



This project is co-funded by
the European Union

Quality of jobs and services in the Personal care and Household Services sector EUROPEAN TOOLKIT

March 2016

forquality.eu



INTRODUCTORY NOTE

This toolkit has been prepared, reviewed and finalised through the research of its authors, the contributions and suggestions of the project partners, the suggestions and remarks made by participating members of partners' organisations at the regional seminars (Rome / Brighton / Vienna 2015). The authors would like to thank all these persons for their time and contribution. The toolkit presents a collection of practices in the personal care and household services sector in 11 European countries collected in the framework of the For Quality! project objectives. The authors have tried to incorporate corrections and comments that were reported to them during this process. However, the content does not necessarily reflect the view of the project partners who are not responsible for the information contained in this publication.

This publication is supported by the European Union's Programme for Employment and Social Solidarity - PROGRESS (2007- 2013). This programme is implemented by the European Commission. It was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Europe 2020 Strategy goals in these fields.

The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-28, EFTA-EEA and EU candidate and pre-candidate countries. For more information see: <http://ec.europa.eu/progress>.

The information contained in this publication does not necessarily reflect the position or opinion of the European Commission.

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INTRODUCTION

1. Aim of the project

From 2014 to 2016, “For Quality! – European project for quality of jobs and services in personal care and household services” (<http://forquality.eu>) has carried out research on qualifications and quality of work and services in personal care and household services (PHS) that are provided at home/in households, not in institutions (such as "residential care"). By supporting a stakeholder dialogue between organisations active in PHS through a partnership of employees and employers representatives in these sectors, For Quality! aims to promote quality services and jobs in PHS sectors. The project intends to contribute to making employment in PHS more attractive, to create more quality jobs, to encourage the transition of workers from the black or grey economy to the formal economy, and to better protect vulnerable people. Furthermore, the project has identified key indicators to assess the quality of PHS services. The variety of providers in the sector indicates the need for standardised quality indicators, monitoring mechanisms and continuous review of services’ costs and quality. Increasingly, services users can choose between different public, private and non-profit providers which makes the quality assessment and availability of transparent information about providers and services even more important.

For Quality gathered nine organisations or networks, some of them Brussels-based, and some of them established in France and in the United Kingdom:

- European think & do tank Pour la Solidarité - [PLS](#) (project coordinator)
- Office Européen de Recherches Sociales ([ORSEU](#))
- European Federation for Services to Individuals ([EFSI](#))
- Social Services Europe ([SSE](#))
- European Research and Development Service for the Social Economy and Social Innovation ([DIESIS](#))
- European Social Network ([ESN](#))
- UNI Europa, the European Services Workers’ Union ([UNI EUROPA](#))
- The European Federation of Food, Agriculture and Tourism Trade Unions ([EFFAT](#))
- The European Federation of Public Service Unions ([EPSU](#)).

2. Reader’s guide

This toolkit has been developed in the framework of the For Quality! project. Its aim is to present a selection of practices identified and analysed by project partners, and their transferability for policy makers and PHS organisations. Practices were collected, analysed and chosen by project partners, from

the regional seminars, project reports and field research.

The toolkit contains the following information:

- the scale of the PHS sectors and a number of challenges in the quality of services and jobs in PHS;
- the question of transferability, followed by a quality improvement checklist, and a presentation of practices selected from the countries at stake: Belgium, France, Spain, Italy, the United Kingdom, Sweden, Finland, the Netherlands, Austria, the Czech Republic and Germany;
- a glossary of key terms.

The toolkit is strongly interconnected with two other important publications of the project:

- **the general European report:** selection of main findings and comparisons on the 11 countries at stake in terms of PHS policies;
- **the European policy recommendations:** a set of recommendations to improve the working conditions and quality of services in the sectors, making jobs more attractive, and making the sectors more professional.

Readers are encouraged to also consult these two publications, to get the complete picture of the project's results.

1. THE SCOPE AND KEY CHALLENGES

1.1. Definition of personal care and household services

The terminology ‘personal care and household services’ (PHS) includes many different services to individuals and households, which may be provided by people working under various employment statuses: employees working for care and household services providers (organisations), and self-employed workers. Of course there are also informal carers such as friends or relatives. Generally, PHS are perceived differently across Europe, including differences in the kind of PHS that are provided, the extent to which these services are regulated and monitored, and the funding available for individual households. Indeed, due to the wide range of activities, these services are most often not seen as a coherent economic sector in the European Union (EU), and thus there is no one general legal definition for it.

The PHS sector cannot be regarded as homogenous¹. The definition chosen in our context describes PHS as “a broad range of activities that contribute to well-being at home of families and individuals: child care, long-term care (LTC) for the elderly and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc.”². This definition encompasses both care and non-care domestic activities. It is however important to note that the distinction between ‘domestic’ and ‘care’ work is difficult to maintain in practice, as tasks performed by workers may include both household maintenance and personal care³.

The For Quality! project has the following target groups:

- Service users
- Families and informal carers
- PHS workers
- Provider organisations of PHS
- Public authorities.

1.2. Key challenges

The approach taken by the project is that quality of work is a vector of quality of services. Research,

¹ Farvaque N., Thematic review on personal and household services, EEPO, European Commission, 2015.

² European Commission, Staff Working Document on exploiting the employment potential of the personal and household services, SWD (2012) 95 final.

³ EFFAT, Promote industrial relations in the domestic work sector in Europe, report, 2015.

meetings and exchanges between project stakeholders have allowed us to identify a number of key challenges to be taken into account in order to improve quality of PHS jobs and services. Specific responses to these challenges and issues are provided through a range of selected practice examples in this toolkit and in the two other project publications (the general European Report and the European policy recommendations).

1.2.1. Quality of jobs

Some major employment challenges act as strong barriers to improvement of **job quality**.

Overall, the **working conditions** in PHS are poor. Career and employment security in the PHS sectors varies from one country to another due to different collective agreements, as well as the existence of specific regulations on employment⁴. Yet, all observations in the project countries confirm that workers in the PHS are mostly women, mainly working part-time, with relatively low skills and often from a migrant background. Besides, in many cases migrant workers are also undeclared workers.

Undeclared work is wide-spread and inevitably very difficult to regulate. Therefore, the quality of care provided can be low and health risks for the carer and the service user are higher due to a lack of training in risk prevention. Furthermore, undeclared workers lack social security and are very dependent on their employer. In accordance with their particularities, European countries have introduced a variety of measures to regularise undeclared work, the main ones being the introduction of a voucher system along with the creation of specific institutions combating undeclared work, or the introduction of specific regulation for a country-predominant PHS workers' profiles.

Informal care requires more support, alongside professional care. It is estimated that informal care makes up 80% of all care provided to older people, most of it within the family. The support these informal carers receive varies considerably between EU Member States. Support groups are an effective way of supporting informal carers emotionally by enabling them to share their experiences. Basic training in care can combat physical injuries and accidents and increase the quality of care that informal carers provide. Given that many informal carers reduce their employment, some countries have introduced pension credits that people can claim for times in which they provide informal care. Moreover, remedial support and short-term care services can be an important support for informal carers and enable them to take a break from their care responsibility.

Social dialogue is underdeveloped in the PHS sector but has the potential to make it more attractive in the future by ensuring good working conditions, adequate pay and support services for care and domestic workers. The influence of collective agreements on the improvement of working conditions and quality of PHS is important.

⁴ Farvaque N., 2015.

Migration has an impact on the workforce in terms of policy and legislation and quality of jobs for the migrant workers. Migrant PHS workers are often poorly paid and/or in undeclared work without social security premiums and/or tax. PHS in most European countries are undertaken to a significant extent by migrant workers. The number of migrants who provide care to elderly people in their own home is increasing. Many undocumented migrant domestic workers report cases of both psychological and physical abuse, including sexual abuse. With this growing phenomenon, it is crucial to provide more support, including training, for migrants who find themselves in these often challenging roles.

In some European countries the PHS **workforce is still effectively being paid less than the minimum wage**. For instance, **unpaid travel times** between appointments extend the working time and reduce the time spent with users. Moreover, flexible employment contracts may **not guarantee** a minimum number of hours of employment - and consequently **a fixed income**.

Differences between wages paid by public and private providers play a substantial role, too. Private for-profit providers **compete on service price and quality** and generate their revenue from the difference between the price and the cost of the services they provide. As wages make up most of the cost, pressure on keeping wages low is particularly high. Inspection agencies should ensure that all providers (regardless of the sector) abide by the rules and standards. However, inspection is generally underdeveloped in the PHS sectors and should be improved. Many private providers offer employees the opportunity to work more hours as they aim to **provide flexible services** to service users. Flexibility is especially important for people who require specific assistance during the night and also during peak times (for instance bedtime) but should be accompanied by measures to ensure workers have decent working conditions and are compensated for unsocial hours and overtime. Consequently, service users using personal budgets tend to hire the worker directly or to rely on private providers. This results in a **growing discrepancy in the services provision** between traditional public home care organisations and private organisations.

It is a **difficult to retain skilled staff or create a viable long-term career structure** in the sector which may lead to a **high staff turnover and therefore disruptions in the service continuum**. The supply of jobs in the PHS sectors is generally insufficient to meet demand, particularly due to the lack of skilled labour, a high turnover, and still too little use of new technologies for the development of new services and for matching supply and demand. PHS jobs require specific skills, technical as well as relational. Understaffing increases the workload and pressure on the workforce, which may in turn contribute to higher sickness and turnover rates.

Ensuring greater professionalism within the care and domestic sectors is challenging as the profession suffers from an unfavourable image due to low pay, the physically and emotionally demanding nature of the work, and unsociable working hours. Changing this image is difficult but schemes that promote social care and domestic workers' physical and emotional health, proper training and development opportunities such as specialisations, as well as decent working conditions, are important.

The PHS are currently underfunded. Given the predicted rise in demand for PHS services, this unsustainable level of funding needs to be addressed.

1.2.2. Quality of services

Some major challenges to the improvement of **quality of services** are also apparent.

It is important to **put the views and experiences of service users at the heart of quality improvement**. In some cases, especially in the care sector, service users often cannot choose the service provider. Yet, as the quality of services has major implications for them, service users can potentially contribute significantly to the improvement of quality of PHS.

