Disability Monitor Initiative
South East Europe
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ENSURING ACCESS OF PEOPLE WITH DISABILITIES TO SOCIAL SERVICES:
The need for regulatory mechanisms in South East Europe

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May 2006

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ACKNOWLEDGEMENTS

The author would like to thank the following persons and organizations, for their helpful contributions to the completion of this working paper:

Charlotte Axelsson, Alexandre Cote and Lisa Adams, from the Regional Office of Handicap International in South East Europe, for their attentive, professional and inspiring suggestions and comments during the research and the drafting stages; Sonja Vasic and Nexhat Shatri for their important contribution in the field research and assessment (in Croatia, Albania, Serbia, Montenegro, and the UN administered province of Kosovo); Suzana Markovic and Suzana Stojkovic for attentive proofreading and layout.

Fathy Mallek, from ISAS, Charles de Gaulle University (Lille, France), for his support during the research study regarding the regulatory mechanisms of social services for persons with disabilities, in several European countries (2004-2005);

The Ministry of Foreign Affairs from France, as well as Handicap International and DFID, for providing the financial support for this working paper, as well as for the broader project regarding "the support of local stakeholders in South East Europe, in their advocacy initiative toward better sustainability and governance of social services addressed to people with disabilities";

Finally, the staff, children and parents from the Day Care Centre Aurora in Bucharest, for their ambitious work, their tireless hopes and their continuous belief in a better future for people with disabilities in this region. Without their vision, strength and inspiring example in every day life, our work would have never been achieved.

FOREWORD

Nowadays, the international community represented by key players such as the United Nations, the European Union, and the Council of Europe, has acknowledged the need for a shift of paradigm in the way societies approach and perceive people with disabilities. Disability is now seen as a human rights issue and the up-coming international convention on the promotion and protection of the rights of people with disabilities will be a significant contribution to spread this message and to bring changes all around the world.

At the heart of this convention is the fundamental right of people with disabilities to live within the community and to participate fully in social, cultural, political and economic life. In order for this to happen, states must develop strong policies for the equalisation of opportunities and anti-discrimination legislation. Along with removing physical and attitudinal barriers, **states have the duty to ensure access to sustainable and quality social services responding to the diversity of needs of people with disabilities**. These services include among others: personal assistance services, assistive devices, physical rehabilitation, day centres, adequate health care, supported employment, professional support for education, vocational training and guidance. The existence or non-existence of any of these types of services can tremendously impact the lives of individuals with disabilities. The recent recommendation on an Action Plan for disability adopted by the Council of Europe strongly emphasises the crucial role of such services.

The Disability Monitor Initiative report for 2004, "Beyond De-institutionalisation: the Unsteady Transition towards an Enabling System in South East Europe" shows how the countries of South East Europe are facing great challenges regarding the development of social services. In all of the countries, community services are rare and when they do exist, they are mainly run by NGOs with very little support from the state. On the other hand, the public sector is not yet able to face the challenges of de-institutionalisation and de-centralisation and cannot provide services to meet the needs of persons with disabilities in their community.

Therefore, the challenge is not only to make services available but also accessible in an equitable and affordable manner ensuring that they are of good quality and that service providers truly implement the quality principles of user's involvement, choice, a person centred approach, and inclusion.

One of the main obstacles for the development of such services is the lack of a proper regulatory framework allowing central and local authorities, to assess needs, to define standards, and to organise effective service delivery by public, or private/non-profit organisations and to evaluate the quality of services provided.

This working paper, based on a comparative approach between various EU and South East European countries, proposes a common understanding of these regulatory mechanisms that have a key role in ensuring access to services for people with disabilities.

The team of Handicap International South East Europe would like to thank the French Ministry of Foreign Affaires and the Department for International Development of the United Kingdom for their support. We also thank all of the organisations and individuals that have participated in the different workshops throughout the region in the last year.

The Disability Monitor Initiative launched by Handicap International in 2004 seeks to go beyond making statements and aims at supporting local stakeholders in elaborating and implementing solutions through sharing knowledge and experiences. All countries and societies are involved in these necessary changes and there is a lot to learn from one another in order to use limited resources in the best possible way. We hope that this working paper will contribute to a fruitful debate and discussion amongst all stakeholders involved in the change process.

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ABSTRACT

This working paper presents the main elements and characteristics of the regulatory mechanisms in the field of social services for persons with disabilities, in the context of social reforms that are taking place in the South East European countries.

The first chapter presents an overview of the most significant evolutions at the European level, regarding the key concepts and the modernisation process, in the social services sector. It emphasizes also the specificity of services in the disability field, as well as the challenges and difficulties of the social reforms initiated in South East Europe during the last decade.

The second chapter focuses on the phases of social service provision and presents the range of regulatory mechanisms for these services, together with implementation recommendations or particularities that are adapted to the countries in the region.

Finally, the third chapter targets the main recommendations and priorities for the elaboration of a regulatory frame for social services in South East Europe, considering their importance in the process of providing social services, for the promotion of equal opportunities and full participation of people with disabilities in society.

GLOSSARY

Accreditation*
Accreditation is a voluntary process that offers service providers recognition for obtaining standards of excellence defined by an accreditations agency.
**As defined by Andy Bilson and Ragnar Gotestam, "Improving standards of child protection services - a concept paper" UNICEF Innocenti Centre (Florence: UNICEF and World Bank, 2003)*

Benchmarking (in the field of social services provision)
An evaluation procedure that refers to the appreciation of the results that have been achieved by a social service provider in comparison with more successful organisations, considered as reference of best practice. It can be used also as a peer evaluation procedure.

Community Based services (CBS)
Services provided at the community level and organised in partnership with or by the members of the community with the involvement of beneficiaries in the prioritization of the needs, the planning and the evaluation of services.

Cost-effectiveness*
The relation between the costs (inputs) and results produced by a project. A project is more cost effective when it achieves its results at the lowest possible cost compared with alternative projects with the same intended results
**(UNDP-Handbook on Monitoring and Evaluating for Results, http://stone.undp.org/undpweb/eo/evalnet/docstore3/yellowbook/glossary/glossary_c.htm.)*

De-centralisation
The process of transfer of responsibilities, capacities and resources from the State level (central authorities, government) to the level of local authorities (municipalities and decentralised bodies of the ministries).

De-institutionalisation*
The process by which a care system, originally aiming to protect people with disabilities by excluding them from society, transforms into a care system that aims to facilitate social participation by offering a wide range of services provided at community level, respecting the principle of choice and decision. The concept of de-institutionalisation must thus be differentiated from the notion of "transformation of residential institutions", which is the process of reforming those institutions' mandate and the services they provide.
**(Beyond De-institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe, HISEE, 2004).*

Enabling system*
An enabling system is a system of services oriented towards supporting people with disabilities to reach and maintain their optimal level of independence and social participation. This goal is achieved through ensuring them an equal access to mainstream services existing at the community level (ordinary medical, social, education, and employment services), with individualised support services according to each one's needs and expectations, and referral to specialised services when needed.
**(Beyond De-institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe, HISEE, 2004)*

European Social Model*
A vision of society that combines sustainable economic growth with ever-improving living and working conditions. This implies full employment, good quality jobs, equal opportunities, social protection for all, social inclusion, and involving citizens in the decisions that affect them
**(as defined by the European Trade Union Confederation, www.etuc.org)*

Evaluation of social services*
A "systematic and objective appreciation of an on-going or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and the fulfilment of the objectives, efficiency, effectiveness, impact and sustainability. An evaluation should provide

credible and useful information enabling the incorporation of lessons learned into the decision-making process of both recipients and the donors". In direct relation with the standardization procedures, "evaluation involves the examination of performance against those standards, an assessment of actual and expected results and the identification of relevant lessons".
**Glossary of key terms in evaluation and results based management, OECD, 2002.*

Gate-keeping*
Gate-keeping is the system of decision-making that guides effective and efficient targeting of services for people with disabilities or other vulnerable groups.
** As defined by Andy Bilson and Ragnar Gotestam, "Improving standards of child protection services - a concept paper" UNICEF Innocenti Centre (Florence: UNICEF and World Bank, 2003).*

Licensing/authorization*
Licensing is a mandatory process by which the government grants permission to be a service provider after finding that the service provider has obtained a certain degree of competency required. It ensures that service providers such as social workers have obtained the minimum level of standards to provide certain services.
** As defined by Andy Bilson and Ragnar Gotestam, "Improving standards of child protection services - a concept paper" UNICEF Innocenti Centre (Florence: UNICEF and World Bank, 2003).*

Mainstreaming*
Mainstreaming disability is the process by which the state and the community ensures that people with disabilities can fully participate and be supported to do so within any type of ordinary structures and services such as education, health, employment and social services. It implies that disability is taken into consideration in legislation and reforms of all sectors.
**(Beyond De-institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe, HISEE, 2004).*

Monitoring of social services*
A continuous process of systematic collection of information, according to specific indicators, meant to provide the managers of a service and the relevant stakeholders with data of the extent of progresses and achievement of objectives, in the limit of allocated funds.
**(OECD 2002)*

Provision of social services under a public mandate
A general frame for provision of social services, in which public authorities delegate the management and provision of these services to various providers (evaluated and selected at local level) using correspondent procedures of (sub)contracting and funding.

Quality Standards*
Quality standards provide a set of criteria that can be used to monitor the management and provision of services, the quality of services as well as their outcome. They ensure equitable and transparent transfer or delivery of services to the beneficiary.
**As defined by Andy Bilson and Ragnar Gotestam, "Improving standards of child protection services - a concept paper" UNICEF Innocenti Centre (Florence: UNICEF and World Bank, 2003)*

Regulatory mechanisms
Sets of inter-correlated instruments meant to control, coordinate and improve the provision of social services, both at macro and micro level. They are defined by central public authorities and implemented by local authorities or agencies, mandated for this role. They regulate: the demand and the access of users to social services, the supply of these services by various providers and the provision of social services itself.

Regulatory procedures
Operational tools meant to regulate a specific stage of the social services process.

Regulatory process
The overall dynamic set of regulatory mechanisms used in the field of social service provision, acting as a lever for developing quality, accessible, available, accountable and affordable social services for all of citizens, including people with disabilities.

(Sub)contracting social services
The process in which the State (either through a public authority or donor) establishes a contract with a social service provider (public or private) to deliver the services that the State guarantees.

Service*
Service is defined as a response to a specific or a broad range of needs of users. The services provided can be free of charge or can be sold (including partial cost recovery system).
Two broad ways of organising services for a specific group of users can be distinguished:
• Specialised services are specifically dedicated for a target population of users/ beneficiaries with homogeneous needs, with the aim to provide them with a precise answer to their specific needs.
• Inclusive services aim at ensuring that the needs of the broader number of users/ beneficiaries can be met within the mainstream system of services, notably through training and sensitisation of professionals and individualised support adapted to each one's needs. Whenever possible, it is assumed that inclusive services allow better social integration of users / beneficiaries with special needs.
**(Beyond De-institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe, HISEE, 2004).*

Service Provider*
Public structure (institution owned by the state or mandated by the state), private profit making or non-profit making structure (institution, company, NGO) or individual providing a service answering the needs of a beneficiary or a client.
**(Beyond De-institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe, HISEE, 2004).*

Services of General Interest*
Services of General Interest (SGI) cover "both market and non-market services that are considered by the public authorities as being of general interest and submitted to specific public service obligations".
**(cf. Green Paper on Services of General Interest, COM 2003/270 final/, European Commission)*

Social Services*
In the sense of this paper, social services cover a large and diversified range of services which are intended to improve the standards of living of the population, especially of individuals and groups in vulnerable situations. They are linked to national welfare schemes and are important tools for the implementation of public policies in the field of social protection, non-discrimination, the fight against poverty and exclusion. They are not conditioned by the contribution of the users and enhance capacities of individuals for full inclusion and participation in society. They respond to social needs and social deficits, which cannot be managed by the market, or which can be even generated by the market. The States are responsible for ensuring the access of all citizens to social services.
**(Description based on the perspective of several European platforms that are active in the field of social services - Social Platform, Eurodiaconia, EASPD.)*

Social Services for Persons with Disabilities
Social services (both specialised and mainstreamed) that contribute to the concrete implementation of the fundamental social rights and to the creation of equal opportunities for people with disabilities.

Territorial maps of services
The territorial maps are charts of the existing as well as needed services at territorial level (municipality, department, region etc), renewable within specific intervals of time (3/5 years); any proposal for opening new social services, or for extending the existing ones, are generally analyzed in relation with these territorial charts.

Total Quality Management
A generic management tool, originated in the concept developed by the American W. Edwards Deming, after World War II, for improving the production quality of goods and services. It relies on principles like: management commitment to continuous improvement and quality, employee empowerment, customer focus and fact-based decision making.

Twin track approach to inclusive service provision
A way of operating the change process towards an enabling system, mainstreaming disability in overall policy making on the one-hand, while simultaneously developing specific measures for people with disabilities who require particular services (i.e. individualised support services, supported employment, door-to-door transportation, anti-discrimination legislation etc) aimed at enabling their participation in economic and social life.

List of acronyms, boxes, figures

List of acronyms

Carf	Commission on Accreditation of Rehabilitation Facilities
CSCI	Commission for Social Care Inspection, United Kingdom
EASPD	European Association of Service Providers for Persons with Disabilities
EFQM	European Foundation Quality Model
EPHA	European Public Health Alliance
EQRM	European Quality in Rehabilitation Mark
EU	European Union
DPO	Disabled People's Organisation
HI	Handicap International
HISEE	Handicap International South East Europe
ISAS	Institut Supérieur de l'Action Sociale
ISO	International Standards Organisation
MFA	Ministry of Foreign Affairs, France
NGO	Non-governmental organisation
OMC	Open Method of Coordination
OECD	Organisation for Economic Co-operation and Development
SEE	South East Europe
SGI	Services of General Interest
SSGI	Social Services of General Interest
UNICEF	United Nations Children's Fund

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INTRODUCTION

THE ACCESS OF PEOPLE WITH DISABILITIES TO SOCIAL SERVICES AS A LEVER FOR EQUAL OPPORTUNITIES AND FULL PARTICIPATION

The equalization of opportunities and the participation of persons with disabilities in the social life are strongly related to the development of a variety of social services provided at community level. Access to education, health care, vocational training and employment are as for any other person, the main guarantees of participation in social life.

The access to social services also represents a "safety net" for populations with multiple vulnerable statuses in the region, representing the most excluded and poor among all disadvantaged groups (unemployed disabled women from ethnic minorities for example).

In the South East European countries, the access of people with disabilities to social services is still limited. The reasons are multiple: significant lack of services at local level, insufficient development of professional networks and qualifications, traditional and inefficient gate keeping systems, limited awareness of the general population in relation to disability issues and a medical and outdated perspective on disability in general.

After the fall of the communist regimes, the social reforms in the region were implemented at different speeds and with varying priorities, from one country to another. However, the development of the disability movement in the recent years has contributed to an increased focus on the access of disabled persons to social services at community level. The acknowledgement of this sector's importance has lead progressively to the need of designing a corresponding regulatory frame for social services. In this context, the disability movement (DPOs, parents' organizations) together with other NGOs, international donors and organisations consider the present "political momentum" as very important for the modernisation of social services in the region.

Disability paradigms determine the place of people with disabilities within a society (Ravaud, 2001)

"The functional or bio-medical model views the person with disabilities as a defective being restricted in his / her ability to carry out his / her social roles. In the medical model, the person with disabilities is described in a situation of dependency on specialists, institutions and (protectionist) policies. In the first case, the problem lies at individual level and within the theoretical domain of personal tragedy. In the second (the social model), it lies on environmental factors, on the social and political context, within the theoretical domain of social oppression. The solution should be looked for in a mutual way, the breaking down of barriers, control by users rather than by the specialists, etc. The social role is no longer the role of "patient" but of "user-consumer". Skills are no longer the domain of experts alone: they integrate the experience of the people concerned. Unlike under the functional model, the anticipated result is no longer to acquire the widest possible physical or psychic independence, to reduce the disabilities with employment or institutionalisation being the only perspectives. Quite the opposite - the social model aims at living independently, with employment a possibility as well as organised assistance controlled by the user"[1].

[1] Ravaud, J.F.,"Vers un Modèle Social du Handicap : L'influence des Organisations Internationales et des Mouvements de Personnes Handicapées," in Cahiers Médico-sociaux, Ed. Raphaël de Riedmatten, (Genève : Editions Médecine et Hygiène, 2001): 55-68.

Social services represent a lever toward the full citizenship of people with disabilities if they respond to the users' needs:

- in an individualised way,
- at the community level,
- in a mainstreamed perspective,
- with a twin track approach to quality services,
- enhancing the participation of all stakeholders to the service provision" (EASPD)[2].

