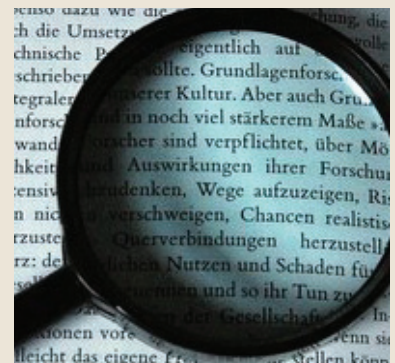


BAGFW Position Paper:

# Quality Objectives of Welfare Associations designed to achieve their specific Quality of Service

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## Preamble

Social work continuously needs to re-orient itself by looking at human beings and their specific situations in life. Technical requirements and quality standards undergo continuous development. Over recent years, each of the six central organisations of non-statutory welfare has given definition to these standards on the basis of the respective value orientation, and they have documented these standards at the national level – usually in manuals on quality management.

Non-statutory welfare organisations are convinced that competition among social service providers should foremost be a quality-driven competition striving to achieve the best possible support for people facing specific situations in their lives. For this reason the welfare associations have defined joint quality requirements as welfare specific standards and fleshed them out for practical implementation. These standards are designed to serve as markers of quality management as it is used by the professional social service undertakings in the field of non-statutory welfare. The six central organisations not only recommend applying these standards internally within their own institutions, but consider them also of a level of quality that should set an example in Germany and Europe. These standards equally contribute to the debate on quality of professional social work in the European Union. Their contents correspond to the “Common Quality Framework for Social Services of General Interest” as signed by the BAGFW (German Federal Association of Non-Statutory Welfare)

The framework conditions in place determine the implementation of quality levels. Financial resources are needed in order to recruit, qualify and adequately remunerate the right staff, and to create and maintain the buildings and organisational structure required. Such resources co-determine the range for maintaining and enhancing the standards developed by the organisations. Hence they are just recommendations, in the hope that the context in which social establishments operate in a given location is such that it allows their implementation. Many establishments run by non-statutory welfare already fulfil these standards, and many give proof of this fact by providing external documentation.

## Non-statutory Welfare's View of Quality

Non-statutory welfare bases its quality management policy on value and development orientation. Quality is seen as the result of dynamic processes. Quality intrinsically requires dialogue, understanding and negotiation, be it between users and service providers or between service provider and funding agency. The staff must transpose subjective quality requirements into reality experienced by the users. Such a dialogue is essential for good results and vital for the satisfaction of the users. As the funding agencies shape a significant part of the context they need to be involved in this dialogue.

Quality services are rendered within a complex context of structural, process and result variables. Quality development needs to be steered by objectives. For this reason BAGFW uses a management approach that closely links quality to the control elements that are staff and finances. Integrating value orientation, professionalism, and legal requirements allows for a holistic, verifiable and reliable service quality within non-statutory welfare. And during times of tighter public purse strings quality management also helps with making transparent what is feasible, which quality level can still be achieved in the light of given conditions and available funds, and which level may actually push the limits. A well developed and broadly implemented quality management can be used as a tool for social policy monitoring, so that on the basis of figures, data, facts and evidence needs for social policy measures become visible. This knowledge helps with a well-grounded advocacy on behalf of those people who need help and support.

## A – Quality Objectives of Non-statutory Welfare

### 1. Orientation towards an Ideal

In their action the associations of non-statutory welfare are primarily guided by values. Such ideals form a value-driven framework for orientation. The task is to transpose this framework into concrete daily practice. Value orientation is the basis for action by the welfare organisations, be it as advocates or be it as service providers. Value orientation in linkage with ideals forms a necessary corrective vis-à-vis an excessive economisation.

The individual associations of non-statutory welfare develop their own respective ideals on the basis of elements of social ethics and values. They see their action as advocacy designed to enable the disadvantaged to be a part of society. Social work, at its core, is relational work. It is guided by specific concepts of humanity and fundamental values, and it cannot be done responsibly without a regular reflection on this. As a background for reflecting on one's own action it is necessary that leaders and staff members transpose the respective ideals into concrete daily action.

### 2. User Orientation

We see users, patients, clients or people seeking advice as customers, while respecting their sovereignty, autonomy and creativity. This marks a departure from

institution-driven action. The quality of life and the well-being of the users are central parameters for measuring the quality of services. Non-statutory welfare offers competent, situational and complete services in order to allow people to make their own decisions and to live a life as autonomous and free from discrimination as possible.

The services are to be geared towards the benefit they constitute to the client. Therefore it is necessary to develop support measures and services in cooperation with the people and in reference to their needs and capabilities. Access to these offers and services has to be easy, guided by the clients' needs, and oriented towards societal and cultural diversity. The principle of self-determined participation characterises the development of support and service measures. This orientation ties in with traditional concepts like orientation towards the person and beneficiary. This needs to be actively presented as a contrast to a purely economical concept of consumers.

### 3. Goal and Impact Orientation

The central question is to know what exactly social action will achieve. This does not focus on the performance of the organisation, but on the life situation the beneficiary is in and on the impact achieved. It requires the definition of clearly stated objectives, their monitoring and an assessment if they have been reached. This includes results indicators that give information on the degree of goal implementation and/or the quality of services.

The services and the methods employed undergo repeated assessment as to their effectiveness and to find opportunities for further development. The impact evaluation is embedded into an ongoing technical debate. The latter guarantees the up-to-date level of professional standards and reflects on the type and quality of methods and tools employed.

With effectiveness analyses and technical debate the welfare associations have gained experience and use it for defining performance requirements, quality standards and quality indicators. Impact orientation is a system-oriented development approach. Shaping the service is a joint effort – be it with regard to the individual person or the system surrounding him/her or the entire community. This approach helps with the targeted allocation of resources.

### 4. Staff Orientation

The staff members at all hierarchical levels put into practice the value and quality objectives. The quality of service largely depends on the engagement, professional competence, motivation and satisfaction of staff members. A staff oriented, forward-looking leadership recognises and promotes these factors in a systematic manner – in particular by personnel development, initial and further vocational training and by targeted information and communication.

