



Impact Study of the EQUASS Assurance Quality System

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December 2014

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Introduction

The Development Plan 2012–2015 of the Ministry of Social Affairs underlines the importance of the quality and availability of social services as well as increased customer awareness. Previously, Estonia lacked a uniform quality management system for social services. However, projects funded by the European Social Fund have helped to address this shortcoming and the EQUASS Assurance model has

The objective of quality assurance is to meet the needs and expectations of all stakeholders and increase their satisfaction.

been applied with a view to increase the efficiency and performance of social services by introducing a quality system.

From 2010 on, more attention was paid to the systematic development of the quality of social services. Hanno Pevkur, then the Minister of Social Affairs, also emphasized the need for extending the principles for quality of social services to all social welfare services at the final conference held on 15 December 2011 for the project “Introduction of the Quality Management System” under the welfare services programme 2010–2011 of the Ministry of Social Affairs, saying: *“When an institution is guided by principles for quality, we can rest assured that the service it provides is the best for individuals and produces good results for society. Achieving quality is a process that requires continuous work. People’s needs and expectations change as well as info-technological solutions, for example. In five years’ time, we will obviously be discussing an entirely new level of quality and I am glad to see that quality development is actively pursued in the sphere of social services as well.”*

Three years later, quality development is at the top of the agenda, which has resulted in significant increase in the quality of the activities and services of institutions implementing the quality system. This study is focused on the latter aspect. The study concentrates on analysing and assessing the impact of applying the quality system on the example of institutions that have started to implement the quality system.

We would like to express our gratitude to the following institutions and their staff for contributing to the successful completion of this study: Pärnu Hospital, Tallinn Children’s Home, Rakvere Lille Home, Taheva Sanatorium, MTÜ Iseseisev elu, Käo Daycare Centre, Imavere Daycare Centre, MTÜ Ühiselt, Tallinn Social Work Centre, OÜ L.M. Füsioteraapia and the Estonian National Social Insurance Board.

1. Commissioning and conducting the impact study

This study was conducted under subsection 3.5.2 “Introduction of the Quality Management System for Rehabilitation and Special Welfare Services” of the “Welfare Measures Supporting Employment 2012–2013” programme of the European Social Fund for Astangu Vocational Rehabilitation Centre (hereafter Astangu KRK). The study was conducted by Mariliis Männik-Sepp. Keiu Talve, Head of EQUASS Estonia; Triin Vana, specialist and educator; and Maarika Aro, specialist, were also involved in developing study methodology and collecting information.

2. Overview of the impact study process

The study, conducted over the period of September–December 2014, was divided into three stages. A brief overview of these stages is presented below.

Stage 1. Establishing study focus and objectives and selecting appropriate analysis method(s).

In September, study objectives and a schedule were agreed upon with the Head of EQUASS Estonia. In addition, the experts of the Praxis Centre for Policy Studies were consulted regarding the selection of a methodological approach to the study. In October, study methodology and extent was agreed upon and a sample was selected.

Stage 2. Compiling an overview of existing data and collecting new data.

In late October and early November, an overview of existing data was created, methods for gathering additional information were established and additional data was collected.

Stage 3. Analysing, compiling a report and disseminating study results.

In late November and early December, data analysis was carried out, interviews with institutions providing social services and with financiers were conducted and information gathered during the study was analysed and assessed. Next, conclusions and recommendations were drawn and a report on this study was compiled by the end of December.

3. Background, objective and extent of the study

From 2010, EQUASS Estonia at Astangu KRK has been promoting and introducing the EQUASS quality management system targeted at providers of social services. From a broader and more strategic perspective, the objective of this initiative is to contribute to more effective and high-performance provision of social services through the implementation of the quality system. Although a high level of competence and quality is expected of institutions in the social sector, in reality the challenge lies in the inconsistent quality of services, resulting in dissatisfied service users, low performance and ineffective utilisation of resources. It is expected that the implementation of quality management systems at institutions providing social services will improve their quality of service provision.

Benefits of quality improvement¹:

- common understanding of quality;
- systematic planning, provision and assessment;
- customer-based approach;
- engagement and empowerment of service users;
- conscious and smart (business) management of services;
- effective utilisation of resources;
- engagement and motivation of staff;
- high performance level of services;
- transparency and measurability;
- targeted at sustainable development.

From a broader and more strategic perspective, the objective of implementing the quality system is to contribute to more effective and high-performance provision of social services.

¹ Excerpt from a presentation by Guus van Beek.

The quality-promoting operations of EQUASS Estonia have been funded by EU shared-cost projects². Initially, the possibility of introducing the quality management system on a nationwide scale was tested at institutions providing rehabilitation services. After the pilot project proved to be successful, later projects were extended to institutions providing other social services.

Currently, the EQUASS quality system has been implemented in 57 institutions in Estonia. The first seven started implementing the system under a pilot project in 2010 and were granted the quality certificate in 2012. The same year, another 36 institutions started implementing the system, in 2013, another 11 and in 2014, another 11. Eight institutions have discontinued the implementation process. In addition, there are two institutions implementing the quality system independently of projects of the European Social Fund. As of the end of December 2014, the number of institutions holding valid certificates is 32. The rest are currently introducing the quality system or waiting for the final audit. Table 1 presents a year-by-year overview of the number of institutions joining the process of implementing the EQUASS quality system.

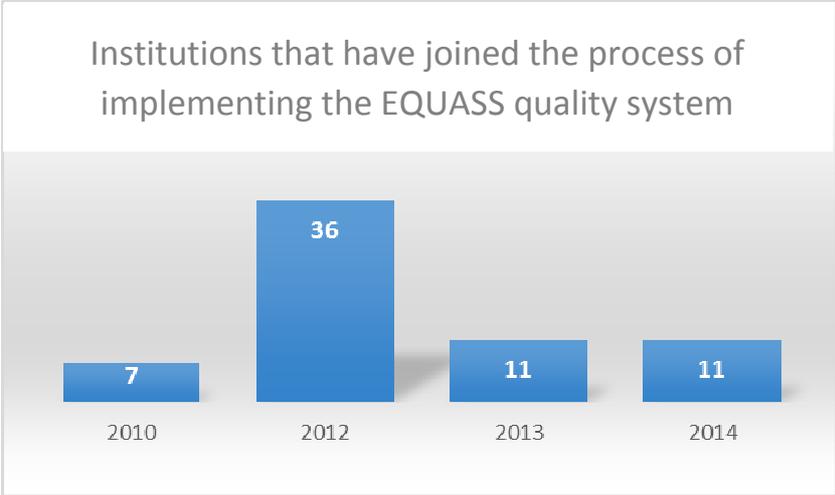


Table 1. A year-by-year summary of the number of institutions that have joined the process of implementing the EQUASS quality system.

The reason for selecting EQUASS from a variety of quality systems available to be implemented in Estonia is the fact that it is currently the only recognised quality certificate in Europe that various institutions providing social services can apply for and that also complies with EU requirements for the quality of social services.

The EQUASS quality certificate for social services has been developed on the initiative of the European Rehabilitation Platform (EPR), taking into account the positions and various principles for quality management (including EFQM, ISO, TQM) of a variety of interest groups (service users and providers, social partners, financiers and policy-makers).

² Subsection 3.4.5 “Introduction of the Quality Management System” of the framework programme “Welfare Measures Supporting Employment 2012–2013” of the European Social Fund (ESF); subsection 3.5.2 “Introduction of the Quality Management System for Rehabilitation and Special Welfare Services” of the “Welfare Measures Supporting Employment 2012–2013” programme of the ESF; ESF project “Improving the Quality of and Developing the Quality Management System for Welfare Services under the Responsibility of the Ministry of Social Affairs”.

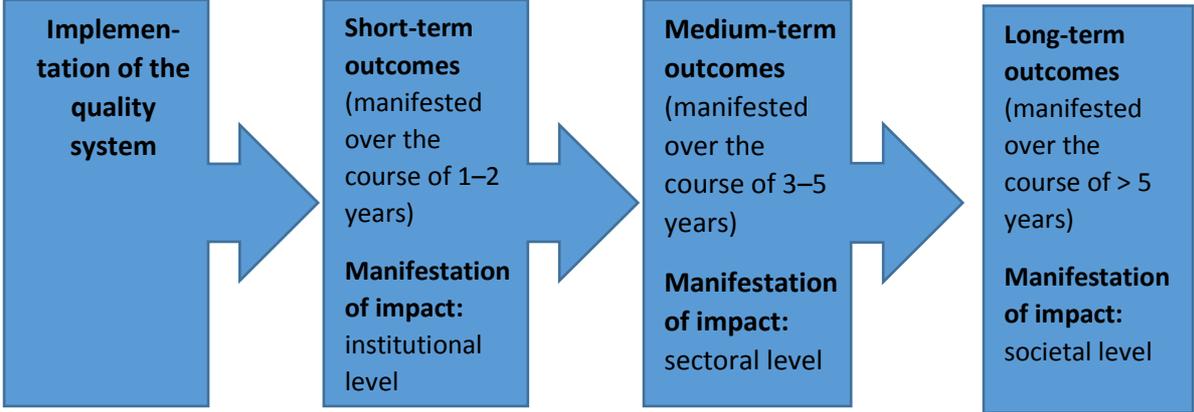
The objective of EQUASS is to improve the social sector, getting service providers involved in the process of quality enhancement and continuous development as well as ensuring that service users are provided high-quality services all over Europe. The principles of EQUASS for quality overlap with the principles of the Common Quality Framework for Social Services of General Interest, a voluntary framework for EU member states for ensuring high-quality provision of social services. Currently, the 2012 version of the EQUASS Assurance³ quality system applies, with its 10 principles for quality, 50 criteria and 100 operational indicators.

The “Welfare Measures Supporting Employment 2012–2013” programme of the Ministry of Social Affairs, including the introduction of the quality management system for rehabilitation and special welfare services, serves as a basis for conducting this study. Among other things, activities of the programme provide for conducting an impact study of the quality system among those who have implemented the quality system.

The former also formulates the objective of the study – to analyse and assess the outcomes⁴ and outputs⁵ as well as the impact⁶ of implementing the quality system.

It is possible to assess the impact of the quality system on various levels. This study focuses on the level of institutions implementing the system; that is, it centres on changes that implementing the quality system has brought about in these institutions. Relying on the results identified in institutions, some conclusions may be drawn on the sectoral level, but taking into account the limited extent of the study, the broader societal level will not be touched upon.

Regarding the time dimension, the study includes short-term results, or its temporal framework extends over 1–2 years, being best suited for making assessments on the institutional level. To date, the majority of institutions studied have been implementing the EQUASS quality system as holders of its quality certification for approximately one year and that is why we can discuss only the short-term impact of implementing the system. On the sectoral and societal level, results are not manifested as quickly, but after a longer time period. Impact on customers and their quality of life is similarly revealed in the medium-term or long-term perspective, making it impossible to assess the effect on this level. Table 1 presents an overview of how the impact of the quality system is manifested in the temporal perspective and across different levels.



³ Assurance – base-level quality certificate, Excellence – top-level quality certificate.

⁴ **Outcome** – changes in the target group’s knowledge, learning patterns, awareness, attitude, skills, opinions, motivations or behaviour.

⁵ **Output** – visible, immediate and desired results of an activity, prompted by intervention. Situation or condition that is achieved as a result of an activity immediately after finishing it.

⁶ **Impact** – correlation between the outcome and the output or, in other words, an aspect of results which can be ascribed to intervention, or activity.

Table 1. The manifestation of impact in the temporal dimension.

In 2012, under the welfare services project of the Ministry of Social Affairs⁷, 25 institutions providing rehabilitation and special welfare services (see Appendix 1) were selected through a call for applications, of which 20 reached the final audit round. Under ESF projects⁸, 10 institutions providing social services for local governments were selected (see Appendix 2), of which 8 reached the final audit round. This study focuses primarily on these 28 institutions that successfully completed the whole process of introducing the quality system, starting with their self-evaluation and ending with the final audit, and currently hold the EQUASS quality certificate.

Thus, the target group of the study consists of social service providers, representing a variety of patterns in terms of the organisation and funding of their services, for example, providers of rehabilitation and special welfare services, substitute and family homes, daycare centres, nursing homes, social centres, etc. The analysis covers neither institutions that implement the EQUASS quality system independently of ESF projects nor those that have discontinued the implementation process. As for the latter, only the reasons for excluding them from the process are disclosed.

This study is an ex-post assessment⁹; that is, it focuses on assessing activities that have been finished and the impact of which has been revealed. The study identifies changes that have taken place in institutions implementing the quality system. Also, it indicates how desired outputs and outcomes – explaining as well what those stand for – are achieved with the help of using various resources (input) and activities (intervention) related to the introduction of the quality system.

This study relies heavily on the principles and criteria¹⁰ of the EQUASS quality system, addressed as sub-objectives of the study, as well as on operational indicators for measuring specific outcome aspects. The analysis section describes the situation in these institutions before introducing the quality system, presents a step-by-step overview of activities undertaken to implement the system and examines the outcomes and impact of implementing the quality system in institutions included in this study.

4. Methodology and data

The study was conducted according to the theoretical¹¹ and practical¹² methods for impact assessment, developed by the Praxis Centre for Policy Studies. The methods were adapted to this study, taking into account the study objective, specific characteristics of the EQUASS quality system and the distinct nature of the field of social services. Developing the impact assessment framework was guided by an internationally recognised *logical model, or Logical Framework Approach – LFA*¹³, which was used as a basis for creating a model adapted to this study (see Figure 2).

The logical model starts with a description of the current situation. Next, priorities to be affected by implementing the quality management system and desired objectives are set. This is followed by an overview of available inputs which will be invested to achieve desired outcomes. After that,

⁷ ESF framework programme “Welfare Measures Supporting Employment 2012–2013”.

⁸ ESF project “Improving the Quality of and Developing the Quality Management System for Social Services under the Responsibility of the Ministry of Social Affairs”.

⁹ Ex-post assessment – post-analysis of activities, focusing on describing and interpreting the results of performed activities and the success of these activities.

¹⁰ “EQUASS Criteria”, 2012 version, available at www.equass.ee.

¹¹ “A Basis and Theoretical Model for Assessing the Impact of Civil Society Organisations Involved in Solving Social Problems in Estonia”, 2011.

¹² “A Practical Model for Assessing the Social Impact of Non-governmental Organisations”, 2012.

¹³ “Impact Consulting, Social Development Consultants”, 2009.

activities, or the utilisation of resources, are covered. Next, direct and immediate outputs of activities are described. Lastly, activities performed as well as outcomes gained and impact achieved through outputs will be discussed.

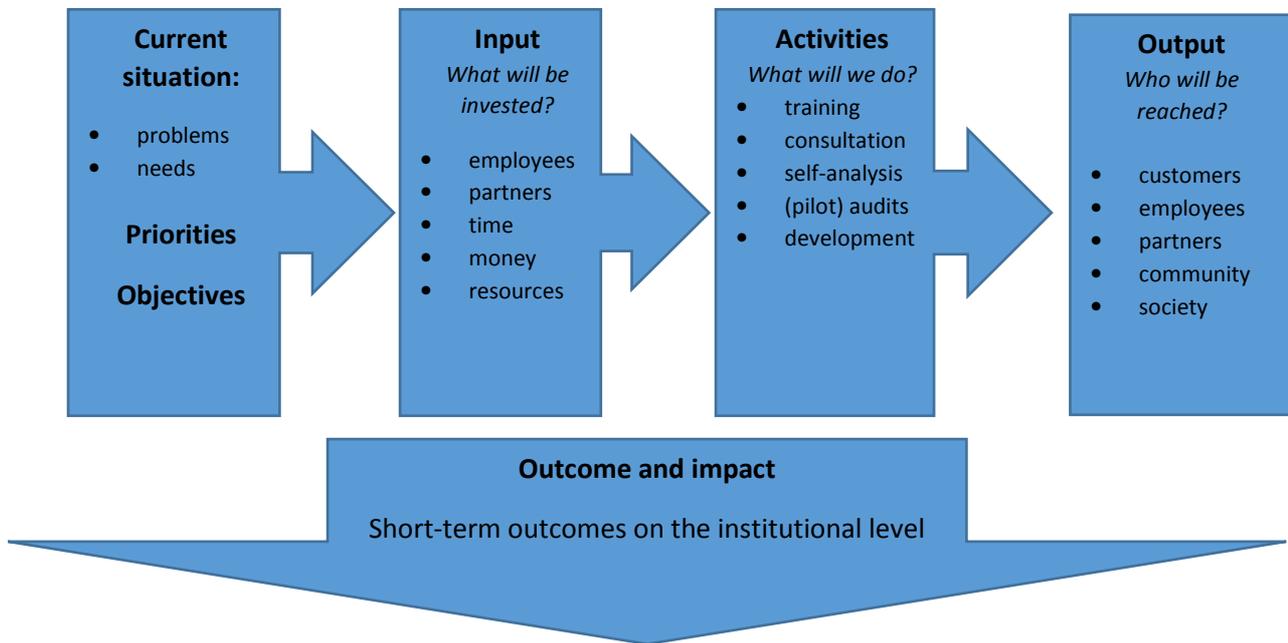


Figure 2. The logical model, serving as a basis for impact assessment.