The regulatory mechanisms are instruments that ensure the respect of these fundamental principles in the social service provision and are, therefore, crucial for guaranteeing the effectiveness of the social service sector.

The elaboration and implementation of a regulatory system requires a common understanding of the key concepts and stakes at European level, together with the adequacy of the regulatory system to the priorities of the social reforms in South East European countries. This paper presents a panoramic view of the regulatory frame in social services for people with disabilities and formulates several key elements and recommendations for the stakeholders in the region.

Starting from 2005, Handicap International South East Europe (HISEE) initiated a study regarding the regulatory systems for social services in several European countries, as part of a wider project meant to support the local stakeholders from the region in their advocacy initiatives toward sustainability and good governance in the social services provision, for persons with disabilities.

Within this regional project and together with the comparative study regarding the regulatory mechanisms, several regional and local workshops were (and will be) organized in Serbia, Montenegro, Romania, Macedonia, Albania, UN administered province of Kosovo, Bosnia and Herzegovina. The conclusions of the workshops that already took place in 2005 showed that:

- the elaboration of a coherent regulatory frame is a priority in the region, in the field of social services for people with disabilities;
- the regulatory mechanisms should be conceived in strong correlation with the specificities of the decentralisation process taking place in each country;
- all relevant stakeholders in this process (public authorities, users representatives, service providers) need training and support, sharing of information and good practices examples, in order to participate efficiently to the construction of a modern system of regulatory mechanisms for social services;
- there is a lack of users (or their representatives) involvement in the elaboration of these regulatory mechanisms.

In this context, this working paper aims to disseminate the information gathered in the project carried out by HISEE and its partners on regulatory mechanisms for social services, in order to encourage the exchange of ideas and the continuous improvement of the relationships and practices in this field.

A more comprehensive report within the frame of the Disability Monitor Initiative will be published in 2007, presenting a comparative analysis of regulatory systems in several European countries/locations (France, United Kingdom, Sweden, Belgium, Romania, Croatia, Serbia, Montenegro, Albania, UN administered province of Kosovo).

[2] European Association of Service Providers for Persons with Disabilities – presentation at the third regional conference on social services, organized by Handicap International South East Europe, Belgrade, September 2005.

KEY ISSUES IN THE FIELD OF SOCIAL SERVICES FOR PEOPLE WITH DISABILITIES IN EUROPE

1

1.1. SOCIAL SERVICES IN EUROPE – A COMPLEX REFORM PROCESS

The field of social services is facing a complex process of reform in many European countries. The acknowledgement of the fact that this domain contributes substantially to the design of an European Social Model[3] (presented at the Summit of Lisbon, 2000), as well as the impact of the European Union's legislation on the provision of services in general, lead to a significant effort towards modernisation and reform in the last few years.

In the context of this paper, **social services** cover a large and diversified range of services which are intended to improve the living standards of the population, especially of individuals and groups in vulnerable situations. They are linked to national welfare schemes and are important tools for the implementation of public policies in the field of social protection, non-discrimination, the fight against poverty and exclusion. They are not conditioned by the contribution of the users and their aim is to enhance capacities of individuals for their full inclusion and participation in society. They respond to social needs and social deficits, which cannot be managed by the market, or which can be even generated by the market[4].

The States are responsible for ensuring the access of all citizens to social services.

A challenging debate within the European Union – modernising the social service sector and defining its new role in a market economy

Due to the growing impact of market and competition mechanisms, the countries of the European Union initiated a discussion around the field of services and social services in the last decade. The need for a new perspective on the role of social services required first a new type of definition of this sector and then clarifications regarding "the modernisation" of social service provision. This will be presented in this paper followed by the most significant aspects of the discussions in the EU, in order to articulate them given the "political momentum" in the South East Europe.

Box 1 – This paper's position regarding the definition of social services

There is currently no common definition of social services among the European countries.
This working paper acknowledges the fact that social services can be approached and defined in two ways:
- a narrow sense, implying referrals to services that address strictly social needs of the people (housing, social care services for children, elderly and persons with special needs, participation in social/ community life, social security and other types of social protection measures etc)
- a broad sense, referring also to a wider range of services like education, basic health care and access to employment.

This paper's aim is to focus on a broad category of social services that enhance the participation of people with disabilities in the community life, with equal rights and opportunities as all other citizens.
It encourages therefore an active further exchange of opinions regarding a possible definition of social services, in a way which allows the implementation of a common regulatory mechanism' frame for this sector.

[3] "The European Social Model is a vision of society that combines sustainable economic growth with ever-improving living and working conditions. This implies full employment, good quality jobs, equal opportunities, social protection for all, social inclusion, and involving citizens in the decisions that affect them", cf. European Trade Union Confederation, www.etuc.org.
[4] This description is based on the perspective of the European platforms (Social Platform, Eurodiaconia, EASPD among others) that positioned themselves in order to clarify the role of social services within the "services of general interest", at European level.

Better defining the field of social services in Europe

1. The services sector in general was the focus of European institutions since 1996 when the European Commission launched a Communication (OJC 281/26.09.1996) on **services of general interest (SGI)**. Starting from this moment, this sector appeared in the spotlight of European political debates, especially due to the significant increase in the importance of the service sector in European economies. Two thirds of the national incomes usually come from the services sector in the EU countries. With regard to the SGI, they provide 50% of European incomes.

The SGI cover "both market and non-market services that are considered by the public authorities as being of general interest and submitted to specific public service obligations"[5]. They play a significant role in the daily life of people: transportation, postal services, telecommunication, education, health care, social services, water and energy supply etc. SGI are providing a base for the creation of wealth, and they play a major role in fighting social exclusion, poverty and discrimination. They are also a factor in achieving sustainable development[6].

In May 2003, the European Commission published a Green Paper on Services of General Interest[7], highlighting the role of SGI as essential elements for the European Social Model, especially with regard to the increase in the quality of life for all citizens and the end of social exclusion and isolation. Following the Green Paper consultation, the Commission published its White Paper on Services of General Interest[8] in May 2004. In this document, the Commission recognised the specific characteristics of the social and health services, within the SGI, together with the need of clarifying the way in which they operate and can be modernised. A special report on social services of general interest, including the health services, is expected to be released by the European Commission in 2006.

2. **Social services** are very important components of the services of general interest. Even if the different national legislations do not define them as such, they share with the SGI the common values founded on the recognition of the fundamental rights and several general principles related to their effective provision, such as the universality, accessibility, continuity, quality, the participation of the users, the reasonable price and the transparency. It is largely accepted by all Member States that social and health services play a significant role in the construction of the European social model.

The European Union stakeholders are in the process of defining a broad category of so called **social services of general interest (SSGI)** with specificities which distinguish them from other types of services:

- "they contribute to the concrete implementation of the fundamental social rights and to the creation of equal opportunities, especially for people who face vulnerable situations;
- they are based on the recognition of the importance of human dignity, solidarity, social justice, social cohesion and welfare, including empowerment and users' participation in shaping, delivering and evaluating social services;
- they respond to social needs and societal weaknesses, that the market cannot address properly, or which may be even generated by the market. They represent thus a fulfilment of public responsibilities based on the principle of general interest"[9].

And also:

- "they involve services addressed to the person, based on a direct relation between provider and user;
- many of the users are from vulnerable groups, and cannot be treated in the same way as "consumers" of other kinds of services;

Social Services of General Interest are often linked to national social welfare and protection arrangements. They may benefit from specific financial/fiscal treatment"[10].

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[5] Green Paper on Services of General Interest, COM (2003)/270 final/, European Commission, http://europa.eu.int/comm/secretariat general/ services general interest

[6] Social Platform Explanatory Paper, "The Services Directive, Services of General Interest and Social Services", 2005 (www.socialplatform.org)

[7] Green Paper on Services of General Interest, COM (2003)/270 final/ http://europa.eu.int/comm/secretariat general/ services general interest

[8] White Paper on Services of General Interest, COM(2004)/374 final/, http://europa.eu.int/comm/secretariat general/ services general interest.

[9] Eurodiaconia, Briefing on "Services of General Interest, social services and the market", September 2004 (www.eurodiaconia.org)

[10] Social Platform Explanatory Paper "The Services Directive, Services of General Interest and Social Services", 2005 (www.socialplatform.org)

These services are managed by **a broad variety of providers** (NGOs, charity and solidarity organisations, local or central authorities, volunteers and sometimes for-profit companies) and have different mechanisms of funding and control in the different European countries.

On the other hand, "similarly with the other SGI, **the quality of the social services** remains dependant on the accessibility of the services for all, affordability, continuity, information and transparency, participation of users in the definition and evaluation of services, respect of labour standards"[11].

In order to fulfil these requirements, the States are developing **regulatory mechanisms** for the social services provision like quality standards, licensing, evaluation procedures etc., in order to guarantee the access of all users to quality and accessible services, as well as an efficient use of public resources.

The modernisation of social services

The answers of the EU Member States to a questionnaire launched by the European Committee of Social Protection in 2004[12] showed that the process of modernisation of social services is taking place in all EU countries and responding both to changes in society (demographic ageing, new and developing needs of the users) and the need for ensuring the sustainability and efficiency of public funding.

What are the issues that contribute to the current "modernisation" of this sector?

• First, the development and generalisation of **quality management** procedures in the social and health services: the quality standards, the monitoring and evaluation of the service provision's quality;

• Then, **the responsibility of service provision is transferred** from the public central authorities to various providers, at local level; the central authorities gain more a regulatory and funding role instead of providing direct services to users; the **decentralisation** of the service provision is required because the social needs of the users are better reflected and addressed at the level of the local community;

• In order to do so, there is a need for developing new types of **public-private partnerships** and **to involve users in all stages of the service provision** (needs assessment, choice of and orientation to the adequate service, individual planning, monitoring and evaluation).

The term of "modernisation" was often associated in the past with the need for rationalising the costs of a service and ensuring its sustainability. The process which currently proceeds in the European countries aims towards ensuring a better quality and effectiveness of the social services, "stressing the prioritisation of the individual needs of the users and fundamental values and goals of society – like social rights, social justice, social cohesion and balanced social and economic development"[13].

There are several tools for the modernisation of the social services sector:

(a) Introducing quality management in the field of social services

During the past years, the social service providers confronted themselves with new practices such as:

• total quality management with knowledge related to quality indicators,
• services oriented more towards the clients,
• the participation of users in the process of service provision.

Gradually, several EU countries adopted legislative documents which introduce specific requirements related to this process in the social services field as the result of two factors:

- first, the need of the states to direct the limited financial resources towards the most effective and efficient service providers, or towards the most vulnerable regions;
- secondly the result of a continuous emergence of the principles of equal opportunities underlining the importance for the most excluded groups to have access to services, which implicitly requires an evaluation of the quality of these services and the respect of the users'

[11] Ibid.

[12] The questionnaire regarding the specificity of the SSGI, was launched by the European Committee of Social Protection, in 2004 and the results came from each of the 25 Member States as well as civil society organizations; available at: http://www.europa.eu.int/comm/employment_social/social_protection_commitee/

[13] Conclusion of the Conference "Social Services of General Interest in the European Union – Assessing their Specificities, Potential and Needs" Brussels, 28-29th June 2004 (in the document "Key issues to be taken into account and further explored")

Box 2 - The emergence of quality systems based on principles and values

Quality management and quality management tools in social services started to develop more consistently in the late 80's and the early 90's. Following the developments of ISO and EFQM, which initially focused more on technical and descriptive standards, the social sector started to be concerned about how to evaluate their effectiveness and efficiency. The focus of the quality management had to shift from manufacturing procedures to key issues such as people management, person centred approaches and corporate social responsibility, in the frame of a holistic approach.

Social service providers in the EU countries, as well as national authorities reforming their social welfare schemes, are putting more and more emphasis on ensuring quality and efficiency in distributing scare resources in the most effective way. The opening of the social services to the market has also brought a stronger focus on quality management and the competitiveness for funds. When it comes to social services for persons with disabilities, service providers are very aware both of the importance of users' satisfaction as well as the competition of the market, and thus introducing quality management systems in their services.

Comparison between different quality systems [14]

	EFQM	ISO	Carf	EQRM
Sector	Business Management	Quality Management	Rehabilitation	Rehabilitation
Framework	Guidelines	Standards for QM	Standards for programmes	Principles of Excellence
Emphasise	Innovation & learning	Control & assurance	Control & assurance	Performance improvement & learning
Method	Self evaluation + external audit	External audit	External audit	Self evaluation + External audit
Orientation	Improvement	Process control	Performance	Service delivery & learning
Recognition	Europe	Global	USA	Europe
Strategic option	Flexibility	Efficiency	Efficiency	Effectiveness

ISO and EFQM are two quality management marks that have been well known for a long time, and that have tried lately to adapt their tools to suit both public and social services. Still these tools are more in line with business and production, which is why the field has expanded with other types of quality marks, at national, European and International level. They all have, however, a few principles in common, which could be summarised in terms of:

- Strong leadership
- Users involvement in planning, implementation and evaluation and users' satisfaction
- Accountability
- Person centred approaches
- Continuous improvement
- Flexibility and adaptability to evolving community needs
- Partnerships

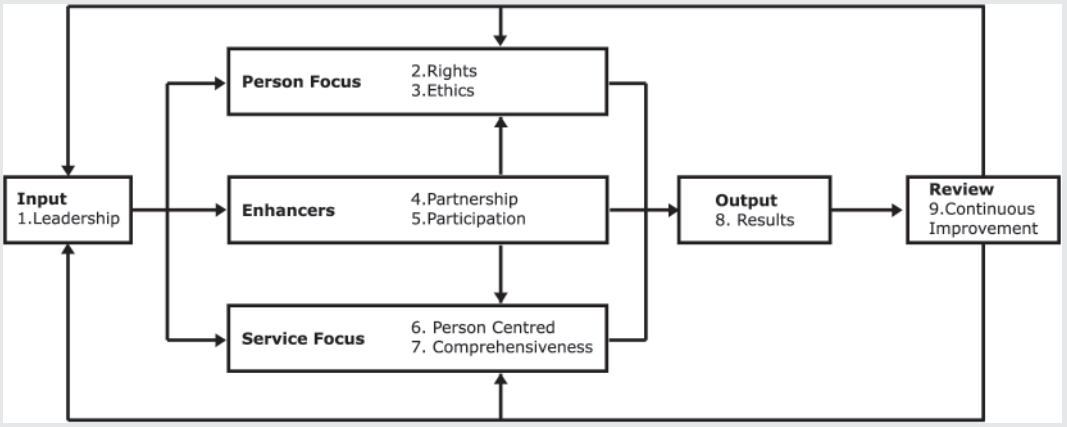
[14] From a presentation of EQRM by Guus Van Beck in Budapest April 6 2006.

Box 2 (continued) - EQRM – European Quality in Rehabilitation Mark [15]

This is a quality excellence tool developed for rehabilitation service providers in 2002, adapted from the EFQM system to better fit the rehabilitation services sector and it differs from other traditional quality evaluation tools since it is based on a self assessment and developed with a multi-stakeholder perspective; users, donors, social partners, providers and policy makers. EQRM is developed around 9 principles which have been agreed upon by several European stakeholders. It is a tool that is non-descriptive where the principles guide the evaluation while recogniseing the different ways of ensuring the implementation of the principles which encourage innovation and cultural specificities.

The principle of *leadership* requires organisations to operate under 'user-centred' values and act in a leadership role within the community. Services can be enhanced through the use of *partnerships* with stakeholders, donors, regulators and policy makers to ensure effective outcomes for service users. *Participation* refers to the systems to ensure that service users are properly represented at all levels in the organization and that consultative processes are used in service design, development, implementation and evaluation. Service results must be measured from the perspective of the service user and used to develop more effective ways of delivering more relevant and responsive services (*result orientation and continuous improvement*). *Rights and ethics* should be explicit in all operational aspects of the organization. Users and staff should be aware of the rights and responsibilities of service users and the ethical principles upon which service delivery is based. Effective complaints procedures, which protect the integrity and dignity of the service user, should be in place.

The core underpinning methodology for service delivery should be *person-centred*. Service users should be valued as customers and should participate in the multidisciplinary team. The principle of *comprehensiveness* requires that the organisation acknowledges the need for a continuum of services for its service users. The principle of comprehensiveness also includes the adoption of a holistic approach to planning interventions.



Charter Mark Standard [16]

The Charter Mark Standard is developed by the UK government for organisations providing public services in order to assess and evaluate their performance. This is a tool that has mainstreamed the notion of disability into its general quality system for public services. It is based on a self evaluation and there are six criteria that should be respected; (1) consider how standards are set within the organisations, (2) how customers are consulted, whether the organisations (3) offer choice and accessible services, whether they (4) continuously improve their service, if they make (5) efficient use of resources and if they (6) contribute to the wider community. This system has proved to develop the quality of public services in UK and had a positive effect on moral and motivation among staff. Organizations that have attained the Charter Mark listened better to their customers and have in general more satisfied users. It proposes a process of self-assessment, critical evaluation and strong involvement of both all staff and of the users of the service, and it promotes an on-going process of improvement at all levels. It provides also service organisations the opportunity to benchmark their performance with other organisations and learn from previous good practices that are identified through the network of Charter Mark.

