks promote establishing standards, guidelines or best practices that describe the aspired level of service quality. They recommend regular assessing and monitoring of services against these standards, by means of collecting data, and conducting evaluations. They analyse performance indicators to measure the effectiveness and to identify areas where services can be improved.

This can result in more staff training, revised processes and protocols, or simply asking more questions. Because training and professional development for service workers are key to deliver high-quality services. Well-established processes and/or protocols help ensure that high quality is offered to every service user across different service areas. Constant and active seeking feedback from service users is crucial to understand their expectations, their preferences and their 'user experience'.

Quality assurance systems reach out to the administration and functioning of the organisation, suggest accurate records, documentation, and compliance with rules and regulations. This includes adhering to ethical guidelines and ensuring confidentiality and privacy. They call for strong leadership commitment and participation throughout the workforce of the organisation. They invite to continuously review and adapt practices, take up emerging trends and new research, and changing community needs to ensure that services remain relevant and effective.

But, let's start at the beginning... **what is quality?** Throughout the project we have carried out a study and mapping of existing knowledge about quality in this field (EFQM, ISO 9004, New Directions and EQUASS), as well as a research

with focus groups and questionnaires with stakeholders (services users, their families and staff/advocates).

Quality, according to ISO 9000:2015 *is the degree to which a set of inherent characteristics of an object fulfils requirements*. The concept of quality can be applied to various contexts in our field, including products, services, processes, and experiences. Here are some **key aspects of quality in different domains, finding in the main quality systems studied in QUASAR's desk research and also in the twenty six criteria that the partners developed in the project , UN and EU initiatives and other definitions :**

Products

Performance: The ability of a product/service to fulfil its intended purpose and deliver reliable results.

Durability: The longevity and resistance to wear and tear over time.

Reliability: Consistency in performance under different conditions.

Services - Quality services typically exhibit the following characteristics:

Services are available, accessible and affordable, irrespective of the background, location, means or status of service users.

Services are provided without discrimination, aim to address the needs and ensure the rights of diverse populations, promoting inclusivity and equality.

Services focus on empowering individuals and communities by providing support, orientation and education which help them develop skills and resilience.

Services are designed in view of evidence-based practice and are proven to produce positive outcomes for the people they serve.

Services are adaptable and responsive to changing needs in the community, ensuring that interventions remain relevant and effective.

Services foster the collaboration of different stakeholders, including state agencies, non-governmental organisations, community groups and private businesses.

Services have mechanisms in place to assess impact, effectiveness and service user satisfaction, ensuring accountability and continuous improvement.

Experience of rights and quality of life

User Experience: The overall impression and satisfaction a user derives from interacting with a product, service, or brand.

User-Friendliness: The ease with which users can use and navigate a system or interface.

Emotional Impact: The positive or negative emotional response generated by an experience.

Person-Centred Approach:

- Tailor services to the user's needs, preferences, and goals of people with disabilities.
- Foster a culture of respect, dignity, and empowerment, recognizing the unique experiences and challenges of each person.

Data Security and Confidentiality:

- Implement strong data security measures to protect the sensitive information of users receiving services.
- Train staff on the importance of confidentiality and ethical handling of user information.

Empowerment and Independence: Support individuals/users with disabilities in developing skills, confidence, and independence. Enable them to make choices and have control over their lives.

Social Inclusion: Promote opportunities for social interaction and inclusion. Create environments that foster a sense of belonging and reduce social isolation.

Management³

Leadership: The ability of leadership to guide and inspire teams toward achieving goals.

Strategic Planning: Developing and executing effective strategies to achieve long-term objectives.

Adaptability: The capacity to adjust and innovate in response to changing circumstances.

Cost:

- Value for Money: Balancing quality with cost to provide a product or service that represents good value.
- Value for the people.

Processes:

- Efficiency: Achieving goals with minimal resources and waste.
- Consistency: Ensuring that processes are executed uniformly to produce consistent results.
- Effectiveness: The ability of a process to achieve its intended outcomes.

Communication and Information: Provide information in accessible formats and communication methods. Ensure that persons with disabilities have access to the information they need to make informed decisions about the services they receive.

³ [Investopedia Business Essentials - Quality management Definition \(2022\)](#)

Assurance

Comprehensive Assessment:

- Conduct thorough assessments to identify the specific needs and strengths of users.
- Regularly update assessments to adapt to changing circumstances and ensure that services remain relevant.

Qualified Staff:

- Ensure that staff members are well-trained, qualified, and have the necessary expertise to work with people with disabilities in social services and education.
- Provide ongoing professional development opportunities to keep staff updated on best practices and emerging trends.

Standards and Specifications:

- **Conformance:** The degree to which a product or service complies with established standards and specifications.
- **Regulatory Compliance:** Adherence to laws, regulations, and industry standards.

Legal Compliance: Ensure that services/products comply with relevant disability rights legislation and standards, such as the UN Convention on the Rights of Persons with Disabilities. This may include accessibility standards, anti-discrimination laws, and other regulations.

Transparent Communication:

- Maintain open and transparent communication with users receiving services and their families/colleagues.
- Provide clear information about available services, rights, and responsibilities.

Accessibility: Ensure that services are physically, technologically, and socially accessible. This includes accessible infrastructure, websites, information, and communication methods.

Inclusive Design: Design services with the diversity of disabilities in mind. Consider a universal design approach to make services usable by the widest range of individuals.

Advocacy and Support: Advocate for the rights of persons with disabilities and provide support in navigating systems and services. Empower them to advocate for themselves when needed.

Culture⁴

Training and awareness raising of the staff: Provide training to staff to increase their awareness, knowledge, and understanding different scopes of the quality. Also, sensitize staff to the challenges faced by persons with disabilities and promote positive attitudes, respecting their rights and their life's projects.

⁴ [Greenlight Guru: What is a Quality Culture? \(and 7 Tips for Creating One\) \(2022\)](#)

Collaboration and Partnership: Foster collaboration between different stakeholders, including persons with disabilities, their families, service providers, their staff and community organisations. Work together to address barriers and enhance the quality of services is the best way to assure a better quality.

Continuous Improvement: Regularly evaluate and assess the effectiveness of services. Use feedback from persons with disabilities and other stakeholders to make continuous improvements and adjustments.

Flexibility: Recognize and accommodate the diverse needs and preferences of persons with disabilities. Be flexible in service delivery to adapt to individual requirements.

As we can see, the quality of services, especially VET services for people with disabilities, includes a multitude of factors that affect their provision and the perception that the main stakeholders have of it, and how to foster it in order to improve the quality of life of our collectives.