Taking into consideration the nature and objective of the assessment, a non-experimental method was chosen for conducting the study, rendering it possible to use qualitative as well as quantitative analysis. The preferred method provides information that makes it possible to comprehend factors affecting the implementation of the quality system and thus further a better understanding of outcomes.

When conducting the impact assessment, a variety of data was used and a list of this data is given in Appendix 3. For start, a summary of existing data was created. Next, the need for additional data and methods for gathering it were identified.

In terms of existing information, the study was mainly based on the results of self-analyses, test audits and final audits conducted by institutions that started to implement the EQUASS quality system in 2012. Results of earlier studies were also used, including the results of a questionnaire survey conducted on the impact of the quality system at the end of 2013 among 27 institutions implementing the quality system as well as the “Analysis of the Quality of Social Services and Recommendations to Ensure the Introduction of an Integral Quality System” report, an in-depth discussion of the quality of social services.

The “Analysis of the Quality of Social Services and Recommendations to Ensure the Introduction of an Integral Quality System” study was conducted in 2013 on the subject of the quality of social services.

This was followed by the analysis stage – existing quantitative data (results of self-analyses, test audits and final audits) were processed, analysed and assessed, using statistical data analysis methods. Quantitative methods were employed to assess the extent of the impact of implementing the quality system and the connections between the implementation process and its outcomes.

To achieve results that are based on relevant and reliable information, both quantitative and qualitative data collection methods were applied in the study. Qualitative methods are focused on understanding how institutions perceive the process, providing answers to questions such as why, how and whether impact was manifested. Interviews with those implementing the quality system were selected as an appropriate qualitative data collection method. In total, interviews with ten social service providers were conducted (see Appendix 4).

The selection of a sample, that is, the institutions to be interviewed, was guided by the principles that the sample must be large enough (in this case, 36%) when compared to the population (28 institutions) and representative. As for representativeness, it was taken into account that the sample must include institutions of various sizes, with a variety of funding patterns and providing different services (see Appendix 5). An external assessment was obtained from the Estonian National Social Insurance Board.

“In terms of social services, quality refers to compliance with requirements and customer satisfaction. In this respect, important keywords are clarity, certainty and well-being in all aspects of service provision.”

To provide additional and corroborative information, the study draws parallels between the self-analysis results of institutions that started to implement the quality system in 2012 and similar data for institutions that started to implement the system in 2013 (see Appendix 6). This comparison confirmed that, before starting to implement the system, the institutions resembled to a significant degree their initial situation. To illustrate the introduction and implementation process of the quality system, the report also includes quotes by those implementing the system.

5. Analysis

5.1 Description of the initial situation (prior to introducing the quality system)

Over the past years, Estonian social policy has been targeted towards improving the quality of social services (Development Plan of the Ministry of Social Affairs and activities of the welfare programme for the period of 2010–2014). It has been established that a common quality management system is required to ensure the purpose-driven development and efficient management of services. The introduction of a quality system is viewed as an opportunity to facilitate the operation of activities and a system that would facilitate the creation, development and implementation of social services.

The implementation of a quality system has been primarily motivated by the need to resolve the issue of the inconsistent quality of services, resulting in low customer satisfaction and performance, ineffective utilisation of means and resources as well as low involvement of stakeholders.

According to financiers, service quality is, among other things, indicated by the attitude prevailing at an institution, that is, whether a service is provided for the sake of the customer or the institution. Ideally, customers should receive comprehensive and collegially designed services that meet their needs.

Service providers are often unaware of their responsibility for the quality of their services. The majority of service providers did not have a systematic approach in place for ensuring the actual

quality of their services, including measures for providing feedback to interest groups, customers, partners, etc., and getting them involved in service planning, provision and assessment. Another weakness pointed out by financiers is that people are not well-informed about various services and this calls for more active publicity measures.

The 2013 analysis of the quality of social services revealed a number of substantive problems in connection with principles for service quality. Information gathered for this study through the self-analysis of institutions and interviews confirmed the existence of those issues. To provide a better overall picture, in this study, the above problems are organised according to EQUASS principles for quality.

EQUASS criteria for quality assurance cover the essential and basic elements of the quality management system (1. Identifying customer needs and expectations; 2. Management of processes; 3. Management of responsibility; 4. Management of resources; 5. Analysing measures and data; 6. Customer satisfaction; 7. Systematic quality improvement system). The criteria are divided into 100 indicators which are used (during self-analysis, internal audit and external audit) to assess whether institutions comply with requirements of the quality system.

To ensure that EQUASS quality criteria will be met, institutions first need to carefully examine their core processes and document their key activities as procedures. Therefore, it is of great importance that everyone has a shared understanding of activities as well as of their performers, proper sequence and time of execution. In addition, descriptions facilitate consistency and transparency of activities and help to make sure that everyone understands why something is done. Also, it is easier to evaluate conformity and compliance with requirements if processes have been described. Documenting the activities performed is of no less importance, because this makes it possible to review matters in retrospect and gather information on past events and decisions, for example.

Initially, many institutions were not able to understand the benefits of documenting, thinking that this would increase bureaucracy and expenditure of time. It was only after the introduction of the quality system that they realized what the benefits are: that documenting can be approached creatively and done to an extent actually required, the specific nature of an institution can be taken into account and that there is room for flexibility for small-scale institutions. Also, documented information is valuable for external stakeholders and new staff, providing them with an overview of the institution and its operation.

Similarly, prior to the introduction stage, institutions did not comprehend that implementing the quality system is not simply an additional activity, but means creating a meaningful framework for existing operations and developing an institution's operation through systematic and knowledgeable management. Institutions that implemented the system admitted that it was only later, after the introduction of the quality system, that they grasped the extent to which quality assurance and improvement is integrated into an institution's daily operation.

To establish the initial situation of institutions before the introduction and implementation of the quality system, a self-analysis based on EQUASS principles for quality was conducted at the start of 2012.

In the self-analysis, an institution's staff conducted an evaluation based on the EQUASS quality indicators (100 of them) and then a consensus meeting was held to create the institution's profile and calculate its score, expressed in percentages, with the help of an external consultant. Such a profile reveals the initial situation of an institution in comparison with the requirements of the criteria of the EQUASS quality system, so that institutions are able to identify their weaknesses as well as areas that will require improvement and extra attention during the introduction of the quality

system. Taking into account self-analysis results, consultants presented institutions with reports on their compliance with the EQUASS principles and recommendations for improving their operation. A summary of self-analysis results is presented in Appendix 7 to this report.

The first column of the following table provides information on the initial situation of institutions that started to implement the quality system in 2012 across ten EQUASS principles for quality. The right column provides data, gathered from self-analysis, across the same indicators for institutions that started to implement the quality system in 2013.

2012. self-analysis results of institutions	%	2013. self-analysis results of institutions	%
Staff	49	Result orientation	51
Ethics	51	Staff	51
Result orientation	51	Ethics	51
Rights	53	Rights	57
Comprehensiveness	57	Continuous improvement	58
Continuous improvement	60	Participation	58
Participation	61	Comprehensiveness	59
Leadership	62	Leadership	59
Partnership	67	Person centred	78
Person centred	74	Partnership	80

Table 2. Compliance ratio (%) for EQUASS principles for quality.

Based on data gathered from self-analysis results, institutions can be provisionally divided into three groups as to their initial situation regarding their compliance with quality requirements. Although compliance ratios (%) indicated in different columns varied slightly as to their value, causing small differences in the overall ranking, institutions could still be divided into three categories based on their scores.

Compliance with quality criteria was at its lowest, that is, poorest (on the average, the compliance ratio was as low as approximately 50%) for the principles of 1) staff, 2) ethics and 3) result orientation, followed by the principle of 4) rights.

The next category in terms of compliance includes principles of 1) comprehensiveness, 2) continuous improvement, 3) participation and 4) leadership, for which compliance with quality criteria was on average 60%.

The highest compliance ratio was identified for the principles of 1) partnership and 2) person centred, complying with quality requirements to the extent of approximately 70–80%.

Chart 3 presents initial profiles of institutions implementing the EQUASS quality system in the form of a radar chart.

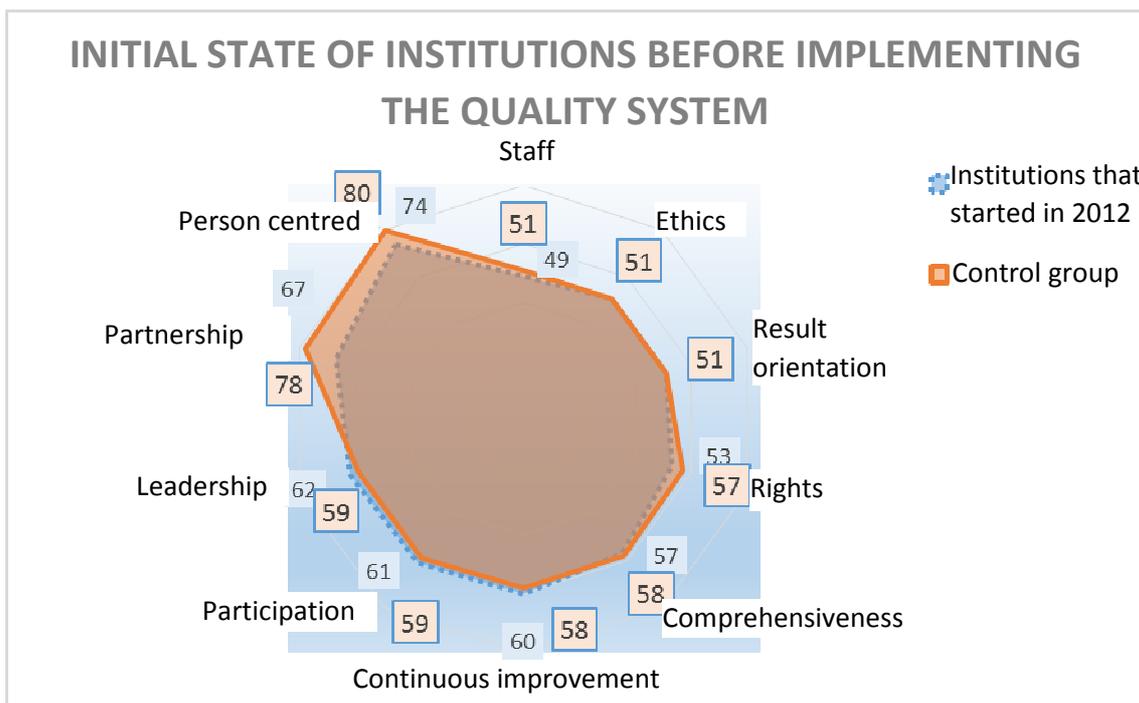


Chart 3. Profiles of institutions implementing the EQUASS quality system, based on their self-analysis.

5.1.1 Detailed report on the initial situation

Next follows an in-depth review of fulfilling the principles for quality in terms of quality criteria and indicators, providing a more thorough overview of areas in which shortcomings were most common and activities that required most improvement. The information is based on the results of self-analysis of institutions and data gathered from interviews.

Principles for quality that, according to self-analysis, were most challenging for institutions are covered first and followed by less challenging ones.

1. Staff

The most valuable and important resource of each organisation is its personnel. Obviously, the skilful management of employees gives a competitive edge in economic terms and reflects well on the reputation of an institution. According to EQUASS criteria, institutions should be committed to employing and promoting qualified staff who have the required knowledge, skills and competencies. Also, it is presumed that in order to ensure the welfare of service users and other stakeholders, institutions nurture an organisational culture that facilitates staff involvement, development and continuous learning, making sure that employees are provided health protection and that they work in secure conditions that comply with the law and promote a sense of well-being.

Interviews carried out in institutions revealed that investing in human assets, including in the competency of managers and their knowledge of leadership and quality, was overlooked. Managers are often former specialists, which means that they have an excellent command of their field of specialisation, but lack in managerial skills.

In conclusion, information gathered from self-analysis results and data collected from interviews points out that although principles for management were in place, sometimes in the form of verbal agreements, it was often the case that such knowledge held by staff was not documented, making it thus impossible to ensure a common understanding of principles and consistency. Providing staff

with training was customary, but because this was done in a spontaneous manner and not guided by a plan or based on the training needs of employees and evaluating the efficiency of training activities was not very widespread, it was impossible to establish to what extent training was efficient and need based.

In reality, involving staff is actually quite common, but the extent of it varies across institutions. Also, institutions lacked a clear-cut, unambiguous and systematic approach as well as a documenting process. An unorganised approach to the involvement of staff and not asking them about their satisfaction and motivation level may decrease motivation among staff. What is more, managers may miss out on good ideas or solutions that could help to improve the institution's operation or increase the quality of its services.

Prior to implementing the quality system, 60% of institutions had not established a recruiting and employment policy, based on the knowledge, skills and competencies of employees. Seventy percent of institutions had no recruiting policy in place. Eighty percent had not laid down equality and anti-discrimination principles. Only one third of institutions had established a procedure for recognising their employees.

Earlier, less than half of the institutions measured the achievement of set objectives and compiled reports on it.

Forty percent had no documented training and development plan in place for developing their staff and 70% did not evaluate the efficiency of training activities. Although the majority of institutions (96%) had established competency requirements, a mere one third of the institutions analysed them annually.

One-third of institutions had developed principles for the active involvement of staff in the planning and evaluation of services. It was often the case (60%) that feedback received though involvement was not documented and such feedback was used to plan staff development in a mere 40% of cases. Staff satisfaction and motivation was measured and assessed in half of the institutions.

Prior to implementing the quality system, institutions struggled with the inconsistent quality and formulation of individual plans.

Through a variety of activities, the introduction of a quality system in institutions facilitates addressing a number of these shortcomings, first and foremost, through developing a systematic approach to human resources management.

2. Ethics

According to the EQUASS principle of "Ethics", the operation of organisations providing social services is based on a code of ethics that upholds the dignity of service users and their family members/caretakers, protects them from risks, elaborates on internal competency requirements and furthers social justice.

A more in-depth analysis revealed that less than half of the institutions had established a code of ethics (ethical principles). Only one third of institutions had described principles and activities for preventing physical, mental and economic abuse of service users. A health and safety plan was in place in 80% of institutions, but only slightly more than half of the institutions annually identified improvements for health protection and safety assurance.

The majority of institutions had established a policy for ensuring the confidentiality of data on service users and services provided to them, but a mere 10% of institutions regularly reviewed the policy and its related activities with the staff and service users.

Interviews with institutions implementing the quality system upheld self-analysis results, pointing out that their weakness lies in the lack of a code of ethics, adapted to the particular nature of an institution. At the same time, it was indicated that specialists are aware of and follow codes of ethics for their professional fields (for example, a code of ethics for social workers, physiotherapists, etc.).

However, keeping in mind the fact that half of the institutions have not established a general code of ethics for the entire organisation, it is impossible to be convinced that institutions have developed and agreed upon explicit principles, characteristic to a specific institution, for ensuring social justice, upholding the dignity of service users and protecting them from unjustified risks.

The absence of principles for preventing the physical, mental and economic abuse of service users implies that related activities have not been given forethought and that proactive activities are essentially lacking. The actual materialization of a risk may bring about unwanted consequences in connection with customers. On a positive note, the subject of data confidentiality was mostly covered, but its weakness lies in the fact that related principles and activities are not regularly reviewed, which means that such policies or activities might not be up to date or compliant with requirements.

3. Result orientation

Successful institutions providing social services are oriented at achieving good results. The EQUASS principle of “Result orientation” holds that well-functioning organisations are able to satisfy the needs of all stakeholders in a balanced manner. Also, their goal is to provide the best value to service buyers and financiers. According to quality criteria, successful institutions measure and monitor the impact of their services, because this plays a vital role in processes related to continuous improvement, transparency and compliance.

Self-analysis results showed that institutions measured the achievement of set objectives and compiled reports on it, but while for institutions that started implementing the quality system in 2012, the figure is 82%, for those that started the process just a year later, the figure is 50%.

The majority (82%) assessed the achievement of objectives set in individual plans and efficiency for service users (68%), but a mere one third compared these results against the institutional level.

Less than half evaluated their operational results to identify the best value for service financiers and approximately as many assessed results on the basis of the quality of life of service users. Two thirds of institutions starting to implement the system in 2012 and 43% of those that started a year later monitored service user satisfaction and less than 40% financier satisfaction.