The quality of services may decrease because of **reductions in public spending** - especially in the care sector - when local authorities are forced to reduce their care budgets while the need for care continues to grow. **In some countries austerity measures have impacted on the provision of social services**. Most governments have reduced spending on health services and social benefits. Local authorities are either direct providers of social services or can contract out these services to private for profit or not-for profit providers, in which case local authorities are still responsible for ensuring the quality of services. This is not the case when service users buy PHS services directly from a private provider in which case the latter is responsible for ensuring the quality of the services and of the working conditions of their employees as well as compliance with standards and regulations. Many workers employed by public providers have been made redundant in recent years because of reduced budgets and an increased use of contracting out to private providers.

Local authorities are increasingly asked to be transparent and critically economical about their spending on social services. In this context, **investment in prevention services is often not prioritised or seen as justifiable** despite strong evidence for the effectiveness of investment in prevention programmes and activities in reducing future care needs and enabling people to live independently for as long as possible.

Challenges as well as opportunities are the **development of new skills and competences** in the workforce, **the use of new technology**, and the setting up of **multidisciplinary teams around one household in the PHS sectors**.

Training should be adapted to the personal needs of each individual; for instance, by ensuring that it takes place in the person's home together with the service user. Good working conditions and a good working relationship between the service user and the worker are essential for users to get the quality service they require.

Monitoring of the quality of social care and domestic work, data collection of quality indicators, and accreditation systems play an important role. Where these quality assurance systems are inadequate, the development of good quality PHS is much more difficult.

2. THE DIFFICULT QUESTION OF TRANSFERABILITY

Transferability refers to the degree to which a practice can be generalised or transferred to other contexts or settings. The issue of transferability has been addressed throughout the project. The project, however, has been designed rather as a mutual learning project.

We have identified a series of ‘good’ practices addressing the issue of quality of employment and quality of services – or both – in eleven countries. Some practices focus on care, other focus on domestic work, while some practices focus on both. There are examples of both public and private employment models. A checklist is proposed below which offers an overview of these initiatives. These practices rely on several tools which we have tried to classify in six families: regulation, training, planning, service user involvement, monitoring, and use of new technology.

We would like to insist on the fact that each practice identified and described in the present toolkit is specific to the place and to the context where it has been established. Instead of seeking to provide practical advice on the transferability of these practices in their entirety, it appears more appropriate to look at transferable elements within each practice. The existence of at least six categories of tools proves that the approach to improve employment quality and service quality is necessarily multi-faceted. Depending on the issue and the context, varying combinations of these instruments may prove relevant.

The complex issue of transferability finally emerges from different grounds: legal, financial, industrial and organisational.

- 1. The legal aspect:** The transferability of practices can be restricted by the specific legal context of a country⁵, as each country has its own national laws, regulations and guidelines.
- 2. The financial aspect:** The different approaches established in the practices reflect different funding models: private only, public only, or mixed. The majority of health and social care is usually publicly funded through taxes or national insurance schemes, although many European countries are now increasing the share of private contributions due to restrictions on public spending. Domestic work often benefits from financial incentives aimed at encouraging consumption in the formal market and access to sufficient and affordable household services.

⁵ Pour la Solidarité & For quality ! project consortium, Quality of jobs and services in the personal care and household services sector, General report, 2015.

3. The industrial aspect: Thirdly, transferability depends on countries' characteristics in terms of industrial relations. Some of the selected practices show that employment patterns are very different from one European region to another, with great differences for instance between northern and southern Europe, notably in terms of the extent to which social dialogue and collective bargaining are developed.

4. The organisational aspect: Last but not least, transferability depends on the organisation of the labour market. As analysis has shown⁶, the PHS sector relies on two types of employment models: the provider organisation model, and the direct employment model.

For all of these reasons, the practices presented cannot be transferred entirely but elements of them can be.

The quality of jobs is an essential determinant of the quality of services. These are jobs requiring the right kind of regulation with the working conditions being shaped by the aspects mentioned above (legal, financial, industrial and organisational). The quality of services depends on the quality of jobs, and to improve both it is important to work with service users and service providers.

As a stakeholder, you might find elements in this catalogue of practices interesting. The six categories of tools that we have identified show that, everywhere across Europe, actors seek to improve the quality of jobs and quality of services in the PHS sector. We need a European awareness on the importance of this sector and promote ways to improve it.

⁶ Farvaque N. (2015), Pour la Solidarité and For quality ! project consortium (2015).

3. QUALITY IMPROVEMENT CHECKLIST

The following checklist categorises the practices collected by actor, sector, quality concerned (jobs and/or services) and a range of specific tools for quality improvement.

Country (number of selected practices)	Name of the organisation, or title of the practice	Actor (<i>private company, public company, cooperative, association</i>)	Sector (<i>care, domestic work, combination of both</i>)	Quality of jobs (QJ) / Quality of services (QS)	Tools for improvement (regulation, training, planning, involving users, monitoring, new technology)
Belgium (3)	Plus home Services (Good spirit makes it clean)	Private	Domestic work	QJ	Training Monitoring
	Vzw den achkanter/Familiehulp	Association	Care	QJ & QS	Training Involving users
	Plus Home Services (WOTCA)	Private	Domestic work	QJ & QS	Training Involving users
France (3)	O2 Home service / training centre	Private	Both	QJ & QS	Training New technology
	Conseil départ. de Doubs	Public	Both	QJ	Regulation
	Conseil général du Val-de-Marne (LOLA)	Public	Both	QJ & QS	Training
Spain (2)	Diputacion de Barcelona	Public	Care	QJ	Planning
	Serdomas	Cooperative	Domestic work	QJ & QS	Planning New technology
Italy (2)	Fisascat-Cisl (CassaCOLF)	Association	Domestic work	QJ	Planning Monitoring
	Cooperativa Arca	Cooperative	Care	QJ & QS	Training
United Kingdom (2)	NISCC (Wrapping arms around the home care workforce)	Public	Care	QJ	Regulation
	CASA care and share associates	Cooperative	Care	QJ & QS	Regulation Monitoring
Finland (1)	Mobile technology for professionals	Public	Both	QJ & QS	Planning New technology
Sweden (1)	SALAR (Act of free choice)	Public	Both	QJ & QS	Regulation
Netherlands (1)	LCGW (One family one plan scheme)	Public	Both	QJ & QS	Planning Involving users
Austria (1)	Seniors Office of the City of Vienna	Public	Both	QS	Involving users
Czech Republic (1)	Slezská diakonie (Supporting living for people with learning disabilities)	Association	Both	QS	Training Planning
Germany (1)	DIN SPEC 77003	Private	Both	QS	Regulation Monitoring

4. SELECTION OF NATIONAL PRACTICES

A ‘good’ practice may be defined simply as a process or a methodology that has been proven to work well and produce good results in achieving a specific objective, and therefore serves as a recommendation.

This chapter presents a selection of ‘good’ practices, covering all PHS subsectors in a variety of different EU Member States. The objective of the project is to share practices and foster mutual learning, rather than to define transferability of measures that are very specific to each country. The description provided should allow the reader to assess whether any elements of each practice can be transferred to his or her own country.

Each practice is presented in the form of a summary sheet with the following elements:

- **Organisation, country and contact details for more information**
- **Short description of the practice**

The complete list of issues addressed and covered by the practices is the following:

Quality of Jobs <input type="checkbox"/> Workforce development <input type="checkbox"/> Working conditions <input type="checkbox"/> Professional qualification <input type="checkbox"/> Protection of service providers	Quality of services <input type="checkbox"/> Availability & access to services <input type="checkbox"/> Coordination between services <input type="checkbox"/> Better service user involvement <input type="checkbox"/> Protection of the service users
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The list of phases in which practices could have been found in is:

<input type="checkbox"/> Pilot initiative (ongoing)	<input type="checkbox"/> Pilot initiative (terminated)
<input type="checkbox"/> Initiative (ongoing)	<input type="checkbox"/> Initiative (terminated)
<input type="checkbox"/> Implemented initiative (restricted area)	<input type="checkbox"/> Widely spread initiative/rolled out

- **Implementation of the practice**
- **Evaluation of the practice:** description of instruments that were used to assess the outcomes (i.e., feedback surveys, interviews with service providers or service users, inspections, etc.)
- **Transferability of the practice:** which elements of the practice could be transferred.

1. ORGANISATION, COUNTRY	
Organisation	Plus Home Services
City & Country	Antwerp, Belgium
Contact / Website	rudi.vertommen@phservices.be , Tel. +32.3.210.17.97 / www.phs.be
2. DESCRIPTION OF THE PRACTICE	
Title of the initiative (in English & original language)	Good spirit makes it clean! Opgeluid staat netjes! / La bonne humeur, ça rend propre!
Issues addressed	Quality of jobs √ Working conditions
Is this practice based on specific policies or legal framework?	County/Regional: Plus Home Services' policy in Flemish and Brussels Regions
Phase	Initiative (terminated): from July 2012 to December 2014 (30 months)
Summary of the programme	<p>Implemented in the 47 Plus Home Services' agencies (domestic cleaning) situated in the Flemish and Brussels' Regions, this initiative consists of a set of tools to combat stress-related work and to increase workers' wellbeing and reduce absenteeism.</p> <p>A personalised welcome brochure has been created for all new domestic cleaners containing practical information and a work plan. The brochure also addresses the issue of harassment and gives concrete tools to the workers on how to react and who to contact. Field coaching has been strengthened thanks to the internal creation of 32 managerial jobs exclusively dedicated to that task. Finally, the newsletter for the employees 'Thuiskrant' has been improved.</p> <p>Regarding managerial staff working at the agencies, a compulsory five-day training course has been introduced for every new worker. The managerial competencies of the employees are tested and additional training may be considered when needed or requested. Their job descriptions have been redefined and led to the creation of 18 different functions. Furthermore, the intranet has been modified and now includes all necessary information for the day-to-day management of domestic cleaners as well as targeted communication tools.</p>
3. IMPLEMENTATION OF THE PRACTICE	
Target group	Plus Home Services' workforce (3,200 employees), specifically: domestic cleaners, newly hired domestic cleaners, managerial staff and newly hired managerial staff.
Aims of the practice	To ensure that all employees come to work with pleasure and experience the least possible stress while fulfilling their tasks.
Lead organisation	Plus Home Services
Resources & Budget	EUR 206.896,73
4. EVALUATION OF THE PROGRAMME	
Method of evaluation	Employees feedback surveys, analysis of data (absenteeism, coaching) and "De knipperlichtmeter" -a government-recognised risk analysis
Outcomes	<p><u>Users</u>: Higher satisfaction and better appreciation of domestic workers.</p> <p><u>Professionals</u>: Reduction of work-related stress and higher job satisfaction of both domestic cleaners and managerial staff (more than 80% of the employees are enjoying their work). Better appreciation by service users.</p> <p><u>Organisations</u>: Improved and more efficient decentralised management of domestic cleaners has led to a 3% increase of workers' retention.</p>
5. TRANSFERABILITY OF THE PRACTICE	
All the actions implemented by the project are transferable and can thus also be implemented in any organisation providing household services: welcome brochure for new employees; field coaching; review of job descriptions; newsletters (@home and 'thuiskrant'); intranet; training course for new managerial staff.	

