

# Quality and Standards in Human Services

## Conference Highlights

This publication contains highlights of the National Economic and Social Council's Conference on *Quality and Standards in Human Services*, held on Wednesday 21<sup>st</sup> November 2012, in Croke Park. The interested reader will find full reports associated with the project in the publications section of [www.nesc.ie](http://www.nesc.ie)

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December 2012



The NESC Project Team: L-R: Rory O'Donnell, Edna Jordan, Helen Johnston, Barry Vaughan, Jeanne Moore, Anne-Marie McGauran

### **Aim of the Conference**

The conference aimed to highlight and discuss the findings from our work on quality and standards in human services, specifically the findings of the 'Synthesis Report', *Achieving Quality in Ireland's Human Services*, which was being launched at the event.



In summary, the work is concerned with how regulation and standards can best contribute to high quality, continuously improving human services. The challenge of providing quality services with reduced resources in the current economic climate has brought an increasing

interest in standards, performance and accountability.

The overall NESC project draws on theory and international evidence, along with an overview of developments in Ireland, to set out the different routes to quality across a number of service sectors, specifically: schools, policing, disability services, residential and home care for older people, and end-of-life care in hospitals. The synthesis report explores how individual organisations can be assisted to improve while entire sectors are encouraged to deliver a more person- and community-centred service.

The Conference Programme and List of Attendees are included in Appendices 1 and 2.

## The Morning Plenary

Welcome from Dr Rory O'Donnell, Director of NESC



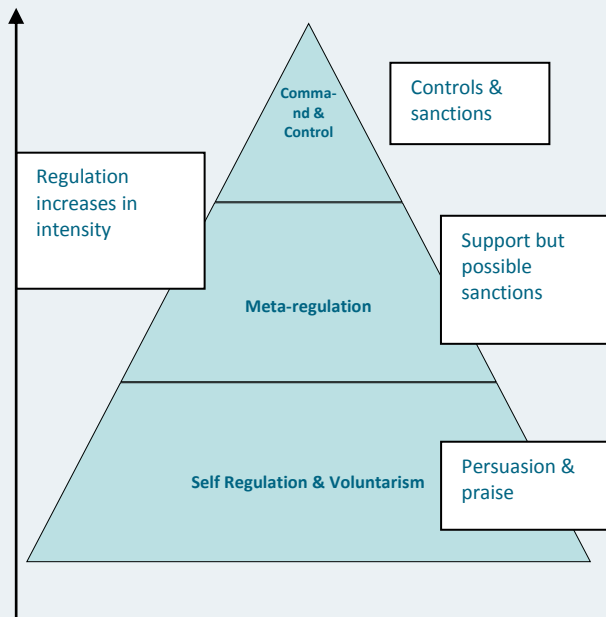
In his introduction Rory O'Donnell highlighted that these studies explore the focus on services in line with NESC's thinking on the Developmental Welfare State. One aim is to look at the challenge of quality in a range of service areas—some highly regulated, like residential care for older people, and others subject to lighter forms of regulation, such as education.

Achieving Quality in Human Services by Helen Johnston and Dr Barry Vaughan, NESC Analysts



Helen provided information on NESC's approach to the work on standards and quality in human services and the key themes which informed the work. Eight reports have been produced as part of this work: one on an *Overview of Concepts and Practices*, six on different service areas, and the Synthesis Report, *Achieving Quality in Ireland's Human Services*, which summarises the results of the work and draws conclusions. Helen then outlined five key themes which have informed the work.

In describing the concept of **responsive regulation** Helen drew on Australian John Braithwaite's work and the concept of the regulatory pyramid, with self regulation and voluntary approaches at the broad base and command and control approaches, with sanctions, at the narrow apex. In the middle of the pyramid is meta-regulation, which is the regulation of self regulation. Helen noted that there is a balance, and sometimes a tension, between persuasion and punishment, between collaboration and coercion, and ultimately between compliance and performance.



The second theme informing the work is **involving service users**, with an increasing focus on person-centred and tailored services. There is now a greater emphasis in taking into account the needs and voices of service users, with greater levels of consultation and user involvement, for example, through residents' committees and student councils.

The third theme is **devolution with accountability**. This approach suggests that to encourage quality improvement you set a small number of guiding principles at the 'centre' and devolve their application to the local context. The approach requires the centre to have a support role as well as continuing to have an oversight role. At the same time local providers have the opportunity and flexibility to improve quality and performance through creativity and innovation. This approach is challenging in the current economic climate where there can be a conflict between delegating authority and the desire to control resources more directly from the centre.

The fourth theme is **maintaining quality while cutting costs**. The limited evidence which does exist suggests there are a number of ways in which this can be achieved, including: focusing on the needs of the service user, reviewing work processes and how overall systems work, listening to frontline workers, identifying and reducing waste, working across organisational boundaries, the importance of measurement, and making managers accountable.