Approximately one third compiled a report or summary on the operation and results of the institution in a language and format understandable to stakeholders. Only as many as up to half of those reports included personal evaluations and achievements.

Interviews revealed that prior to implementing the EQUASS quality system, almost none of the institutions engaged in evaluating their results. It was commonly held that results are good if financiers are satisfied with how the contract is carried out and supervision does not identify any shortcomings. Setting

Earlier, less than half of the institutions measured the achievement of set objectives and compiled reports on it.

measurable objectives and measuring the quality of services was an entirely new challenge to institutions.

In conclusion, it can be claimed that institutions would like to be result oriented, but until now the assessment of results was based on emotional considerations, but not on facts and an objective evaluation system. If feedback is not requested from stakeholders and their level of satisfaction and value provided to them are not identified, service provision does not meet the needs and expectations of various stakeholders. If institutions do not compile and publish reports on their activity and results, the general public (including customers and their family members, other service providers, local governments) will remain uninformed as to the performance of the institution and its key achievements and successes.

To successfully implement a quality system, an institution needs first to be focused on results, so the introduction of the quality system helps to concentrate on setting clear-cut objectives, connecting these to results and evaluating results, while at the same time taking into account feedback received from various stakeholders.

4. Rights

The EQUASS principle of “Rights” presumes that institutions providing services are committed to protecting and promoting customer rights through upholding equal opportunities and treatment, freedom of choice, right to self-determination and equal right to participation. It is also assumed that the informed consent of service users as to services provided as well as a non-discriminatory and positive attitude is secured.

About two thirds of institutions have established the basic rights of service users, but approximately half were not aware of the matter or had not ensured their compliance with international human rights conventions. As many service providers had set up a documented system for dealing with complaints to ensure an appropriate and objective investigations of complaints. However, only half of the institutions were of the opinion that investigation results are transparent.

Up to two thirds of institutions are positively disposed regarding self-determination¹⁴, but only one fourth carried out annual evaluations with service users regarding upholding the latter’s right to self-determination. The majority claimed that they have contributed enough, informing service users of the possibility of having a guardian¹⁵ and/or a support

Institutions admitted that prior to implementing the quality system, many of them had indeed described the rights and responsibilities of service users, but had not made sure that staff communicates them to customers in a comprehensible manner and that customers actually understand the meaning of them and know how to utilise them.

¹⁴ The right to self-determination is a principle in international law, meaning that each nation has the right to freely choose their sovereignty and international political status with no external compulsion or interference. In a wider context, the right to self-determination stipulates that each person is free to act in any way he or she chooses with no external compulsion.

¹⁵ Guardianship is established over a child whose parents have died, are missing or have a restricted active legal capacity, or whose custody has been restricted or suspended, or who for any other reason is without parental care. Guardianship is established over an adult who is continuously unable to understand or control his actions due to a mental illness, intellectual disability or any other mental disorder.

person¹⁶ assigned to them, but only one third evaluated their activities in this regard annually.

Interviews showed that institutions believed that they are committed to supporting and protecting the rights of their customers. Hence, they did not perceive adjustments in this area as fundamental ones.

Commenting on the situation regarding rights, institutions admitted that many of them have indeed described the rights and responsibilities of service users, but have not made sure that staff communicates them to customers in a comprehensible manner and that customers actually understand the meaning of them and know how to utilise them.

In conclusion, it may be said that because the protection and promotion of the rights of service users is one of the central values upheld in institutions providing social services, it is vital that the rights and responsibilities of the latter are clearly defined, in compliance with international human rights conventions and communicated to customers in a language that is understandable to them, so that service users are able to make informed decisions.

Feedback from stakeholders provides valuable input, helping to improve the operation of an institution. So, a functioning system for handling complaints and recommendations is one way to obtain feedback on an institution's operation. To prevent potential negative consequences that may arise from a non-functional system, it is important to ensure that this system is documented and investigations are transparent. To make sure that an institution's activities as to upholding the service users' right to self-determination and the provision of information on getting a guardian and/or support person assigned to them is sufficient and relevant, it is highly recommended to periodically review these activities and improve them, if necessary.

5. *Comprehensiveness*

Successful institutions providing social services ensure that comprehensive and community-based services are continuously available to service users. The EQUASS principle of "Comprehensiveness" holds that the contribution of all service users and partners is valued in the provision of services and that various approaches, starting from early intervention to support and continued care, are practised. The quality indicator is based on a multi-disciplinary approach to team-based service provision as well as cooperation with other service providers and employers.

Self-analysis revealed that the prevailing majority of institutions had defined and described their key processes for service provision, but only two thirds of those that started to implement the system in 2012 and 52% of those that started in 2013 analysed them, and as little as about 40% audited them regularly. Approximately half of the institutions claimed that key service processes complied with the institution's quality policy, while the rest were not sure or had not established principles for quality.

Fifty-seven percent of institutions evaluated annually the uninterrupted provision of services¹⁷ and up to 60% identified obstacles to seamless and uninterrupted provision of services and to access to

Before starting to implement the quality system, slightly more than half of the institutions evaluated annually the uninterrupted provision of services and up to 60% identified obstacles to the provision of seamless and uninterrupted provision of services and to access to services.

¹⁶ The objective of assigning a support person is to ensure protection for people with special needs (children or caretakers of children, disabled persons and other people in need of social assistance).

services and reported on them. Three fourths claimed that they are taking measures to ensure an uninterrupted chain of service provision.

Optimising and increasing the quality of life of service users is one of the core subjects in the field of social services. A comprehensive approach adapted to the needs and expectation of service users focuses on the customer's quality of life, assessed in a context of various areas of life (for example, according to the CARE method, these areas of life are divided into four categories – housing, work, studies and leisure). Therefore, it is vital to identify methods used in working with customers and the competencies and skills staff should have to be able to increase the quality of life of service users. Institutions expressed a desire to change or improve their approach to working with customers from different target groups and to adjust the orientation of their work with customers, so that it would rather be based on the preferences and needs of customers instead of employing a problem-centred approach.

Fifty-seven percent of institutions measured the efficiency of activities performed to increase the quality of life and somewhat less reported on it.

One of the key responsibilities of organisations providing services is to ensure a comprehensive process of coordinated service provision to achieve desired results. Information gathered from interviews supported self-analysis data on the existence of processes for service provision and confirmed that these processes were not analysed regularly, which might have created differences between the descriptions of processes and practices applied in reality. Also, opportunities for improving processes might not have been identified.

Institutions agreed that it is necessary to ensure an uninterrupted process of service provision to service users, including services from early intervention to the provision of support, and keep in mind the changing needs of service users. In addition, it is vital to evaluate obstacles annually as well as identify and report on them to be able to provide seamless and uninterrupted services and access to services.

It was given as an example for the principle of “Comprehensiveness” that until now institutions did not feel a need to do something for the community, because they failed to see the bigger picture and the potential benefits entailed. Also, some institutions had not yet realised that ensuring uninterrupted service provision is a quality criteria in itself.

Institutions expected that as a result of introducing the quality system – and with the help of carefully considering and optimising service processes – services would become more comprehensive and based on a multi-disciplinary approach as they will be cooperating with stakeholders and taking into account the needs of various stakeholders in a balanced manner.

6. Continuous improvement

The EQUASS principle of “Continuous improvement” holds that organisations providing services act preventively, meeting market needs, utilising resources efficiently, developing and improving their services and using research and development studies for innovation purposes. Successful organisations pursue efficient communication and marketing, value feedback received from service users, financier and stakeholders and implement systems for continuous improvement.

¹⁷ Uninterrupted provision of services – one of the core responsibilities of organisations providing services is to ensure a comprehensive service structure with a view to facilitate a well-coordinated service provision process that would make it possible to achieve desired results. The process of uninterrupted provision of services includes a period from early intervention to the provision of support.

Quality and process management is primarily based on the Deming quality cycle (PDCA, or plan, do, check and act). This concept describes a systematic approach to the continuous improvement of processes. A more in-depth analysis of the initial situation of institutions revealed that when planning and carrying out activities, more than half of them were not applying such a cyclic approach, which speaks of an irregular and non-systematic course of action in terms of activities. This involves the risk that when planning, not all potential input was taken into consideration, that planning was not always purpose driven and/or that any other stage of the quality cycle was not implemented or was implemented partially.

A key factor characterising the quality system is a systematic approach to the process of continuous development. The majority of institutions implementing the quality system noted that prior to introducing the system their activities were not systematic and lacked consistency.

Another common shortcoming (for 50% of institutions) was not establishing performance indicators for planned activities. Institutions agreed that when there are no indicators or measuring instruments in place, there are actually no clear-cut criteria to use for measuring the achievement of objectives. Also, it was found that applying indicators would provide information on the actual situation and would serve as a vital feedback tool for managers in the decision-making process. Thus, the importance of indicators cannot be underestimated.

Before starting to implement the quality system, more than half of the institutions were not applying a cyclic approach based on the quality cycle (plan, do, check and act) when planning and carrying out activities.

7. Participation

According to the EQUASS principle of “Participation”, organisations providing services should promote the participation and engagement of service users on all organisational levels as well as in society in general. Successful organisations should empower, support and extend the authority of service users to increase their participation. Service providers should work together with various representative bodies and groups.

Interviews with service providers revealed that while service users were involved in developing and evaluating their personal plans, in the majority of cases their involvement was limited to that. Service users did not participate in core matters related to services; that is, they were not engaged in planning and evaluating services on the institutional level. As a result, for many institutions the potential of customer feedback, providing valuable information and reflecting the view of service users, went undiscovered and unused.

Self-analysis revealed that service providers often had no procedures in place for involving service users in identifying their needs and in planning and evaluating services provided to them (for institutions that started implementing the system in 2012, the figure was approximately one third and for the ones that started implementation in 2013, it was 43%). Up to two thirds of institutions did not conduct an annual analysis of respective services and procedures regarding service users or their representatives. The fact that such procedures were non-existent indicates that opportunities for involvement were not carefully considered or described in a uniform manner. In addition, it was impossible to improve activities for involvement, because existing principles were not reviewed.

Introducing the quality system helps to carefully consider the involvement of service users and engage them to a greater extent through providing empowerment and support and increasing their decision-making power. Also, cooperation with various representative organisations and stakeholders is conducive to achieving the best results.

8. Leadership

Implementing the EQUASS principle for “Leadership” holds that organisations providing services apply best practices when operating in the social sector, uphold a good reputation in the wider community, challenge low expectations, promote best practices, utilise existing resources more efficiently, are innovative and help to create an open and inclusive society.

The analysis revealed that before implementing the quality system, two thirds of institutions had not established a quality policy (or principles for quality) describing the institution’s long-term objectives and its commitment to continuous improvement.

A great many institutions had not described the process of compiling an annual plan (that is, what the procedure for planning activities for the next year is) – for institutions starting out in 2012, the figure was 57% and for those starting out in 2013, it was as high as 90%. Forty-five percent and about one third of institutions respectively regularly review the process of compiling an annual plan.

Less than half of the institutions noted that the process of compiling an annual plan is a cyclic one. As for annual plans themselves, the formulation of objectives and measurable results proved to be most challenging for institutions. Annual plans are approved in slightly more than half of the institutions.

In conclusion, it may be said that if an institution does not have carefully considered and documented principles for quality in place on the institutional level, quality assurance and improvement in the wider sense of these terms is impossible. The long-term success and efficient operation of an institution is based on its vision and making short-term plans accordingly. If long-term objectives are not established, if an institution is not sure in which direction to develop or what it wants to achieve, great performance is impossible in the longer perspective. Short-term success is also based on systematic and consciously developed approach and it is difficult to achieve such success if the process for making annual plans is not there, because it means that an institution lacks a fixed and common understanding of the basis of making plans as well as specific objectives and indicators for evaluating performance. Only after the planning process has been established can it be successfully implemented and an institution able to move from objectives to results with the help of a logic-based approach.

As for the principle of “Leadership”, interviews revealed a variety of diametrically different problems, starting from institutions where leadership was non-existent and everyone simply did their work to institutions where the concepts of leadership and planning existed only in the heads of managers and all issues were resolved on the go. It was also common that annual plans were not documented in writing or were not described as part of the planning process. According to institutions, the period before implementing the quality system was also characterised by the lack of procedures and insufficient (corroborative) documentation.

Institutions expected that the introduction of the quality system helps to create a common framework and is an opportunity to address these issues by providing principles and criteria for quality.

Before implementing the quality system, service users were often not involved in the planning and evaluation of services on the institutional level.

Prior to implementing the quality system, a great many institutions had not described their principles for quality and the process for creating an annual plan.

9. Partnership

The EQUASS principle of “Partnership” holds that organisations providing services cooperate with representatives of the public and private sector, employers, staff representatives, financiers, service suppliers, representative organisations of service users, local stakeholders, family members and caretakers to create a more open and inclusive society and ensure a continuous service provision and achieve best results.

The self-analysis revealed that when providing services to service users, all service providers cooperate with partners in the social sector, financiers and, if applicable, with representative organisations of service users. However, feedback and added value gained through such partnership was analysed and evaluated in less than 40% of institutions. When developing services, approximately 90% of institutions claimed that they work together with service users and their representatives as well as service buyers/financiers. Another weakness is that only 40% of institutions involved external stakeholder in identifying their needs.

Interviews with institutions indicated that while communication with partners is good and has become ever more open, it is the field of partnership that has significant undiscovered potential that could be used to improve the operation of institutions.

Establishing a quality system calls for a close partnership that is based on the creation of mutual value and the continuous provision of feedback, helping to mitigate issues in this area.

10. Person centred

According to the EQUASS principle of “Person centred”, organisations providing services are committed to increasing the quality of life of service users, taking into account the needs of service users as well as those of other potential beneficiaries. Successful organisations appreciate the contribution of a person to its operation, allowing them to participate in the self-evaluation process, providing feedback and evaluating the organisation’s operation. In addition, such organisations value highly the service user's personal and service-related goals, taking into consideration the physical and social environment of the service user.

All institutions providing social services are of the opinion that it is the principle of “Person centred” that has the most powerful impact on social services (in the same category with the impact of staff). Information gathered from self-analysis results and interviews indicates that this principle is viewed as one of the most important principles for quality and that it was applied to the greatest extent of all before the introduction of the quality system.

The majority of institutions had identified the needs of service users (in < 3 years) and two thirds the needs of potential service users. However, only two thirds of institutions had identified the needs of external stakeholders. Approximately as many institutions had determined the success rate of existing services in achieving their goals and in meeting the needs of service users.

Individual plans for service users were developed in most institutions. The greatest weakness of plans was that measurable objectives were poorly formulated.

Financiers pointed out that while institutions attach great importance to a person-centred approach and implement it successfully, the level of developing individual plans varies greatly. So, there is still room for development when it comes to formulating objectives and results (including impact).

Before starting to implement the quality system, less than 40% of institutions analysed and evaluated feedback and added value gained from cooperation.

Institutions mentioned that individual plans were not developed for several services or that their content required updating.

The quality system attributes enormous importance to a person-centred approach based on individual needs. When the quality system has been implemented, the service users are provided with an opportunity to participate in self-evaluation as well as in providing feedback and evaluating the operation of the organisation. Also, personal and service-related objectives of service users hold great significance. Applying these recommendations facilitates a person-centred provision of services, helping to mitigate issues in this area.

Prior to implementing the quality system, institutions struggled with inconsistent quality and formulation of individual plans.

5.2 The priorities and objectives of implementing the quality system

The objective of the EQUASS quality system is to improve the social sector, getting service providers involved in the process of quality enhancement and continuous development as well as ensuring that service-users are provided high-quality services all over Europe.

On the sectoral level, the objective is to achieve – through the introduction of the quality system – a situation in which institutions providing social services “do the right thing in the right way”, providing services that are of a higher quality than before. First and foremost, it is service users who benefit from such services, but in the broader context, the entire state. The quality system makes it possible for service users/customers to participate actively in the continuous development of services. As a result, services meet the needs of customers and the likelihood of achieving expected outcomes is higher. Due to continuous self-evaluation and improvement efforts, it is possible to analyse current operations, identify areas where there is room for improvement and involve various stakeholders in the process of service provision.

One long-term objective of the Ministry of Social Affairs regarding rehabilitation services is that in the future service providers need to hold a quality certificate to apply for financing and this creates an additional incentive for providers of rehabilitation services to implement the quality system. Providers of rehabilitation services as well as other institutions providing social services understand that they will benefit from implementing the quality system in several ways and these benefits are covered more thoroughly in the summary of interview results.