1. ORGANISATION, COUNTRY			
Organisation	Vzw den achtkanter		
City & Country	Kortrijk, Belgium		
Contact / Website	joyce.vansteenkiste@achtkanter.be , Tel. +32.56.21.71.41 / www.achtkanter.be		
2. DESCRIPTION OF THE PRACTICE			
Title of the initiative (in English & original language)	Community-based support within adults with learning disabilities Community-based support voor volwassenen met verstandelijke beperking		
Issues addressed	<table border="1"> <tr> <td>Quality of jobs √ Professional qualification</td> <td>Quality of services √ Better service user involvement</td> </tr> </table>	Quality of jobs √ Professional qualification	Quality of services √ Better service user involvement
Quality of jobs √ Professional qualification	Quality of services √ Better service user involvement		
Is this practice based on specific policies or legal framework?	<u>County/Region</u> : it fits within the goals of the new policy of the Flemish Minister for Welfare, Public Health and Family: "Perspectiefplan 2020", to be realised by the end of 2020		
Phase	Initiative started in 2013 - ongoing		
Summary of the programme	<p>For more than 10 years, <i>Vzw den achtkanter</i> has actively established formal links with mainstream services to support people with disabilities in an inclusive way, to ensure their quality of life. From <i>den achtkanter</i>'s point of view, the main role of the organisation is to facilitate the support of people with disabilities by mainstream/community-based services that are open for all citizens. The staff itself supports clients for those activities that need 'handicap specific' support. This is aligned to the policy of the Flemish government as written in "perspectiefplan 2020". The sector of services for people with disabilities in Flanders is making a revolutionary transition towards a person-centred and person-following system of care and support, with self-organisation and inclusion as fundamental tools. Mainstream services are dealing with new challenges. More and more persons with disabilities ask for inclusive support by mainstream services. These services are faced with new target groups and are lacking necessary attitudes, knowledge and competencies.</p> <p>The initiative takes place at a regional level: South West-Flanders. The practice is a collaboration between <i>vzw den achtkanter</i>, an organisation for people with disabilities, and <i>vzw Familiehulp</i>, a homecare service. Close collaboration and exchange between the sectors is an important strategy to fill the gap. For three years <i>vzw den achtkanter</i> and <i>vzw Familiehulp</i> have formally collaborated in order to reach this goal. <i>Vzw den achtkanter</i> supports the outreach staff of <i>vzw Familiehulp</i>, and trains them to support their 'new' clients with high-quality services, even if these clients are disabled.</p>		
3. IMPLEMENTATION OF THE PRACTICE			
Target group	Direct target group: staff of <i>vzw Familiehulp</i> Indirect target group: the service users		
Aims of the practice	To increase professionalism of staff through expanded and systematic outreach and vocational education and training. To increase the quality of life of people with disabilities through specific community-based support.		
Lead organisation	<i>vzw den achtkanter</i> , an organisation for people with disabilities <i>vzw Familiehulp</i> , a homecare service		
Resources & budget	No subsidies. The cost for the outreach and VET programmes (full-time master degree) is approximately EUR 7,500 per month.		
4. EVALUATION OF THE PROGRAMME			
Method of evaluation	Interview with the staff Annual evaluation of the initiative Indirect target group: assessment of the quality of life using the personal outcome scale		
Outcomes	<u>Users</u> : Increased quality of life; inclusive living; independent living; self-determination <u>Families and informal carers</u> : Decreased burden on families <u>Professionals</u> : Increased professionalism in both staff groups <u>Organisations</u> : Realisation of a community-based support; ensuring handicap specific support		
5. TRANSFERABILITY OF THE PRACTICE			
Outreach as a tool to exchange competences is generally effective and efficient. It is transferable to all cross-sectoral types of collaboration. Critical success factors are a clear, shared vision and the willingness to share good practices.			

1. ORGANISATION, COUNTRY					
Organisation	Plus Home Services				
City & Country	Antwerp, Belgium				
Contact / Website	rudi.vertommen@phservices.be , Tel. +32.3.210.17.97 / www.phs.be				
2. DESCRIPTION OF THE PRACTICE					
Title of the initiative	“Watch Out & Take Care, Always” - WOTCA				
Issues addressed	<table border="1"> <thead> <tr> <th>Quality of jobs</th> <th>Quality of services</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> √ Working conditions √ Professional qualification √ Protection of service providers </td> <td> <ul style="list-style-type: none"> √ Better service user involvement </td> </tr> </tbody> </table>	Quality of jobs	Quality of services	<ul style="list-style-type: none"> √ Working conditions √ Professional qualification √ Protection of service providers 	<ul style="list-style-type: none"> √ Better service user involvement
Quality of jobs	Quality of services				
<ul style="list-style-type: none"> √ Working conditions √ Professional qualification √ Protection of service providers 	<ul style="list-style-type: none"> √ Better service user involvement 				
Is this practice based on specific policies or legal framework?	<p><u>Regional</u>: so far, the project has only been implemented in the Flanders region.</p> <p><u>National</u>: the initiative is implemented in the framework of the Law of 4th of August 1996 related to the welfare of workers during their work. It established the obligation for employers to train their employees and to inform them about the risks and hazards associated with their work.</p>				
Phase	Initiative (ongoing) – launched in May 2015 for a two-year period (until September 2017)				
Summary of the programme	<p>The project was developed in order to enhance risk prevention and security in the service voucher sector. To this end, this awareness raising campaign targets both workers and users of service vouchers, on four pre-selected topics:</p> <ul style="list-style-type: none"> - risk of falling down a staircase or resulting from working at height, - body protection when carrying heavy objects or using materials, - travel between home and work, - the use of cleaning products. <p>A website has been created and various brochures have been issued. Thanks to an attractive format (humoristic pictures and movies with renowned actors, drawings, etc.), they provide tips and tricks to reduce work-related hazards. In addition, short movies will be released throughout the project (once every two months). In order to increase its impact, the campaign is also widely promoted on social media.</p>				
3. IMPLEMENTATION OF THE PRACTICE					
Target group	Service voucher workers Service vouchers users/customers				
Aims of the practice	To reduce work-related hazards				
Lead organisation	Health & safety division PLUS HOME: “Internal service of prevention and well-being at work”				
Resources & Budget	EUR 140,000 for the development of the campaign (12 different posters & videos, a brochure for customers, a brochure for service voucher workers). Additional costs for the development of three brochures for the company’s service voucher workers: EUR 10,000/brochure.				
4. EVALUATION OF THE PROGRAMME					
Method of evaluation	<p>The following indicators are used to conduct the evaluation :</p> <ul style="list-style-type: none"> - decrease of the number of accidents, - staff reviews by customers, - staff reviews by the company, - inspections on the job, - audits. 				
Outcomes	<ul style="list-style-type: none"> - <u>Service users</u>: Higher involvement in risk prevention and security; better knowledge of the risks in their own home - <u>Families and informal carers</u>: Higher involvement in risk prevention and security; better knowledge of the risks in their home; improvement of service delivery - <u>Professionals</u>: ideal tool for our employees and customers to raise their awareness of prevention and safety at home - <u>Organisations</u>: healthier employees; fewer accidents at work; safer working conditions 				
5. TRANSFERABILITY OF THE PRACTICE					
The practice, which is so far unique, could easily be transferable within the service voucher sector: using an attractive format to deliver clear information (brochures, posters, movies and pictures) in order to reduce work-related hazards.					

1. ORGANISATION, COUNTRY					
Organisation	O2 Home Service GROUP				
City & Country	Le Mans, France				
Contact / Website	christine.leguern@o2.fr , Tel. +33.7.86.63.77.03. / www.o2.fr				
2. DESCRIPTION OF THE PRACTICE					
Title of the initiative (<i>in English & original language</i>)	Resources Centre Opening in 200 agencies Centre de formation O2				
Issues addressed	<table border="1"> <thead> <tr> <th>Quality of jobs</th> <th>Quality of services</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> √ Workforce development √ Professional qualification </td> <td> <ul style="list-style-type: none"> √ Availability & access to services √ Better service user involvement √ Protection of the service users </td> </tr> </tbody> </table>	Quality of jobs	Quality of services	<ul style="list-style-type: none"> √ Workforce development √ Professional qualification 	<ul style="list-style-type: none"> √ Availability & access to services √ Better service user involvement √ Protection of the service users
Quality of jobs	Quality of services				
<ul style="list-style-type: none"> √ Workforce development √ Professional qualification 	<ul style="list-style-type: none"> √ Availability & access to services √ Better service user involvement √ Protection of the service users 				
Is this practice based on specific policies or legal framework?	No				
Phase	Pilot initiative (terminated): from May to July 2015 Initiative (ongoing): launched in September 2015				
Summary of the programme	<p>All newly hired workers are invited to undertake the training which is also available to support more senior employees. The training is provided by the agency and consists of e-learning and real life situations. Each technical competence is also subject to specific mentoring during a service provision at the client's home. The training can be completed within five days and ends with an overall assessment of the training. The training is supported by the agency manager and his/her team as well as one or several experienced tutors.</p> <p>Three different training paths have been created: housekeeping, home childcare and homecare assistance. For each occupation, specific technical competences have been listed such as work organisation, accident prevention and basic knowledge of first aid, personal hygiene and daily washing, etc. In addition, some cross-functional skills linked to professional capacity, interpersonal skills and communication have also been defined.</p> <p>The training provided in these resource centres aim at focusing on the learner who is able to set the pace of his/her training independently, thus leading to a greater involvement and higher success.</p>				
3. IMPLEMENTATION OF THE PRACTICE					
Target group	Home carers (house keepers, home child caregivers, homecare assistants)				
Aims of the practice	Extend recruitment profile, professionalise integration process, decrease short-term turnover and increase customer satisfaction.				
Lead organisation	O2 HOME SERVICE				
Resources & Budget	O2 HOME SERVICE (EUR 100,000 in 2014, EUR 124,000 in 2015)				
4. EVALUATION OF THE PROGRAMME					
Method of evaluation	<p>First time: professional interviews</p> <p>Confirmation step: agencies' network director, HR director</p> <p>Pilot initiative: qualitative survey with the first three service users, customer satisfaction survey, homecarers' turnover rate</p>				
Outcomes	<p>Users, families and informal carers: Improvement of service quality</p> <p>Professionals: Recruitment of homecarers, access to jobs, professionalisation</p> <p>Organisations: Reduction of staff turnover</p>				
5. TRANSFERABILITY OF THE PRACTICE					
<p>What is concretely transferable: 15 e-learning modules. These modules are accessible via the e-learning platform Edoceo, the leading provider of online training in France. The modules are transferable for the common part of jobs, while only some minor O2-method related sections are private.</p> <p>Specific resources have been developed: 15 e-learning modules (1000 production hours) and educational material packages for service users and for tutors.</p>					