By incorporating these key principles into the design and delivery of services, organisations can contribute to a more inclusive and supportive environment for persons with disabilities, ultimately enhancing the overall quality of life for this community.

Achieving and maintaining quality often involves continuous improvement, measurement, and feedback. Quality management systems, such as ISO standards or EQUASS are commonly used in our context to establish and maintain high standards of quality. Additionally, user's feedback and satisfaction surveys play a crucial role in understanding and enhancing the quality of products and services.

Therefore, ensuring quality in services, products and VET for people with disabilities is essential to promote their well-being, inclusion, and equal participation in society.

3. Overview of key trends and EU initiatives in quality

Disability support services to ensure equal access to education

An Italian study on the situation of university students with disabilities and specific learning disabilities revealed that students tend to select a university primarily for the course of the study. Whereas on campus, complaints have less to do with the academic choices and more with the support services, including admin support, access to materials, availability of qualified staff, local transport and access to buildings. Meanwhile, university staff is concerned about lack of knowledge about disability and duties resulting from legislation, how to relate to students with disability, especially with mental

health issues, and the use of devices and assistive technology. Put both perspectives together, and it becomes clear how the quality of services can be improved. The study proposes a series of actions along the lines of a business plan, defining needs, targets, resources and responsibilities, monitor and evaluate, conclude, share findings - and begin to improve.

An expert group at a national observatory on the conditions of people with disabilities recommends for school education to improve the skills, didactics and on-the-job training for staff to advance the quality of school inclusion and education of pupils with disabilities. Make school facilities and buildings accessible and adaptable for the accommodation of young people with disability. More attention should be paid to pupils at risk of exclusion and early school leaving through continued learning in the school, at home or in the hospital, involving the family and making the best of available resources to develop a personal lifelong learning plan for the young person with disability. In addition, the experts recommend establishing indicators to measure levels of inclusion, outcomes of school curricula, training of school staff, and involvement of the pupils and their families in these learning plans. The objective should be to measure improvements for the purpose of giving pupils better access to school education, in this way equal access to further education and training. Disability should not prevent young people from obtaining skills and qualifications for life.

Sector in transition

A European working group of public social service experts highlights the close connection between quality assurance and general development of social services. Social services as such are changing, with the planning of services becoming more individual and person-centred. The decision-making is no longer left to one stakeholder but brings together the service user, the service provider and the service funder/regulator. The introduction of personal budgets is changing the way how services are arranged and delivered. Different types of services are moving away from institutional care to community-based services, which requires also a shift in regulating and monitoring the services and the service providers. Here, the experts observe a change of mindsets, too, with stakeholders moving on from mere monitoring to continuous assessing and improving of services.

The working group advocates for a revision of the existing EU quality framework on social services⁵, and calls for a European framework on quality assurance in social services. It should reflect the current understanding of social services and quality assurance in the sector. A set of key principles shall lead the way, including Human-rights-based, Safe, Outcome-oriented, Person-centred, Respect, Partnership and trust, Choice, Empowering, Easy to access, Community-based, Transparent, Integrated and comprehensive, Accountability, Well-resourced/well-funded, Workforce support. Those principles are not new but drawn from existing national and European standards, thus allow actors and legislators to benefit from first-hand experience in other European regions.

⁵ The Social Protection Committee: [A Voluntary European Quality Framework for Social Services](#), SPC/2010/10/8 final

With these key principles the working group delivers a snapshot of what is the current thinking about 'good' social services. It is likely the sector will keep evolving and services will further improve. Not least because continuous improvement is a built-in feature of quality assurance. Will these key principles still be valid in 15 years? Can a framework on quality assurance be made futureproof?

Inspection and self-evaluation

State authorities tend to have a trend-setting role in the organisation and further development of social services. Like for other areas of the service industry, citizens look to the state for setting the rules and regulations that govern the provision of services. Different tools are available, for example legal provisions that oblige service providers and service professionals to register with the state authority, or procurement rules which stipulate a defined quality standard for the delivery of care services, or funding rules that foresee the compensation for the delivery of services under the condition that certain targets are met.

State authorities also establish monitoring and control systems for overseeing the activities of service providers. One regional care inspectorate reassures that each of the 11.000 care services in the region is visited, and high-risk services inspected more often⁶. The purpose of the inspections is to determine if services are good enough to meet the set standards, in this region defined and shared publicly by the government⁷. If the inspecting agency concludes that a service is delivered sub-standard, the provider may be recommended improvements, issued requirements or, as a last resort, closed down.

This particular state authority makes additional offers to promote quality in care, including support to service users for finding suitable care, a complaint service for people concerned about a care provision or provider, a whistleblowing mechanism for care employees and students concerned about events at their place of work or learning, and a special service for children support and protection in care. In addition, the care inspectorate supports service providers for improving their care, by providing advice, guidance and sharing good practice.

One example is a guideline on self-evaluation for improvement, helping staff to establish a self-evaluation process in the organisation. It is believed that self-evaluation has a central role in improving the quality of care. It enables service providers to examine what they are doing and identify areas for improvement. It allows to make informed decisions and ultimately improve the quality of life of service users. The guide explains the nature and purpose of self-evaluation, how to use it, how to ask oneself 'How are we doing?', 'How do we know?' and 'What are we going to do next?', how to carry out the self-evaluation, and an entire chapter on how to involve people who experience care, and their carers.

⁶ [The Care Inspectorate](#) (Scotland)

⁷ [Scottish government: Health and Social Care Standards. My support, life.](#) (2017)

Developing a new framework for measuring Quality of Life

Organisations in the disability sector are keen to explore and use methods for determining how services can improve the Quality of Life for their users. Quality of Life as a concept is not exclusive to the disability sector. Different organisations and bodies refer to Quality of Life for their purposes, for example the World Health Organisation (WHO) defines Quality of Life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns."⁸ Eurostat collects data on Quality of Life from all EU Member States along nine so-called dimensions: overall experience of life, material living conditions, productivity or main activity, education, health, leisure and social interactions, economic and physical safety, governance and basic rights, natural and living environment. Each dimension contains several indicators which reflect objective factors as well as subjective evaluations. What they have in common are frequent references to the health and well-being of people.⁹

Service provider organisations working with people with disabilities like to associate Quality of Life with the impact of their services on the living situation and the well-being of the people they serve. A European expert group recently presented findings from examining different frameworks and tools designed to measure Quality of Life¹⁰, and concluded on a large catalogue of indicators. They include service outcomes at the level of an individual, staff outcomes and family outcomes, support practices, and processes and structures. Outcomes at the level of an individual are grouped along Quality of Life domains, for example self-determination/autonomy or material well-being, and their indicators grouped as self-reported ("what we would like the people [nb: the service users] in receipt of services to say") and objective ("what would we [nb: the service provider] see and hear").