Charlotte Axelsson, HISEE Consultant on Disability Services

[15] More information on EQRM available at: www.epr.be
[16] More information on Charter Mark available at: www.chartermark.gov.uk

interests.

The quality evaluation in this field must still find an acceptable compromise between ethical and economic aspects, balancing the capacities of service providers to:

- adapt to the changing and evolving needs of users,
- provide transparency towards the public authorities and general public,
- define and adapt to the institutionalised possibilities for users participation in the planning, monitoring, and evaluation of social services,
- multi-stakeholder partnerships,
- build up "social capital" encouraging civic engagement and relationships within the community, in order to achieve a holistic approach to users.

Introducing quality principles and quality management in social services depends largely on the way in which public authorities develop appropriate legislation, financial frames and opportunities, incentives for institutional and personal commitment and investment, and recognition of exemplary performance. It depends also on the qualification of staff and the commitment and professionalism of service providers themselves.

The process of elaborating quality assessment methods in the social sector, involving all relevant stakeholders and using objective measurable standards, is still under development in Europe and many questions remain open, such as the definition and the nature of these quality standards or indicators, and which adequate bodies or institutions should be in charge of the quality evaluation procedures.

Box 3 - The role of the open method of coordination (OMC) in the monitoring of access to social services, at European level

The organization of the social service provision remains a responsibility of the national governments in the EU countries. Therefore, as in the case of other domains of the social sector, the EU does not require a specific harmonisation of national policies.
However, the Lisbon European Council of March 2000 introduced an instrument called "the open method of coordination" meant to share best practices among the Member States and to increase the convergence of policies in areas like education, long term unemployment, social inclusion, pensions and reform of social protection systems. OMC contributes to a new mode of governance in the EU, based on "soft law mechanisms" and mutual learning[17].

OMC is based on several key elements:
• European guidelines for achieving a specific set of goals in these domains, with timetables for short, medium and long term;
• a set of indicators and benchmarks, quantitative and qualitative, as a means of comparing best practices;
• translating the European guidelines into national and regional policies by setting specific targets and adopting measures according to national contexts;
• periodic monitoring, evaluation and peer review organized as mutual learning processes[18].
The access to social services is one of the significant indicators in the social inclusion policies and therefore OMC could be considered as a relevant tool for the establishment of guidelines and indicators, organisation of best practice exchanges, and the preparation of elements for periodic monitoring and evaluation at the European level.

(b) Monitoring and evaluating social service provision

In the context of the modernisation of social services, the EU White Paper contains also clear specifications related to the need for developing regular procedures for their monitoring and evaluation.

Following the public consultation, the European Commission estimates that these procedures will contribute to the maintenance and the development of a system of accessible and effective services within the Union. The evaluation should be multidimensional and take into account all the legal, social and environmental aspects of the delivery process. At the same time, the regional and sectorial characteristics of social services should also be considered.

[17] Jassem, A., "An introduction to the Open Method of Coordination", October 2004, European Public Health Alliance (EPHA), www.epha.org
[18] Lisbon European Council conclusions, 2000.

(c) Involving the users in the social services delivery process

Following a significant emergence of quality audits and management in social services in the 90s, in many countries in Western Europe, the user involvement was seen progressively as a mean of modernising the welfare services. The governments aimed at focusing services on the needs of citizens and were committed to creating services that are coherent, accessible and responsive, rather than organised for the provider's convenience[19].

The user involvement in the organisation of the service provision emphasises that citizens participate, know their rights and their responsibilities, express their opinions and receive adequate quality and accessible services.

The users should be involved in all stages of the service provision process including:

- the planning (or designing) of the service, including the planning of the evaluation indicators and procedures, from a user perspective;
- the delivery of service,
- monitoring and evaluations.

The pre-conditions for an effective involvement are:

- *accurate information* about the context of the service provision and the rights and responsibilities of the users,
- an *institutional frame allowing the participation* of users and/or their representatives (regular meetings between users and providers, user's forum, presence of users' representatives in the management or advisory boards, handbooks for users, accessible information etc.),
- the concrete tools (skills, procedures) in order to facilitate the participation.

1.2. SOCIAL SERVICES FOR PERSONS WITH DISABILITIES – THE ESSENTIAL COMPONENT OF AN ENABLING SYSTEM

The modernisation of the services sector has a specific impact and accent in the disability field. The major transformation during the last decades is related with a change of paradigm regarding disability: from a medical and protective model to a social and inclusive one, focusing on rights, equal opportunities and full participation of people with disabilities in the social and economic life of the community. The promotion of an enabling system becomes the key aspect for achieving these goals.

An **enabling system** is "a system of services oriented towards supporting people with disabilities to reach and maintain their optimal level of independence and social participation. This goal is achieved through ensuring them equal access to mainstream services existing at the community level (ordinary medical, social, education, and employment services), with individualised support services according to each one's needs and expectations, and referral to specialised services when needed"[20].

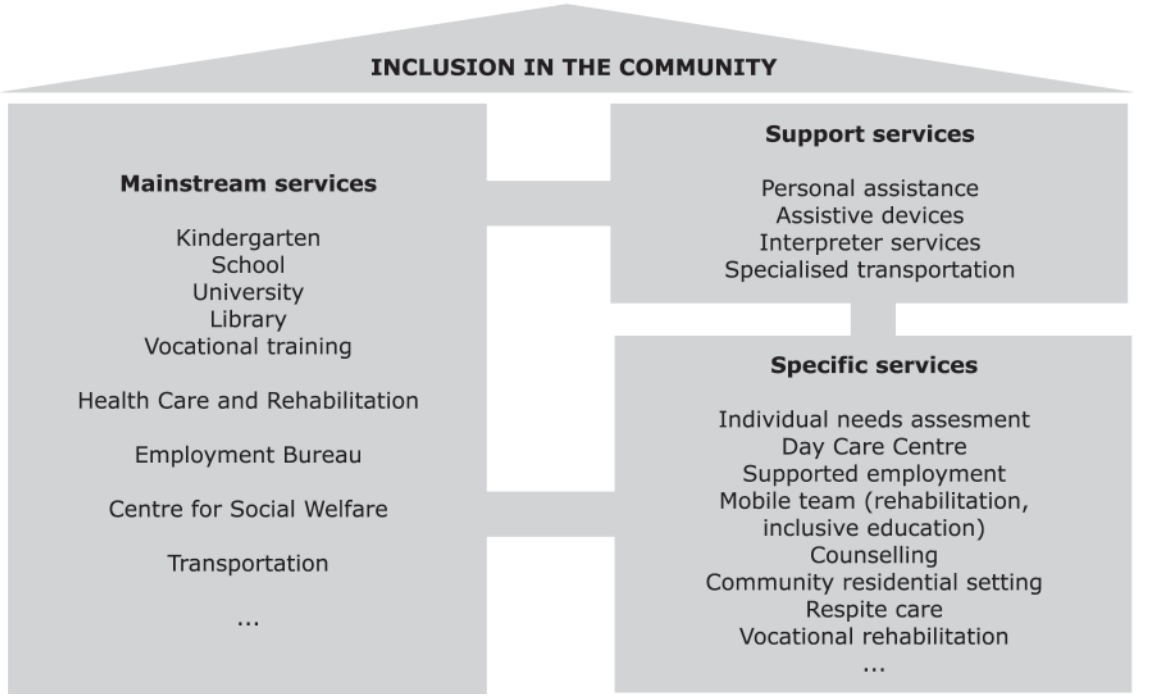
The social services are an important tool for the reduction of poverty and exclusion of people with disabilities. They provide the frame for exercising the fundamental human rights (access to education, health care, housing, vocational training), as well as more specific rehabilitation or therapeutic interventions.

The final goal of any service addressed to people with disabilities is the active participation of the person in the social life. This is why these services often target activities related to social autonomy, the personal development and the individual well-being; they cannot always have, like other economic or commercial activities, objective and measurable results, in the short term. The monitoring and evaluation, as well as the funding of these services must take into account this aspect.

[19] Heikkilä, M., Julkunen, I., "Obstacles to an increased user involvement in social services", (Finland: STAKES, 2003).

[20] Disability Monitor Initiative, "Beyond De-institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe", (Handicap International South East Europe: 2004): 25.

Fig.1. Twin track approach to social service for the inclusion of people with disabilities



The right balance between the provision of mainstreamed and specialised services – the twin track approach

One of the specific aspects of the disability service sector is the need for the right balance between mainstreamed services and specialized ones provided at community level, what can be called the twin track approach[21].

The access of people with disabilities to **mainstream services** in the community (education, health care, employment, social services and social protection) is a fundamental right as for any other citizen.

In order to facilitate this process, a specific category of social services is developed in the disability field called **support services** which aim to enhance the self-determination and participation of people with disabilities in society and to access the regular services in the society. They are key elements for mainstreaming disability and include the provision of ortho-prosthetic and assistive devices, personal assistant schemes, support teachers and support persons for accessing employment, interpreters for persons with sensorial disabilities, accessible housing etc.

The specialised services are an extended category of social services, also needed, in order to address the sometimes more complex needs of persons with severe/multiple disabilities. They have to be equally provided in the community, based on a person-centred approach, respecting the choice and the interests of the users and their families. The specific rehabilitation services, the residential care in small family-like settings, the respite care units, the sheltered workshops for severely disabled, the specialised day care centres for persons with very complex needs and dependency, are only few examples of the services that should be developed at the community level, for responding to these specific needs of people with disabilities.

[21] Ibid.

1.3. THE REFORM OF SOCIAL SERVICES FOR PERSONS WITH DISABILITIES IN SOUTH EAST EUROPE – A COMPLEX AND CHALLENGING PROCESS

In the last 16 years, certain reforms in the field of social protection for disabled people, reflecting a political will and a real investment of the authorities, have begun in the majority of the countries of South East Europe. For the first time after several decades, the reform process can be designed and carried out by different stakeholders: both governmental institutions and civil society.

The need for structural reforms in this field, after the collapse of the social protection systems of the communist regimes and the civil wars in the western Balkans, represent a considerable site of innovation in the social sector. The accession process to the EU is also a lever for implementing social reforms, especially for Romania and Bulgaria. The organizations of persons with disabilities (DPOs, parents' organizations) as well as associations of professionals, have the unique opportunity to influence and promote the development of enabling systems and inclusive societies. They are new actors in the political process, with increasing roles and responsibilities regarding the promotion of the most relevant principles in the disability field.

In this context, the reform of social services, as one of the key elements of the social welfare system, is to be considered by the governments and civil societies in the region, in a frame of multiple radical changes: change of mentalities and attitudes, change of daily practices and work methods, change of relevant policies that regulate the service provision etc. The "political momentum" for the reform is very positive, because the countries of South East Europe are at the crossroads of new tendencies and paradigms, which are now promoted simultaneously at European and international level.

This paper illustrates the complexity of the change and reform process, focusing on its main elements and evolutions in the region:

1. First, **a change of paradigm** regarding disability is needed: from a medical and charity based model, still dominant in the region, towards a social and global approach, based on fundamental human rights. This approach, as previously mentioned, is actively promoted by the international disability movement and is reflected in the effort of the United Nations toward an International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities[22].

In the field of social services, the new paradigm promotes the sustainable access of people with disabilities to *affordable, accessible and quality social services that are available at community level*, in which users play a central role. That is why the services have to be tailored in relation to the identified needs of disabled people at the community level. This approach is a radical change compared with the previous institutionalised frame of service provision, in which people with disabilities were considered passive recipients of mostly medicalized services, meant to correct their "invalid" condition (defectology approach).

The new paradigm changes significantly the intervention of the service providers to:
- take into account the needs of persons with disabilities within a holistic perspective;
- place the intervention in the natural environment of persons with disabilities;

Box 4 - The 4 A's in social service provision (Availability, Accessibility, Affordability, Accountability)

These parameters are the most general criteria used in the evaluation of the social service provision.
1. **Availability**- Services exist and are available when needed.
2. **Accessibility**- Services can be reached and used by all citizens who need them.
3. **Affordability**- Social services must have a reasonable price for all citizens who need them. This refers to all measures required to allow marginalised populations financial access to social services at community level.
4. **Accountability** – Service providers are financially and organisationally transparent.

Two other criteria are currently used in the evaluation of social services:
- **the quality** of the service (see box 2)
- **the continuum** of services, especially in the disability field, where the need for social services (mainstreamed, support or specialised) could occur for long term periods and covers different ages.

[22] For details about the "Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities" see the United Nations website (www.un.org)

- work in partnership with all relevant stakeholders (public-private providers, authorities' representatives from the local and central level), in order to manage complex situations and needs.

This process requires a consistent and adequate awareness, knowledge and motivation from all the stakeholders involved in the change process: at the political level, among the frontline workers, but also at the level of the users themselves.

2. The reform of the social services for people with disabilities should progress following **the twin track approach**, as presented in the previous paragraph: an inclusive dimension, which supposes the existence of holistic and inclusive community-based social services, accessible to all citizens, and a specialised services system (doubled by support services), facilitating the participation of persons with disabilities in the community. Considering the long tradition of segregated systems of specialised and medical-oriented services, these reforms require a transfer of knowledge, lessons learned and good practices examples from countries with a more advanced level of inclusive policies.

3. Another challenge of the reform process in the South East Europe is represented by the process of **de-institutionalisation**, defined in this paper as "the process by which a care system, originally aiming to protect people with disabilities by excluding them from society, transforms into a care system that aims to facilitate social participation by offering a wide range of services provided at community level, and respect the principle of choice and decision"[23].

Starting with the development of the Independent Living movement in Western Europe and North America in the early 70s, the experience showed that the de-institutionalisation must be understood from a broader point of view than the simple closure of large residential settings. In order to achieve a reinforcement of the capacities of people with disabilities, respecting their right to choose and the equalisation of opportunities in society, transformation and closure of large residential institutions and the development of community based services is only one step of the de-institutionalization process. It must be realised at the same time with the revision of the gate-keeping mechanisms and the development of a continuum of services at the community level (education, health care, rehabilitation, vocational training, employment, support services etc.). This transformation is a complex and difficult one, involving (re)-qualification and training of staff, investments in infrastructure, revision or development of new methodologies and procedures of daily work with users, re-directing resources towards the local level etc.

4. The de-institutionalisation process is thus related to the **development of new types of services** for disabled people, providing a continuum support chain, in the field of education, rehabilitation, employment, mobility, leisure etc. In the region, the promoters of these new services have been mostly the non-profit organisations that became an important category of providers during the last 10-15 years, with the support and assistance of international organisations and donors. In many countries of the region, the non-profit sector as part of civil society is very young, with no previous experience in participating in the policy making process, nor in service provision. However, new types of services are developing progressively in South East Europe, as innovative structures, enhancing the participation of people with disabilities including:

- day care centres for children and adults with disabilities,
- inclusive education,
- counselling centres,
- vocational training,
- supported and sheltered employment,
- personal assistance services,
- family-like settings or group homes,
- adapted transportation,
- respite care services,
- mobile home care services,
- physical rehabilitation services at community level,
- occupational therapy services.

The promotion of such pilot initiatives into sustainable and available services for all, presents at this stage a major challenge for the region.

[23] Disability Monitor Initiative, "Beyond De-institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe", (Handicap International South East Europe: 2004.): 25-26.

In some cases, this development of services requires the promotion of new types of professions and qualifications, especially in the fields of rehabilitation (physiotherapy and occupational therapy), personal assistance and employment for people with disabilities (job seekers, job coaches or mediators). The introduction of new training and professional curricula, at the college and university levels is though another step to be accomplished.

5. For the development of these new types of services for people with disabilities, the civil society sector played a major role in the region. This is why the emergence of **new types of social service providers** was an interesting process for the Eastern European countries, used to deal in the past only with public providers for all social fields. The new providers are usually non-profit organizations (DPOs, parents organisations, associations of professionals), but also *"informal" providers*[24] (volunteers and family members of people with disabilities) and, in some of the countries, the for-profit companies (especially in the field of sheltered and supported employment).

This diversification of providers has lead progressively to new questions regarding the *sustainability* of their services on long term, *their access to public funding*, the *quality management* within the services, and the *competition* between different types of providers.

In addition, like in all other European countries, the orientation of the non-profit organizations towards service provision has the tendency to create a specific dynamic and questioning related to the separation of functions and responsibilities within the NGOs themselves: between a "classical" militant role of advocacy and lobbying, and the statute of service provider, this double role requires new skills and knowledge[25] and might sometimes be in contradiction with their initial mandate.