Engagement and commitment require recognition, appreciation and participation. These are foundational elements of staff management. Motivated and qualified staff improves effectiveness and efficiency in the organisation. Staff

orientation means supporting and involving the members of your staff. It requires the implementation of reforms designed to foster ways of inclusion and participation, but also to enable a work-life balance. And another essential requirement for satisfied staff members is the implementation of labour, health and safety provisions.

## 5. Orientation towards Community and Society

Committed people, groups, initiatives and associations work towards the shaping of a social society. The associations of non-statutory welfare see themselves as part and engine of this movement. They view volunteerism as an essential contribution to the good functioning of a social community. They support and promote society's capabilities for self-help. Part of all this are systematic measures designed to recruit, deploy and accompany volunteers as well as a culture of recognition and promotion of volunteerism, for example by offering further training and advice.

In its services and establishments non-statutory welfare combines paid and voluntary, unpaid social work, and creates a network between services and resources available within the community. In line with their understanding of democracy their work is designed to strengthen the community, to organise participation, to promote civic engagement, to improve life situations as well as to deepen integration and solidarity.

The welfare associations have services and establishments that serve as advocates for those who often would not be heard otherwise. This exemplifies their efforts to combat poverty and exclusion. Non-statutory welfare, in their daily outreach, gains knowledge about and experiences from people's life situations, and provides this as an advisory input for politics and its institutions. By exercising its societal responsibility non-statutory welfare acquires financial and practical resources it uses for measures and projects that do not receive public funding.

## 6. Contractual Partnership

The services provided by non-statutory welfare are based on contracts with their customers.

Exact contents of a contract depend on the need and interests of the client. This requires transparent and binding provisions: a clear listing of measures, of quality demands, of rights and duties and of remuneration. Agreements and contract must also be in line with consumer protection provisions.

When negotiating contracts between service providers, establishments and services and other stakeholders, non-statutory welfare sees itself as mediator between the interests of society and the concerns of the customers. In its own contracts with the funding agencies it needs to secure the vital requirements necessary for rendering the service in question.

Non-statutory welfare makes certain that any contractual partners involved in providing the services do share their own understanding of quality.

## 7. Sustainable Development and Resource Orientation

The expectation to do social work in a sustainable way requires a conscious and responsible handling of personnel, financial and ecological resources. Sustainable development is about caring for the needs of the current generation without endangering the opportunities of future generations.

Non-statutory welfare commits itself to create transparency with regard to the contribution its own services and establishments make towards a sustainable development.

In their social action the welfare associations expressly counter the legitimate principle of profit optimisation, pursued by commercial service providers, with the principle of benefit optimisation for the beneficiaries and for society as such. Its services and establishments are about bringing together methods of modern business administration with action for the common good, and about joining professional and voluntary workers on a basis of technical orientation. In this context the efforts are designed to find the best possible support for the beneficiaries.



## 8. Quality Management

Quality management absolutely requires an assessment and regular re-evaluation of current and future expectations of the beneficiaries and stakeholders with consideration given to new developments in the context surrounding the organisation. They form the basis for an organisation's understanding of quality and its implementation by verifiable quality standards, objectives and measures. Their effective implementation will be guided by systematic internal or even external checks, audits, self-evaluation and outside assessment and/or management evaluations.

This procedure follows the PDCA cycle<sup>1</sup>. It presupposes a planned approach, controlling and monitoring of the quality in one's own service processes and its well-designed measuring and analysis. In doing so it incorporates the feedback by users and stakeholders as well as the results of internal measurements. They provide the necessary information for the leadership's decisions regarding steps designed to ensure quality and its ongoing improvement. It requires a quality management system that follows the systems as recognised in Europe or worldwide (EFQM model for excellence or DIN EN ISO 9000 etc). In this regard consideration must be given to the appropriateness of the methods and instruments used.

Guided by its societal and ethical responsibility, non-statutory welfare offers a transparent description of its services, their quality and their costs.

Its skills and experiences gained in the field of practice serve as an input for the technical and quality development of action fields, as well as for the legislative processes, thus making a contribution towards securing a viable and innovative development of the social system. Among the important social policy goals are for example the tight dovetailing and/or complementarity of internal quality management with external quality assurance. This is an important potential for countering over-regulation and for ensuring long-term reduction of red-tape. In addition, non-statutory welfare strives for a cross-sectoral quality assurance in order to make it easier for the users to receive services and support measures even in the context of different social security codes.

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<sup>1</sup> = Plan-Do-Check-Act



## B – Making Non-statutory Welfare’s Quality Objectives Operational

The QM policy applied by the associations co-operating within the BAGFW is the normative basis for the defined quality objectives. Thus they give concrete description to the particularities of non-statutory welfare when compared to other providers of services. This basis is designed to achieve commitment and reliability at the national and European levels.

By making the quality objectives of non-statutory welfare operational it is possible to implement them in practical terms, to verify them and to retrace them because the criteria for assessment give a concrete and practice-oriented description of the joint requirements for the quality of services and support measures. They help with implementation and serve as a reference for self-assessment (internal audits) by staff members and for external assessment (certification).

The purpose of the column “Examples and indications for developing indicators based on outcome and impact” is to help express impact-based indicators in different fields of action. Diverse levels of concrete implementation are at the basis when describing the examples. It is recommended that the management define an organisation-specific, suitable and practical set of indicators. Individual indicators must always be seen within their context (f. ex. field of activity, professional standards, reference values, timeline) or in relation to other aspects because on their own they only offer limited information. Operationalising them expresses the quality level at which the welfare organisations provide their support and services. They commit themselves to these and they are willing to be measured against them. These form equally the basis for internal and external audits of the defined social service quality. The assessment criteria listed in the chart below show how quality requirements can be made verifiable.

Operationalising the objectives puts concrete shape to the quality level expected for the services and measures by non-statutory welfare. It is their very commitment and benchmark. They are equally the basis for internal and external verification of the agreed professional-technical quality. The tables below summarize such criteria for evaluation and show how quality requirements can be made verifiable.

These quality objectives of non-statutory welfare are subject to ongoing development in order to reflect changes in society, new technical or professional understanding and developments.