1. ORGANISATION, COUNTRY	
Organisation	Conseil départemental du Doubs / County Council of Doubs
City & Country	Besançon, France
Contact / Website	francesco.alampi@doubs.fr , Tel. +33.3.81.25.86.55. / www.doubs.fr
2. DESCRIPTION OF THE PRACTICE	
Title of the initiative	Adjusting prices in Home Assistance and Support Services (HASS): <i>Multi-Annual Contracts of Objectives and Resources (MACOR)</i> Refonte de la tarification des services d'aide et d'accompagnement à domicile (SAAD): <i>Contrats Pluriannuels d'Objectifs et de Moyens (CPOM)</i>
Issues addressed	Quality of jobs √ Workforce development √ Professional qualification
Is this practice based on specific policies or legal framework?	County councils are leaders in the field of social intervention and are therefore responsible for regulating and delivering homecare services through issuing accreditations for Home Assistance and Support Services (HASS), setting prices for services on the market, and through reimbursing service users (older, dependent or disabled people). The national legislation sets the eligibility criteria for social benefits as well as the repartition of social competences at the county and local level.
Phase	Widely spread initiative/rolled out since 2011 (the MACOR system was put into place within six months but there is still a regular follow-up).
Summary of the programme	The MACOR system seeks to adjust prices in Home Assistance and Support Services (HASS). The multi-annual contracts (MACOR) are put into place with the nine authorised service provider organisations (6 associations, 3 public-funded organisations) in the Doubs County Council within the framework of the Personal Autonomy Allowance (PAA). Since July 2011 the Doubs County Council has tried out a programme on the Personal Autonomy Allowance (PAA) within the framework of a pilot experiment at the national level, involving also the Assembly of French Counties. This trial then was turned into a country-wide project in August 2012 and implemented by other county councils with different characteristics.
3. IMPLEMENTATION OF THE PRACTICE	
Target group	Older people
Aims of the practice	Ensure high quality services Respect choice of older people and their families Provide consistent, clear and local support to older people Reduce price differences between the different accredited HASS
Lead organisation	Doubs County Council
Resources & Budget	EUR 34.723.045 (1 year - 2013 County Council budget for the PAA)
4. EVALUATION OF THE PROGRAMME	
Method of evaluation	Surveys: very positive feedback from the service users Two national assessments and reports (published in June 2015) Regular exchanges about the pilot project
Outcome	<u>Users</u> : Clarity about what the user needs to pay; increased flexibility in the assistance programme to better address service users' needs; equality of treatment and access to care and support across the County. <u>Professionals</u> : Greater professionalism and service coordination. <u>Organisations</u> : Standard price for all providers - competition focuses on service quality; secured annual resources.
5. TRANSFERABILITY OF THE PRACTICE	
The transferability of this practice lies in the fact that other countries, as France has done with the MACOR system, could make their homecare services become Services of General Economic Interest (SGEI) as defined by European law, in order to guarantee the quality of the services and fair payment.	

1. ORGANISATION, COUNTRY			
Organisation	Caisse Nationale de Solidarité pour l'Autonomie / Conseil général du Val-de-Marne		
City & Country	Paris / Créteil, France		
Contact & Website	aurelie.bruneau@valdemarne.fr ; miljana.dejanovic@valdemarne.fr		
2. DESCRIPTION OF THE PRACTICE			
Title of the initiative (in English & original language)	LOLA (lever les obstacles de la langue vers l'autonomie professionnelle / remove the language barriers to professional autonomy)		
Issues addressed	<table border="1"> <tr> <td>Quality of jobs √ Workforce development √ Working conditions</td> <td>Quality of services √ Availability & access to services √ Better service user involvement</td> </tr> </table>	Quality of jobs √ Workforce development √ Working conditions	Quality of services √ Availability & access to services √ Better service user involvement
Quality of jobs √ Workforce development √ Working conditions	Quality of services √ Availability & access to services √ Better service user involvement		
Is this practice based on specific policies or legal framework?	<u>Local</u> : The Val-de-Marne county considered that home support services (in French: services d'aide à domicile, SAAD) face recruitment difficulties, retention of staff and professionals experiencing language difficulties. Over 50% of the workforce are persons of foreign origin, low-skilled persons or persons with communication difficulties. To meet these challenges, the County has set up a specific support policy for this section of the PHS workforce.		
Phase	Implemented initiative: Generalisation in the county since 2013 Start date: 2011.		
Summary of the programme	Organisation of four LOLA training sessions per year (156h/13 weeks, four days a week for half a day to respect people's time constraints) with external experts involved (platform SAAD, presentation SAAD, mobility, hiring techniques, knowledge of gerontology, etc). The training locations are chosen at the heart of neighbourhoods in order to be closer to the target audiences. Training periods for 35 people during 13 weeks with tutoring and alternating technical training (one day per week) at home or in institutions for disabled or older people. Two groups are ultimately made up of 20 people among 60 from LOLA.		
3. IMPLEMENTATION OF THE PRACTICE			
Target group	Mainly women wishing to work with older people, disabled people or children with oral or written communication difficulties.		
Aims of the practice	Meet the recruitment requirements and retention of the SAAD staff by preparing professionals (prequalification step of the action) to better understand the environment, the profession and the oral and written communication requirements in the sector.		
Lead organisation	Val de Marne County		
Resources & Budget	EUR 225.000 (annual budget)		
4. EVALUATION OF THE PROGRAMME			
Method of evaluation	<p>The method of evaluation of the programme itself:</p> <ul style="list-style-type: none"> - Follow-up booklet for employees (livret de suivi des salariés) - Satisfaction surveys at the end of each training programme (Questionnaires de satisfaction à la fin des formations) - Evaluation at the end of each training session. <p>The method of evaluation of the persons undertaking the programme: Entering test to evaluate the prerequisites; Competence booklet to accompany the training programme; Outcome test to assess skills improvement following the Certificate of Qualification.</p> <p>The method of evaluation of the tutoring internship: Booklet competence assessed throughout the course; Regular interviews with the tutor/coach (at least three interviews); Recruitment (or not) at the end of the course.</p>		
Outcome (please specify the effects of the practice on these groups)	<p><u>Service users</u>: greater satisfaction; the loyalty of staff/employees</p> <p><u>Professionals</u>: an increase in recruitment. The training meets the needs of home workers, in terms of skills improvement; support during the initial period in the new job. A lower turnover rate.</p>		
5. TRANSFERABILITY OF THE PRACTICE			
<p>What is transferable from LOLA: training, internship. The OPCA (Agency for the training of employers) took over the project. Although the pre-qualification action LOLA remains supported by the County, the OPCA sets up the internship based on the POEC (tool developed by the employment agency: operational preparedness for collective employment / Préparation Opérationnelle à l'Emploi Collectif): training of 399 hours over 13 weeks. The OPCA of Ile-de-France (Paris region) has offered this type of access to employment course to all counties in the region.</p>			

1. ORGANISATION, COUNTRY	
Organisation	Diputacion de Barcelona / Barcelona's Provincial Government
City & Country	Barcelona, Spain
Contact / Website	arumiomr@diba.cat , Tel. +34.934.02.22.22.353.81. / www.diba.cat
2. DESCRIPTION OF THE PRACTICE	
Title of the initiative (<i>in English & original language</i>)	Technical audits for home help services Auditorias técnicas des servicio de ayuda a domicilio
Issues addressed	Quality of jobs √ Protection of service providers
Is this practice based on specific policies or legal framework?	There are no specific policies or frameworks that regulate this practice. However, some laws protect the quality of services at regional and national level: <u>County/Region:</u> yes.llei 12/2007 <u>National:</u> yes.llei 39/2006
Phase	Widely spread initiative / rolled out. The project started in 2009.
Summary of the programme	Most municipalities have contracted out their home help services to local service providers through an annual or biannual contract. Barcelona's provincial government has considered the possibility to give support to the municipalities through technical audits as a follow-up on the evidence of the projects as they are presented by the successful bidder companies. The audits take place at the headquarters of the companies, once the project has started, and follow an accurate checklist prepared by the auditors. The involved sector is the municipal social services sector. Throughout the duration of the project, the companies are asked to provide clear evidence that everything is being carried out just as it was planned. The auditors spend a whole day in the headquarters verifying every point of the checklist and, afterwards, they deliver a report with an assessment of the coherence or inconsistencies of the submitted project.
3. IMPLEMENTATION OF THE PRACTICE	
Target group	Home help service providers hired by the municipalities
Aims of the practice	Analysing the quality of the services and the compliance of the elements shaping the project
Lead organisation	Barcelona's provincial government
Resources & Budget	EUR 4.000,00 for each technical audit, provided by Barcelona's government. The municipalities do not contribute financially. The financial resources are from the budget of the Provincial government-Diputació de Barcelona. It is provided through the public contract.
4. EVALUATION OF THE PROGRAMME	
Method of evaluation	Inspection checklist / audit reports From the review of the technical conditions and projects submitted by companies in local government specifications, commitments and evidence is checked.
Outcomes	<u>Users:</u> By inspecting the performance of the providers, it is possible to assure the quality of the services provided. <u>Families and informal carers:</u> The audits guarantee the quality of home help services the households. <u>Professionals:</u> They ensured that the engagement in the project – the number of persons to hire, the training, the service hours – is done following the guidelines of the service providers. <u>Organisations:</u> The external audit can assure the organisations and the municipalities that a detailed follow-up is done and that an accurate report is provided allowing the municipalities to follow up accordingly.
5. TRANSFERABILITY OF THE PRACTICE	
The project can be transferred by any local government that contracts out services provision to external companies. The technical audits could help local governments to have better control and allow them to follow up rigorously. At the same time, the audits can help the private service providers to maintain the quality of the service and assure engagement in the project. The project has been implemented in some municipalities in the Barcelona Province. Specific resources developed: Checklist, materials, PowerPoint presentations.	