6. **The decentralisation** of responsibilities in the field of social service provision is another key element for the reform in the region.

In this paper, the term decentralisation is considered as a process of transfering the responsibilities, capacities and resources from the State level (central authorities, government) to local authorities (municipalities and respectively, to decentralised bodies of the ministries).

The goal of decentralisation is primarily the reinforcement of competencies and capacities of the local community level, for a better decision-making, answering the specific interests of the population and better governance. The local authorities are the decision bodies that are placed the closest to the users. If the decision rests on this level, the chances to meet the real needs of the population are larger. The positive side effect of this process should be the improvement of the control, transparency and accountability, related with the use of the existing resources.

The success of decentralisation depends on several factors:

- the political will and the support of the political leaders, together with a guarantee of continuation of the process, apart from the successions or changes of the governments in place;
- the activism and coherence of the civil society;
- the adequate financial and human resources at the local level;
- an efficient legislative framework, which guarantees the stability of the results that are progressively obtained in the process;
- a correct allocation of resources, needed to fulfil the responsibilities that are delegated at the local level[26].

Decentralisation is a complex process, which needs a broad framework for reform and a global perspective, simultaneously political, economic and social. It is not only a technical set of stages and transfers of responsibilities, but also a process which requires a democratic exercise and a change of mentality within the population. It implies a strong authority of management and involvement at the central level, together with a coherent and coordinated action at the local level, directly concerned with the process. These new responsibilities are numerous (administrative, financial, organisational) therefore local authorities need a transition period for assuming and managing all these new elements correctly.

With regards to the social services, it is theoretically correct to say that a decentralisation of their provision and funding leads to a better quality of the services. In the early stages though, as has been shown in some of the countries of South East Europe, an initial stage of deterioration in

[24] The term is used by Brian Munday in, "European Social Services, a map of characteristics and trends", within the documents of the International Conference, " SIG in actual and future Europe", ODSSE, Hamburg 2002.

[25] For more on this topic, see the series of SOLIDAR conferences "NGO Social Service Providers facing the Challenge of the future" available at: www.solidar.org

[26] Decentralisation and Local Governance, Netherlands Ministry of Foreign Affairs, June 2002

the supply of the services may occur. There are several explanations for this phenomenon:
a) the local authorities have to manage several new responsibilities at the same time, compared to their available resources;
b) certain communities are confronted with a larger number of people in difficulty or risk situations;
c) the financial resources are not correctly allocated or they do not follow the transfer of the administrative and organisational responsibilities[27].

In the countries of South East Europe, one important mechanism which should support the decentralisation of social services is still lacking: *the delegation and contracting of the services to private providers*. The local authorities are not able to ensure all necessary services at the territorial level in order to meet the real needs of the population, but do not have the tools or financial resources to delegate this responsibility towards the organisations/providers which could have the capacity to do it.

For all these complex aspects of the reform, and in order to have concrete tools for introducing the "public mandate" procedures (further described in chapter II), there is a clear **need for defining regulatory mechanisms in the field of social services provision**. A regulatory system should contain, as presented later in the following chapter:
• gate keeping procedures (needs assessment at local level, access criteria and procedures, allocation of resources for social services etc)
• licensing and accreditation procedures;
• contracting and funding of services;
• monitoring and evaluation of services.

This paper underlines the need for the elaboration and adequate implementation of this regulatory system in the countries of the region, guaranteeing effective and qualitative social services that facilitate equal opportunities and full participation of people with disabilities in society.

1.4. THE ROLE OF THE DISABILITY MOVEMENT REGARDING THE PROVISION AND MODERNISATION OF SOCIAL SERVICES

In the countries of South East Europe which are emerging after a long period of communism and a collapse of the social welfare systems, together with a transition from a command to a market economy, a paradoxical situation has emerged[28]:

- on the one hand, these years of deep economic and social difficulties have pushed a large majority of people with disabilities into poverty;

- on the other side, a progressive development of a part of the disability movement, as well as the participation of DPOs in the reform process, represents for them a real opportunity to promote the fundamental rights and the principles of equal opportunities and full participation in society.

The DPOs play a significant role in the region in promoting a social and holistic model of disability, based on human rights, as well as the need for a continuum of qualitative services at local level. In Macedonia, Albania, Serbia and the UN administered province of Kosovo they are becoming more and more important stakeholders for the change process, with an increased weight in the policy elaboration process.

Both DPOs and service providers should join their efforts in this reform context, using the opportunities of the political momentum and the vast "social construction site", in order to promote modern principles in social service provision, in accordance with European evolutions.

This cooperation between various stakeholders requires a common understanding of the priorities and mechanisms involved in the development and modernisation of the social service provision, as well as strategic planning and firm measures for overcoming the difficult aspects mentioned above (de-institutionalisation, decentralisation of service provision etc.).

[27] Fox, L., Gotestam, R., Redirecting Resources to Community Based Services, UNICEF-World Bank, 20032
[28] "Disability Monitor Initiative, "Beyond De-institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe", Handicap International South East Europe: 2004.

THE PROCESS OF PROVISION OF SOCIAL SERVICES FOR PEOPLE WITH DISABILITIES

2

2.1. THE PHASES OF THE SOCIAL SERVICE PROVISION AND THE ROLE OF REGULATORY MECHANISMS

This chapter of the working paper presents the concrete process of provision of social services from a broad perspective: starting from the assessment of the users' needs at the local level, to the final evaluation of the rendered service.

In order to describe the complex frame of the regulatory mechanisms and their multiple roles in the organisation of the social services system, the focus is not only on the basic cycle of the service provision (the access of users, the provision of the service itself, final evaluation of results etc.), but also on:

• the procedures which precede the concrete provision of services (the planning of the needed services at the territorial level, the authorisation and the approval of the services, financing);

• and stages which take place in parallel with the existence of the service itself (monitoring, internal and external evaluation, renewal of the licenses and contracts etc).

It is difficult to talk about developing an effective, quality service, if equal attention is not put to the planning, provision, monitoring and evaluation of the respective type of service.

Similarly, from a macro perspective, an efficient *system of social services* at the national or local level cannot be achieved if planning, coordination, monitoring and evaluation of the system are not regularly carried out (as will be presented in Figure no.3).

In a broader sense, the regulatory mechanisms are tools for guaranteeing the balance between **the demand** for social services, reflecting the existing needs of users at the local level, and **the offer (supply)** of services. Each of the three main stakeholders which are relevant in the process of social services provision (users, providers and the State) plays a different role in this context. The

Fig. 2 The responsibility in the definition and implementation of regulatory mechanisms
The regulatory mechanisms (the thick arrows) are meant to coordinate: the access of users in the system of social services, following their needs and demands, the offer (supply) of services according to local needs, as well as the concrete provision of social services, respecting essential principles such as quality, accessibility, accountability, affordability for all users who need them.

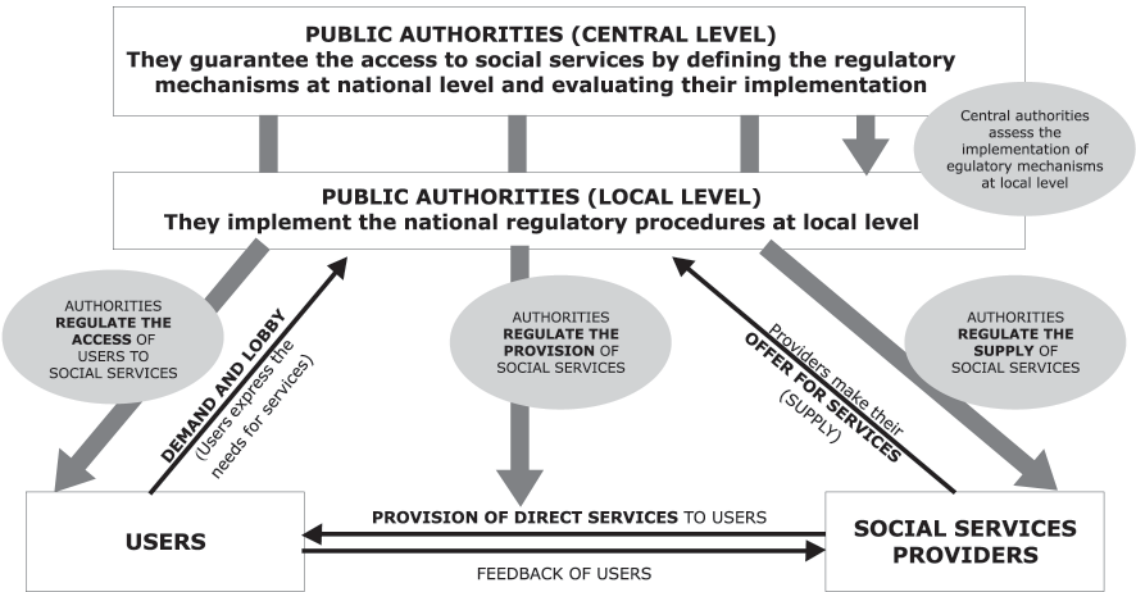


Figure no.2 illustrates these roles, as well as the place of regulatory mechanisms and the different responsibilities covered by central and local authorities in their definition and implementation.

The social services sector is not primarily governed by market mechanisms. Therefore, the direct regulation between the offer (supply) and the demand, specific for the for profit sector, cannot be used in the social services field. The regulatory role must be ensured by a third actor, as in the figure on the previous page, represented by the public authorities (the State), either central or local. The authorities are, at the same time:

- the guarantor (and the main responsible body) ensuring fundamental human and social rights of all citizens;
- the recipient of the expressed needs of the population, in terms of social services;
- the guarantor of qualitative provision of social services, in accordance with these needs and through a regulatory frame that applies both to public and private providers at the community level.

In order to do so, there is a need for adequate "tools" (the regulatory mechanisms).

In this paper, **regulatory mechanisms** in the field of social services are instruments meant to control, coordinate and improve social services, both at macro and micro level. They are a lever for developing quality, accessibility, availability, accountability, affordability of social services for all citizens, including people with disabilities.

Figure no. 3 illustrates the overall succession of stages in the provision of social services, together with the corresponding regulatory mechanisms (marked in grey boxes, in the diagram). Each specific regulatory procedure will be described further on, in section 2.2.

The regulatory mechanisms are presented within the frame of "delegation of public services" or "**social services under a public mandate**". The interest of this general perspective is represented by the existence of contracting procedures, consequent to an evaluation of suppliers, as well as the possible funding of providers from public funds, which is an important aspect in South East Europe. This frame allows for the existence of *multiple types of social service providers (public, non-profit, for-profit), contracted by public authorities in order to cover the need for services at local level*. Both private and public providers can be coordinated and monitored under the same scheme, using the same regulatory procedures. In this case, the provision of social services is "delegated" from the central level to different local providers, private or public, but submitted to the same regulations in all stages of the service provision. The frame of social services under a public mandate is currently used in many countries of the EU and it contributed to a continuous improvement of the network and quality of the social services during the last 30 years.

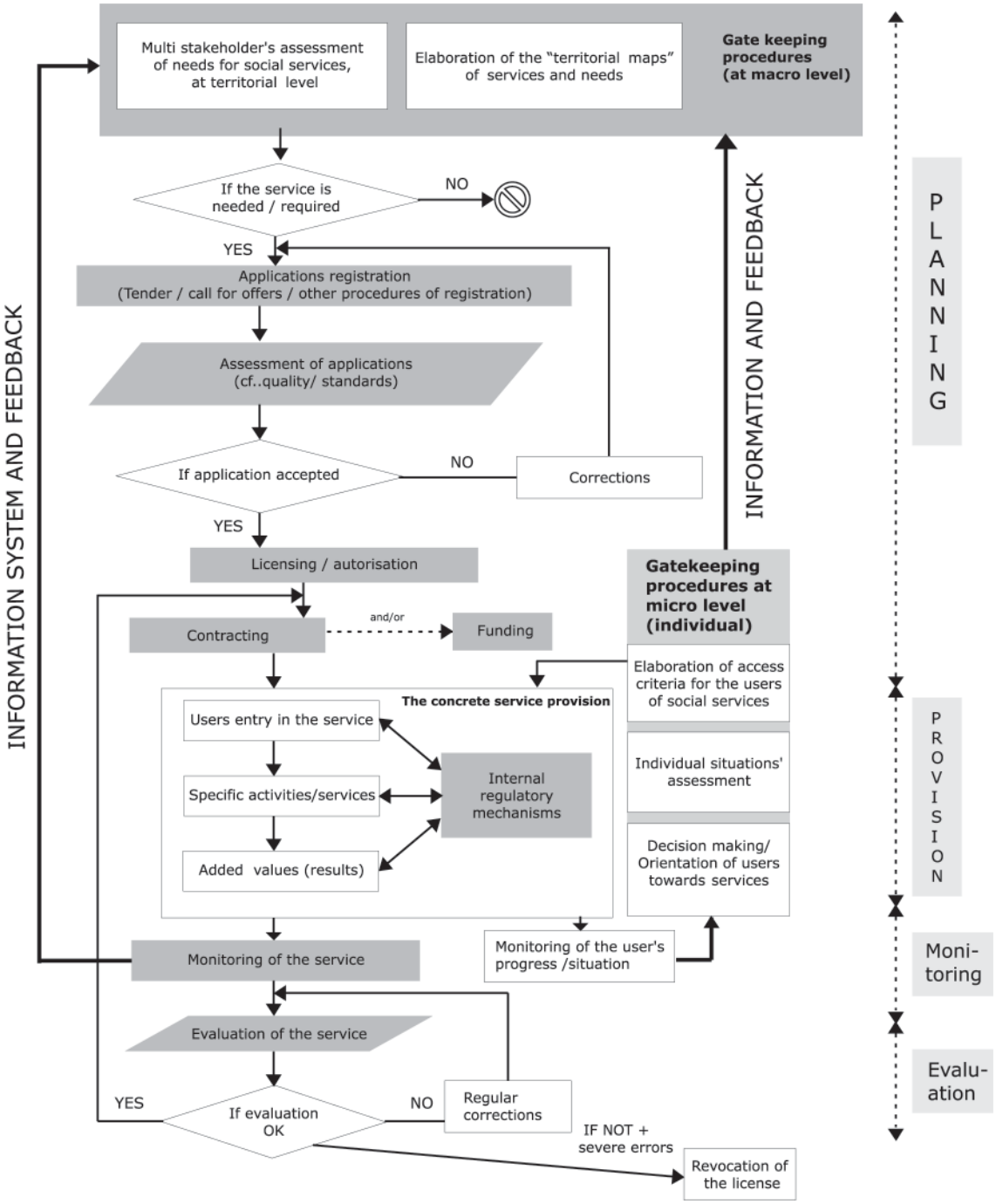
This type of representation underlines the fact that in each stage of the provision of services (planning, concrete delivery of service, monitoring, evaluation) there are specific regulatory procedures that intervene (the grey blocks) in order to adapt the provision process to the specific objectives of the social sector, as defined in the respective country and context.

A specific attention should be paid to the monitoring procedures, which are the source of very relevant information and feedbacks (related both to services effectiveness, as well as to the situation and progresses of the user himself). This information and feedback system is an important component of the regulatory mechanisms. Conceived usually as part of the gate keeping procedures, it should be considered as a real pillar of the whole system of regulatory mechanisms. A good organisation of information flow and feedbacks in all stages of the service provision guarantees an integrated, adapted and coherent approach at all levels of decision making.

This kind of representation illustrates also that the paper advocates for a comprehensive **approach to the implementation of a regulatory frame**, in which the individual components and procedures are linked together and considered in a systemic perspective.

The main categories of regulatory mechanisms represented in figure no.3 are the following:

Fig. 3 – The overall process of social service provision, including regulatory procedures



(1) The gate keeping mechanisms

In this paper, gate keeping mechanisms are defined as *"the system of decision making that guides effective and efficient targeting of services" for people with disabilities and other vulnerable groups*[29].

Gate keeping mechanisms control the balanced distribution of social services at the territorial level, in accordance with the real needs of the users. Here the gate keeping system is presented as a combination of assessments and decision making procedures, targeting both the individual (micro) level and the local territorial (macro) level.

[29] Bilson, A., Harwin J. "Gate keeping services for vulnerable children and families", (Florence: UNICEF Innocenti Centre and the World Bank, 2003).

In order to have a clear picture of the needed local services, **the needs assessment** procedures should be coordinated and accompanied by the realisation of periodical **maps of services** at the territorial level. The main goal of a social services system is to ensure the availability of services for all citizens who need them. In order to avoid overlaps, a surplus of certain types of services or, contrarily, a lack of needed ones, these procedures are essential for the design of the whole system.