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
<p><b>1. Orientation towards an Ideal</b></p> <p>The social organisation within non-statutory welfare possesses an ideal that serves as orientation for professional and organisational action.</p> <p>Explanation/Rationale</p> <p>Ideals form a value-driven context for orientation that serves as a binding reference for professional and organisational action. Ideals allow a continuous reflection on and possibly adaption of one's own professional action. Ideals allow the clarification of ethical issues in the case of conflicting interests.</p>	<p>The ideal of the organisation encompasses statements on tasks, purpose, concept of humanity, value orientation.</p> <p>Contents of this ideal are made known to the users.</p> <p>The ideal has been developed in a participatory manner and undergoes regular further development.</p> <p>The ideal is communicated to the staff members.</p> <p>The staff members transpose the contents of the ideal into their own action.</p> <p>Leaders promote the transposition of the ideal and assume role model function.</p> <p>The ideal and its transposition undergo regular evaluation in the light of which measures may be defined.</p> <p>The ideal inspires the organisation's quality policy and/or strategy.</p>	<p>The organisation's leaders in charge have decided on and validated the ideal, which is put in writing.</p> <p>This ideal does not contradict the organisation's policy, objectives and strategy.</p> <p>The ideal is communicated internally and externally (documented, for example, via publications, events, user and staff surveys, notices, employment contracts, working papers, etc).</p> <p>Documentation of the staff members' involvement in defining and implementing the ideal (staff survey, team meetings, minutes of discussions).</p> <p>The ideal is part of the initial training concept.</p> <p>The contents of the ideal are part of further training measures (curriculum).</p> <p>Staff members are in a position to explain the significance of the</p>	<p>Degree to which this ideal is known within the organisation (f. ex. by questions as part of an audit)</p> <p>Number of opportunities to express this ideal during daily activities</p> <p>Degree to which this ideal is being implemented at the operative level (defined via answers to questions and own evaluations)</p> <p>Frequency of reviewing and possibly updating</p>



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
	<p>The quality policy constitutes the framework for defining the quality objectives.</p>	<p>ideal for their professional action by describing concrete case studies.</p> <p>Documentation of the quality policy and/or strategy derived from the ideal.</p> <p>Documentation of the quality objectives derived from the quality policy.</p> <p>Responsibility for control and revision of the ideal's up-to-dateness has been assigned.</p>	
<p><b>2. Orientation towards Individual Benefit</b></p> <p>We see all users as customers (children and their legal guardians, patients, clients, residents, people seeking advice, etc.) while respecting their sovereignty, autonomy and creativity. This orientation constitutes a clear departure from an institution-based approach by moving towards a person-oriented social welfare action, which focuses on the quality of life and the</p>	<p>Services and support measures are designed to strengthen the users' autonomy and own responsibility.</p> <p>The relationship between staff members and users is characterised by respect and appreciation.</p> <p>The organisation informs the users on the range of services provided and how they are shaped.</p> <p>The organisation regularly surveys the expectations and satisfaction of its users.</p>	<p>Documentation of the expectations and desires of the users.</p> <p>Planning of measures / individual support planning are available in writing and are continuously being updated.</p> <p>Documentation of the co-operation with the respective user regarding the planning, implementation and evaluation of the services provided.</p> <p>The individual documentation offers a comprehensible and traceable</p>	<p>Satisfaction of the users with regard to the quality of the services offered (f. ex. individual character, opening hours, food, diversity)</p> <p>Degree to which the educational objectives are being reached (day nurseries, schools, courses of further education), f. ex. evaluation given by users, assessment, exam successfully passed, etc.)</p> <p>Number of support measures offered (f. ex. in the context of</p>



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
<p>wellbeing of the users as benchmarks for quality of the services.</p> <p>The provision of services is geared towards the individual need and desires of the users. It is appropriate to the context within a society characterised by social and cultural diversity.</p> <p>Providing help and services is characterised by the principle of participation and the idea of help for self-help.</p> <p><b>Explanation/Rationale</b></p> <p>A satisfactory provision of services requires the optimised input from the entire service provider's organisation. This is based on a shared understanding of the purpose within the organisational units involved.</p> <p>The user is a co-producer of the assistance given. Empowerment can be successful only by way of co-operation.</p>	<p>Services and support offered fall in line with the need, as jointly defined, their individual requirements and situation in life.</p> <p>Planning, implementing and evaluating the service provision happen in co-operation with the users.</p> <p>The organisation ensures a maximum degree of continuity with regard to personal services.</p> <p>The services and support guarantee a maximum degree of freedom from barriers (language, gender, ethnic origin, disability, intercultural openness of the organisation, accessibility, etc).</p> <p>The services follow the principle of self-determined participation and foster the right of non-discriminatory access to the economic, political, cultural and social opportunities in our society.</p>	<p>ble picture of the service process from planning phase to evaluation.</p> <p>Up-to-date information on the users' satisfaction is available and being processed. This data also includes satisfaction with regard to personnel continuity, appreciation, information and co-operation.</p> <p>Implementation and documentation of the conclusions and measures the organisation derives from the users' feedback.</p> <p>Clear assignment and documentation of the process responsibility for the user-related processes.</p> <p>Staff planning that upholds the principle of personnel continuity.</p> <p>Evidence of the use of empowerment methods (for example action plan / individual assistance plan, proof and documentation of services provided).</p> <p>Implementation and documentation of measures designed to of-</p>	<p>measures for vocational integration)</p> <p>Share of postponed admissions with indication of reasons (Day nurseries, schools)</p> <p>Share of drop-outs from a measure (counselling, training, therapy, etc.)</p> <p>Intensity of contacts with further institutions (f. ex. primary schools, information centres, co-operation partners)</p> <p>Satisfaction of family members, f. ex. with the information, communication and co-operation)</p> <p>Level of turnover among the users, f. ex. Day nurseries, nursing care establishment</p> <p>Capacity use within the services and establishments</p> <p>Reaction time in case of enquiries</p> <p>Maintaining autonomy/improving autonomy (nursing care, rehab, support for persons with a disability)</p>