The fifth theme is **monitoring and learning**. A key message from the evidence reviewed is the need for a system of standards and the means of achieving them which are continuously monitored and revised through comparison with the work of similarly situated organisations. An element of this approach is 'diagnostic monitoring' which is about interrogating the reasons why a service is provided in a certain way, especially if that service deviates from agreed standards and norms. Ideally, the learning from these exercises should take place at a number of different levels – the level at which the service is delivered, at regional or sectoral level, and at the level of the regulator – sometimes referred to as 'triple loop learning'. Data are necessary to inform this learning, requiring both analysis and feedback.

**Barry Vaughan** then outlined the **key findings of the Synthesis Report**. He highlighted that the various human services studied have all taken different approaches to achieving high standards leading to the conclusion that there are **many routes to quality**. He then outlined the different approaches.

In **policing**, while a number of institutions like the Garda Ombudsman, Inspectorate and Professional Standards Unit have been established to improve standards over the last decade, it was less clear how coherently these

bodies work together and how well they complement each other. It was also unclear as to whether the emphasis was on standards for compliance (minimum standards) or improvement (a quality service).

There have been similar institutional developments in the **schools system**, with the establishment of bodies like the Teaching Council and the National Council for Curriculum and Assessment (NCCA), which complement the work of the Education Inspectorate. The Education Inspectorate has transformed its method of working, and in the education system there is now a greater focus on outcomes, e.g. the *National Strategy to Improve Literacy and Numeracy*. There is also a more explicit emphasis on self evaluation and improvement as conducted by teachers and schools themselves. For their part, the Department of Education and Skills is committed to providing a frame of reference to benchmark their achievements and progress.

This approach is very different to that in **disability services** where there is, as yet, no state regulation, although this is expected in 2013 for residential services. Barry noted the sentiment of many in the disability sector that formal regulation was needed. But, he also highlighted the importance of configuring these standards to suit the particular needs of individuals.

By way of illustration Barry told of a man in his fifties, Tom, who had Down's syndrome and a significant hearing impairment. Tom signalled that he no longer wanted to live in a group home but staff were at a loss about how to accommodate him. The first location didn't work out and staff had to figure out what the problem was. Standards could give them general guidelines but couldn't issue a specific solution – this has to emerge from

experimentation. Many providers in the sector are engaging in this type of experimentation, but what is lacking is the kind of intervention on a national level that would capitalise on this learning and use it to help transform the sector in providing widespread personalised care.

Barry noted that the same issue emerges in **residential care for older people** despite the establishment of an independent regulator (HIQA). But the sector still faces a dilemma, with one respondent to the NESC study categorising residential centres as follows: the very good (who don't really need the standards); the average (who need to be nudged to improve); and the very bad (who need to be closed). While HIQA has been successful against the last group, the question remains of how the 'middling' group can be stimulated to make more progress. This may require HIQA to adopt a more supportive role.

Barry went on to recognise that people want to remain in their own homes for as long as possible and this is now reflected in government policy for both cost and moral reasons. Nevertheless, **homecare for older people** remains unregulated, even though draft standards do exist which are being implemented by some providers on a voluntary basis. Barry noted, however, that the HSE has recently awarded a tender for organisations to provide new home care packages on its behalf, and this requires those awarded the tender to demonstrate quality standards in a range of areas, being dubbed by some as 'regulation by the back door'. Barry also observed that the fact that service providers will be competing for business through this tendering process will mean that the inclination for networks to share learning will be less than if a more collaborative approach was in place.

This brought Barry on to the last sector examined, that of **end-of-life care** in hospitals, where the Hospice Friendly Hospital network has striven to introduce a more person-centred service. In this case, a group of hospitals has voluntarily undertaken a process of continuous review, benchmarking and improvement based upon an audit detailing what are the key processes necessary for a quality service. As with some of the other areas examined, the outstanding issue for this sector is to seek not just further improvements in hospitals but also in people's homes and communities.

In concluding, Barry suggested that what is needed to drive these kinds of transformations is **a centre supportive of continuous improvement**. It would be supportive of individual institutions by doing things like boosting capacity for change, identifying what works well in certain situations, disseminating knowledge of good practice, and building links between different organisations to ensure that the less able are supported. But, there is a danger that a centre supporting individual institutions might not transform the sector but freeze it in areas reliant on institutional care. Therefore, to stimulate systemic improvements we might need to **consider alternative institutional models of provision such as social enterprises** that could demonstrate how resources could be used in a more productive and satisfactory way. So, the centre needs to enquire whether a sectoral area is functioning as effectively, but also as economically, as possible.

