

The Danish *Quality Model* for the Social Services

- The Standard Programme



Introduction to the Standard Programme for the Social Services

This pamphlet introduces standards to be used by the social services. The Standard Programme is part of The Danish Quality Model for the Social Services, which also includes The Social Indicator Programmes (SIP), as well as user- and relative surveys. The implementation of the Standard Programme for The Danish Quality Model for the Social Services is meant to contribute to enhancing the quality of the social services by safeguarding, developing and rendering visible the good, professional work already being carried out by the social service staff members today.

The Danish Quality Model for the Social Services is a result of recent years' increased focus on quality, documentation and quality-improvement in the public sector. The increased focus places greater demands on the services in terms of substantiating, describing and documenting the social measures and their effects. One objective of The Quality Model for the Social Services is thus to ensure systematic documentation, visibility and transparency in the social effort, to the benefit of the individual¹, staff members, relatives and the general public. The Standard Programme offers a system for continuous professional improvement, and furthermore contributes to create continuity and coherence across different types of services and sectors.

The standards are developed by Centre for Quality Improvement with the assistance of workshops consisting of staff members from social services, information centres as well as user- and relative organizations. The standards have thus been devised with input and experience from practice, and in accordance with documented knowledge about good practice. The focus of the individual standards has been determined and prioritized in accordance with criteria relating to *usefulness*, *relevance*, *resources* and *measurability*. The aim has thus been that these standards focus on those elements within a specific theme, where the standard can be put to the most effective use. In other words, the standards have been designed in accordance with the workshops' assessment of which areas presently show the greatest variation in quality, and/or the greatest potential for improvement.

Initially, six common national standards for the social services have been developed. The standards cover service-specific and organizational themes alike. Within the service-specific themes, standards for *communication*, *user involvement* and *individual action plans* have been developed. Within the organizational themes, individual standards for *management*, *development of skills and working environment* have been developed.

The standards are generic; they are formulated as guidelines and can be implemented on all social services, regardless of which target group a service is aimed at, and whether the target groups consist of children, adolescents or adults. This means, among other things, that the various statutory frameworks for working with children, young people and adults, respectively, are not evident from the standards. The same applies for the municipal/local service declarations, which are part of the service work, and thus part of the framework for the implementation of the Standard Programme. It therefore remains necessary for the staff at each service to remember, that the implementation of the standards is carried out in accordance with relevant legislation.

The structure of the standards follows the same model used in the Danish healthcare system (www.lkas.dk). The standards in the Danish Quality Model for the Social Services are thus structured in the following manner:

¹ In the standards, the term "*the individual*" is used collectively for the members of a target group, who in various services are referred to as *citizens*, *users*, *residents*, *children*, *adolescents* etc.

1	Standard designation
2	Standard
3	Purpose of the standard
4	Target group (responsible for the implementation)
5	Field of implementation
6	Compliance of the standard
7	Step 1: Guidelines
8	Step 2: Implementation and use of guiding documents
9	Step 3: Quality supervision
10	Step 4: Quality improvement
11	References

In **section 1**, *Standard designation*, the number of the standard and theme area, which the standard is part of, are stated.

Section 2, *Standard*, contains the wording of the standard i.e. the complete object of the standard.

Section 3, *Purpose*, briefly describes the essentials of the standard.

In **Section 4**, *Target group*, the person responsible for meeting the standard is stated. While it often makes sense to state that the individual staff member is co-responsible for meeting the standard, the individual staff member may not be stated in this section, since the standards make demands on the work of the service, which the individual staff member may not be held responsible for.

In **Section 5**, *Field of implementation*, the type of social service, which the standard concerns, is stated.

Section 6, *Compliance of the standard*, states at which stage the external evaluation will measure, and consequently assess, whether the standard is being met. Section 6 thus relates to the following sections 7-10, which stipulate four steps for the process of implementing a standard.