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
		<p>fer freedom from barriers.</p> <p>Implementation and documentation of measures designed to bring about inter-cultural openness.</p>	<p>Effectiveness of preventive measures (f. ex. reducing injuries)</p> <p>Rate of recommendations</p> <p>Share of placements with further services/employment (f. ex. an apprenticeship, primary labour market, secondary schools)</p> <p>Degree to which participation tools are being used (f. ex. Children's Parliament, Residents' Advisory Council)</p> <p>Degree to which users enjoy social inclusion (f. ex. number and quality of social contacts)</p> <p>Representation of selected groups from the community within the user group (f. ex. persons with a disability, migrants)</p> <p><b>For the field of nursing care: See also Annex 1</b></p> <p><b>For the field of inclusion support: See also Annex 2</b></p>



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
<p><b>3. Goal and Impact Orientation</b></p> <p>Impact orientation highlights the intended and achieved effects of social work. It forces one to define clear objectives and to describe success/results criteria.</p> <p>Explanation/Rationale</p> <p>Impact orientation is a systematic approach to jointly develop the design of services – with regard to the individual as well as to the system surrounding him/her, and to the entire community.</p>	<p>Defining the organisation’s objectives in reference to the impact objectives.</p> <p>An institutionalised networking enables the achievement of the impact objectives.</p> <p>The service providing organisation performs its tasks via targeted planning and implementation</p> <p>The objectives defined need to be measurable.</p> <p>Systematic evaluation/assessment of impact and of the organisation’s objectives.</p> <p>The results of above evaluation are part of quality controlling<sup>2</sup> and planning for further action.</p>	<p>Documentation and practical traceability of the cycle formed by defining objectives, planning measures, implementing them, evaluating/measuring their results, and renewed definition of objectives.</p> <p>Measurement parameters have been defined.</p> <p>The data thus gained is incorporated into the continuous quality controlling and the annual management review, and they are subject to an analysis and assessment.</p> <p>Measures for improvement derived from the assessment of impact quality are demonstrable in the individual service process as well as at the level of the organisation.</p> <p>The organisation is able to describe effects achieved at the level of individual support processes, of the organisation as well as of the</p>	<p>Degree to which objectives are being reached according to the users’ viewpoint (questions, evaluation)</p> <p>Evaluation of sustainable impact of the service for the users according to the viewpoint of third parties (evaluation by family members, evaluation by professionals, assessment, observation, inspections, tests)</p> <p>Evaluation of impact on surrounding context/society/social systems (statistics, interviews, evaluation), f. ex. with regard to reducing unemployment, ensuring accessibility</p> <p>Number of positive and negative feedback from users and stakeholders regarding objectives reached and impact</p> <p>Degree to which organisational objectives are being reached (f. ex. improved knowledge about services, innovation projects)</p>

<sup>2</sup> Quality controlling: Systematic survey and evaluation of quality data as well as the derived measures for improvement



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
		community.	<p>Frequency of reporting on impact orientation towards users and stakeholders (f. ex. annual reports)</p> <p>Reduction of relapse rate (f. ex. in the case of substance addicts)</p> <p>Rate of placements (f. ex. in the case of further education and continuous training)</p> <p>Rate of recommendations</p> <p><b>For the field of nursing care: See also Annex 1</b></p> <p><b>For the field of inclusion support: See also Annex 2</b></p>
<p><b>4. Staff Orientation</b></p> <p>The leadership defines the framework conditions and garners the resources enabling the staff members to perform the services in a qualified manner and with regard given to the person. Both assume their professional responsibility and contribute to improving the</p>	<p>The service orientation of the organisation is regularly communicated to the staff.</p> <p>The organisation disposes of a systematic personnel management. Among other things, it describes procedures designed to select, recruit, train and supervise suitable staff members.</p>	<p>Description of the conditions for this service orientation, and an awareness of it is palpable within the establishment (for example feasibility, regard for the person, friendly discussion style, binding character of agreements, welcoming guests to the establishment, room design).</p>	<p>Satisfaction of users with staff members and groups of helpers (f. ex. friendliness, reliability, professionalism, ability to feel empathy)</p> <p>Degree of satisfaction with the management within the organisation (direct supervisors, general leadership, information management, participation)</p>





Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
<p>design of services.</p> <p>Explanation/Rationale</p> <p>Our staff members possess a person-related, activating approach and professional competence, which have a decisive influence on the success of a high quality service. Hence the context for action needs to be designed accordingly.</p>	<p>In order to cover future staffing needs the organisation implements a visible concept for personnel planning and development.</p> <p>Staff members are qualified for their tasks and regularly update their professional skills. The leadership provides the necessary resources.</p> <p>Attitude and action shown by the leadership towards the staff members are appreciative, attentive, motivating, supportive and caring.</p> <p>Staff members share in the task of creating, designing and developing the QM system.</p> <p>The leadership surveys the staff's satisfaction on a regular and systematic basis, assesses the feedback and derives from it adequate measures for improvement.</p> <p>The leadership promotes the autonomous action of staff members.</p>	<p>The task or job profiles and/or work process descriptions include information on the service orientation.</p> <p>Description and implementation of the systematic personnel planning procedures as well as of the appropriate qualitative and quantitative deployment of staff.</p> <p>All employment contracts are in writing.</p> <p>Description and traceability of the procedures used for recruiting, selecting, training, developing and keeping staff members.</p> <p>Collection and publication of data relating to diversity and equal opportunities (for example, women in leadership positions, men in educational and nursing jobs).</p> <p>Staff members know their areas of responsibility and powers.</p> <p>The professional supervisor in charge is known and guarantees a functioning work flow.</p>	<p>Satisfaction of staff members with the structural working conditions</p> <p>Satisfaction of staff members with the level of work-life-balance</p> <p>Degree of family-friendliness (f. ex. family-friendly measures regarding working times, support for parents, care of children/family members, counseling/information)</p> <p>Share of unfilled positions (in relation to a reference day)</p> <p>Rate of staff turnover</p> <p>Rate of resignation for defined groups of employees (f. ex. in the case of fixed-term and permanent employment contracts)</p> <p>Health rate (share of days lost annually due to incapacity to work)</p> <p>Male/female ratio (share of women in leadership positions, number of male/female employees among the entire staff, number of the normal working hours worked by male/female employees in rela-</p>