Additional lists refer to staff outcomes and family outcomes. The second block of indicators deals with Support Practices ("what would we see or what would people tell us about the support they receive and their staff."). Here, indicators are grouped under (1) Attitudes and ethos (2) Working methods and technical skills (3) Environment and Planning. A third block gathers indicators regarding Processes and Structures ("Ensuring staff have the skills and motivation to implement these practices and ensure quality of life outcomes for individuals supported are realised"), divided into Service/staff team level and Organisational level.

The work of the expert group illustrates Quality of Life as a concept can be tremendously interesting and informative, also tempting to reach out far and wide, and trying to make reference to 'everything'. The indicators cover a wide variety of domains, which means the service users, family members and service providers can present a lot of detail in response to questions raised during interviews and in surveys. What might be difficult in the process, though, is

⁸ [WHOQOL: Measuring Quality of Life](#)

⁹ [Eurostat: Quality of Life](#)

¹⁰ [EASPD: Innovative Frameworks for measuring the Quality of services for Persons with Disabilities](#) (2022)

finding out what or who improved the Quality of Life of a service user. Was it really the provided service? Might there be other factors outside the social service premises that contributed?

Certification or tender specification

Among the studies examined for the QUASAR project, several describe in detail a plurality of approaches to ensuring quality in services. A quality certificate is only one of many options that service providers and service regulators can select from. ISO 9001 appears to be a relatively frequent choice, because organisations may also be familiar with ISO certification for health and safety, IT security or environmental management. EFQM, the European Foundation for Quality Management, describes its mission as supporting organisations "in managing change and improving performance". EQUASS (European Quality in Social Services) is a framework that sets standards and guidelines to certify the quality of social services. It aims to support organisations in delivering high-quality and inclusive social services and promoting continuous improvement within the sector. All three are used by a good number of organisations in the sector, but also not known by many others.

This could have to do with service providers finding themselves under constant pressure to comply with regulations on service quality imposed by the government or the regional authority. If the organisation is obliged to fulfil set requirements, and if failure to comply can be answered with loss of license or closing down the organisation, it is understandable that independent, voluntary certificates rarely enjoy attention.

State authorities might want to measure quality different than international certification bodies, even different than their neighbour region. Depending on region and sector the indicators for quality in services can differ dramatically. It is important to understand the expectations at local, regional and national level, and provide systems that can relate or be integrated. The Portuguese "Social Responses" certification is based on ISO 9001 and EFQM, the German PQ-Sys by Der Paritätische Gesamtverband can be used with or without ISO 9001 and EFQM.

In some places, service regulators develop quality frameworks without association to certificates. Instead they formulate quality requirements in great detail in the specifications for public tenders. Here, attention can also be paid to the functioning of the internal quality system that the organisation shall put in place for winning the contract. It allows adapting quality frameworks to the scope and shape of services per single contract, for example a light monitoring and evaluation requirement for a small-scale or short-term service.

Regulation, accreditation, certification – various systems to enhance quality at scale

Service providers across Europe confirm peers in their sector tend do not obtain quality certificates unless they have to. In some countries EFQM or EQUASS became more prominent after state authorities introduced certificates as mandatory for service provider licences or contracts. They are lesser known in countries who do not include European certification bodies in the list of recognised third-party certificates. Certain state authorities develop own license or certification systems, closely aligned with sectoral requirements and local conditions. Mandatory licenses may also be introduced by sectoral associations with a vested interest in safeguarding quality standards for services delivered by all their members, with the objective, similar to the guilds of artisans or merchants, to ensure quality for the entire sector. Quality assurance systems from other parts of the world occasionally find their way into European markets, too, primarily in countries with close political, cultural and language ties, for example the CARF accreditation in health and human services in Ireland.

Across Europe, a multitude of systems is used for licensing, accrediting or certifying the provision of support services. Across sectors, the variety and diversity of quality systems continues. Organisations with activities in several areas, for example disability services plus elderly care and childcare, may have to obtain several different certificates, and further licences for VET and vocational rehabilitation. Thereby, licenses and registration may seem to organise the use of public funds, the often more pressing issue for regulators can be protecting the service users from lack of care, from neglect, abuse or maltreatment. Another important reason can be the recognition of learning outcomes in education and training; certifications for training providers shall ensure that diplomas have value and are recognised and for further education, training and employment.

In addition to mandatory license or accreditation, service providers take up quality certification on a voluntary basis. Word goes around that certification processes can do more than acknowledge quality, they can help to bring positive change, help improve the living situation for clients, the working conditions for staff, the efficiency and the performance of the organisation. These certification processes are chosen for their recognition and reputation. If convincing, certain organisations are keen to pay the fee and do the work.

Reputation can also go the other way; one case is reported where an organisation stopped working with one certifying body after negative audit experiences, also compared the added value to another system, and noted the latter was better known and recognised on the national market. Another organisation held one certification, saw its service quality already sufficiently documented and no benefit in additional, less widespread certification.

One should not mistake this hesitation for lack of ambition in service quality. It has to do with cost-benefit considerations, perhaps also previous experiences with licenses and certificates. Studies observe a general trend towards more regulating of support services, more demand for quality control and quality management, going together with an increase in administrative burden and

decrease in public funding. The regulations and funding of sectors may also be reorganised every few years, with rules and conditions possibly changing every time, and quality expected to somehow improve continuously.

Improving rules and regulations to improve quality of services

The Organisation for Economic Co-operation and Development (OECD) recently undertook a study¹¹ in cooperation with the Ministry for Social Rights and Agenda 2030 of a European country, tasked to examine the nationwide delivery of social services, identify areas of concern, and make recommendations for improving the national social service delivery system. Four areas were identified: legal framework, access to services, financing, and governance.

The experts concluded with four sets of recommendations to the government, and listed under each set surprisingly fundamental aspects such as the introducing of minimum standards on delivery of social services in every region of the country, and the transfer of rights for people moving between regions. Other recommendations referred to clarifying the scope and definition of what is included in social services, how government funding is offered to finance the delivery, and how gaps in social protection ought to be addressed. Staff training, integration of services and accountability of service providers were also addressed. The final set of recommendations proposes improvements for monitoring and evaluation, use of data and evidence, as well as transparency for results of evaluations.