1. ORGANISATION, COUNTRY					
Organisation	Serdomas Sistemas, S.L.L				
City & Country	Madrid, Spain				
Contact & Website	robertomartin@serdomas.es , Tel.+34.917.375.962 / www.serdomas.es				
2. DESCRIPTION OF THE PRACTICE					
Title of the initiative (<i>in English & original language</i>)	Home Care Services Serdomas System Servicio de Ayuda a Domicilio Serdomas Sistemas				
Issues addressed	<table border="1"> <thead> <tr> <th>Quality of jobs</th> <th>Quality of services</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> √ Workforce development √ Working conditions √ Professional qualification </td> <td> <ul style="list-style-type: none"> √ Availability & access to services √ Coordination between services √ Better service user involvement </td> </tr> </tbody> </table>	Quality of jobs	Quality of services	<ul style="list-style-type: none"> √ Workforce development √ Working conditions √ Professional qualification 	<ul style="list-style-type: none"> √ Availability & access to services √ Coordination between services √ Better service user involvement
Quality of jobs	Quality of services				
<ul style="list-style-type: none"> √ Workforce development √ Working conditions √ Professional qualification 	<ul style="list-style-type: none"> √ Availability & access to services √ Coordination between services √ Better service user involvement 				
Is this practice based on specific policies or legal framework?	<u>National</u> : Serdomas Sistemas works within the legal framework of the Law Unit "Law 39/2006" and the labour agreement on home help assistants.				
Phase	Widely spread initiative/rolled out: since 2004.				
Summary of the programme	Serdomas Sistemas, S.L.L., uses innovative proprietary management software called Aydara, for which it holds the copyright. This is encrypted and it has also been registered with the Spanish Data Protection Agency, as mandatory. The software supports extensive databases of both service users and domestic workers which contain all the essential information (personal details, availability, training, professional experience, etc.) so that when a request for a new personal assistance service is entered, the system immediately cross-checks the requirements against the details of its care workers by using the necessary filters: suitability, availability and proximity to the home. This computer system enables the selection of a suitable person to provide the service.				
3. IMPLEMENTATION OF THE PRACTICE					
Target group	Service users, families and informal carers, professional organisations				
Aims of the practice	Providing assistance for people and for homes by selecting the most suitable candidates, based on requirements, through proprietary management software. Domestic workers are registered through the software, including information on availability, training, professional experience and the location where they can work.				
Lead organisation	Serdomas				
Resources & Budget	EUR 50.000 (the total initial investment for the software, to open and run a franchise with an initial team of four staff members)				
4. EVALUATION OF THE PROGRAMME					
Method of evaluation	Annual audits conducted by the Family and Social Affairs Department. Complaint forms for service users. Monthly and annual monitoring system to oversee both indicators of the services rendered, carrying out on-site visits, and economic and profitability indicators. A permanent evaluation is carried out on a monthly basis, with service users.				
Outcomes	<p><u>Users</u>: the software covers all the needs of service users at home.</p> <p><u>Families and informal carers</u>: reconciliation of professional and family life.</p> <p><u>Professionals</u>: the programme encourages the social recognition of domestic staff as workers who fulfil a social function.</p> <p><u>Organisations</u>: ability to open a franchise in no more than two months, in localities which do not have companies nearby which provide these services.</p>				
5. TRANSFERABILITY OF THE PRACTICE					
<p>The management software, and thus the know-how and management technology developed by Serdomas, can be transferred to other areas and entrepreneurial groups, given the fact that it is designed as a franchise system.</p> <p>Further material: website (http://www.serdomas.es/)</p>					

1. ORGANISATION, COUNTRY	
Organisation	Fisascat-Cisl
City & Country	Rome, Italy
Contact & Website	elena.vanelli@fisascat.it , fisascat@fisascat.it , Tel. +39.06.85.359.724 / www.fisascat.it
2. DESCRIPTION OF THE PRACTICE	
Title of the initiative (<i>in English & original language</i>)	Institution of Social Security (Insurance) and Health Care for Domestic Workers (CassaCOLF)
Issues addressed	Quality of jobs √ Protection of service providers
Is this practice based on specific policies or legal framework?	No
Phase	Initiative (ongoing) Widely spread initiative/rolled out
Summary of the programme	<p>This system provides part of the economic protection for workers in the domestic sector who are not protected by the social security system in case of illness, hospitalisation or convalescence. Moreover, it provides a partial reimbursement of expenses incurred for healthcare. As a bilateral initiative, it also provides benefits in case of civil liability of employers for injuries at work.</p> <p>The economic resources of CassaCOLF derive from the contributions paid into a common fund by employees (EUR 0.01) and by employers (EUR 0.02) per working hour. The economic protection is supplied by a documented request from both workers and employers.</p>
3. IMPLEMENTATION OF THE PRACTICE	
Target group	Workers and employers in the domestic services sector
Aims of the practice	Ensuring economic protection in case of illness and / or convalescence of the workers, and in the case of civil liability of the employer.
Lead organisation	CassaCOLF
Resources & Budget	Payments into the common fund of EUR 0.03 per working hour of which EUR 0.01 paid by the worker and EUR 0.02 paid by the employer.
4. EVALUATION OF THE PROGRAMME	
Method of evaluation	Budget balance and number of services provided. Since its introduction in July 2010, an increasing number of contributions and benefits have been registered, which indicates a positive impact of this tool complementing the national security system.
Outcomes	<u>Families and informal carers</u> : Greater social security
5. TRANSFERABILITY OF THE PRACTICE	
<p>What is transferable: common fund financed by both workers and employers. The programme has been implemented elsewhere: CassaPortieri to healthcare services, Assistenza Sanitaria Integrativa to private services.</p>	

1. ORGANISATION, COUNTRY			
Organisation	Cooperativa Arca		
City & Country	Firenze, Italy		
Contact & Website	t.innocenti@arcacoop.it , Tel. +39.55.65.271.48. / www.arcacoop.org/cms		
2. DESCRIPTION OF THE PRACTICE			
Title of the initiative	Home Care Servizio di assistenza domiciliare		
Issues addressed	<table border="1"> <tr> <td>Quality of jobs √ Workforce development √ Working conditions √ Professional qualification</td> <td>Quality of services √ Availability & access to services √ Coordination between services √ Better service user involvement</td> </tr> </table>	Quality of jobs √ Workforce development √ Working conditions √ Professional qualification	Quality of services √ Availability & access to services √ Coordination between services √ Better service user involvement
Quality of jobs √ Workforce development √ Working conditions √ Professional qualification	Quality of services √ Availability & access to services √ Coordination between services √ Better service user involvement		
Is this practice based on specific policies or legal framework?	<p><u>Local</u>: Healthcare Company Zonal Plan</p> <p><u>Regional</u>: Accreditation in accordance with Art.2 of L.R.T. 41 of 28.12.2009.</p> <p><u>National</u>: The integrated system ensures the delivery of essential levels of social benefits required by the Constitution, defined by Law No. 328 of 2000 (framework law for the realisation of the integrated system of interventions and social services).</p>		
Phase	Initiative (ongoing) project. Period: 2013-2018		
Summary of the programme	<p>The project was developed to respond to many requests from citizens, older people and children with disabilities. Services that are provided include:</p> <ul style="list-style-type: none"> ▪ Home education in situations of disability, social anxiety or recovery from mental health issues; ▪ School education for children with disease certificate (law 104) or with learning disabilities; ▪ Home assistance (personal care, personal care and household services, support for claims and maintaining autonomy) to seniors that are both self-sufficient and not self-sufficient, support after discharge from hospital (relief, caregiver etc.). <p>The project responds to service users' requests for social services on the basis of a preliminary assessment. The aim is to meet the requests as quickly as possible and to employ and support qualified personnel able to work with more diverse groups of users. The staff has the status of Healthcare worker or health attendant (Operatore Socio Sanitario, or Assistente di base) and comes with a period of co-presence in a particular type of intervention (home). An audit takes place monthly, in which the specialist in charge of the person takes part, in addition to the social worker. Results and ongoing work shall be recorded in order to be able to check the data as well as outcome statistics in the service.</p>		
3. IMPLEMENTATION OF THE PRACTICE			
Target group	Citizens, older persons and children with disabilities		
Aims of the practice	Improving the life conditions of the service users; support them to continue living at home		
Lead organisation	Cooperativa Arca		
Resources & Budget	EUR 13 million (for the period 2013-2018)		
4. EVALUATION OF THE PROGRAMME			
Method of evaluation	Annual questionnaire about the services provided; quality indicators of the service on the basis of the regional laws.		
Outcomes	<p><u>Users</u>: Overall satisfactory results. Improved quality of life, maintenance and development of remaining capabilities.</p> <p><u>Families and informal carers</u>: Relief and collaboration in assistance.</p> <p><u>Professionals</u>: The projects of professionals are monitored by operators, shared in the team and the objectives are constantly reviewed.</p> <p><u>Organisations</u>: Such internal organisation aims to guarantee the physical and psychological well-being of the workers in order to increase their motivation, cooperation, involvement and trust at work (or toward the organisation itself).</p>		
5. TRANSFERABILITY OF THE PRACTICE			
<p>What is transferable: the training of operators (develop relational, technical and organisational skills; brainstorming as a tool for problem solving; enhance technical and methodological knowledge; counselling), the development of synergies and comparison within the territory, and a process approach in order to make services more effective. The model already adopted on the territory of Florence was introduced in other areas of the region (Valdinievole, Mugello) where despite the differences at local level, it was possible to pursue the same objectives and apply the same organisation in practice. Further material on the practice: website (www.arcacoop.org)</p>			