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	<p>The leadership involves staff members in decision making and systematically takes on board suggestions for improvement.</p> <p>The organisation has a mandatory communication structure which involves all members of the staff.</p> <p>Health and safety at the workplace are systematically ensured.</p> <p>Framework and working conditions are designed in a manner allowing a work-life balance.</p>	<p>Documentation of the need for further training, its planning and implementation.</p> <p>Staff members have access to the required technical information.</p> <p>Description of entering, processing and implementing of ideas for improvement. Examples of staff members' suggestions for improvement that have been put into practice.</p> <p>Data on staff members' satisfaction as well as an action plan derived from it.</p> <p>Survey of staff members' satisfaction with the leadership.</p> <p>Provisions for and traceability of an internal communication structure. Contents of discussions and agreements reached are minuted and monitored as to implementation.</p> <p>Probability and severity assessment of risks at the workplace as well as of dangers to persons.</p>	<p>tion to the overall number of normal working hours.)</p> <p>Degree to which the staff show intercultural openness</p> <p>Proportion of people with severe disabilities</p> <p>Rate of further and continuous training among staff members (f. ex. in relation to turnover or average number of annual training days per staff member)</p> <p>Ratio of vocational training (annual number of apprentices in relation to overall number of employees)</p> <p>Number of occupational accidents and resulting days lost per year</p> <p>Ratio of suggestions for improvement presented to those implemented (average number per staff member)</p>



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
		Provisions for defining responsibilities and procedures relating to health and safety.	
<p><b>5. Orientation towards Community and Society</b></p> <p>The social organisation within non-statutory welfare gears its work towards strengthening the community, organising participation, promoting civic engagement, improving life situations as well as towards deepening integration and solidarity.</p> <p>Exlanation/Rationale</p> <p>Inasmuch as the tasks allow, the organisation promotes volunteering. Doing voluntary work helping others enriches the quality of social work. The organisation contributes towards such co-operation within the community. The synergy effects deriving from working with others enhance the range of services.</p>	<p>The leadership has responsibility for anchoring community and civic orientation within the organisation.</p> <p>The establishment has been informed with regard to its social space.</p> <p>The establishment/organisation views itself as part and co-designer of this social space.</p> <p>The establishment/organisation is actively involved in building networks within the community.</p> <p>The organisation provides information on potential tasks and areas of service for volunteers in this social space.</p> <p>The organisation supports citizens in their plans to do volunteering.</p> <p>When involving volunteers the organisation uses basic principles of orientation towards users, staff</p>	<p>List of available social services and support measures that exist within the community.</p> <p>The staff members know the partners from within the community and with whom they are networking.</p> <p>Up-to-date information on the social space within which the organisation is active.</p> <p>Implementation of the concept for community and civic orientation. Documentation of objectives, planning and implementation.</p> <p>Where the organisation involves volunteers their tasks are clearly defined and the volunteers receive systematic introduction to their area of responsibility, training and support.</p> <p>Survey of task requirements as</p>	<p>Level of civic engagement in the establishments (hours of service and number of persons)</p> <p>Number of joint activities within the network (campaigns, events and actions)</p> <p>Intensity of contacts with groups within the community (self-help groups, citizen's initiatives, co-operation partners)</p> <p>Sum total of voluntary contributions to the organisation (donations, untied grants)</p> <p>Sum total of working hours dedicated to social purposes, not covered by a fee (from own resources)</p> <p>Number of own-initiative community projects (f. ex. gathering resources for community projects)</p> <p>Number of social area analyses</p>



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
	<p>members and of goal and impact orientation.</p>	<p>well as of interests and capabilities of the volunteers.</p> <p>The volunteers receive information on contact persons and procedures in the case of crises or conflicts linked to their tasks.</p>	<p>Number of contracts and agreements with co-operation partners</p>
<p><b>6. Contractual Partnership</b></p> <p>The service level contract with the users gives the latter legal certainty. Via the contract management with service agencies and co-operation partners, the organisation providing the services ensures the conditions necessary for qualified social services.</p> <p>Explanation/Rationale</p> <p>Necessary precondition for this is clarity with regard to the objectives, the catalogue of services, the quality requirements, the rights and duties and the remunerations without which it is impossible to reliably secure the necessary framework conditions.</p>	<p>The contract partners are defined.</p> <p><u>If possible</u>, contracts are drawn up with the users of the service in question.</p> <p>The contracts are worded in a manner that is generally understandable.</p> <p>The contract partners are fully informed on the contents before finalising the contract.</p> <p>Contract partners that are involved in the provision of the service share the quality view of non-statutory welfare.</p> <p>The agencies responsible commit to provide a binding service with guaranteed quality level.</p> <p>The contract partners will be noti-</p>	<p>List with the names of all contract partners.</p> <p>Contracts correspond to current legislation (contractual clauses in conformity with the law).</p> <p>Contracts with users and co-operation partners are provided in writing and in an understandable manner. These include at least: duration of the contract, type of service, scope of service, frequency and duration of service, individual prices and total cost, name of entity responsible, independent point of complaint, provisions for termination.</p> <p>Additional documentation of changes to contents of contract.</p> <p>Documentation of regular con-</p>	<p>Ratio of lawsuits involving contractual matters</p> <p>Number of warnings received from consumer organisations</p> <p>Number of complaints from contractual partners</p>



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
	<p>ified in good time in the case of foreseeable changes.</p> <p>The contract partners will be notified at once and arrangement will be made in the case of unforeseeable deviations from contractual provisions.</p> <p>Respect of consumer protection right is ensured.</p> <p>Refraining from contracts with social service agencies if this does not allow the provision of acceptable professional services.</p>	<p>tract reviews.</p> <p>Documentation of regular service review based on contracts entered into with co-operation partners (supplier evaluation)</p> <p>For quality-relevant products and services (incl. personnel leasing) there are defined quality criteria, which are shown to be checked upon delivery of goods or after a service has been rendered.</p> <p>Contracts with funding agencies are in writing.</p> <p>Contracts with consumers for areas that re-finance themselves are in writing.</p>	
<p><b>7. Sustainable Development and Resource Orientation</b></p> <p>A conscious and responsible handling of personnel, financial and ecological resources corresponds with the claim of sustainable action in social work. Non-statutory welfare commits to transparency</p>	<p>A holistic strategic perspective characterises the organisation's view of sustainability.</p> <p>Transparency on essential aspects of sustainability (economics, ecology, societal/social activities) is ensured.</p> <p>The organisation has a systematic financial management that in-</p>	<p>Public reporting which also includes aspects of sustainability.</p> <p>Documentation of statements on the organisation's view of sustainability.</p> <p>Publication of information on the funding of the organisa-</p>	<p>Certification of environmental management systems (f. ex. EMAS, ISO 14001)</p> <p>Degree to which the use of resources was reduced (f. ex. electricity, water, paper, heating energy)</p> <p>Degree to which sustainable products are being sourced (f. ex.</p>