Then, the gate keeping system is equally responsible for guaranteeing and facilitating the access of persons with disabilities to social services, according to their choice and needs: **the assessment of individual situations**, **the access criteria and procedures**, as well as **the concrete orientation to services** must be conceived in a manner that respects the principles of universality and accessibility to the services.

In the general organisation of the regulatory frame, **the system of information and feedback** plays a major role. As a result of monitoring procedures, it is a continuous process including: continuous data collection and data analysis, statistics, information exchange at all levels of decision making, coordination and reporting. In other words, this mechanism covers the monitoring function for the overall regulatory frame, influencing the decision making and adaptability of the system to the changing needs of all relevant stakeholders in the process.

According to Handicap International, in most of the countries of South East Europe, the reform of the gate keeping system represents one of the most important priorities, contributing significantly to ensure full participation of persons with disabilities to social and economic life. Access to services for people with disabilities has been based on a medical approach in which the user has no control of service provision. To move towards a needs-based and rights-based system of service provision, based on choice and options for users, reform and development of new gate-keeping systems must be introduced.

(2) The quality principles, standards and indicators

These regulatory mechanisms *guarantee the required level of quality for the services needed by people with disabilities* and identified in the previous stage (of the needs assessment).

The supply of services has to be analysed from a quality perspective, in order to prevent abuse, negligence and lack of respect of the users' rights and interests. As will be shown further on, the choice and definition of quality standards or indicators is one of the key steps within the construction of a regulatory system.

(3) The administrative procedures for licensing (authorisation), contracting and funding of social services

Their role is to formally recognise the compliance of the provider with the required quality standards and to define a concrete frame of provision of the respective service, for a specific category of users, based on an efficient allocation of existing resources at the local level.

These procedures have also a function of monitoring regarding the distribution of social services in the territory and their compliance with the existing needs of population.

This paper puts an emphasis on the *(sub)contracting procedure* (delegation of the responsibility of service provision from the public authorities to private or public providers at the local level, as well as corresponding access to public funds), considering the introduction of this mechanism as a major priority for the countries of South East Europe.

(4) The internal regulatory mechanisms

During the provision of the service, each service provider develops its own mechanisms of assessment, control and evaluation within the service itself. These procedures (services and individual planning, internal regulations, regular evaluations of staff, procedures for facilitating the user's involvement etc) are extremely important for implementing the good governance principles at the provider's level.

It is beyond the scope of this working paper to detail these internal procedures, since the focus here is rather on the overall system of regulatory procedures. The role of the internal regulation is nevertheless important in the overall process of service provision.

(5) The monitoring and evaluation mechanisms

Mechanisms of monitoring and evaluation *guarantee the transparency, the accountability and the control* of the institutional parameters, during all phases of the social service provision.

They *contribute also to the promotion of innovation and good performance*, through

benchmarking procedures, together with the possibility for **accreditation** of the service (considered here in the sense of the certification for a level of excellence).

Finally, they guarantee, by their contents and their modalities of implementation, the *respect of the interests of users and their active involvement and participation in the service provision.*

2.2. THE SPECIFICITIES OF THE REGULATORY PROCEDURES

A. The needs assessment at territorial level

In order to be effective, social services have to respond to the real needs of the population. The evaluation of these needs (in terms of diversity, number, availability and quality of services) contributes to an efficient distribution of existing public resources, allocated for sustaining and/or developing the most important social services at the local level.

> *The distribution and organisation of social services could be different in rural and urban areas, for example, in order to respond to the same needs of the population. Additional transportation means could be needed, the number of mobile teams of professionals could be bigger etc., in rural areas.*

This is the reason why the needs assessment is a procedure organised at the territorial level (region, department, and municipality) and is usually coordinated by the public authorities.

The aim is to identify and collect the demands for specific services in the respective territory. In order to obtain this overall information, all stakeholders involved in the gate keeping system (evaluation and orientation commissions, service providers, local agencies for people with disabilities (if they exist), DPOs, municipalities etc) should periodically produce statistical data and information, centralising the needs for social services that are addressed by the users.

In Europe, this procedure is not generalised, but it represents a very good instrument of planning for the regular allocations of public resources, related with a concrete identification of local needs of the concerned population.

Implementation particularities

- In order to become effective both at local and national level, the assessment of users' needs and the data collection at the territorial level should be realised with similar standardised forms;
- Since this procedure requires a final centralisation of the collected data, the European countries that apply this procedure tend to give the overall responsibility to a single body or authority, at the local level;
- In certain cases, this analysis is facilitated by the presence of the representatives of the users in the structures of a local decision-making body.

B. The territorial maps of social services and needs

In strict correlation with the needs assessment at the territorial level, some European countries (France, UK etc) introduced the so called "maps of social services", which are important instruments for planning and regulating the supply of services.

The territorial maps are charts of the existing and needed services, renewable within specific intervals of time (3/5 years); any proposal for opening new services, or for extending the existing ones, are analysed in relation to these territorial charts.

Implementation particularities

- The elaboration of territorial maps of services is a procedure with a significant political "weight". Since the strategy for investment and allocation of resources for the network of social services depends on this key information, all relevant stakeholders should contribute to this procedure.

> *In France, for example, a large number of stakeholders are part of the elaboration and finalisation of the services maps. The responsible body for achieving this task is a regional commission that is based on a high degree of representation of all stakeholders involved in the service provision: service providers, authorities, users representatives, unions of workers etc.*

C. The access criteria to social services

The procedures and criteria for accessing social services are crucial elements for the efficiency of the system. These mechanisms contribute in a major way to the respect of fundamental principles in social services for persons with disabilities:

• the user's right to chose (regarding the type of service and of intervention);
• equal opportunities in accessing mainstream services;
• the adequacy of service provision to the users' expressed needs.

In the access procedures, users and/or their representatives have to play an active role in the choice of the service. They must also have a clear and comprehensive picture of the different options possible, their responsibilities and their rights.

In terms of concrete implementation of this mechanism, the most important element is to guarantee the possibility of choice, even for users with complex dependency needs or severe and/or multiple disabilities.

The access criteria are closely linked with the disability definitions in the national legislation (both specific laws on disability and mainstream legislation).

D. The assessment of the user's situation and the orientation towards adequate social services

These procedures are the main elements for promoting the active participation of users, by facilitating their right to choose the appropriate service in the community, mainstreamed or specialised, in accordance with their needs and expectations.

For the countries in South East Europe, the assessment of the situation and the orientation of people with disabilities to social services are still depending on the type and "degree" of disability, rather than choice, expectation and abilities of the people themselves. People with disabilities are oriented with priority toward specialised services (special schools, sheltered workshops, residential settings), instead of adapting the mainstream system of services to these diversified needs of people in the local community.

Strictly related to the reform of the orientation commissions (previously known as "categorisation commissions") in South East Europe, this mechanism depends significantly on the other key element of the gate keeping system: *the information system*. Users and referral agencies, as well as the social workers and assessors, should keep themselves updated about the existing social services in the community, the legislation and rights of people with disabilities, as well as the particularities of each type of service.

E. The quality standards and the development of minimal conditions for the provision of social services

The quality standards are criteria or indicators generally accepted to evaluate a desired level of performance in the provision of a service (Wright and Whittington - 1992).

When the supply of social services is articulated with the real needs of people with disabilities at the territorial level, it becomes the subject for an analysis in terms of minimal quality standards, which are obligatory for each service provider to respect. This stage constitutes one of the most important regulatory mechanisms because it guarantees the provision of quality social services, respecting the interests and needs of people with disabilities according to quality principles and indicators prioritised at the national level.

In the concept paper called "Improving standards of child protection services" (UNICEF and World Bank, 2003), Andy Bilson and Ragnar Gotestam mention that *"quality standards provide a set of criteria that can be used to monitor the management and provision of services, the quality of services as well as their outcome. They ensure equitable and transparent transfer or delivery of services to the beneficiary".*

The quality standards can be grouped in two different categories according to different criteria:

a) Taking into consideration their **degree of generality**, two types of quality standards can be described:
• **technical** standards (used for specific fields of action or services) – indicators or requirements that are usually detailed for each specific procedure that occurs within a service. They can imply as well: environmental standards (related to the description of the external conditions of organisation of space etc), and specific management standards etc;
• **general** standards (or principles) – which reflect more general criteria of good governance, applicable to a broader category of social services.

b) If considering the **performance criteria**, two types of indicators are usually identified: **minimal indicators** vs. **excellence performance indicators**:
• minimal indicators guarantee a minimum level of good quality of service – these minimum

indicators are compulsory for all services providers and they condition the licensing of the service;
• excellence criteria or indicators – those which reflect a high level of quality in services provision; they are usually optional and are used especially within the framework of the procedures of accreditation and benchmarking.

One of the most interesting processes related to the modernisation of social services in Europe is the re-evaluation and design of national standards in this field, trying to balance and harmonise these types of quality indicators (see also box no.2)

Implementation particularities

• An important observation to be made is that the development of the quality standards should not lead to a "standardization of service provision". Even if the formulation can induce confusions, it is obvious that, in the social field, the person-centred approach requires a great flexibility on behalf of the service provider. This is not contrary to the introduction of the standards. Their degree of generality, their content and formulation must allow the balance between flexibility and the obligatory level of quality for the respective service.

> *Within the framework of the European debates on the characteristics of the social services, this element is often discussed: do we have to speak about standards, indicators or should we speak about quality principles or criteria, related with the evaluation procedures? Is there a risk of uniformity and excessive bureaucracy in the introduction of the obligatory standards? How can results, which are rather subjective, be "measured" through objective indicators, especially in the field of the social intervention? Finally, can the standardisation lead to a lack of innovation in the social services?*

This paper will not propose a detailed analysis of the controversies related to the introduction of the quality standards in the field of social services for people with disabilities. Existing studies and the current European experiences show that, in the daily practice, as well as in the global frameworks of social reform, quality standards make a difference.

• Another important concern related to the standards is their *adequacy to the local culture*. The interest of any standardisation procedure is implicitly that they are appropriated quickly by teams of professionals, for an easy translation and implementation in the daily work. A high level of requirements for the minimal standards, or the rapid introduction of completely new principles into the provision of the service, can produce side effects.

• Directly related to this aspect is also another very important element of the quality standards and quality management: *the training of professionals (the frontline workers) and the training of evaluators/ assessors*. Any application of a new set of standards in a social service requires a preparatory training of these two categories. They are the first to understand the guiding principles of the required standards, the modalities of transposition of these principles in concrete actions, the effects and the impact of these procedures on the user's life.

• In the majority of the European countries, the introduction of the quality standards was preceded, with good results, by a *pilot phase* of experimental application, in order to measure the side effects, the positive impact and the matching of the proposed procedures with the expected results.

• The *national character* of the quality standards is an important requirement to be considered. The minimal quality standards have to be respected by all providers at national level, in order to ensure a balanced provision of quality social services for all citizens of the national territory. This aspect highlights a political, coherent option on the whole national territory, complying with the fundamental principles required for the respective sector. In this way the State guarantees the same approach in the field of social services, with respect to the users and their interests, both in public and private services.
The elaboration of quality standards at national (and not local) level has also another role: the prevention of using the set of standards for the benefits and the particular interests, at local level, in the decentralisation framework, especially if we consider the important role of the local authorities in the later procedure of licensing and allocation of the resources for service providers.

• The quality standards have to be developed with the possibility of a *periodic revision*, in order to facilitate their continuous and progressive improvement. In other words the legislation should allow flexibility in the standards revision, according to societal changes and the evolution of the service provision itself.
It is also necessary to continuously adapt the standardised requirements to the current professional

practices. As the necessary change of disability paradigm described earlier in the report, the evolution of quality standards and principles in social service provision requires a change and a continuous progress of what is acknowledged as being standards of good practice.

F. Licensing and accreditation of service providers

Licensing[30] *(authorisation) is a procedure which attests the right of an organisation to provide a particular service to the users, following the respect of the minimal standards defined by the law.*

Different countries use different terminology for this legal recognition of service providers. In this working paper, the term used is licensing of services, as defined by UNICEF and the World Bank in their series 'Changing Minds, Policies and Lives'[31].

The licensing is a certification procedure. Its result is the provision of a certificate or license granted by the local or central authorities, for a limited period of time. This certificate guarantees the respect, by the service provider, of the national minimal standards in the respective field of action. The license enables the service provider to implicitly start to receive users within their social service.

The license is generally given to the service provider after an analysis at two levels:

- the compliance with the minimal standards or conditions, in the respective field of activities;
- the adequacy between the service provision and the existing needs of the users, at the local level.

In some countries, like France, licensing is conditioned also by the existing financial resources at the local/central level, since the French legislation stipulates automatic (sub)contracting and funding procedures for licensed service providers.

National practices are very different in relation to this procedure. Some countries (e.g. Romania) license through separate procedures:

- the service providers;
- and each specific type of service delivered by these providers.

The licensing procedure does not lead automatically to the contracting and the funding of the service by the local or central authorities in all countries though. The opposite relationship is however obligatory. All providers that are subcontracted and funded by the public authorities have to be licensed.

The license of a service provider is not given for a period that is shorter than 1 year but can be issued also for 3/5/7 years, depending on the country.

Accreditation procedures are particular forms of quality certification.

UNICEF and the World Bank propose the following definition: *"accreditation is a voluntary process that offers service providers recognition for obtaining standards of excellence defined by an accreditation agency"*[32].

The main objective of accreditation is the analysis of the performance of one service provider, compared to a set of performance quality indicators. The accreditation certifies a high level of quality of the respective service but remains usually an optional procedure[33]

The regulatory role of accreditation can be increasingly important. One of the significant discussions at the European level refers to the impact of the obligatory procedures of organizational evaluation on the teams of professionals, in the long term. There is a concern regarding the modifications of the "organisational behaviours" within the social services, due to the obligatory character of the internal and external evaluations, which are regularly required by the contractors (public authorities, donors).

The competition between providers, the modernisation of social services, the introduction of quality management requirements, have certainly increased the volume of internal procedures, documents and rules. Teams are constantly facing new regulations and administrative work,

[30] The terms "licensing", "authorization" and "accreditation" are used in this paper with their most general senses, from the perspective of the European countries. However, in some countries (like Romania for example), the terms are used in different ways: the Romanian "accreditation" of the social service providers is a process related to the compliance with minimal quality standards, and not an optional procedure, like in the majority of the EU States.

[31] Bilson, A., Gotestam, R. "Improving Standards of child protection services", (Innocenti Centre UNICEF and the World Bank: 2003).

[32] Bilson and Gotestam, ibid.

[33] In Romania, however, the accreditation procedure is used with another meaning: it refers to a compulsory procedure of certification of all social service providers, in relation with a set of "general quality standards", inspired by the EQRM quality system (www.epr.be). It is accompanied by another compulsory stage, the licensing procedure, which relies on a set of "technical" standards, designed for each type of social service.

especially related to the monitoring process. In this context, the existence of the accreditation as an optional instrument of evaluation can constitute one of the elements of motivation for the service providers and an interesting tool for a benchmarking-type analysis.

G. The contracting and funding of social services

Contracting *represents (in the sense of this paper) the establishment of a partnership and/or financial relationship between a public authority or donor and a social service provider (public or private).*

The contracting is a specific regulatory procedure within the framework of public mandate. The local authority subcontracts a specific social service with a service provider (public or private) for a limited timeframe. The contract is followed by the public support (in kind, infrastructure etc.) or funding, in variable proportions.

This regulatory procedure is very important for the development of a quality system of services for people with disabilities. The public authorities are those who have the responsibility to ensure the access of people with disabilities to basic social services at the community level: education, employment, health care, housing, rehabilitation and social protection. When the public system cannot answer to the existing social needs or cannot deliver the required quality of the social services, the subcontracting procedure becomes compulsory. The contracting (followed by secured public funding) is a tool for achieving a diversity of sustainable social services for all citizens.

The contracts between the authorities (or the donors) and the service providers contain elements related to the types of services targeted by the respective funding: the targeted public, the duration of the contract, the rights and the obligations of the partners, the conditions of renewal and the end of the contract. They are official procedures and have a legal value; the contracting follows the licensing procedure and represent a condition for the funding of the services from public sources.

The funding of social services from public sources relies on different calculation procedures from one country to another. The most common financing mechanisms are the following:

a) the **cost per day per user** – the service is financed according to the total number of "presence days" of users, per year (the number of users multiplied by their days of presence in the respective service); the disadvantage of this procedure is the obligation of the service to guarantee a certain percentage of coverage of the global capacity of the service per year, which is not always possible, according to the categories of the population and of the service's specificity;

b) the **global cost per year (total budget)** – the service is funded according to its total budget. This estimated annual budget has to be approved by the partners and has a standard format for all service providers at the national level; from the main budget, the investment costs are usually submitted to a separate procedure of approval;

c) the **funding per activity or per project** – in this case, the financial coverage from public sources is directed only towards specific activities or projects that the provider develops during a specific timeframe.