This example from Spain shows different actors involved in the organisation of social services have important roles for ensuring enhanced quality in services, including the regulator and funder. Here, the recommendations propose incorporating key elements of quality assurance into the rules for the delivery of services, in this way aligning with and thus supporting the efforts of service providers to improve their offer to service users.

Expertise from abroad helps develop national VET systems

Analysing a service system can be more informative with the help of external expertise and consultancy. External observers bring along a fresh look and knowledge of things done differently in other places. The European Commission recently conducted an analysis of Dual Vocational Education and Training (VET) practices in four European countries for the purpose of supporting efforts by a fifth country to improve the quality of its national education system¹². It was noticed that dual VET was increasingly in demand in this country but did not enjoy satisfying levels of recognition.

The European analysts were tasked to make recommendations how the national dual VET framework can be developed. Their findings led to 19 recommendations which

¹¹ [OECD: Modernising Social Services in Spain: Designing a New National Framework \(2022\)](#)

¹² [Fundación Bertelsmann: International Report on the Quality of Dual VET in Spain \(2022\)](#)

illustrate that improving the quality of a service system can be a matter of tweaking details which had been found more effective elsewhere. In this case, deficits were identified, among others, for vocational training contracts, for the accreditation and training of in-house tutors and trainers, for the formal assessment of learning outcomes, or for the monitoring of participation, graduation, drop-outs, and performance of training companies.

One reason why the 19 recommendations promise positive change is that European countries collaborate closely in education and training, share similar challenges and seek solutions through cooperation. For the VET sector, the EU established EQAVET, the European Quality Assurance Reference Framework for Vocational Education and Training. The understanding of quality is thus similar, and good practice in one country is naturally interesting for transfer to another country.

Aiming for high standards across sectors and systems

The service areas covered by the QUASAR project are known to look different in different European countries. National traditions and conditions for welfare, education and training lead to different national settings of social services, the care sector, vocational education and training, and vocational rehabilitation. In some countries VET and social services are “two different worlds” and find connection only through the service users when they access services in both sectors. In other countries, social, education and disability sector cooperate closely, and perform well in delivering integrated support services.

Across all sectors and in many European countries, service providers feel pressured by regulators, service users and the general economic situation, to develop services with limited resources, while trying to keep up with increased demands by the users for more and better services. It seems to be a constant struggle to find a balance between cost, conformity with rules, and quality in the eyes of the service user.

International certification bodies, advising and consulting entities, stakeholder networks and expert groups tend to develop a desire for ‘harmonising’ services. From their perspective, it does not seem right that persons in need of assistance have the same rights to assistance and support everywhere but enjoy very different levels of access to and quality of services. Analysts tend to get particularly concerned about gaps, failures and insufficiencies in service systems, and may conclude with the recommendation to introduce minimum standards. The assumption is that they lead to a fairer and more just service system for all persons in need of assistance. But do minimum standards really promote ‘good’ services? Or do they facilitate a ‘race to the bottom’ leading to inadequate services for all?

Service users want excellent service

Studies on quality assurance systems across sectors and countries deliver a picture of wide variety for ways of going about quality. In one country, the

regulator prefers own quality certificates over European variants, in another country there is hope for recognition and prestige with international certification bodies. In some places, support services in one sector seem overregulated and underregulated in another. There is also a noticeable variety in the understanding of indicators for quality. There are stakeholders who pay attention to adherence to protocols and processes, some prefer quantifiable outcomes, for example the number of people supported back into work, others are more interested in the service user ratings, how she or he experienced the support and care.

Service users might be the only people who notice gaps, failures and differences, like different levels of availability and quality of services when moving house between communities whose authorities do not collaborate but regulate in isolation. Service users, certainly a lot of people with disabilities, tend to require care and support from different service sectors, and notice regulations promote service quality in one sector while another drops out with poor oversight and lax regulation. And even if mandatory certification for health services, strict accreditation for social services, and high standards for VET providers are in place, they cannot guarantee 'good' services across the board. What does it do peoples' rights and overall quality of life when in some areas the support is good and other assistance not so much? Service users might be the only people who can tell.

A real paradigm shift appears to take place across systems, tools and methods with service users getting involved in the monitoring and evaluating of quality. Parallel to inspectors visiting premises and/or external auditors reporting on service efficiency or performance, service users are invited to contribute through surveys and interviews, and/or actively involve themselves through advocating, reporting and complaining about the services they receive. Service users tend to increase pressure on both service regulators as well as service providers. A good indicator for service user influence can be when service systems or entire policy frameworks move away from defining minimum standards, instead look for the best possible quality, in other words excellence in services.

One example can be found in the flagship initiatives proposed for the EU Strategy for the Rights of Persons with Disabilities 2021-2030, which include, for developing independent living and reinforcing community-based services, "a specific framework for Social Services of Excellence for persons with disabilities, to improve service delivery for persons with disabilities and to enhance the attractiveness of jobs in this area including through upskilling and reskilling of service providers."¹³

EU actions bring attention to quality and rights

At EU level, numerous policies, programmes and instruments are in place for the service sector, dealing with a very diverse range of different national traditions and systems for education and training, health and care, welfare and support, and also different conditions for public spending. However, one finds

¹³ [European Commission: Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030](#) (2021)

a lot of similarities regarding the groups of persons in the community who require assistance and services, and observe a general trend away from aid based (“for the needy”) approaches towards comprehensive and integrated support systems orientated on peoples’ rights. This includes their right to choose and co-design the services organised for them. With this shift comes a much better understanding to stop considering people in need of support as ‘burden’ for society but rather appreciate the opportunities they offer for economic and social growth. Supporting their education, training, quality of life, social interaction and participation can result in a win for society. This, however, may require a long-term commitment and substantial investing in people.

Along those lines, there have been a series of EU initiatives to advance rules and regulations, funding and financing of services in the service sector, specifically in the social sector, the disability sector, and in VET. One milestone for the social sector was the voluntary European Quality Framework for Social Services¹⁴, presented by the Social Protection Committee in 2010, which outlined scope and objectives for social services, quality principles for social service provision, for the relationship between service users and service providers, the relationships between service providers, public authorities, social partners and other stakeholders, as well as quality principles for human and physical capital. The SPC also included a description of elements for a methodology to develop quality tools. Overshadowed by the economic and financial crisis unfolding shortly after, with devastating consequences of austerity policies on labour markets, social protection systems, and health and social care across Europe, the Social Investment Package¹⁵ of 2013 turned attention to the funding and financing of social services with emphasis on more efficient and effective social policies by EU member states in response to increased pressure on social security systems, cuts in public spending and the impact of demographic change in Europe. Hereby, the European Commission made frequent reference to quality social services and urged the EU Member States to “put in place legal frameworks that ensure access to efficient, high quality and affordable social services”.