On the institutional level, the objectives of implementing the quality system are addressed in the light of the ten EQUASS principles for quality, or compliance with quality criteria in the following areas: 1) leadership, 2) staff, 3) rights, 4) ethics, 5) partnership, 6) participation, 7) person centred, 8) comprehensiveness, 9) result oriented and 10) continuous improvement. Compliance with these EQUASS principles for quality means that principles of the Common Quality Framework for Social Services of General Interest are fulfilled.

It was asked at interviews what motivated institutions to introduce the quality system and what they were expecting to achieve as a result of this process. Organisations referred to a variety of benefits resulting from the implementation of the quality system, from the viewpoint of improving their own opportunities for development as well as satisfying the needs of various stakeholders. They were motivated by the desire to do things better, thereby increasing the chances for the institution’s long-term success.

Objectives related to the implementation of the quality system could be divided into two broad categories, depending on whether organisations had had prior contact with various quality models or

not. Institutions in the first category wanted assurance that the operation of institutions complies with generally recognised quality principles for social services and that the so-called soft principles for quality (principles of ethics, rights, person centred, participation) that especially providers of social services are expected to adhere to will be taken into account in quality assurance and enhancement. Institutions in the second group viewed the implementation of the quality system as an opportunity to take a more systematic approach to their organisation of work (the quality cycle), create an operational framework, develop or improve processes and upgrade their documentation.

Some institutions had made changes in their management or leadership structure and implementing the quality system was regarded as an opportunity to develop a well-functioning management system or reorganise it. Also, institutions had a desire to conduct a thorough analysis of various areas and obtain an overview of how the institution is functioning as a whole.

Some institutions claimed that implementing the quality system was not prompted by an internal desire, but an external factor; that is, information spread by the Estonian National Social Insurance Board at information events that in the future, only institutions holding a quality certificate will be granted funding for services provided by the state.

“We were motivated to implement the quality system by the desire to be more clear and precise about planning the format and volume of required services, because this helps to provide services efficiently, according to the needs of customers and available resources.”

Other reasons, including problems that institutions hoped to resolve and objectives they hoped to achieve with implementing the quality system:

- to ensure knowledgeable implementation of the quality system and promote a quality culture in the institution;
- to influence the internal development of the organisation;
- to standardise the quality level of different units (meaningful work, documentation, etc.) and promote a common understanding of quality in units;
- to achieve more comprehensive and purposeful planning and setting of objectives;
- to ensure competent and high-quality service provision;
- to improve and modernise services;
- to improve the efficiency of processes;
- to enhance teamwork;
- to utilise resources efficiently,
- to increase the transparency of management;
- to get staff and other stakeholders involved;
- to improve documentation;
- to create a feedback system;
- to take a more customer-centred approach (including the upholding of fundamental rights);
- to develop a system of performance indicators to measure results;
- to improve ways of spreading information about services and options for getting support;
- to enhance (cross-institutional) cooperation;
- to assure the wider public of the quality of the institution's activities, etc.

To summarise, it may be generalised that all institutions implementing the quality system shared a common desire to improve the quality of their services and bring them into conformity with quality requirements, thereby being assured of the efficiency and good performance of their activities and communicating this message to external stakeholders by obtaining a quality certificate.

Institutions were interested in ensuring continuous improvement and that the needs and expectations of stakeholders will be satisfied in a balanced manner. Hence, it can be said that institutions were motivated to implement the quality system, being driven by a variety of reasons and objectives they hope to achieve.

At a quality conference held in 2011, Mare Naaber commented on the main motivator of AS Hoolekandeteenused for implementing the EQUASS quality system, saying that “an institution should and must not be focusing primarily on the quality certificate in and of itself, but on what will be achieved by implementing the system.”

5.3 Inputs, activities and outputs

After the pilot project of 2012, Astangu KRK was selected as the holder of the quality system license. Astangu KRK as the representative of EQUASS Estonia has taken the lead in a variety of projects co-funded by the European Social Fund, helping to introduce the quality system in a number of institutions providing social services in Estonia. On the domestic level, the Ministry of Social Affairs as the government agency responsible for the area as well as other partner organisations have made major investments related to the introduction of the system. Such activities have been going on from 2010, that is, for five years already.

Representative of various stakeholders have contributed their time and knowledge to introducing the quality system, among them Ministry officials, financiers and monitoring authorities (officials of the Estonian National Social Insurance Board, local governments and county governments), partner and representative organisations and other stakeholders, the staff of institutions providing social services, service users and consultants and auditors of the EQUASS quality system.

Having taken the lead in the quality project, Astangu KRK has taken a systematic approach to implementing project activities to achieve quality-related objectives as efficiently as possible. Its key activities included adapting and translating materials on quality evaluation, training quality evaluation experts and consultants, training institutions participating in the project, conducting internal audits, consultations, test audits and final audits in the latter institutions, certifying institutions that completed the final audit successfully, conducting seminars on the quality management system on a nationwide scale, organising events for sharing experiences and creating the website www.equass.ee providing information on quality management.

On the institutional level, activities connected to the introduction of the quality system were mostly related to activities organised by EQUASS Estonia. It was primarily people responsible for introducing EQUASS who dedicated their time to various activities, but all

Key preparatory measures included reviewing and systematising an institution’s operation, reviewing and improving its processes and activities, creating and/or improving appropriate documentation, training its staff, introducing new approaches/activities, etc.

the staff and service users, partners and other stakeholders were involved as well.

One institution described the process of getting their staff involved with the following words: *“The staff was highly dedicated and interested in participating in the process, prepared to provide feedback on their work. Maybe it is the staff who understands best that quality is an integral part of the performance and duties of each employee and they participated actively in reviewing and modernising processes in the whole institution, regardless of the fact that this was not directly related to their everyday work, but an additional task.”*

The first steps institutions had to take were in connection with making plans for implementing EQUASS. Representatives of institutions attended various EQUASS information seminars/or representatives of EQUASS Estonia were invited for a visit to conduct such seminars. Other institutions implementing the quality system were consulted with and asked to share their experiences on implementing EQUASS methods. Also, institutions reviewed information available on the EQUASS Estonia website and other quality-related materials. To be granted the EQUASS quality certification, institutions had to pass the following benchmark tests: self-analysis, test audit and final audit.

Key preparatory measures included training the staff, attending information seminars and events for sharing experiences and taking consultations. For input, information materials provided by EQUASS Estonia were used. Some institutions participated in an internal auditing seminar organised by the Estonian Association for Quality, providing a more in-depth overview of various quality systems and options for self-evaluation. Others studied other quality systems (EQFM, ISO, CAF, etc.) and kept the best part of each. Many admitted that while a great number of meetings and discussions were held during the year prior to obtaining the certificate, the results were worth it.

“In the light of organising the operation of an institution on a superior level, first, you need to be aware of all objectives of the organisation and processes required to achieve those, and then you need to identify which activities are vital for carrying out processes that are important in terms of the results of the organisation's operation, ensuring high-quality outcomes,” was said in a statement by one institution to describe the self-analytical aspect of the process.

The process of conducting self-analysis is described in section 5.1 “Description of the Initial Situation”. To address their shortcomings, institutions relied on their self-analysis reports to develop action plans based on EQUASS principles and criteria, recommendations given by a consultant who conducted the self-analysis and a list of activities, responsible persons and deadlines added by the institution.

Institutions had about one year at their disposal to improve processes and activities, bring them into compliance with quality criteria and to create and organise their documentation. During this period, test audits were carried out by consultants who checked the documentation and whether their activities comply with quality criteria and offered advice on improving activities to ensure their compliance with each of the ten EQUASS principles for quality. Also, some institutions expressed the desire to have additional consultations, helping them to grasp and implement the quality criteria better.

Institutions were responsible for reviewing and systematising their activities, analysing and improving their processes and activities, creating and/or improving required documentation, training their staff, introducing new approaches/activities, and for all other development activities called for by their initial situation before implementing the quality system.

Institutions described preparatory measures for the introduction of the quality system and for obtaining the certificate as follows:

- the entire institution was taken apart and then put back together with measuring instruments in place;
- our whole organisation of work was carefully analysed: what we do, why we do it, for whom we do it and how we do it;
- service provision processes, descriptions and measuring instruments were analysed;
- the entire documentation of the institution was examined: some new documents were created, while others were merged;
- a quality policy was developed, including principles for quality assurance and enhancement;
- various e-solutions were implemented;
- a customer representative body was created, etc.

On the sectoral level, the objective is to achieve – through the introduction of the quality system – a situation in which institutions providing social services “do the right thing in the right way”, providing services that are of a higher quality than before.

At the end of 2013, the potential cost that institutions would have to cover as a result of implementing the quality system was studied. It revealed that time dedicated to introducing the system (to prepare for the certification process) and its accompanying wages were seen as primary input. It seems that the amount of time spent is highest in the introduction phase, because time is needed to understand and discuss principles for quality and to make necessary adjustments and changes. When the system is in place and functioning, demand for these resources drops. Primary costs related to the introduction phase depended on the size of the institution and on the nature and number of its services. Besides HR-related costs, expenses incurred by seminars and training events, office premises (office supplies) and the development of information and communication technology were also listed among costs generated by implementing the quality system. As calculations of accompanying costs varied to a large extent, they will not be analysed in greater detail in this study.

Institutions said that implementing the quality system was a challenge at first – after all, making changes always is. Understanding the EQUASS criteria and indicators and interpreting them according to the institution’s specific context was seen as the most complicated task in the whole process. Institutions were even more confused by various requirements the essence of which they had not understood correctly at the start of the process. In addition, translations of necessary materials and unknown terms used in them did not make it any easier. Institutions thought that it was a challenge to collect corroborative documentation and to understand which document/certificate confirms compliance with a certain criterion. At the same time, institutions referred to the flexibility of the system as an advantage of EQUASS, enabling them to decide which certificates to use for which criteria and how results are interpreted.

In interviews, it was emphasised that the attitude of managers plays a great role. It was found that the understanding, support and commitment of managers are of paramount importance when it comes to introducing the quality system. Having such an example to look up to, the staff will come around to getting involved in the quality system and to changes brought about by implementing the system.

After all other preparatory measures, for the last stage institutions had to create a final audit request which was used as a basis for conducting a two-day final audit in the institutions. During the audit, the auditor checked corroborative materials provided by applicants, reviewing documentation and carrying out interviews with the staff, service users and representatives of other stakeholders. Results of the final audit were reflected in the final audit report, and institutions which passed the

audit with a positive rating (100% compliance with all quality criteria) were granted a certificate by the EQUASS Awarding Committee, valid for a period of two years.

A more in-depth description of the outputs of activities performed under a number of projects managed by EQUASS Estonia and Astangu KRK is presented in the final reports of these projects. In general, it can be said that all projects were successful and fulfilled their objectives. Planned activities have been implemented and compliance with performance indicators is ensured.

As already mentioned, a total of 35 institutions started to implement the quality system in 2012. Seven of them discontinued the process and did not reach the final audit stage. So, 80% of institutions that started the implementation process obtained their certification. Some institutions needed more time than others for the preparation period, but all of them had completed the final audit by the end of 2014. The majority (82%) completed the final audit in 2013, the rest in 2014. It is noteworthy that most institutions completed the final audit with a positive rating on the first attempt and a repeat audit had to be conducted only for two institutions. Table 3 provides an overview of certificates granted to institutions.



Table 3. EQUASS quality certificates granted to institutions (institutions that completed the final audit at the end of 2014 will receive their quality certificates at the start of 2015).

Reasons for discontinuing the implementation of the quality system were varied. Half of those that withdrew from the process were small non-profit associations for whom implementing the quality system would have been beyond their capabilities. Others were fundamentally affected by changes in their management, merging of institutions, large-scale development activities or other issues with their administrative capacity, for example.

Implementation of the quality system has provided the entire sector with a more profound understanding of what the quality of social services is about. Parties now have a better idea of service quality and they know what the different aspects of “quality” are. Implementing the quality system has helped to educate the entire sector and has increased motivation to become even better service providers. What is more, implementing the quality system teaches customers how to take a stand for themselves and to make more knowledgeable (informed) decisions. Also, managers and

staff are trained to take a more informed approach to service management, to set objectives, measure results and change interventions if existing methods do not bring desired results, etc.

On the institutional level, certificates obtained as a result of introducing the quality system and completing the final audit can be viewed as the output of activities. A precondition to obtaining the certificate is full (100%) compliance with all quality criteria, a fact proved by the final audit report.

Holding the EQUASS quality certificate means that:

- the institution is committed to protecting and upholding the rights of its customers;
- operation of the institution is based on a code of ethics that upholds the dignity of service users and their family members and attributes great importance to developing its staff;
- the institution cooperates with various stakeholders, including organisations representing service users.

A certified institution actively engages service users in service provision, adapts services according to their needs and is oriented at good results, development and innovation.

After reviewing the output of previously described activities on the national as well as the institutional level, it can be said that the introduction of the quality system has first and foremost affected the staff, but because implementing the system includes the involvement of a variety of stakeholders, its impact has reached also as far as partners, service users, the communal level and, indirectly, the societal level as well. More detailed descriptions are given in section 5.4 “Outcomes and impact”.

5.4 Outcomes, impact and conclusions

This section of the study provides an overview of activities performed and the outcome and impact generated by output on the institutional level. First, a general summary of changes is given and then a more in-depth overview is presented across all principles for quality.

The following table includes an overview of assessments provided by institutions implementing the quality system as to 1) principles for quality that called for the most fundamental changes in institutions and 2) principles for quality that have the greatest impact on services. These assessments are taken from a study conducted at the end of 2013 among institutions implementing the quality system. The results of this study upheld this order of priority to a great extent.

Principles for quality that called for the most fundamental changes	Principles for quality that have the greatest impact on services
1. Partnership	1. Person centred
2. Result orientation	2. Staff
3. Continuous improvement	3. Participation
4. Staff	4. Result orientation
5. Leadership	5. Leadership
6. Comprehensiveness	6. Ethics
7. Person centred	7. Partnership
8. Participation	8. Rights
9. Rights	9. Continuous improvement
10. Ethics	10. Comprehensiveness

Table 4. The ranking is based on the results a questionnaire study conducted in 2013 among institutions implementing the quality system (1 - max, 10 - min).

Before introducing the EQUASS quality system, a number of institutions were not aware of the meaning of a quality system, its implementation and benefits – no conscious efforts were made in

the area of quality. Implementing the quality system increased the awareness of managers and staff and a common understanding of what quality stands for – in theory as well as in practice – started to emerge when applying these principles in their respective institutions. Institutions started to make a conscious effort to develop a quality culture and to become more focused on continuous improvement.

The majority of institutions formed “quality” teams, making it their job to engage more intensely in implementing the quality system and, on a positive note, many of those teams still gather regularly. Larger institutions created the position of a quality manager, smaller ones appointed one of their employees to fulfil the role. The majority of institutions realised that there is a need to appoint a person responsible for quality to ensure continuous quality assurance and improvement. Institutions noted that they needed someone who *“would constantly keep his finger on the pulse to keep the system up and running”*.

The introduction of EQUASS principles has helped institutions to create a system that facilitates their better operation and service provision. It has given an understanding and created a framework that is absolutely vital for a running a successful organisation. *“The system helps to put things in order and the result is a more customer-friendly organisation that operates more efficiently,”* said one of those participating in the implementation of the quality system.

Implementation of the quality system has encouraged institutions to look for and apply new and innovative solutions. They have started to seek out new ways and possibilities for managing their operation and achieving good results. *“Various IT solutions have immensely facilitated the development and implementation of a number of solutions. For example, now we use web-based applications for the institution’s action plan as well as for the calendar which covers the institution’s operation,”* a service provider said, referring to a new solution in connection with the implementation of the quality system.

Institutions were generally of the opinion that the quality system helps to add meaningfulness to everyday activities, set objectives and define concepts important to the institution. Putting communication with service users first results in more practical benefits for customers and services that take into account customer needs.

“This undertaking is definitely worth it. Introducing EQUASS makes the institution take an organised approach to working on areas which are important, but for which we tend to have little time in the everyday routine,” noted one institution, describing the benefits of implementing the system.

As a result of implementing the quality system, the institution’s operations will be more thought through and knowledgeable, adding a basic sense of security. Processes are better considered and better structured. Careful consideration given to operational processes reveals possibilities for the better utilisation of resources and for operational adjustments. Also, it results in better transparency for service users, staff, financiers and managers. That way, it is easier to assure external stakeholders and institutions of the institution's operational quality. *“Now that we have obtained the EQUASS certificate, maybe we will be appreciated more (externally, by the general public) – the certificate is something to be proud of and one way to improve our reputation. It is important to emphasise this fact in the annual report and elsewhere and it can be done,”* noted an institution implementing the system.