Section 7, *Step 1: Guidelines*, thus relates to the first step of the implementation process, and demands that guidelines (directions/instructions) for the day-to-day work with the objects of the standard are available at the individual services. Furthermore, demands and directions to the *content* in the guidelines are specified.

Section 8, *Implementation and use of guidelines*, relates to step 2 of the implementation process, and demands that the guidelines, devised at Step 2, are known and used by relevant management and staff members at the individual services.

Section 9, *Step 3: Quality supervision*, relates to step 3 of the implementation process, and contains specific demands and directions on how the individual service must continuously document, monitor and follow up on the work with the individual standards.

Section 10, *Step 4: Quality improvement*, relates to the fourth and final step in the implementation process. Here the demand of measure to the individual service is that plans of action for the forward work with the complete objects of the standard – based on the results of the quality supervision in Step 3 – have been devised.

Section 11, *References*, primarily states legislation and executive orders relating directly to the standards, as well as the frameworks for the standards. The references are thus not exhaustive.

The standards furthermore contain an instructive text, which explains key concepts, or details the meaning implied by the specific demands and directions to the guidelines in section 7. The instructive text is listed in immediate continuation of the text requiring elaboration, i.e. in the individual sections. The instructive texts should be considered as *help texts*. The instructions give examples of what the directions *might* contain; not what they *must* contain. Hence, the individual services are not measured and evaluated on whether they meet the examples given in the instructive text.

The Standard Programme is devised in accordance with international principles of accreditation. Accreditation is the term for a procedure, where an external organisation assesses to what extent an activity or service meets a set of prearranged, jointly agreed quality targets (standards). Thus, common standards, common indicators and related criteria of measurement have been developed at the services, and ongoing documentation and annual self-assessment of the work with the standards is being carried out. It furthermore implies an external evaluation and accreditation every third year.

Three months after the social services have initiated the implementation of the Standard Programme, the services may choose to initiate a self-assessment. By way of self-assessment, the individual service will be able to gain an overview of the work with the Standard Programme. The first self-assessment is also called a basis-assessment, which provides the baseline for the individual services' future prioritisation of the work with the Standard Programme. 2012 sees the initiation of the external evaluation of the services' work with the Standard Programme.

The participating services nominate one or more resource-persons, who will be instructed in working with the Standard Programme and the various stages of the implementation process. The instruction will be performed by Centre for Quality Improvement. Additional help and support to the services' work with implementing the Standard Programme, is given by municipal coordinators, who attend to all municipal tasks related to The Danish Quality Model for the Social Services.

You may read more about the models at:

www.socialkvalitetsmodel.dk

The Danish Quality Model for the Social Services

1	Standard designation	1.1 Communication
2	Standard	<p>Identifying the communicative resources of the individual.</p> <p><i>Guidance:</i> The term "communicative resources" not only pertains to the individual's basis for <i>verbal</i> communication, but also to cognitive, psychological and/or social resources.</p> <p>The term covers the individual's <i>current</i> communicative basis, as well as a possible potential for development.</p>
3	Purpose of the standard	<p>The identification of the communicative resources of the individual is meant to promote staff members' options of understanding and respecting the communicative expressions of the individual.</p> <p>The identification of the communicative resources of the individual is furthermore meant to ensure, that staff members are able to communicate in a manner comprehensible to the individual.</p>
4	Target group (Responsible for the implementation)	The management is responsible. Relevant staff members assume co-responsibility.
5	Field of implementation	Social services.
6	Compliance of the standard	In 2012, the compliance of the standard will relate to the steps indicated below.
7	Step 1: Guidelines	<p>Indicator 1: Guidelines are available, and as a minimum they contain:</p> <ul style="list-style-type: none"> • Guidelines for the identification of the communicative resources of the individual. • Guidelines for how knowledge about the individual's communicative resources is translated into day-to-day practice at the service. • Guidelines for the ongoing evaluation and possible revision of the individual's communicative abilities.