Four years later, the European Pillar Social Rights (EPSR)¹⁶ delivered a new, though not legally binding, framework for national governments to continue efforts on improving social policies and social security systems. 20 principles are gathered in the three chapters, Equal opportunities and access to the labour market, Fair working conditions, Social protection and inclusion, lead the way to protecting the rights and improving the lives of the people living in the European Union. EPR at the time recommended to use the EPSR for advocating for improved access to Vocational Education and Training (VET) for persons with disabilities, to combat discrimination, stereotyping and prejudices, and for promoting inclusive labour markets through effective employment programmes. Regarding care, EPR suggested sharing good practice in community-based care, support for informal and formal care, and training of staff for supporting person with different disabilities.¹⁷

¹⁴ [The Social Protection Committee: A Voluntary European Quality Framework for Social Services](#) (2010)

¹⁵ [European Commission: Towards Social Investment for Growth and Cohesion](#) (2013)

¹⁶ [European Commission: European Pillar of Social Rights](#) (2017)

¹⁷ [EPR: What is the European Pillar of Social Rights](#)

Since then, the 27 EU countries had to deal with unprecedented new challenges, including the urgent need to deal with climate change and to recover from the Covid-19 pandemic. Both have direct and significant impact on the life and well-being of millions of residents in the EU, with many more being at risk of poverty, exclusion, discrimination and marginalisation. The recent European Pillar of Social Rights Action Plan picks up on these developments and tables a comprehensive catalogue of proposals for actions to improve the economic and social situation in Europe, promoting a “strong Social Europe”. The headline targets formulated for this action plan in the areas of employment, skills, and social protection are:

- At least 78% of the population aged 20 to 64 should be in employment by 2030
- At least 60% of all adults should participate in training every year
- The number of people at risk of poverty or social exclusion should be reduced by at least 15 million by 2030¹⁸

One of the European Commission actions announced in this plan is the “Union of Equality: Strategy for the Rights of Persons with Disabilities”¹⁹. Providing an overview on EU ambitions until 2030 on protecting the rights of persons with disabilities. This includes the assurance of citizens’ rights such freedom of movement and choice of residence in the EU, quality of life and independent living, and equal access to services and support. Two flagship initiatives deserve particular attention: (a) Guidance recommending improvements on independent living and inclusion in the community (b) framework for Social Services of Excellence for persons with disabilities.

Contrary to other initiatives reaching out to the social sector at large, these flagship initiatives aim specifically at the disability sector and pick up on key aspects of services and support for persons with disabilities including quality of services which here is considered, as previously mentioned, closely associated to the skilled staff working in the sector. The other flagship initiative is concerned with independent living in the community, expected to be instrumental for promoting good practice in deinstitutionalisation and disability-inclusive social housing.

4. Compendium of specific quality models used in VET and social services supporting persons with disability

This compendium is a summary of the four quality models selected for this project.

¹⁸ [European Commission: the European Pillar of Social Rights Action Plan](#) (2021)

¹⁹ [European Commission Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030](#) (2021)

In the wider context of the QUASAR project, the main quality standards have been benchmarked and compared.

This compendium is a summary of the four quality models/tools selected for this Project: EFQM, EQUASS, NEW DIRECTIONS and ISO 9001.

EFQM Model

The EFQM Model is one of the world's most recognised and widely used management framework that helps organisations to approach transformation from a management perspective, to achieve success and significantly improve their performance.

It is thus a relevant tool for managing an organisation that wants a long-term sustainable future. Its structure is based on the following simple logic:



Direction

Criterion 1: Purpose, Vision & Strategy

Criterion 2: Organisational Culture & Leadership

Execution

Criterion 3: Engaging Stakeholders

Criterion 4: Creating Sustainable Value

Criterion 5: Driving Performance & Transformation

Results

Criterion 6: Stakeholder Perceptions

Criterion 7: Strategic & Operational Performance

It helps improving the performance of all types of organisations, both public and private, from schools and universities to hospitals and foundations.

International data on the EFQM model show that this recognition is present in more than 45 countries around the world.

Currently, the EFQM uses the guiding principles and the seven criteria mentioned above to focus on a specific theme, such as the SDGs, Innovation, Circular Economy or a specific sector, for example, Education.

EQUASS

EQUASS is an initiative of the European Platform for Rehabilitation (EPR), which is a non-profit member association under Belgium law. EQUASS' mission is to enhance the social sector by engaging social service providers in continuous improvement, learning and development. EQUASS and its network want to guarantee service users a high quality of services throughout Europe.

EQUASS promotes:

- continuous quality improvement, learning and development on issues around quality in social service provision;
- the place of service users and their social services in the society;
- the importance of a quality approach in social service provision, the positive impact of good services and the damaging social cost of poorly-run services.

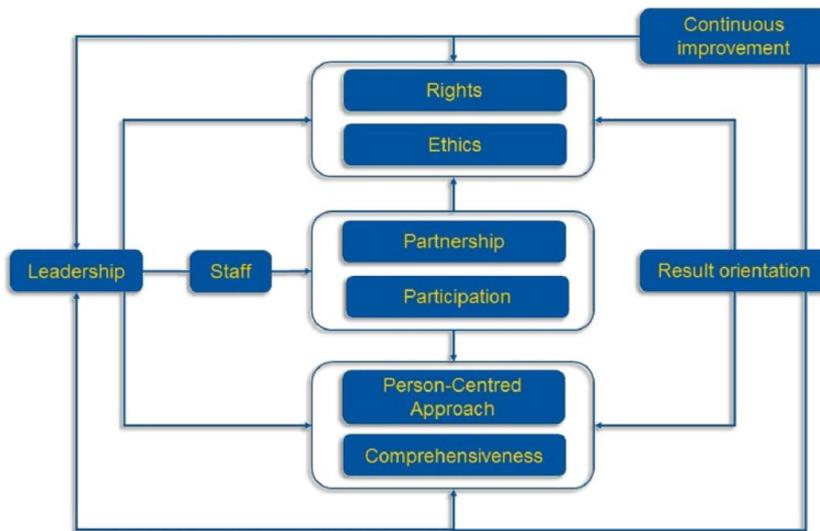
At the same time, EQUASS offers trainings for auditors and consultants and organizes seminars for service providers.