1. ORGANISATION, COUNTRY					
Organisation	Northern Ireland Social Care Council – NISCC				
City & Country	Belfast, Northern Ireland, United Kingdom				
Contact / Website	colum.conway@niscc.hscni.net , Tel. +44.28.95.36.26.00 / www.niscc.info				
2. DESCRIPTION OF THE PRACTICE					
Title of the initiative	Wrapping arms around the home care workforce				
Issues addressed	<table border="1"> <thead> <tr> <th>Quality of jobs</th> <th>Quality of services</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> √ Workforce development √ Working conditions √ Professional qualification </td> <td> <ul style="list-style-type: none"> √ Better service user involvement √ Protection of the service users </td> </tr> </tbody> </table>	Quality of jobs	Quality of services	<ul style="list-style-type: none"> √ Workforce development √ Working conditions √ Professional qualification 	<ul style="list-style-type: none"> √ Better service user involvement √ Protection of the service users
Quality of jobs	Quality of services				
<ul style="list-style-type: none"> √ Workforce development √ Working conditions √ Professional qualification 	<ul style="list-style-type: none"> √ Better service user involvement √ Protection of the service users 				
Is this practice based on specific policies or legal framework?	<u>County/Region:</u> In the UK, the registration and regulation of the social care workforce is devolved to each country. In England, the home care workforce is not registered. In the other three countries, home care managers are registered but not the workforce. Scotland and Wales are planning to register the home care workforce in the coming years. In Northern Ireland, this programme has initiated the registration of home care workers.				
Phase	Widely spread initiative/rolled out over 18 months from September 2015 to March 2017.				
Summary of the programme	The data on home care workers in Northern Ireland is limited. Home care workers work for 500 different employers. Public spending on home care is significant yet there is no way to track the impact. The registration and regulation of the workforce in home care will provide a central place for data, establish minimum standards of conduct and practice, and create a standardised registration, learning and training framework. The programme also focuses on the use of technology to enhance practice. Registration will be managed using an online portal. Integrated learning processes have been developed, e.g., the use of mobile applications for sharing of information and practice guidance. Once the registration process has been completed, all home care workers must be registered with NISCC to enable them to work and they must adhere to common standards of conduct and practice. NISCC has the responsibility to engage with employers and with home care workers to ensure a programme of workforce development is in place to improve quality and practice.				
3. IMPLEMENTATION OF THE PRACTICE					
Target group	People employed by agencies to work in home care (approx. 13,000).				
Aims of the practice	Improving practice and quality in home care through a region-wide compulsory registration and regulation process for home care workers.				
Lead organisation	NISCC (partly public-funded organisation – Department of Health, Social Services and Public Safety – and partly by fees from registrants).				
Resources & Budget	NISCC's funds: The NISCC's fixed cost base largely remains as it is. There will be variable costs associated with roll out of approximately EUR 500,000, mostly non-recurring.				
4. EVALUATION OF THE PROGRAMME					
Method of evaluation	The NISCC has partnered with the Department of Health and Social Services and the Social Care Institute for Excellence, to devise an appropriate framework of evaluation. The evaluation will focus on registrants' and employers' expectations of registration, and will be followed up over a number of years to ascertain how these were met. Feedback from service users on the impact of registration on care from their perspective is planned.				
Outcomes	<p><u>Service users/families and informal carers:</u> the reassurance that their care worker is registered and required to adhere to minimum standards of conduct and practice – service users can complain if they have concerns about the practice and care provided.</p> <p><u>Professionals:</u> greater value is placed on home care work and the requirement of workers to work to minimum standards of conduct and practice contributes to more professionalisation of the home care workforce. It will foster the development of a shared language and understanding of need and a shared value base when working with vulnerable people.</p> <p><u>Organisations:</u> the introduction of a level of consistency in home care work and of greater stability within the workforce will be beneficial to organisations.</p>				
5. TRANSFERABILITY OF THE PRACTICE					
<p>This process applies to the whole of the workforce and as such once the right model, process and parameters are established, the programme could be applied within municipalities, regions or countries.</p> <p>Specific resources have already been developed: communication and engagement tools, data management processes, online portal functions and design, workshop templates to improve digital competency of home care workers in the use of the online registration portal and learning tools, technology-based learning tools such as an app designed for home care workers, standards for conduct and practice, a registration, training and learning framework.</p>					

1. ORGANISATION, COUNTRY			
Organisation	Care and Share Associates (CASA)		
City & Country	Newcastle, United Kingdom		
Contact & Website	guy@casaltd.com , Tel. +44.845.313.84.52. / www.casaltd.com		
2. DESCRIPTION OF THE PRACTICE			
Title of the initiative	CASA Care and Share Associates		
Issues addressed	<table border="1"> <tr> <td>Quality of jobs ✓ Workforce development ✓ Working conditions ✓ Professional qualification</td> <td>Quality of services ✓ Better service user involvement ✓ Protection of the service users</td> </tr> </table>	Quality of jobs ✓ Workforce development ✓ Working conditions ✓ Professional qualification	Quality of services ✓ Better service user involvement ✓ Protection of the service users
Quality of jobs ✓ Workforce development ✓ Working conditions ✓ Professional qualification	Quality of services ✓ Better service user involvement ✓ Protection of the service users		
Is this practice based on specific policies or legal framework?	<u>Local</u> : Knowsley, Leeds, Warrington, North Tyneside, Newcastle and Manchester		
Phase	Widely spread initiative/rolled out. CASA started in 2004.		
Summary of the programme	<p>CASA is one of the UK's leading employee-owned home care social enterprises. CASA is a social enterprise which develops franchise companies where the employees are the owners. The aims include creating better jobs, supporting employees' professional development and offering high quality, support and flexible service to those individuals who rely on us for their care needs. The CASA Group supports people to live in their own homes, in the way they choose, as independently as possible.</p> <p>The initiative takes place in several towns.</p> <p>CASA is a sustainable social enterprise, now delivering 17,000 hours of care per week, and employing over 700 staff.</p>		
3. IMPLEMENTATION OF THE PRACTICE			
Target group	<p>Older people considering getting help with care and support for themselves.</p> <p>Family members, carers or people having Power of Attorney of somebody needing care.</p> <p>Disabled people who need additional care and support.</p> <p>Parents of an adult son or daughter who is disabled.</p>		
Aims of the practice	Creating better jobs, supporting employees' professional development and offering a high quality, flexible service to those individuals who rely on CASA for their care needs.		
Lead organisation	CASA		
Resources & Budget	<p>Core funding for CASA in its early stages has been provided by the European EQUAL-funded project IN SPIRE, while each new business requires an initial investment of around EUR 116,000 (£90,000) from local funders and a commitment from the local authority to purchase a specified number of hours once the company is established. In addition CASA has an ongoing relationship with Co-operative and Community Finance, a social finance provider, who has given loan agreements to each new unit to contribute towards working capital.</p> <p>In more recent times, CASA has attracted social investment from Bridges Ventures and Big Issue Invest .</p>		
4. EVALUATION OF THE PROGRAMME			
Method of evaluation	A robust and comprehensive set of policies that meet the statutory requirements for running and delivering a domiciliary care service including, all aspects of managing and staffing the service, the care of our service users, health and safety legislation etc. The CASA Group employs a full-time quality & compliance director, who has overall responsibility for the implementation of our Quality Management System.		
Outcomes	<u>Users</u> : The activities carried out by CASA Group show that this practice produces positive impact that contribute support people in need of support services.		
5. TRANSFERABILITY OF THE PRACTICE			
<p>What is transferable: monitoring and regulation. CASA has developed franchise companies where the employees are the owners. Already implemented in several towns: Knowsley, Leeds, Warrington, North Tyneside, Newcastle and Manchester. Further material on the practice: website (www.casaltd.com).</p>			

1. ORGANISATION, COUNTRY			
Organisation	Department for Care and Support for Older People		
City & Country	Municipality of Hämeenlinna, Finland		
Contact & Website	maria.mantere@hameenlinna.fi , Tel.+358.3.621.24.81., www.hameenlinna.fi		
2. DESCRIPTION OF THE PRACTICE			
Title of the initiative (<i>in English & original language</i>)	Implementation of mobile technology for professionals - FastROI Real-Time Care®		
Issues addressed	<table border="1"> <tr> <td>Quality of jobs √ Workforce development</td> <td>Quality of services √ Availability & access to services</td> </tr> </table>	Quality of jobs √ Workforce development	Quality of services √ Availability & access to services
Quality of jobs √ Workforce development	Quality of services √ Availability & access to services		
Is this practice based on specific policies or legal framework?	Not available		
Phase	Widely spread out/rolled out		
Summary of the programme	<p>In October 2014, three home care supervisors called ‘practical nurses’ started to use the Finnish ERP (Enterprise Resource Planning) system FastROI Real-Time Care®, a resource planning system for home care professionals. The home care supervisors are responsible for overseeing the workload of the home care nurses.</p> <p>FastROI Real-Time Care® is a software for mobile phones designed to support home care nurses in their duties by: displaying visits and tasks of the day, collecting and processing data, recording service users’ cases, and mapping travel time between visits.</p> <p>The technology has been gradually implemented in the organisation. In December 2014, 50 home care nurses were split into three different teams to test the mobile application. Electronic locking systems to access the homes of service users without keys were installed. Four new teams of 60 employees joined in April 2015 and two teams in August 2015.</p>		
3. IMPLEMENTATION OF THE PRACTICE			
Target group	Health and social care workforce in the City of Hämeenlinna		
Aims of the practice	Improving the way of delivering home care services with the use of technology		
Lead organisation	Hämeenlinna Department for care and Support for Older People		
Resources & Budget	Not available		
4. EVALUATION OF THE PROGRAMME			
Method of evaluation	Not available		
Outcomes	<p><u>Users/Families/Informal carers:</u> The home care nurses spend less time in travelling from one service user’s place to another’s thanks to the GPS system, and users’ cases are saved on the home care nurse’s mobile thanks to the software.</p> <p><u>Professionals:</u> Optimising of routes, tasks and working hours, scheduling of appointments, work supervision desktop, easy allocation of tasks, easy access to the service user’s home through the electronic locking system.</p> <p><u>Organisations:</u> Improved internal communication, real-time supervision and information automatically saved into the system, reporting and statistics to support the management and development of the public sector, work and tasks have become more transparent and the workload is more fairly split between employees, flexibility in resource allocation, cost savings of deputy recruiting.</p>		
5. TRANSFERABILITY OF THE PRACTICE			
What is concretely transferable: new technology (software for mobile phones to support home care)			