		<p>Instruction:</p> <p>The guidelines for the identification of communicative abilities may, among other things, focus on that the identifications should be based on the individuals and their networks. The guidelines may also discuss the involvement of necessary professional competencies in correlation with the various vocational groups of the service, as well as the involvement of potential external partners.</p> <p>The guidelines may also focus on how already existing information about the individuals' communicative basis might be gathered and implemented in the forward work.</p> <p>The guidelines on how knowledge about the individuals' communicative basis is translated to day-to-day practice may, among other things, focus on the use of various methods and implements useful for communicating with the individual.</p>
8	Step 2: Implementation and use of guidelines	Indicator 2: Relevant managers know and use the guiding documents.
9	Step 3: Quality supervision	Indicator 3: This indicator is under development and expected complete in the fall of 2010.
10	Step 4: Quality improvement	Indicator 4: Based on the quality supervision, management prioritizes the initiation of specific quality-improving initiatives.
11	References	Act on Social Services § 138 (Standards) Act on Social Services § 139 (Standards)

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1	Standard designation	1.2 User involvement
2	Standard	Ensuring the involvement of the individual in decisions concerning the individual's existence.
3	Purpose of the standard	The purpose of the standard is to ensure the individual maximum leverage of own existence, based on the individual's wishes, basis and basic needs.
4	Target group (responsible for the implementation)	The management is responsible. Relevant staff members assume co-responsibility
5	Field of implementation	Social services.
6	Compliance of the standard	In 2012 the fulfilment of the standard will relate to the four steps indicated below.
7	Step 1: Guidelines	<ul style="list-style-type: none"> • Guidelines are available, and as a minimum, they contain: • Guidelines for the identification of the individual's basis for leverage. • Guidelines for the continuous clarification and handling of the individual's wish for involvement. • Guidelines for the continuous evaluation, and potential revision, of the individual's basis for leverage. <p><i>Instruction:</i> The guidelines for how the individual's wish for involvement are continuously clarified and handled, <i>may</i> focus on how to clarify the individuals <i>general</i> wish for involvement (which areas does the individual wish to be involved in, and at what level.)</p> <p>Furthermore, the guidelines <i>may</i> focus on the involvement of authority holders in situations where the individual is not of age, as well as the potential involvement of relatives in the process. Furthermore, the guidelines <i>may</i> focus on how to handle potential disparities between the wishes of the individual and the professional assessment of the staff members.</p> <p>Additionally, the guidelines <i>may</i> focus on <i>the concrete practice</i> of user involvement in connection with the day-to-day practice at the specific service. For example: which decisions important to the individual, to the community and to the organizational level, <i>must</i> the individual be involved in and how.</p>

<p>Step 2: Implementation and use of guidelines</p>	<p>Indicator 2: Relevant management and staff members know and use the guidelines.</p>
<p>Step 3: Quality supervision</p>	<p>Indicator 3: This indicator is under development and expected done in the fall of 2010.</p>
<p>Step 4: Quality improvement</p>	<p>Indicator 4: Based on the quality supervision, management prioritizes the initiation of specific quality-improving initiatives.</p>
<p>References</p>	<p>Act on Social Services § 1, subsection 3 (Purpose and sphere) Act on Social Services § 138 (Standards) Act on Social Services § 139 (Standards)</p>