EQUASS offers two comprehensive recognition programme; quality assurance to excellence in social services. These programmes enable social service providers to engage in an external independent assessment process by which they assure quality of their services to service users and other stakeholders.

All EQUASS recognition programmes are based on a Quality Framework (a set of quality Principles), quality criteria and performance indicators that are customised for the social sector. An international Awarding Committee oversees the certification process.

The 10 EQUASS Principles are as follows:

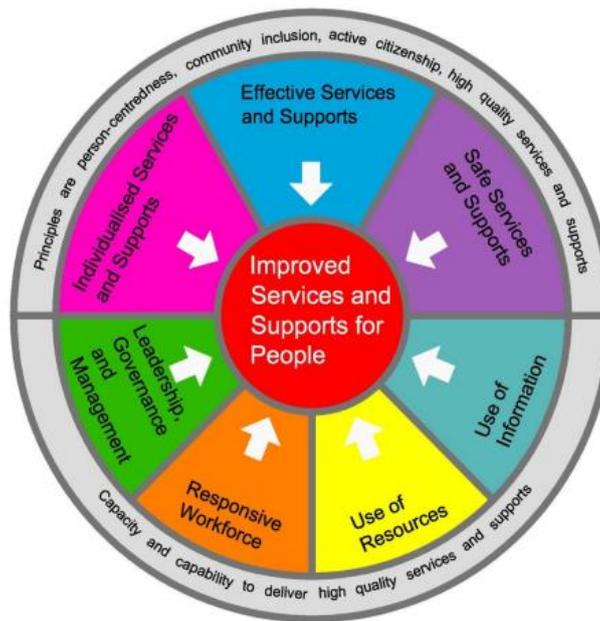
1. Leadership
2. Staff
3. Rights
4. Ethics
5. Partnership
6. Participation
7. Person-Centred Approach
8. Comprehensiveness
9. Result-Orientation
10. Continuous Improvement



NEW DIRECTIONS

New Directions was developed by the Irish Health Service Executive to ensure services provide the highest quality to each person, based on their unique needs.

New Directions sets out twelve pillars of support that form the basis for the delivery of quality community based social services.



The standards recommend that 'day services' ensure the practice of individualised outcome-focussed supports to allow adults using services to live a life of their choosing in accordance with their own wishes, needs and aspirations.

All state funded adult day services for people age 18 and over, with intellectual disabilities, autism, or people with complex physical disabilities

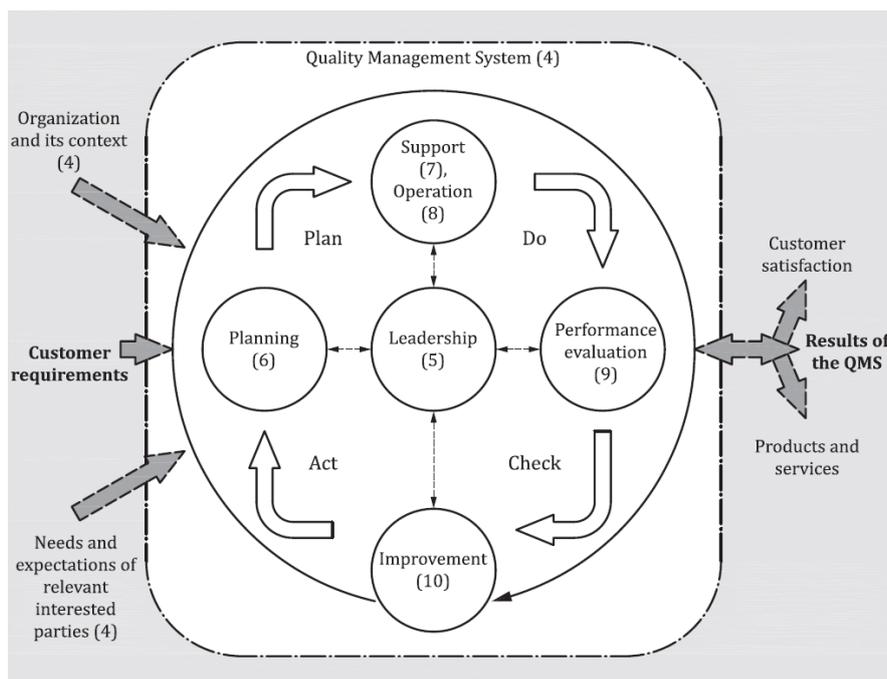
are required to meet the standards. The objective of the standard is to empower the person to make choices and plans and to be an active, independent member of their community.

The New Directions standard requires service providers and key stakeholders to involve people with disabilities in the design, delivery, monitoring and evaluation of the services and supports provided. The Standard aims to be a catalyst for community inclusion and self-determination in the lives of people with disabilities.

While the standards provide guidance on quality service delivery, it does not currently offer accreditation that is transferable to other countries. However, these evidence-based standards would be a useful reference in terms of the development of quality standards for social services.

ISO 9001

ISO 9001:2015 is a standard that sets out the criteria for a Quality Management System (QMS). A QMS can be certified by a Conformity Assessment Body (although this is not a requirement). It can be used by any organisation, large or small, regardless of its field of activity. There are over one million companies and organisations in over 170 countries certified to ISO 9001, of which 11.751 in the Training/Education sector (ISO survey 2021).



The standard is based on 7 quality management principles:

1. Customer focus
2. Leadership
3. Engagement of people
4. Process approach
5. Improvement

6. Evidence-based decision making
7. Relationship management

In addition, the current version of the standard is forcing the organisations to address risks and opportunities.

Using ISO 9001 helps ensure that customers get consistent, good-quality products and services, which in turn brings many business benefits.

A 9001 based QMS can be easily integrated with other management systems based on ISO standards (environment, health and safety, information security etc.), due to the fact that all of the ISO management system standards have the same "harmonized structure".

5. Needs and areas of improvement identified

Research findings and areas of improvement

This section of the brochure examines findings of research conducted by the Quasar Project team. The research was conducted in summer 2023. The aim of this research was to identify what people who use services, their families and professionals who support them, determine elements that are important in quality system for social and VET services.

There were two methods deployed to complete this research, an online questionnaire and focus groups. The content for the consultation was informed by the literature review and SWOT analysis, outlined in the previous sections of this document.

In this section, we will outline key research findings that should be considered in the context of quality assurance for VET and community / social services.