1. ORGANISATION, COUNTRY			
Organisation	SALAR (Swedish Association of Local Authorities and Regions - Sveriges Kommuner och Landsting)		
City & Country	Stockholm, Sweden		
Contact & Website	greger.bengtsson@skl.se , Tel. +46.8.452.75.19 / http://skl.se		
2. DESCRIPTION OF THE PRACTICE			
Title of the initiative (<i>in English & original language</i>)	Act of free choice Lag Om Valfrihetssystem (LOV)		
Issues addressed	<table border="1"> <tr> <td>Quality of jobs √ Workforce development</td> <td>Quality of services √ Availability & access to services √ Better service user involvement</td> </tr> </table>	Quality of jobs √ Workforce development	Quality of services √ Availability & access to services √ Better service user involvement
Quality of jobs √ Workforce development	Quality of services √ Availability & access to services √ Better service user involvement		
Is this practice based on specific policies or legal framework?	<p><u>Local</u>: Each local authority can choose whether they want to implement the law of freedom of choice of services (LOV Lagen) or not. It has been mandatory for all County councils to implement LOV in primary care since January 2010.</p> <p>The concept of free choice was first implemented at the local level in the Municipality of Nacka in 1992 and eventually became a national law.</p> <p><u>National</u>: The LOV was introduced in January 2009 and has been implemented at the local level.</p>		
Phase	Widely spread initiative/rolled out since 1 st January 2009		
Summary of the programme	The LOV system enables freedom of choice, meaning that customers are given the opportunity to choose their healthcare providers, public or private. It has been implemented in order to offer better services and more influence and choice for service users. Each county/municipality that wants to implement the law can do so. They usually form a project organisation for building necessary structures, ensure compliance with regulation, manage economic compensation etc.		
3. IMPLEMENTATION OF THE PRACTICE			
Target group	Primary care service users		
Aims of the practice	Empowering service users and supporting their autonomy Improving quality and working conditions		
Lead organisation	SALAR and local authorities		
Resources & Budget	300 million Skr (EUR 32 millions) allocated by the Swedish government for the period 2008-2014, to help local authorities implement the act of free choice.		
4. EVALUATION OF THE PROGRAMME			
Method of evaluation	Research has been carried out on the LOV by both the government and researchers to assess the impact of this new national framework, but so far without clear results due to the lack of data, especially concerning quality. Evaluations are also carried out by the municipalities. It has been observed that local authorities that have implemented the system tend to maintain it.		
Outcomes	<u>Service users</u> : receive better services and have more influence/choice in healthcare <u>Professionals</u> : improved quality and working conditions		
5. TRANSFERABILITY OF THE PRACTICE			
<p>The concept of freedom of choice is largely transferable. Most of the legal framework can be adapted to other contexts with local adjustments.</p> <p>In Sweden, out of 290 local authorities, the vast majority (176) decided to implement the LOV. Similar models have been implemented in Denmark and England although with national differences to adapt to specific characteristics.</p>			

1. ORGANISATION, COUNTRY	
Organisation	LCGW (Landelijk Contact Gemeentelijk Welzijnsbeleid – National Association of Local Governments for Social Welfare)
City & Country	Heusden, the Netherlands
Contact / Website	JVerbiesen@heusden.nl , Tel. +31.6.53.23.57.05. / www.heusden.nl
2. DESCRIPTION OF THE PRACTICE	
Title of the initiative (<i>in English & original language</i>)	One family-One plan Scheme Eén gezin één plan
Issues addressed	Quality of services <ul style="list-style-type: none"> √ Availability & access to services √ Coordination between services √ Better service user involvement
Is this practice based on specific policies or legal framework?	Local: To respond to the devolution process which has given local authorities more responsibility for delivering care and support, city councils have set up new policy frameworks spelling out budgets, long-term actions and objectives. National: Since 1 st January 2015 new versions of the Social Support Act (WMO), the Act on Youthcare (Jeugdwet) and the Participation Act (Participatie wet) that regulate healthcare, youth policy, unemployment services, and education entered into force devolving more competences to local authorities in social policy.
Phase	Initiative (ongoing in the whole country). It has started in 2015 and is now implemented in the regular process.
Summary of the programme	This new way of supporting people addresses the needs of the entire household as generally problems faced by one member impact on the others. The aim is also to stimulate cooperation and coordination between the different organisations (professionals/volunteers/informal carers). PHS can be organised in three different ways: by a specific amount of time per week granted to households (most common option) when service providers negotiate the price directly with the municipality of Heusden; by personal budget, and by vouchers (poorly developed for now). Throughout the One family-One plan scheme, a professional from the health and social sector assesses needs during a “kitchen-table interview” at home and sets up a personal plan taking into consideration various criteria: family situation, housing conditions, financial situation, health (physical, mental), daily activities and possible involvement of family, friends and neighbours. Possible types of services and support include: social care and support, guidance and counselling for unemployed people, care planning, medical care.
3. IMPLEMENTATION OF THE PRACTICE	
Target group	There are no eligibility criteria, but the focus is on people in need for care and support.
Aims of the practice	Delivering more coordinated and integrated care services for people in one household; improving the quality of care delivered while reducing the cost.
Lead organisation	The Municipality of Heusden
Resources & budget	There was no initial project budget and information on the budget for the ongoing work is not yet available.
4. EVALUATION OF THE PROGRAMME	
Method of evaluation	Unspecified
Outcomes	Users/families/informal carers: Involvement in solving problems; change to pro-active behaviour; clear outcomes specified in the individual plan; one single person acting as the reference person. Professionals: Work in a more integrated way; cost-efficient services. Organisations: Alternatives to residential care; best use of available resources in a time of scarce public funds.
5. TRANSFERABILITY OF THE PRACTICE	
The quick-scan method has a questionnaire which can be transferred easily – there are also programmes to digitalise the outcomes of the questionnaire. Across the Netherlands, this scheme has been widely implemented by local authorities to different extents. Specific resources developed include the quick-scan method to assess people’s needs.	

1. ORGANISATION, COUNTRY	
Organisation	Vienna Social Fund, Austria
City & Country	Vienna, Austria
Contact & Website	angelika.rosenberger-spitzky@fsw.at , Tel. +43.1.40.00.66.591. www.fsw.at
2. DESCRIPTION OF THE PRACTICE	
Title of the initiative (<i>in English & original language</i>)	Seniors Office of the City of Vienna <u>SeniorInnenbeauftragte der Stadt Wien</u>
Issues addressed	Quality of services <ul style="list-style-type: none"> ✓ Availability & access to services ✓ Coordination between services ✓ Better service user involvement
Is this practice based on specific policies or legal framework?	<u>Local</u> : In 1996 the Council of Vienna developed a programme to support older people called 'Help for Older People' (Hilfe im hohen Alter). The Seniors Office was developed through this initiative and was founded by the major of Vienna.
Phase	Initiative (ongoing). The programme was developed in 1996.
Summary of the programme	This programme takes place in Vienna and is organised by the Vienna Social Fund in cooperation with the municipal council and non-governmental organisations such as Caritas and the Red Cross, but also sports organisations, alongside cultural and learning initiatives for older people. Every organisation offering services for older people in Vienna is involved. The purpose is to inform people about activities that they could get involved in despite being old and possibly frail: a wide range of information about events, discount fees, training, cultural events and about what care services are available to them. The idea of a platform for older people is to make seniors in Vienna visible and to create a sense of self-determination and empowerment. Access to services: Every citizen over the age of 65 receives a birthday card from the major of Vienna every 5 years. Starting at the age of 75, the birthday cards are sent annually. In those letters, a card from the seniors' office is enclosed encouraging people to contact the office for information and help. Since 2011, the "month of seniors" is celebrated every year from 15 September to 15 October. During that time the Seniors' Office put on more than 1,000 events and initiatives, for instance open days in care institutions, computer and internet training, opportunities for charity work etc. The interactive calendar on the website includes information about the initiatives, which are mostly free of charge or have affordable prices.
3. IMPLEMENTATION OF THE PRACTICE	
Target group	Retired people over the age of 65.
Aims of the practice	The aim of the initiative is to help senior citizens to get information about their opportunities to stay autonomous and independent, but they can also get help and advice about care if needed.
Lead organisation	Vienna Social Fund
Resources & Budget	Approximately EUR 700,000 per year in total. The municipal council provides the budget to the Vienna Social Fund, where the Seniors 'Office is organised and situated.
4. EVALUATION OF THE PROGRAMME	
Method of evaluation	Informal, audit and evaluation planned: Statistical analyses of the calls, mails and other contributions; informal client feedback (a formal survey is planned). Data is collected on the number of calls and contacts and entered onto an electronic database which is the main reporting system of the Vienna Social Fund. Besides, the Senior 'Citizens Officerat (VSF) has a strategic meeting with the councillor of social affairs twice a year to reflect on the past and plan for the future.
Outcomes	<u>Service users</u> : The older person receives improved information, support to stay independent and access to social and physical activities taking place in the community. <u>Professionals</u> : better coordination between care provider services
5. TRANSFERABILITY OF THE PRACTICE	
The elements that are transferable are the empowerment of older people; the peer-to-peer dimension and the engagement of older people as volunteers; the provision of advice on a range of services and activities in one space; local NGOs working together with the public authority and social services providers. A Seniors Office is also present in Graz, Austria. 5,000 phone calls and about 70,000 information sheets and booklets sent each year. Material can be downloaded from the project website: www.senior-in-wien.at	