Implementation particularities

• Once the funding mechanisms are available at national or local level, the monitoring and evaluation procedures have to be in place as well, in order to allow the assessment of the provider's accountability and the efficiency of use of public resources.

• The insufficient allocation of resources for social services is a major break for the development of the sector as long as concrete needs for these services exist at local level. Once a social service begins (is licensed), it has to be sustainable in order to ensure the continuity of the provision at least with minimal quality standards. Unstable funding is, in a sense, more damaging than a lack of public funding, because it affects both continuity and the quality of the service, sometimes in an irreversible way.

H. The internal regulatory procedures

In order to ensure the quality and effectiveness of the social service, the management team is required to put in place **internal regulatory procedures**. Their role is no less important, compared with all the previous regulatory mechanisms. They are basically planning, monitoring and evaluation tools at the "micro level", meant to guarantee the respect of the main principles of good governance: the effectiveness, efficiency, relevance of the service, together with the respect of the users' interests and rights. They focus on all aspects and components of a service (the

infrastructure, the process, the actors…)

The most common regulatory procedures at this level are concrete instruments like:

- manuals of internal regulations and procedures,
- ethical codes,
- regular staff meetings,
- planning tools,
- individual action plans (IAP) with elaboration procedures,
- (self)evaluation and reporting procedures,
- complaint procedures for users,
- quality management responsible and procedures etc..

I. Monitoring and evaluation of the social service

Monitoring is a *"continuous process of systematic collection of information, according to specific indicators, meant to provide the managers of a service and the relevant stakeholders with data of the extent of progress and achievement of objectives, in the limit of allocated funds"*[34] .

The monitoring procedures allow regular corrections and continuous improvements of the on-going intervention.

In some European countries, the term *monitoring* is used with the meaning of *control*. In this case, the procedure for monitoring consists of a verification of compliance with the service's organisation and performances with the required quality standards.

This paper considers monitoring as a crucial element for any regulatory framework. As mentioned before, gathering relevant information at all stages of the service provision and at all levels of the decision making (from the very concrete daily work level, to local and the national levels) contributes to the effectiveness and the coherence of the entire system.

The evaluation is a *"systematic and objective appreciation of an on-going or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and the fulfilment of the objectives, efficiency, effectiveness, impact and sustainability. An evaluation should provide credible and useful information enabling the incorporation of lessons learned into the decision-making process of both recipients and the donors". In direct relation with the standardisation procedures, "evaluation involves the examination of performance against those standards, an assessment of actual and expected results and the identification of relevant lessons"*[35].

There are two main forms of evaluation at the level of direct service provision:

a) **The internal evaluation** of the service, or the self-evaluation, represents an analysis of the performances and quality of the intervention, realised by those who are responsible for the organisation of the service: the management team, the staff, etc. **The participatory principle in the provision of services requires also the involvement of users (or their representatives) in the evaluation process**. In the majority of situations, the self-evaluation is annual. It prepares (and conditions) the external evaluation and leads to necessary corrections of the on-going provision of services.

b) **The external evaluation** – led by persons or bodies who are external to the donors and to the organisation responsible for the implementation of the service (independent assessors).

The process of quality evaluation in the field of social services is rather recent in Western Europe and practically non-existent in South East Europe. Nevertheless there is a significant emergence of tools, methodologies and strategies of evaluation in the EU countries, related to the modernisation process. The "innovative site" in this field is open and extremely rich. Many providers elaborated their own tools for quality evaluation, trying to harmonise both required, compulsory elements and the specificity of their own intervention. The main challenge for this category of procedures remains the need for integrating the specific elements of the social sector in the design of the quality evaluation tools, compared to the other existing instruments of the economic sectors (the ISO system, for example).

A particular form of monitoring should be added at national and local levels: **the one related to the implementation of the regulatory procedures themselves.**

The way in which local authorities or specialized responsible bodies fulfil their obligations of regulating the provision of social services is also subject to monitoring and regular assessment. In this process, the role of users and/or their representatives is very important and their participation

[34] Glossary of key terms in evaluation and results based management, OECD, 2002
[35] OECD Ibid.

should be enforced by legal documents.

Implementation particularities

• The evaluations are carried out based on initial documents called terms of reference. They outline the objectives and the domain of the evaluation, the methodology, the references used in order to value the performance or to lead the analysis, the necessary resources and timeframes, as well as the modalities for the presentation and communication of the results.
• The evaluated aspects at the level of the social service provider for people with disabilities are the following:
- the management of the service (human resources, communication, administration, financial efficiency and transparency, etc)
- the partnership relations;
- the quality of the service provided to the users, the performance and the achieved results;
- the respect of the users rights and interests;
- the internal coherence of the service (correlations between activities and goals, communication between departments);
- to what extent did the provided services respond or not to the needs of persons with disabilities at the community level.
The evaluation simultaneously targets the structure, the process and the results of the social service.
• The evaluation must be followed by *recommendations for improvement*. This aspect differentiates the evaluation from a pure control of the rendered service. The final goal of any evaluation remains the improvement of the service's governance and of the concrete provision of services to direct users.
• An important element for an efficient evaluation is the training and qualifications of the assessors, especially in the case of the external evaluations of social services.
• The results of the evaluations are relevant for the continuation of the subcontracting and funding procedures; in exceptional cases (frauds, abuse etc), the internal and/or external evaluation is followed by the revocation of the provider's license and funding or by other punitive measures.
• An interesting form of useful evaluation is the **benchmarking** procedure. It refers to the evaluation of the results that have been achieved by a social service provider in comparison with more successful or effective organisations, considered as reference of best practice.

The United Kingdom introduced an interesting procedure of star rating, addressed to local authorities, regarding their performance in ensuring social services at the territorial level. This annual procedure is meant to increase the level of responsiveness to local needs, as well as to reduce the discrepancies between different territorial units of the country, in the field of social service provision.

These regulatory procedures are implemented differently in different countries, but the regulatory process, in its whole, keeps the same design and roles. A comparative illustration of the set of regulatory procedures in four European countries is presented in annex 1.

2.3. THE ROLE AND FUNCTIONS COVERED BY THE REGULATORY MECHANISMS OF SOCIAL SERVICES FOR PERSONS WITH DISABILITIES

Regulatory mechanisms provide a global framework for the provision of social services, guaranteeing the respect of certain fundamental principles of good governance, as well as more particular objectives of social services systems, defined politically in each country.

In this paper, the regulatory system is therefore conceived as fulfilling three main functions:
a) A **normative** function – it sets standards that must be respected by the service providers but also by the decision makers and donors. It offers concrete tools for guaranteeing a minimum set of conditions for the correct delivery of the social service; it fixes "the rules of the game" and makes sure that these rules are respected by all relevant stakeholders in the process.
b) A **corrective** function – the regulatory system identifies the weaknesses in the provision of social services and requires corrections or adaptations;
c) A function of **promotion and continuous improvement of the quality of services** (through its specific procedures of evaluation, accreditation and therefore valorisation of the "practices of excellence"). The regulatory system is not only a *correction* tool, but also a tool for modernisation and *innovation* in the social service field.

A European overview of regulatory systems shows that *the prevalence of these functions is different in different stages of the development of the social service system.*

In South East Europe, for example, the normative aspect is predominant. Accent is put on the design of quality standards and indicators, inspection procedures and evaluation of the outcomes. Less attention is given to the needs assessment, internal regulatory procedures, subcontracting and funding of different service providers.

In Western Europe, the modernisation of social services became the priority. The emergence of new types of quality evaluation tools and procedures, the possibilities for accreditation and benchmarking, are more developed and highlighted.

Despite the fact that regulatory procedures are usually designed and implemented together in the national policies, the legislation can target more a specific set of regulatory procedures depending on political goals or on the level of development of the service system itself:

• In a country with limited resources, or after a major crisis (war, economic collapse etc), the implementation of a regulatory system that puts an emphasis on the excellence in terms of practices and the innovative character of the social services is not realistic. The *normative* function is, in exchange, the one that ensures a minimal coherence of the social intervention at the national level and guarantees the respect of minimal quality standards for all users and thus is more suitable in such situations.

• Then, in a stage of reforms and renovation of the social sector, the *corrective* function plays a more important role. It facilitates and promotes a faster appropriation and implementation of new practices, paradigms or principles, among the service providers, users and decision makers.

• The function related to the *continuous improvement* of the quality of services has a more significant weight in the developed systems of social protection. It facilitates the advance and the development of proper measures in order to provide adequate answers to the users' needs and to fulfil the strategic objectives of the system.

Obviously, such a prioritisation of functions cannot be generalised but it gives an image on the "political" importance of the regulatory system in the development of the social service system in South East Europe. Different countries can use this general frame to increase the strength of a certain component, based on the concrete momentum in the evolution of the social services system.

The ultimate result of the implementation of all these mechanisms and regulatory procedures is of course to provide the users with services that answer to their expressed needs. The quality standards, the constant evaluation of the service provider and its actions, the prioritisation of certain funding criteria etc are, finally, only means to ensure a better quality of direct services for users. The elaboration of the regulatory system, together with its implementation, reflects the "political" vision regarding the user's role and participation in the process of social service delivery.

At the same time, the regulatory mechanisms can constitute instruments of change and innovation by themselves and can be designed to promote new perspectives in the social service field.

In each country, the elaboration of a regulatory system for social services becomes an obligation: first because of the need to ensure a correct and efficient use of the resources in the social sector and to target poverty and social exclusion. Secondly, because it is the only way possible to harmonise the supply of services with the needs and demands of the users within the frame of fundamental principles of social service provision (availability, affordability, accountability and high quality of services).

Conclusions

This panorama of specificities in the different stages of the provision of social services shows that there are particular stakes related to the development of an efficient and effective system of social services for people with disabilities in South East Europe including:

• The challenge to simultaneously manage and support structural reforms, administrative decentralisation and a process of de-institutionalisation, altogether, constitute tasks of great complexity for the national and local authorities as well as for civil society.

• The opportunity to build a modern system of social services at the community level, relying on fundamental principles (universality, accessibility, affordability, quality, transparency and participation of the users), is well articulated within the debates and the joint efforts of the EU countries.

• In a transitional context, a clear understanding and vision about the regulatory mechanisms in the field of social services will contribute to systematise a chain of procedures and tools aiming to increase the quality and accessibility of the services for all citizens, including people with disabilities.

RECOMMENDATIONS CONCERNING THE IMPLEMENTATION OF REGULATORY MECHANSIMS FOR SOCIAL SERVICES IN SOUTH EAST EUROPE

3

The previous chapter presented a picture of the different phases in the provision of social services for people with disabilities, as well as the most common regulatory mechanisms of such a system. The importance of these procedures, both for political decision makers at the national and local levels and for users and service providers themselves was highlighted.

This final chapter outlines a set of recommendations, or key elements, for the development of efficient systems of regulatory procedures. What are the requirements, the essential components and the risks to be anticipated, in relation to the elaboration of a national policy in the field of social services?

The question regarding who is responsible and who should be in charge of the promotion and implementation of a regulatory system, as well as the particular role of the partnerships between the decision makers, donors, service providers and users will be discussed.

3.1 KEY ELEMENTS AND RECOMMENDATIONS FOR THE ORGANISATION OF A REGULATORY SYSTEM IN THE FIELD OF SOCIAL SERVICES FOR PEOPLE WITH DISABILITIES

In South East Europe, governments face multiple challenges in the reform of the social sector. A traditional approach regarding the user's role, the lack of basic social services at the local level, limited resources and a lack of professionals, are only few of the numerous problems occurring in these countries. However, the implementation of regulatory procedures becomes important for the local and central authorities. Some key elements are highlighted and considered to be important in this complex reform stage based on some lessons learned in the EU countries.

A. A coherent and comprehensive system of regulatory mechanisms

The main recommendation is related to the way in which the regulatory system should be conceived. This paper advocates for considering all aspects and procedures in an integrated perspective, due to the various and complementary functions that they cover.

In other words, the introduction of a complete set of regulatory mechanisms at the national level is recommended. In countries with no previous experience in this field, there is a tendency to focus on some functions or procedures of the regulatory process (like the normative one, respectively the quality standards and the control/ monitoring procedures). The regulatory process has to be designed and then implemented using a "systemic" approach, because of the complementary roles of its components.

The quality standards or principles cannot fulfil their role without a monitoring and evaluation component. The monitoring and evaluation have no impact on the service provider if the (sub)contracting and funding procedures are not in place. These last ones depend directly on the gate keeping procedures and the allocation of resources at the territorial level. Moreover, if all mechanisms are in place, but there is no overall system of information and feedback, the risk of overlapping measures and waste of resources is considerable.

The paper recommends however the introduction of complete and articulated systems of regulatory procedures for social services in South East Europe. The political momentum in the region provides an excellent opportunity for designing such a modern and effective regulatory frame.

B. A coherent policy regarding the implementation of regulatory mechanisms

The regulation of social services influences many components and actors (decision makers, providers, gate keeping bodies, donors and funders, as well as users). The harmonisation of the interventions of all these actors, in order to avoid overlapping or confusions of roles and procedures is important for the coherence and the effectiveness of the system. In this sense, harmonised legislation and appropriate allocation of resources are the main elements for the system's implementation.

Coherence also means that regulatory procedures support and promote, by their nature and modalities of implementation, the fundamental rights and interests of people with disabilities. The provision of social services must promote the independence of the person, the respect to her/

his dignity, her/his right to choose the service and to take part in the development of their own individualised programme. Through specific regulatory mechanisms (like needs assessments, access criteria, evaluation procedures etc.) these interests can be highlighted and sustained. The coherence between policies and fundamental rights of users is still another important requirement of the process.

C. The constant evaluation of the users' needs at the territorial level and the re-definition of access criteria and procedures;

In all of the countries of South East Europe, the reform of the outdated and traditional gate keeping systems is also a priority, in order to promote the right of the user to choose the service and the type of intervention, but also in order to mainstream disability within the existing community services.

D. The elaboration of the territorial maps of services and needs, reflecting the overall situation at the local and national level

The introduction of these two elements is especially meant to obtain an adequacy between the provision of social services and the demand at the local level, but also for a correct orientation of the users towards the most suitable services, and finally for a better distribution of resources (financial, material, human) at the territorial level.

E. The introduction of instruments for cost-effectiveness analyses in the social service sector

These instruments are still not used as analytical tools in South East Europe, despite the various initiatives aimed at introducing them. Nevertheless, adequate allocations of the resources at local and national levels, together with a needed comparative evaluation of the provider performances, strongly impose them.

F. The development of technical documentation for the implementation of regulatory procedures, as well as the adequate training of the assessors, responsible bodies and all the other stakeholders involved in the process.

Like all processes aiming to monitor, correct and improve, these procedures must be initially adopted and integrated by the teams of professionals, users and the decision makers themselves (authorities, assessors, etc). The correct understanding of the principles and their transfer and implementation in daily practice and within organisational rules, are not always easy stages.

One possible danger when implementing a regulatory framework is the resistance of some key actors (staff, local authorities or even users) to the new, reformed elements, which might radically challenge the traditional practices or the professional "culture" in the respective field. However, intensive training and exchanges, together with the correct understanding of the whole system of regulatory procedures, represents a facilitating tool for the effectiveness of the process.

G. The key role of the minimal quality standards and general quality principles in the social service sector

In all stages of the evolution of social service provision, this element remains one of the pillars of the process itself.

The social field is characterised by a diversity of providers and services, adaptation to users' needs, the flexibility of the intervention, and often an unequal distribution of services on the national territory. In this context, the national (or regional) standards are meant to provide coherence in the social intervention and to guarantee minimal quality indicators in social services for the benefit of all users on the national territory.

H. The evolving character of a regulatory system in the field of social services is an important element for the strategic perspective of the reform process

The continuous improvement reflects the evolution of professional practices, attitudes and mentalities, as well as political choices.

This is why various regulatory mechanisms must be conceived in such a manner that allows for their evolution and continuous improvement.

This continuous improvement and modernisation is not the exclusive responsibility of the legislator. It also emerges from a current practice of professionals, users and decision makers towards exchange and sharing of knowledge, comparisons and self-evaluation. The regulatory process, however, must take into consideration these elements and allow for the allocation of effective resources (material

and financial) in order to encourage and promote these exchanges and the revision practices.

I. The partnership framework is another key element for an effective regulatory system designed for social services for people with disabilities

The holistic approach to disability, as described in the first chapter, as well as an approach that recognises the complexity of some needs of persons with disabilities, require a specific "behaviour" from relevant stakeholders in the sense of a partnership spirit and framework. This practice is not necessarily a "natural" one. It can be learned, improved and developed gradually and it refers to partnerships between professionals from different fields, between decision makers, providers and users as well as between local stakeholders and central authorities etc.