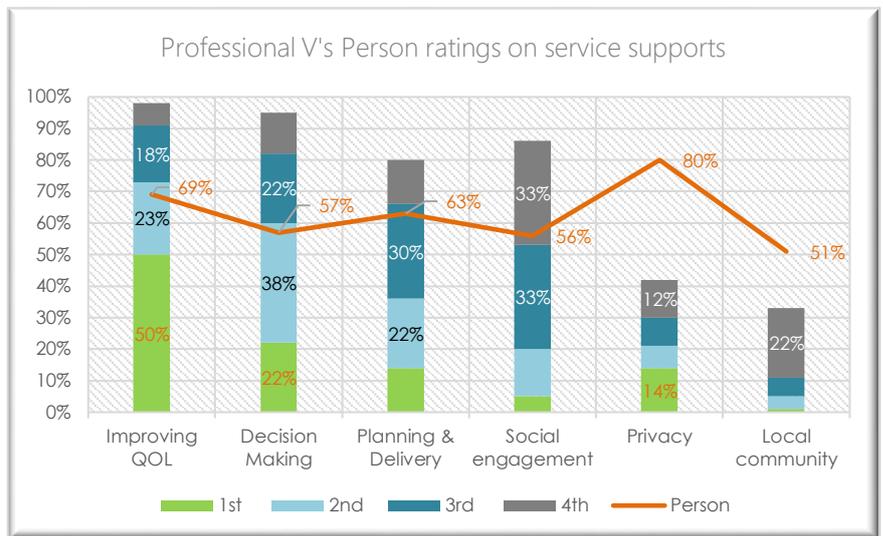
Key Findings

It is interesting to examine and compare responses to the similar questions by people who use services and professionals. (People who use services and staff rated the survey questions differently, choosing from very important to not important and professionals ranking in order of priority. The graphs below demonstrate the professionals ranking in order of one to four and the person who uses services rating of very important). Analysis of the results has provided some common themes.

Comparison of Views on Service Support

Professionals rated Improving Quality of Life & Decision making, as the top two priorities for quality service delivery similar the persons 'very important' rating for both of these areas.

However, people who use services rated 'Privacy' significantly higher than other thematic areas, in their survey and much higher than the top four ranking of the professionals. Making friends in Local community also demonstrates a difference in priority.



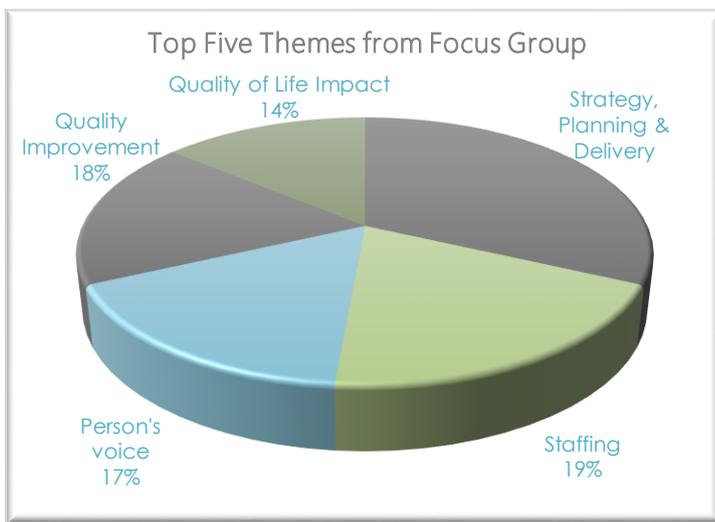
Comparison of Views on Staff

People who use services and professionals, both identified respect and staff competence as important, with both ranked in the top three for professionals and the person's very important rating at 86%.

However, supervision and support did not rate as highly for either the person or the professional.



Focus groups discussed key elements for a quality service; there were some topics comparable with the findings from the survey respondents.



Key areas highlighted were supporting rights'-based person-centred approaches, having staff who are respectful and competent with a focus on empowerment along with good communication and relationships were acknowledged as elements of a quality service,

Themes relating to business also emerged during the focus groups, the importance of having clear

processes and objectives with a focus on review and monitoring were evident

Quality of life: focus groups for people, who use services, were asked what they thought quality of life means and if they knew when and or if the service had influenced their quality of life.

A number of participants acknowledged that they believed it is important that the service have a positive impact and shared some experiences of same.

'It means to live with less barriers'

Community: *"We are exposed to positive things in our centres. There is a huge sense of community. It motivates you to get involved with other organisations and charities in our communities."*

Confidence: *I set challenges to build my confidence, 'The service suits my need; I have more self-esteem' 'I can make more*

Points of Note from Research Consultation

- The results suggest that professionals see multiple benefits in engaging in a QA process from benefits for the person using the service to a focus on continuous improvement.
- The theme of accessibility was highlighted, with comments such as *"must be simple and jargon free"* and *"the language is too unnatural. We have to read each sentence several times to make sure we understand the questions"*.
- In terms of responses from people who use services, comments included *"very much geared towards people with intellectual disabilities and issues with capacity - needs more focus on people with physical and sensory disabilities"* and *"having tools to improve the quality of life"*.
- Other areas of interest included building stronger links between quality measures and rights based approach, balancing rights and responsibilities, piloting initiatives, collaboration, research and impact measurement / evaluation.
- Development of individual Quality Framework: When asked how organisations developed their quality frameworks each organisation's approach differed. Some organisations were using a structured

analytical approach, utilising planning, processes, procedures, monitoring and measuring and utilising the metric results to inform and change.

- Key Elements Required for a Quality Management System: Professionals were also asked what they thought were key elements of a quality management system, again a number of similar themes were raised amongst the groups, these include:

*Strategy, rights based approach, training, needs based, flexible, evaluation
and continuous improvement*

Challenges identified during research

- Competent, motivated staff
- Staff do not really understand what quality is or what a quality system is
- Quality systems can be a burden on the organisation
- Does not work on just the management level, has to have an influence on the staff
- Struggle meeting needs of the person, and meet business and regulatory requirements
- Ensuring Quality of life and its impact as a principle
- Ensuring the communication, participation and satisfaction of the person

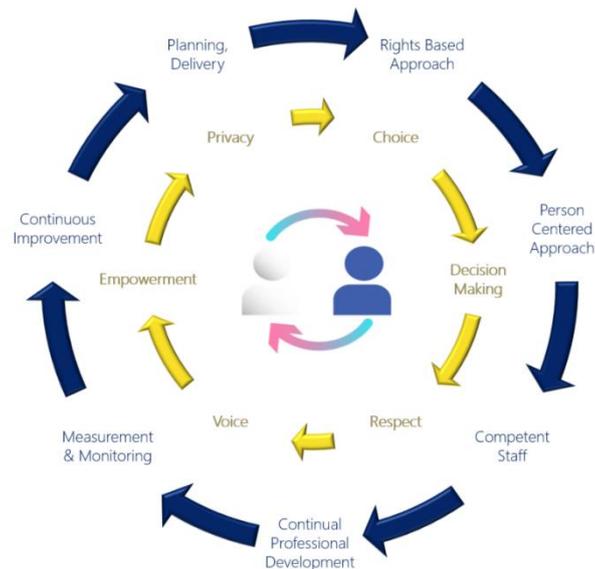
Areas for Future Consideration

Based on the results of and feedback from the survey along with an analysis of the focus groups below are some suggestions for consideration into the future, this research highlights the following:

- **Staff:** Staff should be empowered and knowledgeable about quality principles to provide and monitor quality services and monitor quality. Clear and comprehensive training and guidance will form a key part of this.
- **Organisational Approach:** Effective implementation of quality should be holistic and include all organisational personnel, rather than just a quality manager, this approach ensures a more comprehensive understanding and commitment to the quality system.
- **Quality of Life as a Principle:** How to define and measure quality of life is an increasingly important concept and needs to be considered in the context of quality assurance for human services.
- **Continuous improvements:** A quality system should focus on continuous improvements and emphasise the achievement of results and outcomes.

- **Quality Systems:** A quality system should not be a burden on the organisation, quality has to be practical, needs to be easy to understand and not create large administrative burdens.
- **A Learning Community:** Service providers require a community for sharing experiences, practices, provide more support on quality system implementation.

Research findings concluded that key elements for a quality management system requires the following: strategy, rights based approach, needs based, flexible, staff training & commitment, evaluation and continuous improvement.



What is less intuitive and far more interesting, is that we can classify the results in three different perspectives and we can actually draw a map that we can name **QUASAR DASHBOARD**:

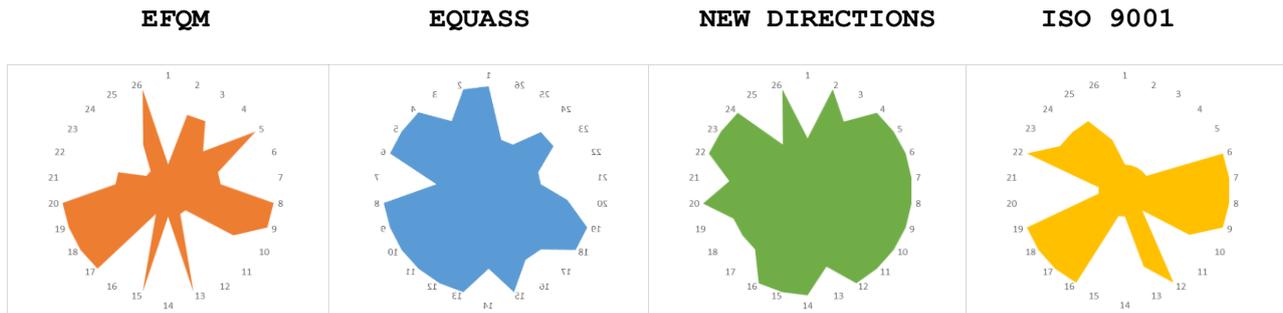
<p>USER</p> <ul style="list-style-type: none"> - person centred services; - rights based approach; - service user active participation. 	<p>EXTERNAL STAKEHODERS</p> <ul style="list-style-type: none"> - shift from institutional to home, family and community-based services; - external quality certification; - service continuity; - life-long learning and support.
<p>PROVIDER</p> <ul style="list-style-type: none"> - benchmarking; - innovation; - improvement of competences; - change in focus from input based to output based quality measurement; - culture shift from quality monitoring to continuous improvement; - self-assessment as part of continuous improvement. 	

The QUASAR DASHBOARD is highlighting some key elements that are all linked together and that create a set of medium-term strategic goals for service providers and policy makers.

It is, in fact, setting a frame against which a standard in the VET and care services could be evaluated, built or modelled on.

The above listed elements are very close to the 26 criteria that have been used to evaluate the four quality standards that are the focus of the project; points that were developed from the quality standard SWOT analysis. This confirms the relevance of the analysis.

The next radar charts show the grade to which the analysed standards are fulfilling the 26 criteria discussed in the Desk Research section 5:



Having this new approach in mind it is possible to compare the characteristics of the existing quality standards to determine which one is aligned with the QUASAR DASHBOARD.

The following radar charts are taking in to consideration just the points (discussed in section 5) that are matching with the key elements listed in the QUASAR DASHBOARD:



EFQM, EQUASS, New Directions and ISO 9001, all of them are well centred on process management and improvement. The major challenge is to specifically address the user needs and the community expectations however both EQUASS and New Directions scored very high in this regard.

In order to ensure that this is still the case in the future, we need a standard that could itself rapidly and continuously evolve taking in to account best practices and changing external issues. This topic will be further explored in the project final recommendations.

These conclusions, compared with the results of the key actors' consultations, are paving the way for a new exciting project: improving the tools we have to tackle the challenges highlighted by the European Strategy for the Rights of Persons with Disabilities.

6. Recommendations

Drawing from the QUASAR dashboard, **we recommend that quality systems and policies address or promote the following:**

- Person centred services
- Rights based approach
- Service user active participation
- Shift from institutional to home, family and community-based services
- Service continuity
- Life-long learning and support
- Benchmarking
- Innovation
- Improvement of staff competences
- Staff commitment
- Change in focus from input based to output based quality measurement
- Culture shift from quality monitoring to continuous improvement
- Self-assessment as part of continuous improvement

The project findings also lead to these recommendations for funders and policy makers:

- Promote, fund and reward quality certifications. Including funding for implementing quality frameworks and quality certifications in public contracts and or require quality certifications in calls for tender of services. This encourages their take up and allows service providers to allocate sufficient resources.
- Recognise excellence in quality.
- Provide progressive incentives for certification & quality improvement.
- Fund upskilling of staff. Include mandatory specific training for staff in social services and VET in legislation governing their funding.
- Employ new co-design methodologies with all stakeholders to improve the quality of delivery and quality in VET. For instance, co-creation methodology for services and VET or design thinking methodology for products.

The European Commission should:

- Engage all stakeholders with expertise in developing the framework for Social Services of Excellence for People with a Disability.
- Raise awareness of all relevant EU initiatives in the field of quality of services.
- Promote mutual learning between providers of services and among different countries on quality of services.

- Be aware of new legislation and approaches of quality frameworks/systems that are better adapted to the need of support providers worldwide and include in EU legislation.