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1	Standard designation	1.3 Individual Action Plans
2	Standard	<p>Individual action plans are active tools for the social services.</p> <p><i>Instruction:</i> Individual action plans are locally devised plans meant to clarify and describe the agreements and general effort of the specific service in relation to the individual. Individual plans take their starting point in the municipally developed plans of action (Act on Social Services, §§ 140, 141).</p>
3	Purpose of the standard	The standard is meant to ensure that the wishes, goals and needs of the individual, through a focused and coherent effort, are taken into account. The purpose of the standard is furthermore to ensure, that the work with the individual action plans is carried out continuously and systematically, and in co-operation with relevant parties.
4	Target group (responsible for the implementation)	The management is responsible for the implementation. Relevant staff members assume co-responsibility.
5	Field of implementation	Social services.
6	Compliance of the standard	In 2012, the compliance of the standard will relate to the four steps indicated below.
7	Step 1: Guidelines	<p>Indicator # 1: Guidelines are available, and as a minimum they contain:</p> <ul style="list-style-type: none"> • Guidelines on how to ensure that the wishes, goals and needs of the individual are included in the individual plans. • Guidelines, which ensure, that the task of formulating goals and subsidiary goals - as well the task of translating these goals into specific agreements on efforts - is carried out in cooperation with relevant parties. • Guidelines for the continuous evaluation and potential revision of the individual plans. <p><i>Instruction:</i> The guidelines for the cooperation between relevant parties for the formulation of goals and subsidiary goals - and the translation of these goals into specific agreements on effort - <i>may</i> focus on how staff members, alongside the involvement of the individual, ensure the involvement of various, relevant professionals.</p>

		<p>In order to ensure coherence in the effort, this includes the potential involvement of school-, after school-, treatment- and employment services, as well as networks and the relevant municipality.</p> <p>The guidelines for the continuous evaluation of the individual action plans <i>may</i> focus on how to involve the individual in this process.</p>
8	Step 2: Implementation and use of guidelines	Indicator # 2: Relevant management and staff members know and use the guidelines.
9	Step 3: Quality supervision	Indicator # 3: This indicator is under development and expected done in the fall of 2010.
10	Step 4: Quality improvement	Indicator # 4: On the basis of the quality supervision, management prioritizes the initiation of concrete quality-improving initiatives.
11	References	<p>Act on Social Services § 138 (Standards)</p> <p>Act on Social Services § 139 (Standards)</p> <p>Act on Social Services § 140 (Plans of action)</p> <p>Act on Social Services § 141 (Plans of action)</p>

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1	Standard designation	2.1 Development of skills
2	Standard	A continuous and systematic effort to sustain and develop the qualifications of the staff members.
3	Purpose of the standard	The purpose of the standard is to ensure, that staff members possess the relevant professional skills to provide a skilled and competent effort.
4	Target Group (Responsible for the implementation)	The management is responsible for implementation. Relevant staff members assume co-responsibility.
5	Field of implementation	Social services
6	Compliance of the standard	In 2012, the fulfilment of the standard will relate to the four steps indicated below.
7	Step 1: Guidelines	Indicator # 1: Guidelines are available, and as a minimum they contain: <ul style="list-style-type: none"> • Guidelines for a continuous identification of which competencies are required in order for the service to attend to its assignment outline • Guidelines on how management and staff members co-operate in order to sustain and develop the skills of the staff members.
8	Step 2: Implementation and use of guidelines	Indicator # 2: Relevant management and staff members know and use the guidelines.
9	Step 3: Quality Supervision	Indicator # 3: This indicator is under development and is expected done in the fall of 2010.
10	Step 4: Quality improvement	Indicator # 4: On the basis of quality supervision, management prioritizes the initiation of concrete quality-improving initiatives.
11	References	MED-agreement, 3-party agreement, Agreement of 2008 and present academic regulations for students.