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
<p>with regard to the input their establishments and services give to economic, ecological and societal/social aspects.</p> <p>Explanation/Rationale</p> <p>The services and establishments are about joining modern business administration methods with action for the common good, of volunteers with paid professionals on the basis of technical orientation.</p>	<p>cludes an adequate controlling system and risk management.</p> <p>Implementation of building and equipment management.</p> <p>The purchasing process is an integral part of quality management (incl selection of suppliers and their evaluation).</p> <p>The organisation has adequate technological equipment (electronic data processing, support tools, ...)</p> <p>Careful handling of eological resources is ensured.</p>	<p>tion/services (public grants, membership fees, donations)</p> <p>The organisation does a proper accounting (budget plans for all units, accountancy with timely invoicing, systematic reminders).</p> <p>External independent auditors systematically check the annual accounts (comparison between target and actual figures, cost and performance accounting, indicator systems, etc).</p> <p>This analysis leads to measures for improvements.</p> <p>Assessment of business and entrepreneurial risks is based on probability of occurrence and risk potential, and measures for minimising the risk to the essential service areas are initiated (risk management).</p> <p>Regular verifiable checks of suitability and state of buildings and equipment, backed up by action plans.</p> <p>An up-to-date plan for mainte-</p>	<p>Fair Trade, Blue Angel eco-label, regional products, organic produce, electric cars)</p> <p>Share of ethical investments (f. ex. GLS)</p> <p>Social Return on Investment (SROI)</p>



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
		<p>nance and investment is available.</p> <p>Equipment and facilities are appropriate for the workplace.</p> <p>Equipment and facilities correspond to the official and recognised technical standards.</p> <p>Definition and implementation of ecological standards.</p> <p>Survey and controlling of environmental aspects (for example energy, water, emissions, solid waste, sewage water).</p>	





Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
<p><b>8. Quality Management</b></p> <p>The associations of non-statutory welfare regularly assess the current and future needs and quality expectations of the users, the legislator, and of other stakeholders. On this basis they derive their view of quality and their quality objectives and put them into practice in a planned manner. The quality systems applied by the associations follow the principles found in the global standards for quality management systems like ISO 9000 etc and/or the EFQM Excellence Model, which is known across Europe. By continuously measuring, analysing and improving the results obtained incentives are given for innovative sustainable development of the quality of social services. The experiences thus gained are also fed into social policy legislation. In this way too non-statutory welfare makes a contribution to the further development</p>	<p>Quality management gives essential support to the implementation of the vision, mission, policy, strategy and objectives of the undertaking.</p> <p>Quality management helps to secure and to continuously develop quality. The goal is to achieve an innovative and sustainable development of the organisation.</p> <p>The QM system reflects the professional character and the quality of the services.</p> <p>The QM system illustrates the fulfilment of legal provisions.</p> <p>Description of the quality management system, which is known to staff members.</p> <p>Vis-à-vis the users, quality management ensures the quality of the organisation as well as the quality of goal and impact orientation.</p> <p>The QM system includes a com-</p>	<p>The PDCA Cycle<sup>3</sup> is anchored within the important departments of the undertaking.</p> <p>Use of relevant tools and methods of quality management.</p> <p>An introduction to the QM system is part of the initial training process for new staff members.</p> <p>Collection of informative data on the quality of processes and results. This includes, among others, an analysis of the user surveys and user documentation.</p> <p>The complaints management gives indication on how to encourage, receive and process complaints and how to derive measures for improvement.</p> <p>Regular measuring, analysis and evaluation give proof of the system's effectiveness.</p> <p>Regular application and documentation of internal and possibly external assessments, for ex-</p>	<p>Certification of quality management systems</p> <p>Number of positive results and negative findings in external audits</p> <p>Number of improvements and innovative projects implemented per time period</p> <p>Ratio of suggestion for improvements presented to implemented (average per staff member)</p> <p>Rate of complaints</p> <p>Reaction time in case of complaints</p> <p>Degree to which the QM system is known among the staff members</p> <p>Rate of positive feedback on service quality</p> <p>Level of participation in benchmarking projects</p> <p>Ranking resulting from benchmarking projects</p>

<sup>3</sup> The Deming Cycle of Plan-Do-Check-Act = Planning - Implementing - Measuring/Analysing - Improving



Basic Purpose	Quality Requirements	Evaluation Criteria	Examples and indications for developing indicators based on outcome and impact
<p>of Germany's social security system.</p> <p>Explanation/Rationale</p> <p>The quality management is based on a systematic and planned approach (for example according to ISO 9000 etc and/or the EFQM Excellence Model). The results achieved serve for ensuring and continuously developing the quality of social services. Internally and externally, they are traceable, verifiable and transparent.</p>	<p>plaints management scheme.</p> <p>Internal and possibly external audits of the system (self and third party evaluations) are performed.</p> <p>Leaders use systematically collected data on quality for the controlling functions in their areas of responsibility.</p> <p>Leaders promote the organisation's quality awareness.</p> <p>The leadership processes and the supporting processes are geared towards the core processes.</p>	<p>ample via audits, self evaluation, management review, client and staff member surveys or benchmarking.</p> <p>The results from such evaluations are the basis for continuous improvement, innovation and learning within the organisation.</p> <p>Defining clear objectives, responsibilities, dates and resources ensures that the improvement measures are being implemented.</p> <p>The improvement measures follow the structured approach according to the PDCA Cycle<sup>4</sup> and, after a given time, their effectiveness will be evaluated.</p>	<p>For the field of nursing care: See also Annex 1</p> <p>For the field of inclusion support: See also Annex 2</p>

<sup>4</sup> See previous footnote

## Annex 1

### Results of the project “Developing and testing tools for evaluating outcome quality of inpatient elderly care” (extract)

This project was implemented with the help of the BAGFW and on behalf of the Federal Ministry of Health and the Federal Ministry for the Family, Senior Citizens, Women and Youth.