1. ORGANISATION, COUNTRY	
Organisation	Slezská diakonie (Silesian Diaconia)
City & Country	Český Těšín, Czech Republic
Contact & Website	r.belova@slezskadiakonie.cz , Tel. +420.731.137.998 / www.slezskadiakonie.cz
2. DESCRIPTION OF THE PRACTICE	
Title of the initiative (<i>in English & original language</i>)	Supported Living for People with Learning Disabilities Podpora samostatného bydlení pro lidi s mentálním postižením
Issues addressed	Quality of services √ Availability & access to services √ Coordination between services
Is this practice based on specific policies or legal framework?	<u>Regional</u> : Policy of Transformation of Residential Care for People with Disabilities (2008) <u>National</u> : Law on Social Services, and the 2007 Policy on Transformation of Residential Care for People with Disabilities.
Phase	Initiative (ongoing) since 2008
Summary of the programme	The initiative was developed within the process of deinstitutionalisation (DI) of the care for people with disabilities in the Moravian-Silesian Region. <i>Silesian Diaconia</i> , an active player in the process, provides various types of community-based services. <i>Supported Living for People with Learning Disabilities</i> is one of those services. It supports people with learning disabilities in their way out of institutions towards life in the community, in cooperation with service users, family members, legal guardians, municipalities and regional authorities. The activities are implemented within the system of social services, but also in cooperation with people living in the community. People with disabilities are supported individually by social workers on the basis of empowerment and individual planning. The user is the one who decides on the amount of support to be provided.
3. IMPLEMENTATION OF THE PRACTICE	
Target group	Adults with disabilities (mainly learning disabilities and mental disorders)
Aims of the practice	Provision of supported living service for people with disabilities
Lead organisation	NGO Silesian Diaconia
Resources & Budget	The total amount of the budget for providing this service in five towns is around CZK 5,000,000 per year (EUR 185,200 per year) from: government (70%), municipality (20%), service user payments (8%) and grants and sponsors (2%).
4. EVALUATION OF THE PROGRAMME	
Method of evaluation	System of internal audits on the quality of the provided service; system of quality management (series of consultations with professionals); use of National Quality Standards (15 standards).
Outcomes	<u>Users</u> : 56 people with disabilities are now able to live independently <u>Families and informal carers</u> : Individual support for family members <u>Professionals</u> : Development of skills and empowerment. <u>Organisations</u> : Collaboration between stakeholders; building bridges between NGOs and institutions; developing a network of services.
5. TRANSFERABILITY OF THE PRACTICE	
<p>The transferable outcomes are: the social service itself, the training curriculum and the booklet with life stories. The initiative has already been implemented elsewhere. Laws in other countries that are similar to the Czech Law on Social Services could apply this transformative model.</p> <p>Specific resources developed: training programmes for staff members working in the community-based services for people with disabilities; a booklet about the inclusion of people with disabilities in society “Standing on Own Legs”.</p>	

1. ORGANISATION, COUNTRY	
Organisation	ALLIANZ HAUSHALTSNAHE DIENSTLEISTUNGSWIRTSCHAFT e.V. / VDI/VDE-Innovation + Technik GmbH
City & Country	Berlin, Germany
Contact & Website	markus.solf@famplus.de , Tel. +49.89.80.99.027.10 / www.famplus.de
2. DESCRIPTION OF THE PRACTICE	
Title of the initiative (<i>in English & original language</i>)	DIN SPEC 77003 Personal and Household Services - Information, Advice and Placement Personen- und haushaltbezogene Dienstleistungen - Information, Beratung und Vermittlung
Issues addressed	Quality of services √ Availability & access to services √ Better service user involvement √ Protection of the service users
Is this practice based on specific policies or legal framework?	This certification is meant to be implemented by PHS service providers at the national level. The stakeholders who developed the DIN SPEC will certify themselves, but all other stakeholders could do so as well. A DIN SPEC does not substitute legislation. It is a form of self-regulation of the service providers in the PHS market.
Phase	Initiative (ongoing)
Summary of the programme	No common quality standards are defined for the economic sector of PHS. Every provider follows its own rules, therefore it is almost impossible for the customer to identify and make a comparison between the quality of the services offered by different providers. In the first run, specifications for technical information and about advice and placement activities were developed, which should be adhered to by the relevant providers. These activities should be performed before the first intervention/provision in the relevant households takes place. The sectors concerned are: household services (especially domestic activities like cleaning, shopping, preparation of food, laundry care, gardening services, minor repairs in the household, support regarding ICT) and personal services (e.g. child care, support and care of people in their everyday life). The first part of the now published framework is related to the minimum information, advice and placement services to be provided by the relevant agencies, companies or similar acting individuals, authorities or organisations towards a better quality in services provision. It is planned to create a second DIN SPEC dealing with the actual service provision.
3. IMPLEMENTATION OF THE PRACTICE	
Target group	Providers from three areas (information, advice, and placement) and service users
Aims of the practice	Enable providers to deliver high quality information, advice and placement performance of PHS
Lead organisation	famPLUS GmbH
Resources & Budget	EUR 35,000
4. EVALUATION OF THE PROGRAMME	
Method of evaluation	Service user surveys. The DIN SPEC 77003 will be reviewed after three years. Following this review, the DIN SPEC will either remain as it stands, be revised or withdrawn without replacement, or a proposal can be made to use the DIN SPEC as a basis for a DIN Standard.
Outcome	<u>Service users</u> / <u>Families and informal carers</u> / <u>Professionals</u> / <u>Organisations</u> : Transparent, common standard
5. TRANSFERABILITY OF THE PRACTICE	
What is concretely transferable: Certification at national level	

5. GLOSSARY OF KEY WORDS

Personal care and household services (PHS): a broad range of activities that contribute to the well-being at home of families and individuals through child care, long term care for the elderly and for persons with disabilities in terms of personal services, then cleaning, remedial classes, and other forms of home repairs and maintenance, regarding household services⁷.

(Informal) carer: Carers look after their family, partners or friends who are in need of help because they are ill, frail, or have a disability. The care they provide is unpaid. Carers include young carers. The term does **not** include paid care workers or people who undertake voluntary work⁸.

Undeclared work: All economic activities by workers and economic units that are – in law or in practice – not covered, or insufficiently covered, by formal arrangements⁹.

Community care services: Services helping people live full and independent lives. They are intended to help people overcome particular difficulties, and to assist people to live in their own home/local area, for as long as possible¹⁰.

Domestic work: work performed in or for a household or households. Domestic work includes a wide range of activities that are performed in the household, such as cooking, cleaning, gardening, as well as taking care of children, the elderly, or persons with special needs¹¹.

Domestic worker: any person engaged in domestic work within an employment relationship; a person who performs domestic work only occasionally or sporadically and not on an

⁷ European Commission, Commission Staff Working document on exploiting the employment potential of the personal and household services, SWD(2012) 95 final

⁸ Care Quality Commission, Glossary of terms used in the guidance for providers and managers

<http://www.cqc.org.uk/content/glossary-terms-used-guidance-providers-and-managers> (last accessed 8th March 2016)

⁹ International Labour Office, Labour inspection and labour administration in the face of undeclared work and related issues of migration and trafficking in persons : Practices, challenges and improvement in Europe towards a labour inspection policy http://www.ilo.int/wcmsp5/groups/public/---ed_dialogue/---lab_admin/documents/genericdocument/wcms_116069.pdf (last accessed 8th March 2016)

¹⁰ Department of Health, Glossary of adult social care terms

http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/london/Glossary_FINAL-London_JIP.pdf (last accessed 8th March 2016)

¹¹ International Labour Organisation, Domestic Workers Convention, 2011 (No. 189) Convention concerning decent work for domestic workers (last accessed 16th March 2016)

http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::p12100_instrument_id:2551460

occupational basis is not a domestic worker¹².

Formal care: Help provided to persons with one or more disability by organisations, or individuals representing organisations (whether profit-making or non-profit-making, government or private), or by other persons (excluding family, friends or neighbours as described in informal help) who provide assistance on a regular, paid basis and who are not associated with any organisation¹³.

Informal care: Help or supervision (usually unpaid) that is provided to persons with one or more disabilities by family, friends or neighbours (may or may not be living with them in a household)¹⁴.

Integrated care: The methods and strategies for linking and coordinating the various aspects of care delivered by different care systems, such as the work of general practitioners, primary and specialty care, preventive and curative services, and acute and long-term care, as well as physical and mental health services and social care, to meet the multiple needs/problems of an individual client or category of persons with similar needs/problems¹⁵.

Multidisciplinary/interdisciplinary working: Describes the joint working of people with different roles or functions within the same organisation or across sectors e.g. directors, social workers and therapists¹⁶.

Personal assistant: a person employed to help someone with their daily social care in a way that is right for them. Using their Personal Budgets, a person can employ a Personal Assistant to provide support like: cooking, cleaning, help with personal care like washing and using the toilet, driving or help with getting around, medical tasks, shopping, banking or paying bills¹⁷.

Personal budgets: an allocation of funding given to users after an assessment which should be sufficient to meet their assessed needs. Users can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave

¹² International Labour Organisation, Domestic Workers Convention, 2011 (No. 189).

¹³ World Health Organization, A glossary of terms http://www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf (last accessed 8th March 2016)

¹⁴ World Health Organization, A glossary of terms http://www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf (last accessed 8th March 2016)

¹⁵ World Health Organization, A glossary of terms http://www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf (last accessed 8th March 2016)

¹⁶ Department of Health, Glossary of adult social care terms http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/london/Glossary_FINAL-London_JIP.pdf (last accessed 8th March 2016)

¹⁷ Department of Health, Glossary of adult social care terms http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/london/Glossary_FINAL-London_JIP.pdf (last accessed 8th March 2016)

councils with the responsibility to commission the services. Or they can take have some combination of the two¹⁸.

Residential care: May take the form of either a nursing, or a residential care home, that provides 24 hour care to individuals who, on assessment, have been assessed as no longer being able to be supported at home. Residential accommodation can be either long or short stay¹⁹.

Respite care: A service giving carers a break from their caring responsibilities by providing short term care to the cared-for-person in their own home or in a residential setting²⁰.

Social care: Social care includes all forms of personal care and other practical assistance provided for people who, because of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs or any other similar circumstances, are in need of such care or other assistance²¹.

Social innovation: Social innovation seeks new answers to social problems by: identifying and delivering new services that improve the quality of life of individuals and communities; identifying and implementing new labour market integration processes, new competencies, new jobs, and new forms of participation, as diverse elements that each contribute to improving the position of individuals in the workforce. Social innovations can therefore be seen as dealing with the welfare of individuals and communities, both as consumers and producers. The elements of this welfare are linked with their quality of life and activity²².

¹⁸ Community Care, Direct payments, personal budgets and individual budgets <http://www.communitycare.co.uk/2007/01/05/direct-payments-personal-budgets-and-individual-budgets/> (last accessed 8th March 2016)

¹⁹ Department of Health, Glossary of adult social care terms http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/london/Glossary_FINAL-London_JIP.pdf (last accessed 8th March 2016)

²⁰ Department of Health, Glossary of adult social care terms http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/london/Glossary_FINAL-London_JIP.pdf (last accessed 8th March 2016)

²¹ Care Quality Commission, Glossary of terms used in the guidance for providers and managers <http://www.cqc.org.uk/content/glossary-terms-used-guidance-providers-and-managers> (last accessed 8th March 2016)

²² OECD, LEED Forum on Social Innovations <http://www.oecd.org/cfe/leed/forum-social-innovations.htm> (last accessed 8th March 2016)

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