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1	Standard designation	2.2 Working environment
2	Standard	A systematic effort to improve job satisfaction and the working environment.
3	Purpose of the standard	The purpose of the standard is to create places of employment, where the physical and mental working climate, as well as the well-being of the staff members, is continuously improved and safeguarded.
4	Target Group (Responsible for the implementation)	The management is responsible for the implementation. Relevant staff members assume co-responsibility.
5	Field of implementation	Social services.
6	Compliance of the standard	In 2012, the meeting of the standard will relate to the four steps indicated below.
7	Step 1: Guidelines	Indicator # 1: Guidelines are available, and as a minimum they contain: <ul style="list-style-type: none"> • Guidelines for working with the statutory phases of an APV (Workplace Assessment).
8	Step 2: Implementation and use of guidelines	Indicator # 2: Relevant management and staff members know and use the guidelines.
9	Step 3: Quality Supervision	Indicator # 3: This indicator is under development and expected done in the fall of 2010.
10	Step 4: Quality Improvement	Indicator # 4: Based on the quality supervision, management prioritizes the initiation of concrete initiatives for quality improvement.
11	References	Act on Working environment Executive order on work execution, executive order no. 559 of June 17 th 2004. Guide on workplace assessment by the Danish Working Environment Service, D 1.1 of January 2005. Collective agreement for the municipal and social sector: Agreement on health and job satisfaction.

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1	Standard designation	2.3 Management
2	Standard	The service is to be lead in a manner, where the practical performance of the staff members reflects the set values.
3	Purpose of the standard	The purpose of the standard is to ensure that staff members are guided in a manner which ensures coherence between the formulated values of the service, and the contribution of the individual staff member.
4	Target group (Responsible for implementation)	All management.
5	Field of implementation	Social services.
6	Compliance of the standard	In 2012, the compliance of the standard relates to the four steps indicated below.
7	Step 1: Guidelines	Indicator # 1: Guidelines are available, and as minimum they contain: <ul style="list-style-type: none"> • Guidelines for introducing staff members to the set values of the service and their significance. • Guidelines on how staff members actively translate the values of the service into concrete professional practice.
8	Step 2: Implementation and use of guidelines	Indicator # 2: Relevant management knows of and uses the guidelines.
9	Step 3: Quality supervision	Indicator # 3: This indicator is under development and expected done in the fall of 2010.
10	Step 4: Quality Improvement	Indicator # 4: Based on the quality supervision, management prioritizes the consequent initiation of concrete initiatives for quality improvement.
11	References	Væksthus for Ledelse (2008): <i>Kodeks for god ledelse – i kommuner og regioner</i> . www.vaeksthusforledelse.dk Væksthus for Ledelse og Det Personalepolitiske Forum (2008): <i>Ledelse uden grænser. Syv råd til ledere om at skabe trivsel i det grænseløse arbejdsliv</i> .

Terminology

Basis Assessment: The first self-assessment, which determines to what extent the demands of the standards are being met.

Coordinator: A staff member from the administrative level, who heads the coordination of The Standard Programme and its sub-projects between the secretariat and the municipal services. The coordinator concurrently ensures the required coordination of The Standard Programme and additional municipal work. The coordinator furthermore functions as contact to the municipal management, as well as the municipal, social services participating in The Standard Programme.

Evaluation: Assessment of the results of a service, with a view to identifying successful, as well as problematic activities.

Evidence-based: To the greatest extent possible, the standards of The Danish Quality Model for the Social Sector are to be based on the most valid empirical evidence available. In the present context, evidence is to be interpreted broadly as relevant, documented knowledge or – in the absence of documented knowledge – as professional, academic consensus.

External Evaluation: A systematic assessment of the degree of fulfilment of a standard's demands, carried out by an external evaluation team.

External Partners: The term covers schools, after-school centres, treatment- and employment services, the individual's private doctor, etc.

Generic standards: Standards which apply to municipal services, regardless of which target group the service is aimed at, and regardless of whether the target groups consist of children and adolescents or adults.

Guide Line: Specifies the purpose, extent, organization, responsibility and procedure of the execution of concrete tasks.

Guidelines: The term is a collective name for the various types of specifications for working procedures etc, which define directions for the day-to-day work carried out at the service. Guidelines may thus consist of municipally or locally devised directions/procedures/instructions/etc.