Systematic description of health-related indicators

#### 1. Maintaining and strengthening autonomy

The indicators grouped into this cluster provide information on the degree to which an institution is successful in maintaining the autonomy of the client in central areas of life (mobility, activities of daily living, organising the daily routine and social contacts). The idea underpinning this approach corresponds to the “functional outcomes” of the systematics proposed by Pringle and Doran (2003). Maintaining essential capabilities is a pre-requisite for living an independent life with and despite of chronic illness, and is equally necessary in order to enjoy social participation.

#### 2. Protection against health impairments and burden

The indicators in this cluster (“safety outcomes”) refer entirely to “undesired events” like developing a decubitus, unintended weight loss or falls with serious consequences. They are of vital significance for the life of the clients and are a pre-requisite for the wellbeing and the perspective of a daily routine that is in line with the needs. Here as well there are partial links to the Charter.

#### 3. Support in specific situations of need

This area deals with the question to what extent an institution takes adequate care of clients with specific needs. Here we consider topics like immobilising and dealing with challenging behaviour. This area cannot be compared to the “clinical outcomes” mentioned above though it starts with the same basic idea and is designed to tackle needs arising from particular constellations of nursing needs (or particular phases of care: after entering the care home).

The expression “specific” needs should not be understood to mean “unusual needs”, but expresses that this simply refers to particular groups of residents.

As this systematics of health-related indicators is linked to the international debate on a broadly defined notion of health, it offers a good basis for a holistic presentation of physical, mental and social aspects of outcome quality.

## 1. Maintaining and strengthening autonomy

- Indicator 1.1 Maintaining or improving mobility (no/little loss of cognitive abilities)
- Indicator 1.2 Maintaining or improving mobility (as a minimum significant loss of cognitive abilities)
- Indicator 1.3 Maintaining or improving autonomy in daily activities (no/little loss of cognitive abilities)
- Indicator 1.4 Maintaining or improving autonomy in daily activities (as a minimum significant loss of cognitive abilities)
- Indicator 1.5 Maintaining or improving autonomy in daily living and social contacts

## 2. Protection against health damage and burden

- Indicator 2.1 Decubitus in the case of residents with low risk of developing decubitus
- Indicator 2.2 Decubitus in the case of residents with high risk of developing decubitus
- Indicator 2.3 Falls with serious consequences in the case of residents who show no or little loss of cognitive abilities
- Indicator 2.4 Falls with serious consequences in the case of residents who show as a minimum significant loss of cognitive abilities
- Indicator 2.5 Unintended weight loss in the case of residents who show no or little loss of cognitive abilities
- Indicator 2.6 Unintended weight loss in the case of residents who show as a minimum significant loss of cognitive abilities

## 3. Support in specific situations of need

- Indicator 3.1 Integration talk after moving into the residential home
- Indicator 3.2 Use of belt to immobilise person
- Indicator 3.3 Assessing behavioural problems in the case of residents who suffer from loss of cognitive abilities
- Indicator 3.4 Pain management

## 4. Accommodation and custodial services

- Indicator 4.1 Cleanliness and smell as experienced by users
- Indicator 4.2 Quality of linen supply as experienced by users and documentation
- Indicator 4.3 Support given to residents as experienced by users
- Indicator 4.4 Quality of food and meal choices as experienced by users

## 5. Daily routine and social relationships

- Indicator 5.1 Daily routine in line with needs as experienced by users
- Indicator 5.2 Occupations and activities in line with needs as described by users
- Indicator 5.3 Participation in activities and communication by residents who do not suffer from obvious mobility limitations
- Indicator 5.4 Participation in activities and communication by residents who

	suffer from obvious mobility limitations
Indicator 5.5	Range of action for residents with obvious mobility limitations
Indicator 5.6	Respectful dealings as experienced by users
Indicator 5.7	Privacy as experienced by users
Indicator 5.8	Outcome of complaints management as experienced/described by users
Indicator 5.9	Time available to staff as experienced/described by users
Indicator 5.10	Recommendations as experienced by users

**Source:**

Bundesministerium für Gesundheit, Bundesministerium für Familie, Senioren, Frauen und Jugend

“Entwicklung und Erprobung von Instrumenten zur Beurteilung der Ergebnisqualität in der stationären Altenhilfe“ (Developing and testing tools for evaluating outcome quality of inpatient elderly care)

Bielefeld/Cologne, March 2011

## Annex 2



### Results of the project “How to measure participation in the field of inclusion support” (Excerpts from final project report and final scientific report)

The three-year project “How to measure participation in the field of inclusion support”, sponsored by the charity Aktion Mensch, was designed to develop a practical tool that enables an outcome-oriented definition and measuring of individually defined participation in inclusion measures as experienced by the users. The target group were people with mental illnesses, learning difficulties and/or multiple disabilities. With the findings of this project the BAGFW intends to make a constructive contribution towards the implementation of the UN Convention on the Rights of Persons with Disabilities and towards promoting inclusion.

82 users from 21 services and establishments were involved with implementing this project in 11 German federal states. As their experience gives them expert knowledge they play a major role in developing and testing the indicators and the tool. The scientific implementation of the project took place in co-operation with the Institut Personenzentrierte Hilfen gGmbH/Fulda University of Applied Sciences. The project started in June 2011 and ended in May 2014.

#### 1. From defining participation to measuring participation

In order to be able to measure participation we first of all need to know which type of participation is of personal significance for an individual. Hence the process starts with defining the individual participation goals as understood by the users themselves.



## Defining Participation

Many people do not find it an easy task to define own objectives and to set priorities. And this process becomes more difficult if someone faces limitations expressing his or her desires and goals. In addition, people with a disability often (still) have little experience with autonomous goal-defining and decision-making. For this reason the process starts with giving help to the users to describe self-determined goals of participation. Various tools and methods are available to underpin this process. The central tool of these is the set of participation indicators found in the so-called "participation box".