The networking, the effective management of information, the practice of division of roles and responsibilities and setting frameworks for the concrete involvement of users at different stages of the services provision, are current tools for the majority of Western countries. They deserve particular attention in the reform process that emerges in South East Europe.

3.2 THE RESPONSIBILITY CONCERNING THE ELABORATION AND PROMOTION OF A REGULATORY SYSTEM FOR SOCIAL SERVICES

This responsibility is primarily the reflection of a political will. The choice of fundamental principles, which support the national regulatory systems in the field of social services, is first of all political.

The elaboration of a coherent regulatory framework requires strong political mobilisation, even if the initial steps have been made by different stakeholders (providers, users etc). In addition to political will, the construction of a legislative corpus, together with a range of organisational measures for implementation (the allocation of the resources, the development of concrete procedures and methodologies for each regulatory stage, the development of a network of trained assessors, evaluators, monitors etc) are essential parts of putting a regulatory framework in place.

The implementation of the majority of regulatory procedures is usually transferred to local levels and thus good cooperation between central and local authorities is a condition for the success of the process.

The promotion of a regulatory system based on good quality concerns all key stakeholders (providers, users and decision makers). This is why adequate and constant information, regular data collections, the training of professionals and assessors, the consultation and the participation of users in this process, must become part of practices in South East Europe.

This paper has presented the key elements of the regulatory systems for social services for people with disabilities, designed to improve both the access to services and the quality of the interventions.

As underlined in the introductory part, this step is only the first element of an in-depth analysis, aimed at presenting the particularities of the reform process in the field of social services in South East Europe.

This working paper is meant to stimulate discussions, debates and feedback amongst concerned stakeholders and it is a proposition of presenting new terminology and procedures which will be a base for future workshops and discussions at the national and local level in 2006-2007.

Handicap International in South East Europe hopes to contribute in this way to the European exchanges of knowledge and practices, meant to promote the modernisation of the social service sector, an important part of facilitating equal opportunities for full participation of people with disabilities in society.

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ANNEXES

- ANNEX 1 - AN ILLUSTRATION OF THE REGULATORY PROCESS IN FOUR EUROPEAN COUNTRIES: FRANCE, UNITED KINGDOM, ROMANIA, MONTENEGRO

- ANNEX 2 - THE CONCLUSIONS FROM THE LOCAL WORKSHOPS ORGANISED BY HANDICAP INTERNATIONAL SOUTH EAST EUROPE IN 2005-2006 IN SEVERAL COUNTRIES OF THE REGION IN RELATION TO THE SITUATION OF SOCIAL SERVICES FOR PEOPLE WITH DISABILITIES

ANNEX 1

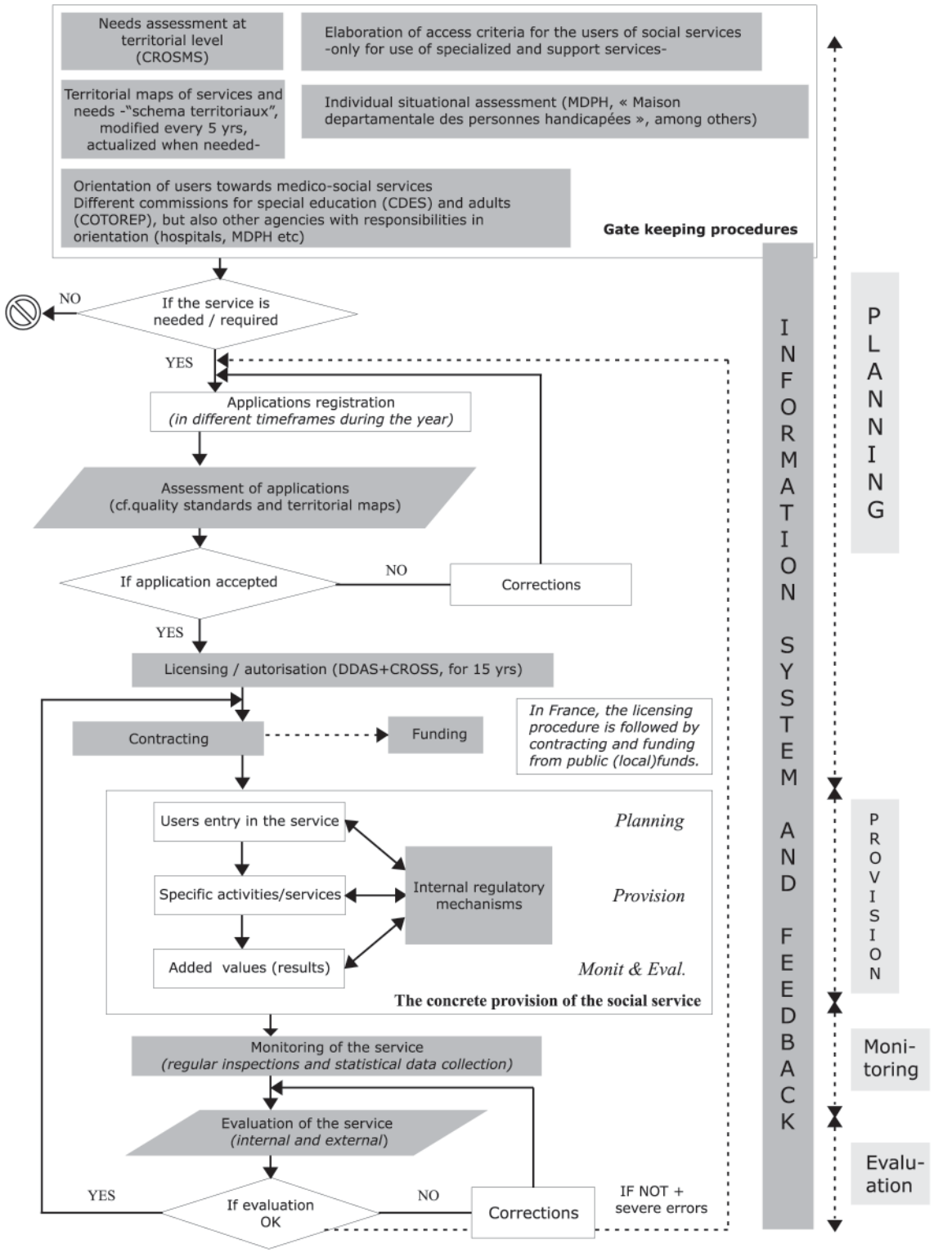
AN ILLUSTRATION OF THE REGULATORY PROCESS IN FOUR EUROPEAN COUNTRIES: FRANCE, UNITED KINGDOM, ROMANIA, MONTENEGRO

Legend:

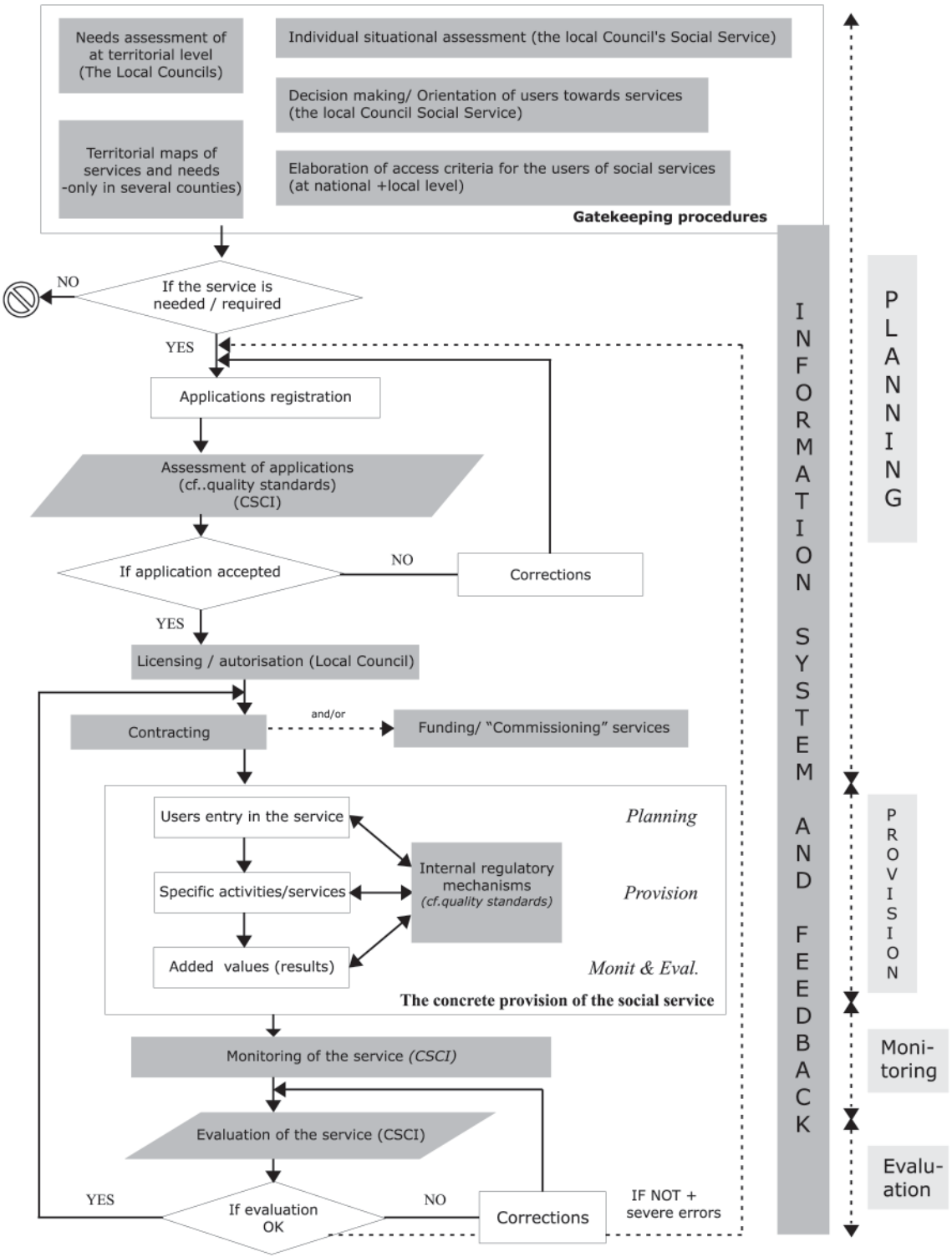
BOX the procedure is missing

BOX the procedure is in the process of being elaborated at legislative level

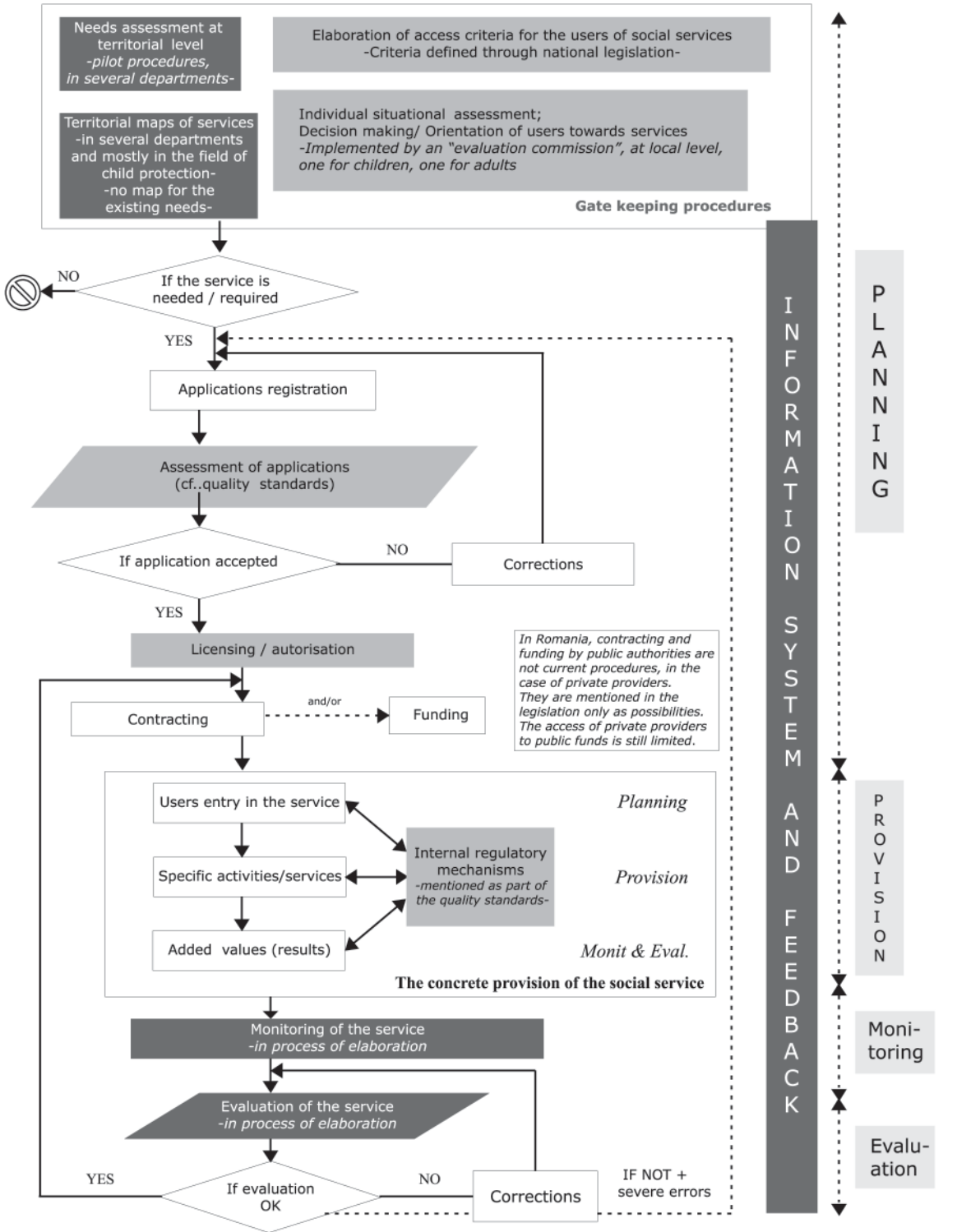
BOX the procedure is defined by legislation and is implemented


Needs assessment at territorial level (CROSMS)
Elaboration of access criteria for the users of social services -only for use of specialized and support services-
Territorial maps of services and needs -"schema territoriaux", modified every 5 yrs, actualized when needed-
Individual situational assessment (MDPH, « Maison departamentale des personnes handicapées », among others)
Orientation of users towards medico-social services
Different commissions for special education (CDES) and adults (COTOREP), but also other agencies with responsibilities in orientation (hospitals, MDPH etc)
Gate keeping procedures
NO
If the service is needed / required
YES
Applications registration
(in different timeframes during the year)
Assessment of applications
(cf.quality standards and territorial maps)
If application accepted
NO
Corrections
YES
Licensing / autorisation (DDAS+CROSS, for 15 yrs)
Contracting
Funding
In France, the licensing procedure is followed by contracting and funding from public (local)funds.
Users entry in the service
Specific activities/services
Added values (results)
Internal regulatory mechanisms
Planning
Provision
Monit & Eval.
The concrete provision of the social service
Monitoring of the service
(regular inspections and statistical data collection)
Evaluation of the service
(internal and external)
YES
If evaluation OK
NO
Corrections
IF NOT + severe errors
INFORMATION SYSTEM AND FEEDBACK
PLANNING
PROVISION
Moni-toring
Evalu-ation