Implementing the quality system has given the institutions a chance to improve, reorganise and modernise their existing documentation and, if necessary, describe operating principles and create missing operating procedures. *“We made conscious effort to take a more systematic approach to updating and improving our documentation. Our documentation is now much better organised,”* an

institution commented. Another added: *“Now we have a compact staff manual in place, covering all operations – and their respective reasons, outcomes and benefits. At first, we were wondering why all this has to be put down in writing – everything is already as clear as it can possibly be, but now we understand that the manual provides us with a basis to fall back on when instructing our staff and, what is more, our operations have become more transparent for external parties as well.”*

To illustrate their viewpoint, financiers gave excellent examples of institutions which had considerably improved their operation as a result of implementing the quality system. The following best practices were referred to in connection with implementing the EQUASS quality system – appropriate documentation, customer-centred approach, provision of feedback, analyses and assessments, well-thought-through organisation of work, active cooperation with partners and information campaigns. Above all, financiers valued the systematisation and reorganisation of documentation that was brought about by implementing the quality system, saying that this helps them to rest assured that the documentation of institutions implementing the EQUASS quality system is well-organised and in order.

This process comes highly recommended for all institutions, because all institutions harbour weaknesses that the quality system helps to eliminate, opening up new perspectives and prompting questions such as why and for whom an institution exists. *“The point of implementing the quality system is meaningful work, not just paper-pushing,”* an institution admitted. *“We are visible in the positive sense of the word, because we are not afraid to talk about ourselves. Now, we are regarded as more serious partners and we feel valued and appreciated,”* said another institution to summarise the benefits reaped.

5.4.1 Detailed report on outcomes and impact

The following section provides a more in-depth overview of the outcomes and impact of implementing principles for quality on quality criteria and indicators. It includes a more thorough review of outcomes achieved as a result of improving the institutions' operation and bringing it into compliance with quality criteria. This information is based on final audit requests and on information gathered from interviews and, to provide a well-structured overview, principles for quality are presented in the same order as in section 5.1.1.

1. Staff

EQUASS key expert Guus van Beek has underlined the role of staff, saying that service quality is limited by the skills and qualifications of staff (according to a study by the McKinsey Institute). Taking into account the key role of staff and the aspect that to a great extent employees are motivated by non-monetary values, introducing the quality system in institutions will help to make a big difference. The principle of “Staff” was seen as the second most important principle for quality (after the principle of “Person centred”), which means that this area is viewed as important and vital.

Institutions had to give careful consideration to areas related to retaining, developing, engaging and motivating their staff, document relevant principles, continuously evaluate whether their activities are sufficient and look for potential development opportunities to improve staff-related activities and increase staff satisfaction.

The area of HR management has become more organised, clear-cut and more considerate of employees as staff involvement has increased. Staff started to have a clearer picture of the usefulness of their work and their motivation increased.

As a result, staff recruiting and retaining principles were created (in 40% of cases) and staff recruitment procedures were documented (in 70% of cases). Principles for equality and non-discrimination were established (80%) and staff recognition procedures were formulated (70%). Two thirds of institutions developed principles for the active involvement of staff in the planning and evaluation of services. Institutions started to document (60%) feedback received through involvement and utilise it to make HR development plans (40%).

Another obvious result is taking a more systematic approach to training staff: institutions started to prepare training and development plans (in 40% of institutions) to serve as a basis for training their staff, followed up by an analysis of the training provided (70%). In addition, institutions took steps to collect regular feedback on staff motivation and satisfaction (50%). Unlike before, more attention was paid to measuring and documenting staff-related activities and outcomes.

“Now, when hiring a new employee, we know exactly how to explain to him what we do here and why and how we operate,” was said in one institution to describe the changes that had taken place.

As a result of the above changes, the area of HR management has become more organised and clear-cut, on the one hand, creating an information flow from staff to managers and, on the other hand, providing opportunities to increase staff motivation.

In interviews, the representatives of institutions referred to a number of changes related to implementing the quality system and its accompanying impact on staff. They were of the uniform opinion that the principle of “Staff” (as much as the principle of “Person centred”) has the greatest impact in services.

According to institutions, implementing EQUASS has increased appreciation for HR management. It is very positive that, in general, managers were highly committed to introducing the quality system. Because managers understand the need for a quality system and the benefits it holds, they are motivated and concentrated on conveying this message to their staff as well.

As a new development, HR management is focusing on increasing the awareness of staff as to the institution’s core values. **People are starting to understand that quality depends first and foremost on themselves and is part and parcel of their daily work – and not distant concept or the sole responsibility of managers.**

Institutions pay more attention to the recruitment process and one of them set a good example of discussing the subject of quality as early on as in the job interview stage.

Instructing staff is also very important. Institutions value creative thinking, openness to innovative ideas and the desire for continuous improvement at work. *“The key question is how to be constantly innovative as well as how to become better at involvement and improvement,”* noted one institution.

Implementing EQUASS has increased the involvement of staff. Institutions make an effort to obtain the opinion of staff and to use such feedback to improve their operation and services. The personnel of institutions are starting to function as teams. *“The understanding that documents are prepared by managers and staff to simply follow procedure is outdated – employees are now engaged in the process of creating and making adjustments to documents and they make amendment proposals,”* said one institution to illustrate the change taking place.

What is more, meetings have become more systematic and meaningful to promote the availability and accessibility of information and a common understanding. As an example, it was pointed out that when things have been talked over and clearly defined and everyone is of the same understanding, it provides staff with a sense of security.

Also, institutions admitted that staff awareness has increased – everything is simpler, clearer and more transparent when it comes to management, delegation and customer service, which means that standards are functioning as they should. Staff is well aware of the core principles related to service provision. Employees target their activities better and are able to define and verbalise the objectives and reasons behind their actions. Having a good grasp of quality criteria, they know when their work measures up to quality standards and are thus able to self-evaluate their performance.

“As staff awareness has increased, employees do better at work, taking into account EQUASS criteria. They have given careful thought to what they do and why they do it. Better awareness and attitude improves service quality,” said one institution.

As a rule, institutions conduct professional development discussions and input received from staff is taken into consideration when making plans for the coming period. To illustrate: one institution asks employees during their professional development discussion to self-evaluate their performance at work. Also, staff is now better equipped to give a presentation of their daily activities at the workplace.

Another challenge is to instil quality culture even more deeply into the minds of employees, ensuring that all of them share a common understanding of what it stands for and why it is necessary and useful. At the same time, it is obvious that nurturing a quality culture take time and it is too early to assess the results achieved.

In conclusion, it may be said about the impact of implementing the quality system on the area of HR management that the quality criteria for the principle of “Staff” are met and accompanying changes have had large-scale and significant impact on activities related to the improvement of HR operations of institutions. A clear-cut organisation of work, common principles for customer service, and the overall involvement and development of staff has increased staff motivation and facilitated their self-realisation. Team spirit, creativity and overall job satisfaction among staff have all improved. Staff is now more involved in the management of institutions as well as in the assessment and development of services. Employees have taken a more customer-centred and knowledgeable approach to their work. Their inner need for self-development and a sense of security have improved. Employees are more familiar with the objectives, organisation of work and core values of institutions. Staff competency and satisfaction is reflected in the higher quality of services.

2. Ethics

It is a must for institutions providing social services to have a code of ethics, that is, a set of professional criteria, in place to be able to ensure social justice, uphold the dignity of service users and protect them from unjustified risks.

Institutions had to define and agree upon professional rights and responsibilities as well as principles and values guiding their operation. Also, they had to develop and describe principles and activities for preventing physical, mental and economic abuse of service users. In addition, institutions had to come up with guidelines for the regular evaluation of the sufficiency of these principles and activities and their data confidentiality policy and, if necessary, for improving relevant documents and/or activities.

These activities helped to create an ethical and thereby motivating atmosphere at the workplace, and institutions also prepared their codes of ethics. By taking measures to prevent physical, mental

“The creation of our code of ethics brought about a major shift in inter-staff relationships as well as in how staff communicates with and treats customers.”

and economic abuse of service users, customer service became more proactive and customer friendly. Also, institutions started to evaluate regularly the relevance of respective principles and activities and make changes in them, if necessary, ensuring among others things data confidentiality.

“It is encouraging to see that after having discussed and analysed ethical principles and created and introduced an ethics policy, our staff is more attentive to various aspects of abuse. Our employees have become more discerning and they speak their mind as to their observations,” said a representative of one institution, describing a certain positive tendency.

On a positive note, it was pointed out that because staff was engaged in the creation and development of a code of ethics, they were able to relate with the final version of the code much better, fully understanding and embracing its principles.

To give a good example, one institution pointed out that *“the creation of our code of ethics brought about a fundamental shift in inter-staff relationships as well as in how staff communicates with and treats customers. As we had started to pay more attention to staff behaviour and ethics as well as customer service principles, inappropriate conduct was not tolerated anymore and employees grew to be more attentive and observant. So, the principle of ‘Ethics’ provided us with a basis for insisting on appropriate behaviour.”*

In conclusion, changes brought about by implementing quality criteria for the principle of “Ethics” had a great impact and enforced the idea that recognizing and valuing ethical principles can have an effect on the behaviour and attitude of staff.

3. Result orientation

According to EQUASS principles for quality, successful organisations are targeted at achieving good results and are able to satisfy the needs of all important stakeholders in a balanced manner.

To measure their performance, first institutions had to develop performance indicators and collect information on how these are fulfilled. Institutions immediately started to gather, analyse and evaluate relevant information which was viewed as useful input for making further plans and management-related decisions. One institution described a shift in priorities with the following words: *“Now, we give priority to analysing our performance instead of collecting and assembling information.”*

Eighteen percent and 50% of institutions starting to implement the quality system in 2012 and in 2013, respectively, took steps to measure the achievement of their objectives and report on their progress. Two thirds of institutions started to assess the achievement of objectives set in individual plans and efficiency for service users against the institutional level.

To ensure compliance with criteria, institutions had to identify the needs and expectation of various stakeholders and obtain feedback on their satisfaction and on value created for them.

One third and 57% of institutions starting to implement the quality system in 2012 and in 2013, respectively, started to evaluate service user satisfaction and over 60%, financier satisfaction. More than half started to evaluate their operational performance to identify the best value for service financiers and approximately as many started to assess results on the basis of the quality of life of service users.

“Now, we give priority to analysing our performance instead of simply collecting and assembling information.”

Institutions came up with a wide variety of methods for obtaining feedback from service users, financiers and other stakeholders in order to make sure that services measure up to their expectations and needs, collecting thereby valuable information which helped them to assess the value of their services and gather suggestions for improvements.

Many institutions agreed that implementing the principle of “Result orientation” – previously quite unknown and unpractised – helped them to streamline the organisation of services. They worked hard to find ways to utilise resources more efficiently and to achieve maximum results with minimum resources. **So, it can be said that efficient utilisation of resources has emerged as one key concept in the implementation of the quality system.**

Jan Spooren, former Secretary General of the European Platform for Rehabilitation, once said, *“in these economically challenging times all states need to consider how to utilise resources more efficiently than before and how to ensure that social services are provided by institutions that are able to offer maximum results with limited resources.”*

Institutions (two thirds of them) started to prepare reports in a language and format understandable to stakeholders and present and publish them to the wider public, considering this an excellent opportunity to increase the awareness of various stakeholders and of the general public as to their operation. More than half of the institutions started including individual evaluations and achievements in their reports. One institution was proud to comment on their reporting procedure that *“from now on, our daycare centre has its own yearbook”*, and another pointed out that *“our institution’s activity calendar is now made public on our website – we have a strong desire to introduce our institution to the general public and we have become much better at presenting our activities and achievements.”*

Institutions benefited most from understanding the practical value feedback holds in terms of improving an institution's operation and as a basis for further planning. Another important achievement was gaining insight into the interrelations of objectives and results – as a result, institutions started to focus more on defining their goals and connecting them to results, on the individual as well as on the institutional level.

Institutions agreed that the principle of “Result orientation” has great impact on services (preceded by the principles of “Person centred”, “Staff” and “Participation”) and viewed it as the third most important principle for quality (preceded by the principles of “Person centred” and “Staff”). In conclusion, it is clear that this area was under heightened attention and that implementing the quality system helped institutions to improve their activities in terms of results.

“The best way for our staff to make customers feel good is to show them respect and understanding.”

4. Rights

According to the EQUASS principles of “Rights”, organisations providing services are expected to be committed to upholding and promoting the rights of their customers.

To ensure compliance with quality criteria, one third of institutions had to prepare a policy document on customer rights and half of the institutions needed to analyse whether they are upholding the rights of their customers according to international human rights conventions. In addition to getting rights and responsibilities documented, institutions had to pay more attention to communicating this information to customers in a comprehensible manner. *“When a customer visits our institution for the first time, the introductory part is much shorter now and easier to understand for him,”* one institution commented.

Many institutions lacked a system for handling complaints and 40% of institutions had to establish relevant principles and set up an objective and transparent system, thereby creating opportunities for receiving feedback and addressing potential shortcomings.

Fundamental changes were called for in the annual evaluation process – institutions started to assess with service users their operation in terms of upholding their right to self-determination (in 75% of institutions) and informing service users of the possibility of having a guardian and/or support person (the primary contact person for service users) assigned to them (in two thirds of institutions). Getting customers involved provided several institutions with new ideas and approaches that had never came up in discussions with staff.

“The best way to make customers feel good is to show them respect and understanding,” one institution commented.

Also, trying to communicate the meaning of their rights and responsibilities to service users introduced an entirely new way of thinking. Before, this had been just another routine task, but now it was viewed as a new opportunity to build relationship and cooperation with customers. One institution described the shift as follows: *“Now we are trying to help service users to understand their basic rights – something we have never done before. We are making explanations of these rights available and accessible in a visualised and comprehensible format.”*

5. Comprehensiveness

Interviews revealed that at first, institutions did not view the principle of “Comprehensiveness” as a particularly important one, because they held that their service provision is based on multi-disciplinary teamwork and that cooperation with other service providers and employers is successful. However, self-analysis results indicated that there is room for improvement and, in retrospect, institutions were forced to admit that in reality fundamental changes had to be made in this area, primarily in the field of customer service.

“Launching the self-analysis process provides us with a more thorough overview of the interaction and performance of various services as well as of our weaknesses, strengths and possibilities. Also, it helps us to prioritise areas that need improvement and work on them,” said one institution, describing the impact of the quality system.

As the majority of institutions had already established and described their core processes for service provision, they focused on reviewing and improving these processes and bringing them into compliance with the institution’s principles for quality (in 50% of institutions). As for innovations, regular reviewing (up to two thirds of institutions) and auditing (approximately 60% of institutions) of the processes were introduced.

One institution described these changes with the following words: *“The service provision process and standards were developed and presented to all employees. At meetings, we discussed the various stages of these processes to make sure that all understand them in the same way when providing services. It is good to know that we share a common basis for service provision and everyone understands it the same way.”*

“We reaped great benefits from implementing the CARE method in our customer service – it provides a framework for how to conduct a comprehensive customer evaluation, to make a plan and to assist the customer in its implementation as well as for how to evaluate the achievement of objectives and assess how successful the cooperation process has been.”

Forty-three percent of institutions that had not evaluated annually the uninterrupted provision of services and not reported annually on obstacles to the provision of and access to seamless and uninterrupted services (40%) started to do it. They took measures to ensure an uninterrupted chain of service provision (25%). Institutions started to measure the efficiency of measures for increasing the quality of life (43%) and report on it.

Because all institutions view customer service as a very important area and continuously contribute to its improvement, it is not known whether activities launched in this field are directly related to introducing the quality system.

However, some institutions admitted that introducing the quality system motivated them to look for new approaches and for some, it was the boost they needed to go through with their earlier plans. Institutions have been looking for ways to take a more methodical approach to their customer service and have standardised their principles for customer service.

One institution pointed out the following: *“When implementing the quality system, we realized that we need to apply a methodical approach. Previously, everyone was attending to customers according to their best judgement, because we had all received different training. In addition, we wanted to demonstrate to the community, society and financiers that our operation is based on solid principles and methods. We were given necessary training and, as a result, our customer service now has an entirely different starting point – the expectations and problems of our customers.”*

Several institutions applied the CARE method to their customer service – indeed, due to its essence, this approach is suitable for methodical work with a variety of target groups. This is a development-centred approach according to which progress is based on prioritising the preferences and strengths of customers, helping them to optimise and increase their quality of life and confidence.

Another institution gave a somewhat more specific example: *“Applying the CARE method in our customer service was of immense help and it was especially useful for those members of our staff who are not inclined by nature to take such an approach. We started to take our customers into consideration to a greater extent and to engage them in planning and developing our services. Customer service brings good results when it is based on customers’ expectations and dreams, not problems. Customers now verbalise their small successes in a different manner and this proves that the quality system is functioning well. Also, to assist customer service, we have implemented supervision methods as well.”*

6. Continuous improvement

In more than half of the institutions, introducing the EQUASS quality system entailed applying the D. W. Deming quality cycle, a systematic approach to the continuous improvement of processes. In the current situation, a variety of inputs is taken into account when making plans, including feedback from various stakeholders and results from analysing an institution’s operation. Also, the operation of institutions is more purpose driven and targeted at achieving desired results.