The first version of this "participation box" included 668 indicators, gathered from indexes for inclusion and QM processes, and arranged in a systematic way on cards inside two boxes. In the phase of testing the tool together with the users, these indicators were assessed in two rounds on the grounds of their importance and clarity. Indicators not chosen were taken out and those indicators that the users considered missing were added. This way the set of indicators underwent a process of focussing them onto the ones that users see as important. The users also took digital photographs to express what is important in their lives (method: "Photovoice"). Many of these photos are now affixed to the back of the cards. In its final version the set of participation indicators found in the "participation box" amounted to 385 indicators described on the cards in simple language and with pictures, grouped into thematic units.

The "participation box" is an aid for users, assisting them with choosing goals in an autonomous manner and with regard to participation. The PATH method (Planning Alternative Tomorrows with Hope), which offers a structured and person-centred approach towards defining participation, is being used to gather the forms of and ideas for participation that the user considers important.

With the help of a selection tool the users can decide on the three most important participation goals among the set aspirations.

In order to later measure participation it is necessary to look at more than just the self-defined objectives that are relevant for the user. The description of objectives needs to be sufficiently concrete so that they become verifiable. The next step is therefore a more detailed description of objectives by putting the following questions to the users:

"What exactly am I doing? How often is this supposed to take place? What is this supposed to look like? Until when is this supposed to happen? Where is this supposed to take place?"

These concrete measurable goal descriptions are entered into the participation sheet as so-called participation indicators.

In this module the user carefully plans how he/she desires to implement the participation indicators. The sequence of steps planned and the responsibilities for each measure are determined and documented on the participation sheet.



## Implementing participation

On the basis of the defined participation indicator and the implementation planning, as described in the participation sheet, the implementation of participation takes place. This process happens with the help of the recognised assistants like care supervisors, other professional helpers or people from a social context (friends, relatives, neighbours, etc.)

## Measuring participation

After the time period agreed for implementing participation (f. ex. 6 months) the participation indicators described in the "participation sheet" form the basis for measuring participation. The user as well as the (main) assistant evaluate the process of participation in the light of the following criteria:

- Degree of participation achieved (Has the participation indicator been fully achieved?)
- Degree of goal achievement (How far has the user progressed on his/her way to obtaining the participation target?)
- Helpful and hindering factors (What has supported the process of participation, what has been an obstacle to it?)
- Sufficient/lacking support (Has the support given been sufficient for implementing participation?)
- Is there an ongoing effort to achieve the goals?

In addition, the assistant evaluates the quality of the planning objectives and the relevance of these planning objectives for the user – two central pre-requisites for measuring participation.

The evaluations done by the user and by the assistant are documented in an "evaluation sheet". A third party (f. ex. QM worker, representative of a self-help group, employee) fills in a "measuring sheet" to bring together the evaluations expressed by user and assistant. The results of the evaluation are linked to a numerical value of 0, 1, 2, or are declared unsuited for assessment. This way a numerical value can be calculated for an individual case or for the participation results of the users of an entire establishment. This numerical value allows comparisons as to the success of individual and communal processes of participation.

## 2. Groups of Indicators

### *1 Talking to each other*

- 1.1 Being able to make oneself understood
- 1.2 Establishing contacts
- 1.3 Learning a language

### *2 Plans regarding my future*

### *3 Activities of daily living*

- 3.1 Eating
- 3.2 Household
- 3.3 Money



3.4 Dealing with the authorities

3.5 The way I look

3.6 Bodily care

#### ***4 Learning***

4.1 School and Job

4.2 Daily routine

#### ***5 Work***

#### ***6 I am independent***

#### ***7 Accommodation***

7.1 My flat or house

7.2 My room

7.3 My residential care home

7.4 My rights regarding accommodation

7.5 I want to be involved in the decisions

7.6 Fellow residents

7.7 Moving

7.8 Pets

#### ***8 Health***

8.1 Being fit

8.2 Getting well

8.3 When I am feeling bad

8.4 Doctor

8.5 Hospital

#### ***9 Working on myself***

10 Friends and family and all the people I like

10.1 Being together

10.2 Friendship

10.3 Love

10.4 Sex

10.5 Marriage

10.6 Family

10.7 Death

#### ***11 Free time and just relaxing a bit***

11.1 Doing something

11.2 Going on trips

11.3 Holidays

11.4 Games during leisure times

11.5 Sports

11.6 Manual crafts

11.7 Hobbies

## ***12 Faith***

### ***13 Caregivers***

- 13.1 Caregiver's behaviour
- 13.2 Mutual trust
- 13.3 Understanding each other well
- 13.4 Problems with care
- 13.5 Rules for care
- 13.6 Choosing care myself

### ***14 Legal guardianship***

### ***15 My rights***

- 15.1 Desire to have children
- 15.2 In the case of violence

### ***16 Being involved in politics***

## **3. An Example for Indicators based on the group of Indicators "1 Talking to each other"\***

1.1-1	I want to understand other people better. Someone helps me with this.
1.1-2	I want to be better understood. Someone helps me with this.
1.1-3	I want that other people understand me better. Perhaps I receive a device that helps me to speak. Or I receive a drawing board. With this I can show things.
1.1-4	I need someone who understands my language well. This person will then say what I intend to say.
1.1-5	I'd like to say something. By pointing with my hands or my face to something. Other people understand what I am saying.
1.1-6	I'd like to speak up for myself. This means for example: I express my opinion. And I say what I want to say.
1.2-1	I'd like to have someone whom I trust. For example: I'd like to have a friend. I can talk to him or her.
1.2-2	I want to learn how to talk freely to people I don't know.
1.2-3	I want to get to know people. On the Internet.
1.2-4	I want to have Internet. This allows me to remain in contact with friends and acquaintances.
1.3-1	I want to learn German.
1.3-2	I want to learn a foreign language. Or I want to improve my skills in a language. For example English or Japanese.
1.3-3	I want to use sign language.
1.3-4	I want a sign language interpreter to be available when I need one. They translate for me.
1.3-5	I want a <b>communication assistant</b> . This is a person who helps me so that

	I can talk to others.
1.3-6	I need support so that I have money for a sign language interpreter. Or money for a <b>communication assistant</b> .
1.3-7	I want other people to understand me better. I want helpful tools. For example: A visual call bell, a camera at the computer.

\*You find the entire list of indicators in the final report of the project "How to measure participation in the field of inclusion support"

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Berlin, May 2014

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