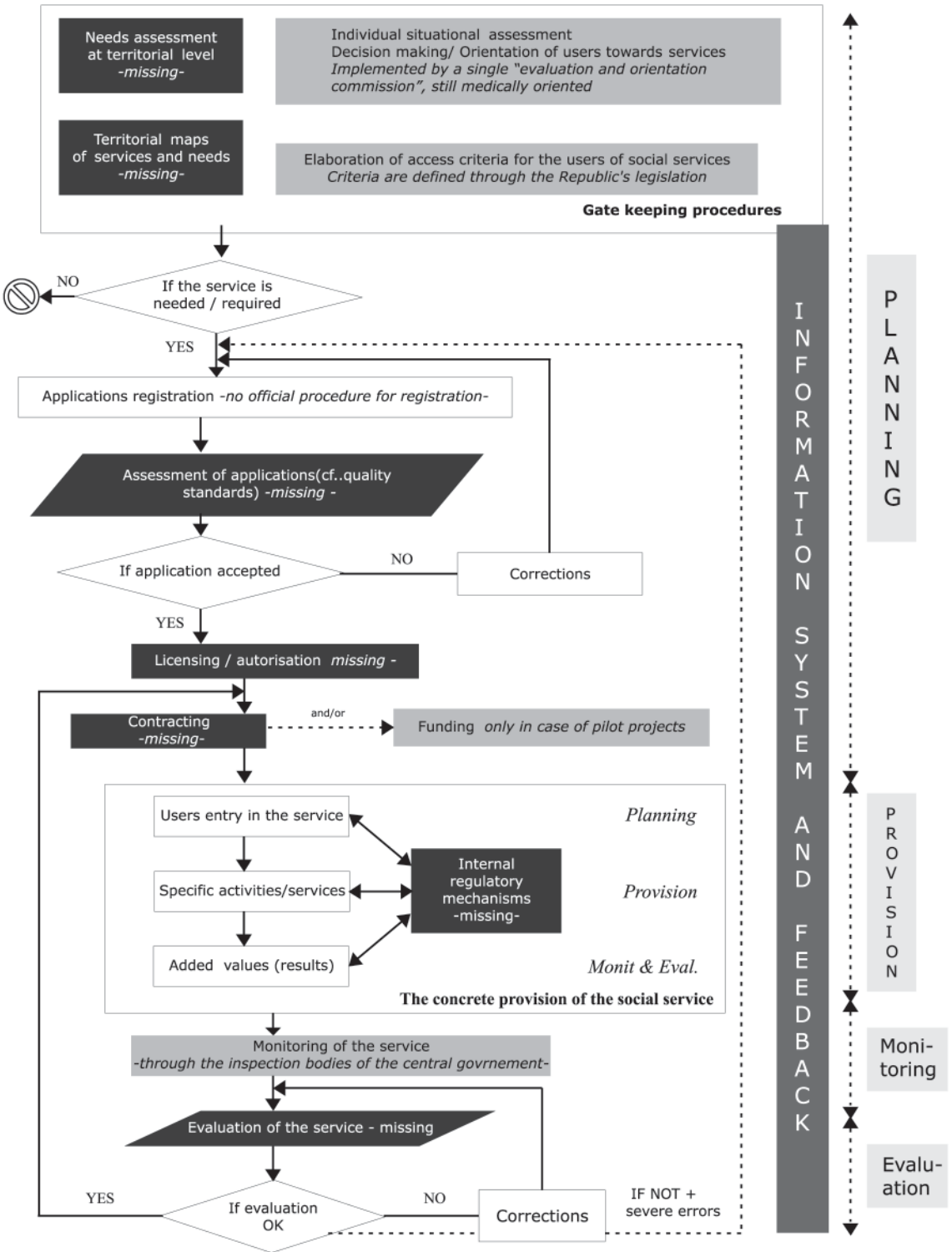
FRANCE



UNITED KINGDOM


Needs assessment at territorial level -pilot procedures, in several departments-
Elaboration of access criteria for the users of social services -Criteria defined through national legislation-
Territorial maps of services -in several departments and mostly in the field of child protection- -no map for the existing needs-
Individual situational assessment; Decision making/ Orientation of users towards services -Implemented by an "evaluation commission", at local level, one for children, one for adults
Gate keeping procedures
NO
If the service is needed / required
YES
Applications registration
Assessment of applications (cf..quality standards)
If application accepted
NO
Corrections
YES
Licensing / autorisation
In Romania, contracting and funding by public authorities are not current procedures, in the case of private providers. They are mentioned in the legislation only as possibilities. The access of private providers to public funds is still limited.
Contracting
and/or
Funding
Users entry in the service
Specific activities/services
Added values (results)
Internal regulatory mechanisms -mentioned as part of the quality standards-
Planning
Provision
Monit & Eval.
The concrete provision of the social service
Monitoring of the service -in process of elaboration
Evaluation of the service -in process of elaboration
YES
If evaluation OK
NO
Corrections
IF NOT + severe errors
INFORMATION SYSTEM AND FEEDBACK
PLANNING
PROVISION
Moni-toring
Evalu-ation

ROMANIA


Needs assessment at territorial level -missing-
Individual situational assessment
Decision making/ Orientation of users towards services
Implemented by a single "evaluation and orientation commission", still medically oriented
Territorial maps of services and needs -missing-
Elaboration of access criteria for the users of social services
Criteria are defined through the Republic's legislation
Gate keeping procedures
NO
If the service is needed / required
YES
Applications registration -no official procedure for registration-
Assessment of applications(cf..quality standards) -missing -
If application accepted
NO
Corrections
YES
Licensing / autorisation missing -
Contracting -missing-
and/or
Funding only in case of pilot projects
Users entry in the service
Specific activities/services
Added values (results)
Internal regulatory mechanisms -missing-
Planning
Provision
Monit & Eval.
The concrete provision of the social service
Monitoring of the service
-through the inspection bodies of the central govrnement-
Evaluation of the service - missing
YES
If evaluation OK
NO
Corrections
IF NOT + severe errors
INFORMATION SYSTEM AND FEEDBACK
PLANNING
PROVISION
Moni-toring
Evalu-ation

MONTENEGRO

ANNEX 2

The conclusions from the local workshops organised by Handicap International South East Europe in 2005-2006 in several countries of the region in relation to the situation of social services for people with disabilities

From 2005-2006, Handicap International South East Europe organised a series of workshops in the region, targeting the access of people with disabilities to social services at the community level. The objectives of these meetings were:

- to identify the different stages of the various national reforms in the field of social services,
- to analyse the involvement of all relevant stakeholders in this process, as well as the participation of the civil society representatives (DPOs, parents organizations, service providers etc);
- to address the problem of availability, sustainability and quality of services for people with disabilities at the community level;
- and to propose an explicative model of the service delivery process, in order to analyse the modalities of introducing and articulating the regulatory mechanisms in this field.

The workshops took place in: Romania (Bucharest), Montenegro (Budva, Bar, Podgorica), Albania (Tirana), the UN Administered Province of Kosovo (Pristina) and Macedonia (Skopje), Serbia (Belgrade), Bosnia and Herzegovina (Sarajevo).

In each country, the participants included: representatives of central and local authorities, services providers (both public and private) and users' representatives (parents, disabled people's organizations).

Following the conclusions of the meetings, several aspects can be pointed out as common elements for the majority of the countries in the region:

1. Most of the governments have already initiated the reform of the social welfare systems. In some countries/regions (Romania, Albania and the UN Administered Province of Kosovo), the reform very specifically targets the field of social services and the access of "groups in need" to these services (working children, orphans, trafficked children, abused persons, people with disabilities of all ages, women who are the head of families, unemployed people and elderly persons).

2. The strategic documents referring to social services for people with disabilities usually include: National Disability Strategies, the Strategy of Social Services (respectively the overall Strategy of Social Welfare), the Strategy in the field of Mental Health and the Poverty Reduction Strategy. In some cases, the strategies are already accompanied by corresponding laws and plans of action (for 5-10 years).

3. In the field of regulatory mechanisms, the countries that have introduced these types of procedures already (Albania, Romania) focused primarily on quality standards and licensing procedures. There is still no clear articulation between these two procedures and the rest of the regulatory process, such as, needs assessment at the local level, contracting and funding, monitoring and evaluation.

4. The decentralisation process is on-going in all countries of the region but its rhythm is very different from one country to another. Very often, the new (and complex) responsibilities that are transferred from central to local authorities do not benefit from sufficient financial resources to fulfil them properly. Therefore, many blockages occur at the local level, especially in relation to the need of ensuring diversity and continuum of services for people with disabilities.

5. Despite the encouragement of the cooperation between local authorities and NGOs at the community level in the field of social service provision, there are no clear contracting procedures in place within this decentralisation framework. NGOs are often seen as providers of additional

resources and funding for the community (through their international donors and partners) rather than providers of services, with the same obligations and rights as public providers.

6. Despite the increased participation of civil society in the policy making process, in the last decade, users or users' representatives are not actively involved in the reform process of social services throughout the region. There are several reasons for this situation:
- in the field of social service reform, the introduction of regulatory mechanisms requires training and capacity building effort within the organisations of people with disabilities, as well as amongst service providers themselves;
- the partnerships between service providers and users are not strong enough;
- in all of the countries, the implementation agencies at the local or central levels do not cooperate on a regular basis with representatives of civil society. There are no regular consultation procedures in order to allow for an efficient flow of information and feedback.

7. Diversity, availability and/or quality? There is strong tension between these elements considered as priorities in the region. In all of these countries, confronted for a long time with strong residential and centralised systems, there is a significant need for creating new types of services at the community level as close as possible to the user's home. The limited local resources do not always allow for the development of high quality services from the very beginning. The quality standards become, however, key elements in the reforms since they also have a role of "filtering" and fixing the minimal conditions for licensing and accreditation.

In accordance with these elements, the most important priorities that have been formulated during the workshops, in each country, were the following:

Albania:
• The Strategy of Social Services and the Law on Social Assistance and Services (2005) represent very important legislative documents for the reform in this field; the constant monitoring and analysis of the action plan's implementation is a priority;
• The implementation of the National Disability Strategy is strongly required;
• The development of community based alternatives corroborated with the de-institutionalisation process represents the main stake in the reform, especially in the field of developing support services; participants saw the need for a gradual process in this field; the cooperation with the World Bank allows a certain number of pilot projects in four regions of Albania;
• An increased role of NGOs is expected, especially in the field of service provision, evaluation of needs at community level, legislation propositions for improvement, and defending the rights of people with disabilities;
• The quality standards for services for people with disabilities will be worked out following two sets of standards already released (the general set of standards for all social services and the standards for residential services for children);
• The development of a complex training program is needed, in the field of social protection programs, for civil servants, service providers, social service inspectors, users' representatives;
• Universities should open programs dedicated to social services and to specific services required in the field of disability;
• Establishing a regular dialogue between the Ministry of Labour, Social Affairs and Equal Opportunities and the local government units, in order to collect relevant data and monitor progresses at local level;
• The four pilot Regional Committees for needs assessments at the local level are seen as a positive step forward in the reform; gathering and centralising data at national level represents as well a priority.

Propositions were also made regarding:
- the establishment of local organisational units, in charge of social services at the local level;
- targeting the North East region of Albania, especially in relation to the development of prevention programs and the development of basic community based services;
- exemption from taxes for NGO service providers;
- a better acknowledgement of the new regulatory procedures among providers and local stakeholders;
- a faster decentralisation process and a corroboration of financial resources with the targeted aspects of the reform;
- contracting and funding private service providers, in line with the local needs assessments.

Romania:

• The main priority in the reform of social services is the internal coherence of the regulatory system (efficient corroboration of the existing quality standards with licensing and inspection procedures, so far)

• A stronger participation of civil society at the policy making process is needed; the NGO movement is still fragmented and the quality of dialogue with public authorities is relatively poor;

• Training programs are needed, both for service providers and civil servants in relation to the quality standards implementation and the licensing and accreditation procedures;

The main propositions were related to:

• implementing a transparent procedure for contracting and funding (accredited) private service providers, at local level;
• clear and modernised procedures for needs assessment at local level;
• a stronger effort in implementing the national strategies since the action plans are often revised and re-adjusted;
• disseminating the successful practices in public-private partnership at local level, in order to improve this cooperation at a larger scale, at national level.

Montenegro:

The priorities are related both with legislative initiatives (elaboration of a National Disability Strategy, introduction of quality standards for social services) and the development of a wider network of community based services for people with disabilities, supporting the de-institutionalisation process.

The main propositions of participants were related with:

• a uniform and transparent framework for implementing the decentralisation process, following the existing legislative documents in this field;
• developing quality standards and licensing procedures, in order to allow private providers to initiate new services and access public funds;
• involving organisations of people with disabilities and service providers in all initiatives related to the reform of the social services system;
• encouraging inter-sectorial cooperation in developing community services for people with disabilities;
• recognising the added value of the private service providers, in terms of quality and accessibility of services, as well as reflecting the complex (and changing) needs of users.

The UN administered province of Kosovo:

Regarding the existing legislative framework (the Law on Family and Social Services), the major priorities were related to the implementation aspects:

• developing proper needs assessment procedures as well as mapping existing services on the entire territory of Kosovo;
• defining flexible and realistic quality standards for the level of services in Kosovo; establishing transparent procedures of licensing different types of providers at the local level;
• establishing specific budgets for the implementation of the Law on Family and Social Services;
• defining a flexible and multi-sectorial funding framework, at the local level, allowing the distribution of resources in accordance to the real needs of people with disabilities;
• setting up coordination mechanisms between central and local levels regarding the de-centralisation of the budget.

Macedonia:

In the context of a relatively wide network of day care centres for people with disabilities in Macedonia, the participants targeted aspects related to the diversity (and continuum) of services at the community level, as well as the elaboration of new legislative documents: a specific law for social services, official procedures for licensing, contracting and funding service providers at the local level.

The main propositions were related to:

• transparent licensing and funding procedures in relation to the quality of services and the needs existing at the local level;
• recognition of the role of private providers as well as equal access for them to public funds;
• better cooperation and coordination between local and central authorities in the decentralisation process; better cooperation amongst service providers and users, as well as amongst organisations of people with disabilities in Macedonia.

Serbia:

In the context of a recent strategy for the reform of the social protection system, the main priorities formulated by the participants at the local workshop in Belgrade, with regard to the field of social services were the following:

- the need for a systemic approach to the social services sector for people with disabilities mainly in terms of the legal framework, regulatory procedures, clear responsibilities between different administrative levels and, finally, monitoring procedures and responsibilities;
- the need to target the development of support services at the community level, in order to increase the participation of people with disabilities in all aspects of social life;
- additional training and awareness regarding disability issues both at professional levels and among representatives of local authorities;
- reform of the system for the allocation of resources for social services (both in terms of the global volume of the budget for this sector as well as for redirecting resources in accordance with the real needs of people with disabilities).

The participation of users and user representatives (DPOs, NGOs) in the elaboration of strategic documents in the field of disability is considered to be in progress. Civil society is better at acknowledging the main elements of reform in the social services sector and they also have an increased capacity to participate in the decision making process. However, the participation of non-governmental organisations in coordination bodies on the local level (municipalities) regarding the elaboration of concrete disability action plans is also considered one of the main pre-conditions for the reform and the effectiveness of the social services sector.

Bosnia and Herzegovina:

The complex administrative context of the country raises additional problems when it comes to the prioritisation of tasks, in the reform of social services for people with disabilities. The participants of the local workshop that took place in Sarajevo mentioned, however, a set of positive elements or opportunities for this reform:

- first, the existence of strong non-governmental organisations already providing quality services for people with disabilities in several cantons throughout BiH;
- a good legal framework exists but is still remains too general when it comes to implementation responsibilities and procedures;
- stronger user groups (and lobby groups) exist that are able to better express the needs of this category of the population in terms of social services;
- a diversity of services and providers is in place, even as pilot experiences, that can be used as examples of good practice for further strategic measures at cantonal or federal levels;
- four pilot municipalities already began the elaboration of local action plans in the social sector and their results will be disseminated at the end of 2006.

In regard to these elements, several levels of priorities were mentioned when addressing the reform of social services for people with disabilities:

First, at the level of the legal framework, there is a need for more clearly addressing the social services sector in the legislation of social protection, together with the corresponding resources and responsible bodies. The elaboration of strategies that can narrow this field is required both at federal and cantonal levels along with the harmonisation between different cantonal measures. There is also the need for coherence between federal general principles and specific strategies on the cantonal level. Specific bylaws should be concretely elaborated in order to guarantee the implementation of the general strategic measures and principles.

In terms of resources that should be used in the social service sector, transparent procedures for allocating these resources are strongly required, as well as:

- redirecting resources to services that are covering the expressed needs of the population;
- investment in human resources and professional qualifications for the disability sector;
- a clear definition of funding sources and responsibilities in allocating them for specific services and service providers;
- corroborating local and central funding in order to adequately respond to the existing needs of the population.

In terms of the relevant stakeholders that should be actively involved in the reform of the social service sector, participants mentioned the need for coordination bodies at the local level, working on a participatory basis, involving user representatives, providers and public authorities. Following the example of several pilot projects in BiH, they should be involved both in the elaboration of strategic

measures and action plans, as well as in the evaluation of needs and budgeting procedures. Media and private for-profit companies are also mentioned as important stakeholders in this reform

The local level is considered by participants as the main target of the reform and of current advocacy initiatives since at the federal level, there are already strong umbrella organisations that are active in the disability field.

With regard to the types of services that are considered the most insufficient, support services were mentioned as a priority (personal assistance services, accessible residential settings, accessible transportation etc.), as well as preschool services, early detection and intervention, and counselling for parents

Among the regulatory mechanisms, participants considered that gate keeping procedures and quality standards for services should be addressed as a priority.

In all of the workshops, participants mentioned the need for further exchanges of practices and knowledge in this reform sharing concrete examples, lessons learned and specific topics and components to be addressed progressively and more in depth.