“We made fundamental and absolutely vital changes in the entire planning and evaluation process. Now, planning is never started from scratch, but is based on a summary of the previous period. This makes managing the institution as well as planning and customer service much easier,” commented one institution.

“As a result of implementing EQUASS, the organisation of work in our institution became more systematic and our operations became more consistent.”

The key words most commonly referred to in connection with implementing the quality system are systematicity and consistency. Another statement illustrates this change well: *“As a result of implementing EQUASS, the organization of work in our institution became more systematic and we started to pay more attention to planning in advance. Also, we started to collect more feedback from various stakeholders and corroborative information on our operation.”*

Another institution said, referring to fundamental changes: *“We developed performance indicators for our action plan and started to apply them in our internal evaluation process – this was a big change for us.”* It is a positive development that institutions have implemented measuring instruments to monitor the achievement of their objectives and gather information that objectively reflects their actual situation.

7. Participation

It can be said that institutions were applying the principle of “Participation” quite well even prior to implementing the quality system, but introducing the system certainly helped to open up new perspectives and find ways to be even better at their work. *“Considering the process in hindsight, we received assurance that we are moving in the right direction when it comes to service provision and customer service. Now we can rest assured that we are operating according to correct principles and, what is more, we were able to identify some weaknesses that needed addressing,”* one institution commented.

The introduction of EQUASS forced institutions to analyse and develop procedures for getting service users involved in identifying their needs as well as in service planning and evaluation. Two thirds of institutions started to review and analyse these procedures annually. Applying the principle of “Participation” resulted in the greater involvement of customers in service design, provision and development.

One service provider commented on these changes: *“A more knowledgeable and systematic approach was taken to customer involvement and participation. Previously, we used to conduct questionnaire-based studies, board meetings and other meetings, but we had not established the objectives of getting customers involved and the potential benefits of the process.”*

“A more knowledgeable and systematic approach was taken to customer involvement and participation. Customers are actively engaged in service provision and development.”

“While previously customers were first and foremost service users guided by professionals, after implementing the quality system we have started to attribute more importance to the customer-service provider relationship. Customers are actively engaged in service provision and development,” another institution commented the change.

For customers, the shift was for their increased awareness and for reducing the gap between customer expectations and needs as well as between the objectives and content of services through customer involvement. Institutions noticed that getting customers actively involved has increased their outspokenness and desire to have a say in various matters, also honing their questioning and critical thinking skills. It was noted on a positive note that customers are taking a greater interest in institutional processes and they are able to consider the institution and its services from a more comprehensive viewpoint and not only from their personal perspective.

Customer feedback also indicates a positive attitude shift toward customers – *“the attitude, although good from the start, has become even better. Customers feel that their opinion counts and is taken into consideration and they feel free to provide feedback.”*

Another institution said that *“implementing the quality system helped us to grasp what participation and self-determination actually stand for. We had the eureka moment when we came to the understanding that it is not the options available to each one of us that limit us, but our own thinking. This expanded our horizons and way of thinking.”*

In conclusion, institutions were of the opinion that the principle of “Participation” has great impact on services (preceded only by the principles of “Person centred” and “Staff”).

8. Leadership

The greatest change regarding the principle of “Leadership” was that two thirds of institutions had to establish and formulate their principles for quality, including their long-term objectives and commitment to continuous improvement. Fifty-seven percent and 90% of institutions that started to implement the quality system in 2012 and 2013, respectively, had to describe the process of developing an annual plan and review it periodically.

A fundamental change regarding annuals plans was that a more cyclic approach was taken for the process of creating annual plans (in more than 50% of institutions). Institutions got better at formulating their objectives and measurable outcomes. Also, approval needs to be obtained for annual plans.

One institution that greatly benefited from implementing the quality system described changes with the following words: *“Knowledgeable leadership was a result of implementing the quality system. Quality criteria pointed us in the direction of areas that had to be analysed and documented in terms of the institution’s operation. Now we know for each activity what it is that we do and why we do it and what kind of results to expect. All operational stages are well thought through. Before, we were simply working, but now our operations have taken on real meaning.”*

The main difference is that while earlier certain deeply rooted principles for quality were applied and planning was done according to a certain procedure, these activities had simply not been described and analysed.

Another common weakness was that activities were not propose driven, which also means that the same applies to desired (measurable) outcomes.

The keyword that best describes changes regarding the principle of “Leadership” is consistency. Institutions have now come up with and documented policies on how to operate and which principles for quality to implement and these procedures apply to everyone. A more long-term and consistent approach was applied to planning, previously often done on the short-term scale. *“Before, everything related to leadership was incidental and decisions were mostly made on the basis of available financial means. Now, we make the decisions and try to look beyond our financial means,”* a representative of one institution commented.

According to institutions, the period before implementing the quality system was also characterised by the lack of procedures and insufficient (corroborative) documentation. *“Now, we have a universal basis for everyone in place. Our operation has become more meaningful and knowledgeable. This provides us with a basic sense of security,”* stated one institution.

“EQUASS provided us with a framework. We analysed our procedures and, while earlier staff was not interested in the operation of other units, now they are well-informed about this as well. It is a

“Now, we have a universal basis for everyone in place. Our operation has become more meaningful and knowledgeable. This provides us with a basic sense of security.”

positive development that now we have the same information available to everyone, including our customers. So, it is not only staff who benefits from guidelines and regulations, but customers as well,” said one institution, commenting on the impact implementing the quality system has had on their organisation.

Implementing EQUASS entailed regularly gathering feedback from customers and partners. Better overview of feedback obtained from customers, staff and partners facilitates the continuous improvement of service quality. As for gathering feedback, institutions pointed out that while they had done this previously as well, now they are better at asking questions which help to identify other important areas and improve their services. Also, institutions have started to use new methods for collecting feedback: instead of using the traditional questionnaire format, they hold meetings, round table events, etc. and employ other interactive methods to gather more meaningful feedback.

“Feedback provides us with information on the needs and ideas of our staff as well as customers – we can make smaller changes right away, but bigger ones will be included in our action and development plan,” is how one institution described the shift.

Institutions focused on how they could be of help in the community and identified a number of new output possibilities. As for such new initiatives, for example, one institution organised a health day which *“brought in a record number of participants – all people, including customers, partners, etc., who were interested in the operation of our institution. We talked about our institution, its operation and services, discussed such subjects as health and movement – it turned out to be a very successful event.”*

Being involved in the community has to do with the process of integration in general and with the inclusion (as opposed to isolation) of the “weaker ones” into society. The disabled are often the ones to whom assistance is provided, but at the same time, they are an unused resource on the labour market as well as in the community. This notion is gaining ever more recognition and so efforts are being made to make them useful, for example, as workforce.

In conclusion, implementing the quality system has provided institutions with a well-structured framework when it comes to leadership. It helps institutions to give a sense of deeper meaning to their operation, set priorities and focus on the development of services and the institution. When compared to their previous situation, institutions have now taken a more systematic and consistent approach to their operation. Their work is better organised and thought through and, as a result, they have found ways to use their resources more efficiently. Institutions have described their procedures and improved their documentation. This, in turn, provides them with a solid framework for the organisation of work and with criteria to be used for evaluating their operation. What is more, institutions have increased the transparency of their activities. That way, it is easier to assure external stakeholders and institutions of the institution's operational quality. Another positive outcome of implementing the quality system is that the reputation and trustworthiness of institutions as service providers has improved.

The managers of an institution providing high-quality services is more open, highly motivated to cooperate and development driven, placing high value on service users and staff. Managers have a good overview of all processes and their interrelations. Regular feedback from core stakeholders has provided institutions with new ideas on improving their operation and continuous self-analysis helps to identify areas where there is room for improvement. For best results, planning for the future and efficient organisation of work should be based on the performance of previous periods and feedback. This communicates a message that services provided by a particular institution are characterised by sustainability and quality.

9. Partnership

The majority of institutions provided services in cooperation with partners in the social sector, financiers and, if present, representative organisations of service users. Implementing EQUASS has helped institutions to take their cooperation to a new level. To achieve best results, an institution should not develop its services in a vacuum. It needs to get other stakeholders involved to be able to develop the best service, taking into account a variety of opinions, visions and experiences. Sharing best practices and learning from others helps to save resources which are often limited – there is no need to pay for expensive training when you can learn from each other.

It was a new thing for many institutions (60% of institutions) to evaluate and analyse feedback and added value generated by partnership. Also, in 60% of the cases, institutions started to engage important external stakeholders in defining their needs.

Prompted by implementing the quality system, some institutions started to look for new partners to expand their cooperation. Several institutions reviewed their lists of stakeholders and partners and identified new partnership opportunities. Institutions took a more systematic and comprehensive approach to partnership. Now, they are better at drawing attention to benefits and value created mutually.

“An important detail is that now we have taken a more knowledgeable approach to working together with partners and engaging in partnership. This helps to optimise the utilisation of resources and facilitates joint activities and distributing information,” commented one institution.

Many service providers admitted that implementing the quality system – gathering relevant feedback from partners and working on details that are important to the other party and create additional value for him – has made partnership more meaningful and rewarding for both parties.

“We reviewed the stakeholders and partners of all of our services. We carried out a feedback study to receive feedback from partners. Now, the concept of partnership has taken on a deeper meaning and is more important for us, providing us with more feedback than before,” said one institution, summarising changes in this area.

In conclusion, it can be said that implementing the quality system has had profound impact on the institutions’ compliance with quality criteria for the principle of “Partnership”. The effect on partnership is manifested in the increased trustworthiness of service providers. Discussing partnership activities, mutual benefits and value to be created results in greater clarity and confidence as to the institution’s services and operation. This, in turn, creates a stronger desire to work together with the institution and recommend it to customers. Making a conscious effort to build cooperation extends the circle of partners and creates opportunities to learn from each other. This results in more fruitful and mutually beneficial partnership.

10. Person centred

The principle of “Person centred” was viewed by institutions implementing the quality system as one of the most important ones. Although compliance scores for this principle were the highest even before implementing the quality system, the latter motivated institutions to find ways to become

“Now, the concept of partnership has taken on a deeper meaning and become more important for us, providing us with more feedback than before. Partnership has become more meaningful and rewarding for both parties.”

even better at what they were already doing. As a result of various training activities, discussions and improving principles for customer service, staff grew more knowledgeable and a more person-centred approach was taken due to applying innovative concepts and working techniques.

About two thirds of institutions had to identify the needs of other significant external stakeholders. Furthermore, approximately as many institutions had to determine the success rate of existing services in achieving their goals and in meeting the needs of service users. Institutions which had not done it previously, started to prepare individual service plans. *“Creating individual plans for the elderly is an entirely new thing for us and this has helped their families to identify new capabilities and activities,”* one service provider commented on the positive change.

Implementing the quality system has helped to standardise the level of preparing individual plans in institutions. **Now, the objectives of services users are more clearly defined and more person centred. Another important change is that objectives are formulated so as to make them measurable.** Thus, institutions are paying more attention to the quality of measurability and to measuring itself. *“We are positive that our individual plans were good enough even before implementing the system, but now we concentrate more on teamwork when making the plans,”* one institution explained regarding the change.

Institutions started to take a more development-centred approach regarding customers, of which the CARE method for customer service is an excellent example.

According to EQUASS criteria, individual plans should be quite detailed and based on the various needs and preferences of customers. Thereby, institutions started to take a more development-centred approach regarding customers, of which the CARE method for customer service is an excellent example.

While previously the operation of institutions was predominantly focused on problems and not on the strengths of service users and setting long-term objectives was often overlooked, institutions now use the preferences and needs of service users as their starting point, concentrate on the strengths of service users and give priority to formulating measurable objectives. *“Defining and communicating clear-cut objectives helps customers as well as all team members to have a better grasp of the service provision process – that is, why we work together and what is the direction we are moving in,”* was said in a statement by one institution regarding the shift.

It was regarded as an important change that the service user’s plan is made for the customer, not for the specialist or for the team, as was previously quite common. A shift in the earlier thinking regarding service provision principles is illustrated by the notion that it must be the customer who shoulders the responsibility for his objectives and achieving them.

Another development is that objectives are not formulated on the basis of services, but on the basis of the needs of service users. Institutions providing high-quality services do not keep customers using their services if it is obvious that a particular service is not a suitable one or does not meet their needs. Thus, greatest importance is attached to the needs of service users, and not to the availability of certain services. This shift is also connected to empowerment – service users are empowered and take responsibility for their plans and objectives.

Now, service users are more knowledgeable when they have the opportunity to be involved in self-evaluation, feedback provision and assessing the institution’s operation. This was described with the following words: *“Our customers have become increasingly knowledgeable. They have a say in*

preparing their activity plans and make an effort to stick to them. It is noticeable that customers are striving to achieve their objectives.”

In conclusion, it can be said that the impact of implementing the quality system on service users has been profound as to compliance with quality criteria for the principle of “Person centred”, because institutions have improved their customer service and taken a more person-centred approach to their operation. All service providers admitted that it was their customers who benefited most from implementing the quality system. Interviews with institutions indicate that customers have become more knowledgeable and are better informed about their rights and responsibilities. Services are more person centred and result oriented, and customers and specialists work together more closely.

Institutions have become more customer centred due to staff applying updated customer service methods and being more knowledgeable in their attitude to service users. The quality of service provision has become more consistent across institutions. Customers have a greater say in service provision and development and take more responsibility. Better transparency of processes and availability of information as well as the increased involvement and empowerment of service users makes the latter more satisfied and helps them to cope better with their life.

5.5 Future prospects

Implementing the quality system entailed certain difficulties and a sense of uncertainty as to the future. For example, while all institutions agreed that implementing the quality system would be a change for good, they were struggling with finding additional resources necessary for extending the validity of the certificate.

Some institutions said that they have no motivation to apply for a re-certification, because as a result of introducing the quality system they know now what a quality system and high-quality services stand for, what their strengths and weaknesses are and in which direction they should move. These institutions were of the opinion that they are able to carry on for a while applying this knowledge and that they will decide in the future whether a re-certification is deemed necessary or not.

Other institutions were determined to apply for a re-certification at least once more, because the first certification simply helped them to set up the quality system. When the certificate expires in two years' time, they would like to know whether the implementation process has been successful and what the recommendations given by external auditors will be with regard to the institution's further development.

More progressive institutions were of the opinion that the base-level quality certificate, EQUASS Assurance, might soon not be enough to meet their growing needs and quality-related ambitions, expressing the desire to make further progress in this area, for example, by applying for the top-level quality certificate, EQUASS Excellence.

It is expected that Astangu KRK will continue to fulfil the role of a competence centre in the social sector, providing institutions implementing the quality system with instructions, best practices, counselling and training. Great appreciation was expressed for the support and consultations provided by EQUASS Estonia, assisting institutions in all stages of their development, from their first contact with the quality system to obtaining quality certificates. It was generally hoped that EQUASS Estonia will continue to operate, providing assistance to institutions implementing the quality system. Such help was primarily granted by organising training courses, conferences and regular events for sharing experiences, where employees from different institutions could meet and share best practices and experiences.

Institutions expressed a strong desire to keep the quality system running and up to date and noted that the EQUASS quality certificate should not be obtained for its own sake, but to further an organisation's development and a quality culture – and Astangu KRK was expected to fulfil its supportive role in this respect as well.

Institutions have a strong inner desire to work on quality development, but this is hindered by the lack of external support. This is because the state and financiers are not well-informed about the quality certificate and have not expressed a particular interest for it. Institutions feel that society (the state) does not value those implementing the quality system. They were of the shared opinion that the awareness of political figures and financiers as to the quality system needs to be increased to convey the message that quality is not simply a separate indicator to be fulfilled, but an integral part of an institution's operation and a constructive force. When such awareness is increased, financiers will understand that it is not possible to achieve quality with no effort, but that to this end, time, money and other resources are required. Furthermore, it was strongly felt that institutions implementing the system should be granted certain advantages.

Referring to EU requirements, institutions need to comply with several preconditions to be able to go on developing high-quality services, but assuring such compliance is not in the power of service providers, but of service organisers and financiers, who can do this, for example, through funding services, creating cooperation opportunities and standardising requirements (for example, when providing rehabilitation services). However, a common understanding of the quality and role of such services on the national level is currently non-existent, an aspect revealed also by the last year's analysis of the social sphere.