Indicator: An indicator is generally defined as a measurable variable, which may form the basis of monitoring and evaluation. In The Danish Quality Model for the Social Sector, the indicator concept relates to the fulfilment of the four steps. At step 1, the indicator is thus whether guiding documents have been devised.

Individual/the individuals, the: The term "The Individual" is used as a common denominator for an individual of a target group, which at the various services may have various designations, such as *citizen, user, resident, child, adolescent* etc.

The plural form "The Individuals" is used in The Danish Quality Model for the Social Sector in order to clarify, that the guidelines, devised by the municipalities and the services, must apply to all individuals at a service. To rephrase, guidelines which aim at a single individual, are thus not to be devised.

Individual action plans: Individual action plans are locally devised plans for the clarification and description of the service's covenants and efforts regarding the individual. The individual action plans take the municipally devised plans of action as their starting point (Act on Social Service, § § 140 and 141).

Measurement Criterion: A concrete parameter used to monitor and evaluate, whether an indicator (for one the four steps) is being met.

National Secretariat: The national secretariat is located at Centre for Quality Improvement. It functions as a vocational secretariat, and is a centre of competence, with employees skilled in the improvement of quality within the social sector.

Quality: The property of a service or product, which determines the service or the product's capability to fulfil and meet needs and expectations. In relation to quality improvement, the term is used as evidence of to which degree the service is meeting prearranged established goals.

Quality Improvement: Initiatives launched on the basis of quality monitoring, and which aim at improving the quality of the service.

Quality Monitoring: A survey and analysis carried out systematically and continually at the same process.

Resource Person: One or more staff members from every service, more thoroughly trained in the model and the work with the standards. The Resource Person plays an important role in disseminating and implementing knowledge about The Standard Programme at the individual services.

Revision: Adjustments made on the basis of the results of an evaluation.

Self-assessment: The individual services' own assessment of to which extent the demands of the standards are being met.

Service: The physical/organizational framework for a service. Examples are ambulant services, daycares and 24-hour care centres for children/adolescents and adults.

See also: www.socialebegraber.dk

<http://ss.item.dk/csystem/system.php?fSName=MDUuMDAgVGIsYnVkc2tsYXNzaWZpa2F0aW9uIC0gU2FtbGV0IG92ZXJzaWd0>

Standard: A parameter for quality with specific demands and directions, which form the basis of evaluation.

Staff Members: All employees at a service.

Target Group: In the specific standards of The Danish Quality Model for the Social Sector, the term target group relates to the persons *responsible* for the practical adherence to the quality standard. The target group of the *quality standard* is thus not the same as the target group of the service (the persons triaged to the residence).

To know and use: "To know and to work in accordance with". Whether the staff members know and use the guidelines is to be measured at step 2 of The Danish Quality Model for the Social Sector.

User Involvement and User Leverage: User Involvement and User Leverage are terms, which are often used disparately, and thus cover a continuum ranging from regular leverage and self-determination, to situations with a minimal degree of leverage, where the individual is being heard, but is not necessarily an active part of the process. In The Danish Quality Model for the Social Sector, the term *User Involvement* covers all aspects of involvement; from the right to be heard, through co-determination to self-determination and actual user-control, whereas the term *User Leverage* is used solely as designator in situations, where decisions are clearly marked by the individual's active participation. In The Danish Quality Model for the Social Sector, user involvement thus becomes a precondition for the individual to gain influence on own existence.

Well-being: A term which, among other things, implies the staff member's continuous experience of balance, as well as physical and mental surplus in carrying out the day-to-day work. The term furthermore comprises the consequences of the demands and strains of the work, which may be stress, sickness absence, conflicts, co-operation, influence, motivation and victimisation.

**The Danish Quality Model for the Social Sector
offers additional information on the Standard Programme at
www.socialkvalitetsmodel.dk**

Here additional information and various presentations of The Standard Programme may be found.

Centre for Quality Improvement functions as secretariat for the development of The Danish Quality Model for the Social Sector.

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