Institutions would like to know the state's stand on quality systems and whether their implementation is considered necessary and is valued, because until now, institutions have been receiving mixed signals in this respect. So, institutions came to the conclusion that when the state will take a clear position regarding this matter, they will be able to go on with developing their quality with greater certainty.

6. Summary

The objective of this study was to analyse and evaluate the outcome and output of implementing the quality system and its resulting impact on institutions introducing the quality system. To a great extent, the results of this study uphold the results obtained from earlier analyses, backing up conclusions drawn from previous studies and warranting decisions made in connection with implementing the quality system. The following summary presents the main outcomes and impact of implementing the quality system.

Implementing the quality system has justified itself in all institutions, helping to identify areas where there is room for development and creating opportunities for continuous improvement. Institutions are now in the process of continuously improving their sustainable development.

Institutions implementing the EQUASS quality system are of the opinion that it is a resource-intensive process and to achieve its objectives in the best possible way, it requires the time and commitment of managers and staff. Despite of these aspects, all institutions acknowledge that they have benefited greatly from implementing the system. Institutions have become more educated about theoretical principles behind quality and its assurance and improvement, and applied this knowledge successfully in their operation. Staff has come to understand that quality springs from themselves and is an integral part of their daily activities, and not merely a distant concept. Staff realises that every single employee is responsible for quality assurance.

The quality system provides institutions with a well-structured framework. It helps institutions to give a sense of deeper meaning to their operation, set priorities and focus on the development of services and the institution. When compared to their initial situation, institutions have now taken a more systematic and consistent approach to their organisation and operation.

Their organisation of work has improved, being now thought through to a greater extent and, as a result, implementation of the quality system has come to be characterised, among other things, by more efficient utilisation of resources. Institutions have described their procedures and improved their documentation. This, in turn, provides them with a solid framework for the organisation of work and with criteria to be used for evaluating their operation. Furthermore, institutions have increased the transparency of their activities. That way, it is easier to assure external stakeholders and institutions of the institution's operational quality.

Another positive outcome of implementing the quality system is that the reputation and trustworthiness of institutions as service providers have improved.

In conclusion, implementing the quality system has an impact on customers, society, staff, partners, financiers, institution managers as well as on a broader scale, according to a ranking provided by institutions implementing the quality system.

The ones that have been most profoundly impacted by implementing EQUASS are service users. Interviews with institutions indicate that customers have become more knowledgeable and are better informed about their rights and responsibilities. Services are more person centred and result oriented, and customers and specialists work together more closely. Institutions have become more customer centred due to staff applying updated customer service methods and being more knowledgeable in their attitude to service users. The quality of service provision has become more consistent across institutions. Customers have a greater say in service provision and development and take more responsibility. Better transparency of processes and availability of information as well as the increased involvement and empowerment of service users makes the latter more satisfied and helps them to cope better with their life.

A clear-cut organisation of work, common principles for customer service, and the overall involvement and development of staff has increased staff motivation and facilitated their self-realisation. Team spirit, creativity and overall job satisfaction among staff have all improved. Staff is now more involved in the management of institutions as well as in service assessment and development. Employees have taken a more customer-centred and knowledgeable approach to their work. Their inner desire for self-development and a sense of security have improved. Employees are more familiar with the objectives, organisation of work and core values of institutions.

The managers of an institution providing high-quality services is more open, highly motivated to cooperate and development driven, placing high value on service users and staff. Managers have a good overview of all processes and their interrelations. Regular feedback from core stakeholders has provided institutions with new ideas on improving their operation and continuous self-analysis helps to identify areas where there is room for improvement. For best results, planning for the future and efficient organisation of work should be based on the performance of previous periods and feedback. This communicates a message that services provided by a particular institution are characterised by sustainability and quality.

The effect on partnership is manifested in the increased trustworthiness of service providers. Discussing partnership activities, mutual benefits and value to be created results in greater clarity and confidence as to the institution's services and operation. This, in turn, creates a stronger desire to work together with the institution and recommend it to customers. Making a conscious effort to

build cooperation extends the circle of partners and creates an opportunity to learn from each other. This results in more fruitful and mutually beneficial partnership.

The higher the quality of social services, the higher customer satisfaction and the smaller the number of problems with financiers. Financiers are now able to refer customer to institutions, being assured that customers will be satisfied with their services and that their partnership works well. Also, financiers have the assurance that resources allotted to institutions implementing the quality system will be utilised efficiently and productively.

Service providers have started to pay more attention to activities related to the community as well as to activities that create additional value for society and help to keep the wider public informed about developments in the social sector. Institutions have started to distribute more information on their services, thereby increasing transparency for service users, staff, financiers and other stakeholders. In society, awareness and tolerance regarding people with special needs has increased. Ever more members of society are able to manage as independently as possible, so as to likely be able to give back to society in the future.

In conclusion, it can be said that in comparison with their initial situation, institutions have applied a more systematic and knowledgeable approach to managing their operation, taking the needs and expectations of customers, staff, financiers, partners and other stakeholders into account as much as possible. As for the practical benefits to customers, institutions now provide services that bring better results and take the needs of customers into consideration to a greater extent.

All institutions implementing the quality system share the opinion that the system must be kept running and up to date and noted that the EQUASS quality certificate should not be obtained for its own sake, but to further an organisation's development and a quality culture. Astangu KRK, as the representative of EQUASS Estonia, is expected to continue to provide support and advice. Although institutions have strong inner motivation to continue with quality development, they still expect the state to support them and to take a clear position in this regard.

I would like to conclude this study with a thought-provoking quote by Lew Platt: "Whatever made you successful in the past won't in the future."

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6. Subsection 3.5.2 "Introduction of the Quality Management System for Rehabilitation and Special Welfare Services" of the programme "Welfare Measures Supporting Employment 2012–2013" of the European Social Fund.
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9. The results of a questionnaire study as of the end of 2013 conducted by EQUASS Estonia in 2013.
10. Information on the self-analysis, test audits and final audits of institutions implementing the EQUASS quality system.
11. Summaries of events organised in 2014 for sharing experiences.
12. Interviews conducted in 2014 with institutions implementing EQUASS and with financiers of the process.



EQUASS Assurance **kvaliteedisüsteemi mõju uuring**

Koostaja: Mariliis Männik-Sepp

Detsember 2014

Lisad

Lisa 1. Hoolekandeprogramm 2012-2103 raames kvaliteedisüsteemi rakendajad, sertifikaadid

1. AS Hoolekandeteenused, Rakvere Lille Kodu (2013)
2. AS Hoolekandeteenused, Tartu Kaunase Kodu (2013) ja Tartu Mõisavahe Kodu (-)
3. AS Keila Taastusravikeskus (Keilas Pargi tn 30 osutatavad teenused- statsionaarne ravi, rehabilitatsiooniteenus, programmpõhised teenused, ambulatoorsed teenused) (2013)
4. AS WASA (endine Taastusravikeskus Sõprus) rehabilitatsiooniteenus (lõppaudit detsember 2014)
5. Erivajadustega Inimeste Toetusühing Tugiliisu (2014)
6. Kursessaare Väikelastekodu (-)
7. L.M. Füsioteraapia OÜ (2013)
8. MTÜ Iseseisev Elu (2013)
9. MTÜ Loovteraapiad (2013)
10. MTÜ Lõuna-Eesti Erihooldusteenuste Keskus (2013)
11. MTÜ Meie Lapsed (-)
12. MTÜ Randvere Tööõppekeskus (-)
13. MTÜ Tartu Maarja Tugikeskus (2013)
14. MTÜ Viljandimaa Singel Vaimse Tervise Päevakeskus (2013)
15. MTÜ Virumaa Laste ja Perede Tugikeskus (-)
16. MTÜ Ühiselt (2013)
17. OÜ Babysport (2013)
18. Päevakeskus Käo (2013)
19. SA Elva Haigla TM (-)
20. SA Koeru Hooldekeskus, ööpäevaringne erihooldusteenus (2013)
21. SA Maarja Küla (2014)
22. SA Pärnu Haigla Psühhiaatrikliiniku päevakeskus, rehabilitatsiooniteenus (2013)
23. SA Viljandi Haigla rehabilitatsiooniteenus (2013)
24. Tartu Hiie Kooli rehabilitatsiooniüksus (lõppaudit detsember 2014)
25. Tartu Vaimse Tervise Hooldekeskus (2013)

Lisa 2. ESF projekti raames kvaliteedisüsteemi rakendajad, sertifikaadid

1. Tallinna Sotsiaaltöö Keskus (2013)
2. SA Perekodu (2013)
3. Munalaskme Hooldekodu (-)
4. Elva Väikelastekodu (SA Elva Perekodu) (2013)
5. Tallina Lastekodu (2013)
6. Imavere Päevakeskus (2013)
7. Vinni Perekodu (2013)
8. Siimusti lastekodu Metsatareke (2013)
9. SA Taheva Sanatoorium (2014)
10. Saku Päevakeskus (-)

Lisa 3. Kasutatud andmed

13. EQUASS Eesti koduleht www.equass.ee.
14. Euroopa vabatahtlik sotsiaalteenuste kvaliteediraamistik (*A Voluntary European Quality Framework For Social Services*), 2010.
15. Sotsiaalteenuste kvaliteediraamistik (*Common Quality Framework for Social Services of General Interest*), 2010.
16. EQUASS kriteeriumid (*Criteria For Equass Assurance*), 2012.
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21. EQUASS Eesti poolt 2013. aastal läbiviidud kvaliteedisüsteemi mõju ankeetküsimustiku vastused 2013. aasta lõpu seisuga.
22. Informatsioon EQUASS kvaliteedisüsteemi rakendanud asutuste eneseanalüüside, testauditite ja lõppauditite kohta.
23. Kogemuskohtumiste kokkuvõtted 2014. aastast.
24. Intervjuud EQUASSi rakendajate ja rahastajatega 2014. aastast.

Lisa 4. 2014. aasta kvaliteedisüsteemi mõju intervjuu küsimused

Hetkeolukord EQUASS kvaliteedisüsteemi rakendamise alguses - probleemid, eesmärgid, prioriteedid

1. Miks alustati EQUASS kvaliteedisüsteemi rakendamise protsessi, mida sellega sooviti saavutada?
 - Milliseid probleeme sooviti lahendada, mida sooviti parandada?
 - Millised olid asutuse eesmärgid ja prioriteedid protsessi alguses?
2. Millised olid asutuse nõrgemad valdkonnad Euroopa vabatahtliku sotsiaalteenuste kvaliteedi raamistiku kvaliteedipõhimõtetest lähtuvalt:
 - tulemustele suunatus
 - isikukesksus
 - kõikehõlmavus
 - osalemine ja mõjuvõimu suurendamine
 - partnerlus
 - hea juhtimistava
 - investeerimine inimkapitali, sh juhtide pädevus ja teadlikkus juhtimisest ka kvaliteedist

Tegevused ja väljundid

3. Milliseid tegevusi on asutus (teadlikult) ette võtnud kvaliteedisüsteemi edukaks rakendamiseks (nt nõustamine, koolitused, koosolekud, kogemuskohtumised, dokumentatsiooni väljatöötamine, uue lähenemise/tegevuste juurutamine jne)?

Tulemused ja mõju

4. Mis on asutuse tänane (aasta peale esmast sertifitseerimist) hinnang kvaliteedisüsteemi rakendamise tulemustele ja mõjule seoses teenuste kvaliteediga?

- Hinnang tulemustele ja mõjule seoses probleemide, eesmärkide ja prioriteetidega rakendamise protsessi alguses (p 1 ja 2)
- Hinnang tulemustele ja mõjule seoses kvaliteedi põhimõtetega
- 3 suurimat muutust, mida asutus tegi seoses teenus(t)e osutamisega

5. Keda ja kuidas on kvaliteedisüsteemi rakendamine kõige enam mõjutatud?

6. Mida olulist soovib asutus veel välja tuua seoses kvaliteedisüsteemi rakendamise mõjuga?

7. Ettepanekud rakendamise protsessi parandamiseks et mõju oleks veel suurem?

Lisa 5. Valim intervjueritavatest asutustest

1. Pärnu Haigla
2. Tallinna lastekodu
3. Rakvere lille kodu
4. Taheva sanatoorium
5. MTÜ Iseseisev elu
6. Päevakeskus Käo
7. Imavere päevakeskus
8. MTÜ Ühiselt
9. Tallinn Sotsiaaltöökeskus
10. L.M. Füsioteraapia OÜ

Lisa 6. 2013. a kvaliteedisüsteemi rakendamist alustanud asutused

1. Ambromed Grupp OÜ
2. Tallinna Laste Turvakeskus
3. Marienthali Psühhiaatria ja Psühholoogia Keskus
4. MTÜ Eesti Psühhosotsiaalse Rehabilitatsiooni Ühing
5. SA Nõo Hooldekodu
6. Narva Hooldekodu
7. Tõrva kodu
8. Uuemõisa kodu
9. Tartu Emajõe Kool
10. OÜ Aarika
11. Kärdla Sotsiaalkeskus
12. SA Viljandimaa Hoolekandekeskus
13. Väana-Viti kodu AS Hoolekandeteenused
14. SA Tuletorn Fond
15. AS Põlva haigla
16. Põltsamaa Lasteküla, SOS Lasteküla eesti Ühing
17. Pärnu Eakate Avahoolduskeskus
18. MTÜ Papaver
19. MTÜ Lastekeskus Tähetorn

20. Tallinna Tugikeskus Juks
21. AS AA-LAN

Lisa 7. Enesehindamise tulemused

	Indikaatorid	2012. a alustajad	2013. a alustajad
1	Kas teenuse osutaja on dokumenteerinud oma:		
1	a. visiooni?	86%	76%
1	b. missiooni?	82%	81%
1	c. asutuse väärtused?	82%	86%
2	Kas personalile on teada:		
2	a. visioon?	75%	48%
2	b. missioon?	75%	48%
2	c. asutuse väärtused?	82%	48%
3	Kas teenuse osutaja on dokumenteerinud kvaliteedistandardi/ eeskirja, mis sisaldab:		
3	a. pikaajalist eesmärki	29%	29%
3	b. pühendumust kestvale arengule	36%	24%
4	Kas personal on teadlik teenuse osutaja kvaliteedistandardist/ eeskirjast?	43%	24%
5	Kas huvigruppidel on võimalus anda tagasisidet:		
5	a. programmide kohta?	79%	76%
5	b. teenuste kohta?	93%	76%
6	Kas järgnevatelt osapooltelt saadud tagasiside on dokumenteeritud:		
6	a. rahastajatelt?	64%	62%
6	b. klientidelt?	75%	76%
6	c. personalilt?	68%	71%
7	Kas informatsioon on kättesaadav:		
7	a. teenuste ja programmide arendamise kohta?	57%	71%
7	b. protsesside ja protseduuride kohta?	75%	76%
7	c. organisatsiooni tegevuse kohta?	100%	81%
7	d. eesolevate oluliste sündmuste/ ürituste kohta?	89%	81%
7	e. töötajate kaasamise ja arenguvõimaluste kohta?	71%	62%
8	Kas välised huvigrupid on teadlikud pakutavatest programmidest ja teenustest?	89%	81%
9	Kas aastaplaani koostamise protsess on dokumenteeritud?	43%	10%
10	Kas aastaplaani koostamise protsessi:		
10	a. rakendatakse?	46%	38%
10	b. vaadatakse perioodiliselt üle?	46%	29%
11	Kas aastaplaani koostamise protsessil on tsükliline iseloom:		
11	a. olemas SMART eesmärgid?	46%	43%
11	b. tuvastatud põhitegevused ?	61%	48%
11	c. olemas mõõdetavad tulemused?	39%	43%
11	d. ülevaade eesmärkidest ja sihtidest?	54%	38%
12	Kas aastaplaani kinnitab juhatus/ juhtkond?	54%	52%
13	Kas teenuse osutaja kogub tagasisidet ühiskonna eri huvigruppidele?	39%	57%
14	Kas teenuse osutajal on ette näidata mõõdetavaid tulemusi ühiskonna ootuste ja vajaduste rahuldamise kohta?	36%	67%

15	Kas teenuse osutaja on seotud kogukonnapõhiste tegevustega?	79%	86%
16	Kas teenuse osutajal on näidata tõendeid oma tegevuse kohta, mis on andnud lisaväärtust ühiskonnale?	86%	90%
17	Kas teenuse osutaja on dokumenteerinud:		
17	a. personali värbamispoliitika	39%	48%
17	b. kriteeriumid personali värbamiseks?	64%	43%
17	c. protsess personali värbamiseks?	29%	48%
17	d. võrdsuse ja diskrimineerimisvastasuse poliitika?	18%	29%
18	Kas personali värbamise ja ametis hoidmise poliitika põhineb:		
18	a. teadmistel?	86%	52%
18	b. oskustel?	89%	52%
18	c. kompetentsidel?	89%	52%
19	Kas teenuse osutaja on dokumenteerinud:		
19	a. oma poliitika / korrad vastavalt tööseadusandluse õiguslikule raamistikule?	71%	57%
19	b. tunnustuse avaldamise korra:		
19	i. personalile?	29%	43%
19	ii. vabatahtlikele (kui neid on)?	25%	48%
20	Kas teenuse osutaja hindab töötingimusi, mis on seatud:		
20	a. juhatusele/ juhtkonnale?	79%	76%
20	b. personalile?	86%	76%
20	c. vabatahtlikele (kui neid on)?	61%	76%
21	Kas personali kvalifikatsiooni, arengu ja toetuse plaan on:		
21	a. dokumenteeritud?	61%	38%
21	b. iga-aastaselt üle vaadatud?	39%	38%
22	Kas teenuse osutaja:		
22	a. omab igast personali koolitusüritusest kirjalikku ülestähendust ?	61%	71%
22	b. analüüsib koolitustegevuse efektiivsust (mis põhineb personali ja teiste huvigruppide tagasisidel)?	29%	29%
23	Kas personali kompetentsusnõuded on:		
23	a. kindlaks tehtud?	96%	81%
23	b. täpsustatud?	82%	71%
23	c. dokumenteeritud?	89%	67%
23	d. iga-aastaselt analüüsitud?	36%	29%
24	Kas personali, kelle tegevus on otseselt seotud klientidele teenuste osutamisega, tegevust jälgitakse perioodiliselt?	86%	81%
25	Kas teenuse osutajal on välja töötatud eeskiri/ poliitika ja protseduur personali aktiivse kaasamise kohta:		
25	a. teenuste planeerimisse?	32%	24%
25	b. teenuste hindamisse?	36%	19%
26	Kas teenuse osutaja:		
26	a. dokumenteerib infot personali kaasamise ja personalilt saadud tagasiside kohta?	61%	33%
26	b. kasutab neid andmeid ära personali arengu strateegilisel ja iga-aastasel planeerimisel?	39%	33%

27	Kas teenuse osutaja mõõdab, salvestab ja analüüsib personali rahulolu ja motivatsiooni?	50%	38%
28	Kas teenuse osutaja rakendab mehhanisme personali tunnustamiseks?	71%	81%
29	Kas teenuse osutaja on dokumenteerinud:		
29	a. teenuse saajate põhiõigused (õiguste harta)?	64%	67%
29	b. harta, mis on vastavuses rahvusvahelise inimõiguste konventsiooniga?	46%	52%
30	Kas teenuse saajate õigused ja kohustused on teada kogu personalile, ka vabatahtlikele?	71%	57%
31	Kas teenuse osutajal on ette näidata tõendeid, et nad on informeerinud teenuse saajat tema õiguste ja kohustuste osas?	68%	62%
32	Kas teenuse saajad on teadlikud oma õigustest ja kohustustest ?	79%	76%
33	Kas teenuse osutajal on dokumenteeritud kaebustega tegelemise süsteem, mis kindlustab kaebuste asjakohase ja objektiivse juurdluse?	61%	57%
34	Kas teenuse osutaja kaebustega tegelemise süsteemi juurdluse tulemused on läbipaistvad?	43%	52%
35	Kas teenuse osutaja näitab üles poolehoidu teenuse saajate enesemääratluse osas?	64%	52%
36	Kas teenuse osutaja hindab iga-aastaselt koos teenuse saajatega oma käitumist teenuse saajate enesemääramisõigusest lugupidamise osas?	25%	24%
37	Kas teenuse osutaja informeerib teenuse saajat võimalustest leida eestkostjat ja/ või tugiisikut?	93%	95%
38	Kas teenuse osutaja hindab iga-aastaselt oma käitumist teenuse saaja abistamisel leidmaks eestkostjat ja/või tugiisikut?	36%	33%
39	Kas teenuse osutaja on dokumenteerinud oma eetika poliitika, mis kajastab teenuse saajate väärkuse temaatikat ning kaitseb neid lubamatute riskide eest?	43%	48%
40	Kas teenuse osutaja informeerib personali (ka vabatahtlikke) oma eetika poliitikast ning käitumise põhiprintsiipidest ja väärtustest teenuse osutamisel?	54%	48%
41	Kas teenuse osutajal on:		
41	a. dokumenteeritud eeskiri teenuse saajate füüsilise, vaimse ja majandusliku ärakasutamise ennetamiseks?	32%	33%
41	b. protseduurid, et ennetada teenuse saajate füüsilist, vaimset ja majanduslikku ärakasutamist?	29%	33%
42	Kas teenuse osutaja hindab oma käitumise efektiivsust teenuse saajate füüsilise, vaimse ja majandusliku ärakasutamise ennetamisel?	29%	10%
43	Kas teenuse osutajal on dokumenteeritud:		
43	a. tervise ja turvalisuse plaan vastavalt iga teenuse osutamise asukohale?	82%	71%
43	b. protseduurid kindlustamiseks teenuse saajatele turvaline keskkond ja füüsiline turvalisus?	79%	71%
44	Kas teenuse osutaja on tuvastanud:		

44	a. meetmed, mis kindlustavad tervisekaitse ja turvalisuse igas teenuse osutamise asukohas?	82%	71%
44	b. iga-aastaselt edusammud, et kindlustada tervisekaitse ja turvalisus?	54%	62%
45	Kas teenuse osutaja on defineerinud põhimõtted, väärtushinnangud ning tegevused (eetikakoodeks) millest teenuse osutamisel lähtuda?	79%	62%
46	Kas personalile (ka vabatahtlikele) on teada põhimõtted, väärtushinnangud ning tegevused, millest teenuse osutamisel lähtuda?	82%	43%
47	Kas teenuse osutajal on eeskiri ja tegevused:		
47	a. et kindlustada teenuse saajat puudutava info konfidentsiaalsus?	93%	57%
47	b. kuidas salvestada teenuse saaja kohta käivat informatsiooni?	75%	52%
47	c. et tagada juurdepääs personaalsele infole?	71%	48%
48	Kas teenuse pakkuja analüüsib:		
48	a. vähemalt korra kahe aasta jooksul oma konfidentsiaalsuspoliitikat koostöös personali ja teenuse saajatega?	11%	14%
48	b. vähemalt korra kahe aasta jooksul oma konfidentsiaalsuspoliitikat tagavaid protseduure koostöös personali ja teenuse saajatega ?	18%	14%
49	Kas teenuse osutaja on:		
49	a. defineerinud juhatuse/ juhtkonna rollid ja vastutuse?	93%	86%
49	b. teavitanud/ avaldanud juhatuse/ juhtkonna rollid ja vastutusosalad?	64%	57%
50	Kas teenuse osutaja on:		
50	a. defineerinud otse kliendile pakutava teenuse osutamise seotud funktsioonide rollid ja vastutusosalad?	96%	86%
50	b. kommunikeerinud otse kliendile pakutava teenuse osutamise seotud funktsioonide rollid ja vastutused teistele?	82%	57%
51	Teenuse osutaja teeb teenuse saajatele teenuseid osutades koostööd:		
51	a. sotsiaalpartneritega?	100%	95%
51	b. rahastajatega?	100%	100%
51	c. teenuse saajate esindusorganisatsioonidega (kui neid on)?	89%	90%
52	Kas teenuse osutaja hindab regulaarselt oma koostöösuhetest tulenevat lisaväärtust?	39%	38%
53	Kas teenuse osutaja teeb teenuste arendamisel koostööd:		
53	a. teenuse saajate ja nende esindajatega?	89%	71%
53	b. teenuse ostjatega?	89%	90%
53	c. rahastajatega?	86%	86%
54	Kas teenuse osutaja kaasab olulisi väliseid huvigruppe (nende vajaduste väljaselgitamiseks)?	39%	67%
55	Kas teenuse osutajal on poliitika ja protseduurid teenuse saajate aktiivseks kaasamiseks:		
55	a. vajaduste väljaselgitamiseks?	71%	43%
55	b. teenuste planeerimiseks?	61%	43%
55	c. teenuste hindamiseks?	54%	43%
56	Kas teenuse saajad osalevad:		

56	a. individuaalsete vajaduste väljaselgitamisel?	100%	76%
56	b. individuaalsete teenuste planeerimisel?	100%	76%
56	c. saadud teenuste hindamisel?	96%	57%
57	Kas teenuse saajate või nende esindajatega on kooskõlastatud osalemise poliitika, meetmed ja tegevused?	86%	67%
58	Kas teenuse osutaja analüüsib iga-aastaselt teenuse saajate või nende esindajate osalemise poliitikat, meetmeid ja tegevusi?	43%	33%
59	Kas teenuse osutaja aitab süstemaatiliselt kaasa individuaalsel tasandil teenuse saajate jõustamisele?	79%	71%
60	Kas teenuse osutaja on saavutanud mõõdetavaid tulemusi teenuse saajate jõustamise tugevdamisel ?	46%	71%
61	Kas teenuse osutaja on kindlaks teinud meetmed, mis aitavad organisatsioonis luua jõustamist soodustavat keskkonda?	50%	62%
62	Kas teenuse osutaja koolitab oma personali, et aidata kaasa teenuse saajate jõustamisele?	79%	62%
63	Kas teenuse osutaja on välja selgitanud :		
63	a. praeguste teenuse saajate vajadused (< 3 aasta jooksul)?	96%	95%
63	b. potentsiaalsete teenuse saajate vajadused (< 3 aasta jooksul)?	61%	71%
64	Kas teenuse osutaja pakub teenust teenuse saajale, tema pereliikmetele ja hooldajatele kõige sobivamas asukohas?	100%	95%
65	Kas teenuse osutaja on kindlaks teinud:		
65	a. rahastajate vajadused?	86%	90%
65	b. teiste oluliste väliste huvigruppide vajadused?	36%	62%
66	Kas teenuse osutaja on teinud kindlaks olemasolevate programmide/ teenuste edukuse:		
66	a. eesmärkide saavutamisel?	68%	62%
66	b. teenuse saajate vajadustele vastamisel?	71%	62%
67	Kas teenuse osutaja pakub teenuseid, mis põhinevad teenuse saaja vajadustel?	100%	90%
68	Kas teenuse saaja vajadused ja ootused tehakse kindlaks ning märgitakse tema Individuaalsesse tegevusplaani?	100%	90%
69	Kas individuaalne tegevusplaan sisaldab:		
69	a. teenuse saaja oodatavat olukorda?	96%	76%
69	b. üldeesmärke?	96%	81%
69	c. kindlaid mõõdetavaid eesmärke?	89%	67%
69	d. kasutatavaid meetodeid/ tehnikaid/ sekkumisi?	100%	81%
69	e. kaasatavat personali ja vastutusalasid?	100%	76%
70	Kas iga Individuaalne tegevusplaan on kooskõlastatud teenuse saaja või tema hooldaja poolt?	93%	81%
71	Kas teenuse osutamise peamised protsessid on:		
71	a. kindlaks tehtud?	93%	81%
71	b. dokumenteeritud?	86%	71%
71	c. regulaarselt analüüsitud?	50%	57%
72	Kas teenuse osutamisega seotud peamised protsessid on vastavuses:		
72	a. missiooniga?	82%	67%
72	b. organisatsiooni kvaliteedipoliitikaga?	50%	43%
72	c. teenuse ostjate ja rahastajate poolt tehtud märkustega ?	96%	62%

73	Kas teenuse osutaja:		
73	a. jälgib regulaarselt teenuse osutamise seotud peamisi protsesse?	86%	62%
73	b. analüüsib regulaarselt teenuse osutamise seotud peamisi protsesse?	68%	52%
74	Kas teenuse osutaja:		
74	a. viib läbi teenuse osutamise seotud peamiste protsesside siseauditeid?	39%	43%
74	b. raporteerib siseauditite tulemustest?	39%	38%
75	Kas iga-aastaselt toimub katkematu teenuse osutamise hindamine?	57%	57%
76	Kas teenuse pakkuja rakendab töösse meetmed, mis tagavad katkematu teenuste ahela ?	75%	71%
77	Kas organisatsioon tuvastab ja raporteerib iga-aastaselt takistustest:		
77	a. sujuva ja järjepideva programmi/ teenuse osutamisel?	54%	62%
77	b. programmidele/ teenustele juurdepääsul?	61%	62%
78	Kas teenuse osutaja pakub teenuseid, mis on multidistsiplinaarse lähenemise käigus teenuse saajale Individuaalsesse plaani märgitud?	100%	86%
79	Kas teenuse osutaja tagab, et iga teenuse saaja elukvaliteet on määratletud individuaalselt ja teenuse saaja või tema perekonna poolt?	79%	57%
80	Kas elukvaliteedi tõstmise algatuste/tegevuste efektiivsus on:		
80	a. mõõdetud?	57%	57%
80	b. raporteeritud?	43%	57%
81	Kas teenuse osutaja täpsustab personali oskused ja kompetentsid, mis aitavad tõsta teenuse saaja elukvaliteeti?	75%	57%
82	Kas teenuse osutaja analüüsib iga-aastaselt personali oskusi ja kompetentse, mis aitavad tõsta teenuse saaja elukvaliteeti?	54%	33%
83	Kas teenuse osutaja:		
83	a. mõõdab iga-aastaselt oma asutuse eesmärkide tulemusi ?	82%	48%
83	b. raporteerib/ koostab iga-aastaselt aruande oma asutuse eesmärkide tulemustest ?	82%	52%
84	Kas asutuse tegevust ja selle tulemusi analüüsib sõltumatu väline üksus?	68%	86%
85	Kas teenuse osutaja mõõdab:		
85	a. iga Individuaalse plaani eesmärkide tulemusi?	82%	71%
85	b. iga Individuaalse plaani alusel teenuse saajate kasutegureid?	68%	62%
86	Kas teenuse osutaja mõõdab:		
86	a. osutatud teenuste tulemusi kollektiivsel tasandil?	39%	33%
86	b. teenuse saajate kasutegurit kollektiivsel tasandil?	25%	19%
87	Kas teenuse osutaja hindab asutuse tegevuse tulemuste lisaväärtust:		
87	a. ostjatele?	46%	24%
87	b. rahastajatele?	43%	24%
88	Kas teenuse osutaja hindab teenuste lisaväärtust teenuse saajate elukvaliteedile?	39%	38%
89	Kas teenuse osutaja hindab:		

89	a. teenuse saajate rahulolu?	75%	43%
89	b. teenuse ostjate rahulolu?	46%	43%
89	c. rahastajate rahulolu?	39%	33%
90	Kas teenuse osutaja kindlustab huvigruppide asjakohase ja objektiivse rahulolu hindamise?	32%	29%
91	Kas raportid/aruedanded tegevuse ja selle tulemuste kohta on kommuniqueeritud huvigruppidele arusaadavas keeles ja vormis?	32%	38%
92	Kas raportid/ aruedanded sisaldavad personaalseid hinnanguid ja saavutusi?	29%	52%
93	Kas teenuse osutaja annab aru/ teavitab oma tegevusest:		
93	a. ostjaid?	89%	76%
93	b. rahastajaid?	89%	76%
93	c. personali?	82%	90%
93	d. teenuse saajaid?	68%	62%
94	Kas teenuse osutaja koostab iga-aastaselt aruande:		
94	a. tegevuse tulemuste kohta?	79%	67%
94	b. personaalsete hinnangute kohta?	54%	43%
94	c. saavutuste kohta?	54%	67%
95	Kas teenuse osutaja rakendab dokumenteeritud parendussüsteemi, mida iseloomustab tsüklikiline iseloom (P-D-C-A):		
95	a. planeeritud tegevused saavutavad seatud eesmärgi?	46%	48%
95	b. tegevused rakendatakse ellu?	54%	43%
95	c. tegevuste tulemused hinnatakse?	50%	43%
95	d. parandavad tegevused rakendatakse ellu?	46%	43%
96	Kas kvaliteedi parenduse projektide tulemused on dokumenteeritud?	68%	52%
97	Kas teenuse osutaja kehtestab tegevuse indikaatorid, et mõõta kõikide parendusprojektide tulemusi?	50%	38%
98	Kas teenuse osutaja:		
98	a. defineerib kõikide parendusprojektide eesmärgid?	64%	48%
98	b. mõõdab kõikide parendusprojektide tulemusi?	64%	43%
99	Kas teenuse osutajal on näidata:		
99	a. innovaatilisi töömeetodeid?	86%	95%
99	b. näiteid huvigruppide esilekerkinud vajadustest?	89%	90%
100	Kas teenuse osutaja:		
100	a. juhib innovatsiooniprojekte?	79%	76%
100	b. jälgib innovatsiooniprojekte?	79%	71%
100	c. salvestab innovatsiooniprojektide tulemusi?	79%	57%