Quoting from a great American doctor, Donald Berwick, Barry made the point of the need to both 'cut' and 'improve' - *'for the next three to five years at least, the credibility and leverage of the quality movement will rise and fall on its success in reducing the cost of health care - and, harder, returning that money to other uses -*

*while improving patient experience. "Value" improvement won't be enough. It will take cost reduction to capture the flag. Otherwise "cutting" wins'. He concluded with a further quote from Berwick that 'great leverage in cost reduction comes directly – powerfully – exactly from focusing on meeting the needs of the person you serve. "Waste" is actually a word that means "not helpful". Improving care and reducing waste are one and the same thing'.*

**Regulating Human Services:  
Control or Learning? by Colin  
Scott, Professor of EU  
Regulation and Governance,  
UCD**



Colin opened his address by speaking about the significance of the NESC research. In particular, he identified the comparative mapping of major segments of social regulation, which he said had not been done in this way heretofore. The work demonstrated a wide variety of approaches, including some outstanding practices, but also showed that the shift towards a regulatory model was still incomplete. One of the key messages from the NESC work, which was reflected in the title of his talk today, was that in relation to the applicability of control or learning in the regulation of human services, it was not an 'either/or' but that **learning complements control in regulatory governance**.

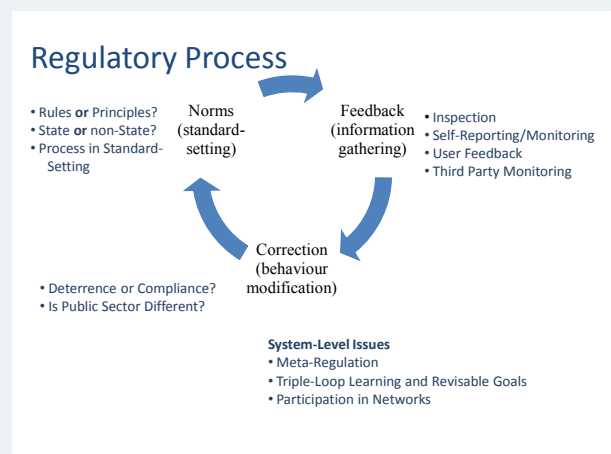
Colin went on to say that this focus on learning could be supported by **'principles-based' regulation**. In responding to criticisms of principles-based regulation as a result of the banking crisis he cited the observation that 'principles-based regulation doesn't work with people who have no principles'! He referred to the work of Julia Black at LSE who has emphasised that **regulation must always engage with the capacity of the regulated organisations**. Where there is capacity, regulation that is accompanied by meta-regulation (the regulation of self-regulation) provides an appropriate form of regulatory regime. This is not to be confused with 'mega-regulation' which is command and control by regulatory agencies, sometimes referred to as 'regulating everything'.

In regulating human services Colin said there were **three challenges**:

1. How to set the standards?
2. How to know what is happening?
3. How to change behaviour?

He then described the regulatory process for addressing these challenges. First, these was a **need to set the norms in relation to standard-setting**. This process raised the questions of whether these would be: rules or principles? whether they would be defined by the State or would include the views of non-state organisations and representatives? and what process would be engaged in to set the standards?

Secondly, Colin outlined a number of **mechanisms for finding out what is happening through information gathering and feedback**. One commonly adopted approach is through inspection, but other approaches can include self-reporting and monitoring, feedback from users of the services, and monitoring by third parties.

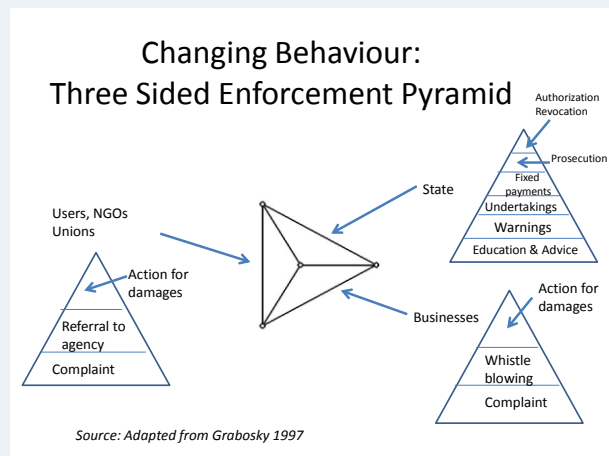


Thirdly, in relation to behaviour modification, Colin talked about **'correction' and whether this should take place through deterrence or compliance**. In particular, he asked whether the public sector was different to the private sector in this regard, citing Graham Allison's<sup>1</sup> mantra that the public and private sectors are fundamentally alike in all unimportant respects. In other words, as there is no bottom line in the public sector what are the deterrents, suggesting things like public shame rather than fines.

Colin then mentioned **system-level issues within which the regulatory process takes place**, highlighting again the important role of meta-regulation. He also mentioned the importance of **triple loop learning** (learning at the level of the service being delivered, subsequent learning at the level of the service sector; followed by learning at the level of the regulator or national centre) and the need for 'revisable goals'. He then went on to commend the benefits of participation in networks, citing the example of civil society groups in the environmental area who have developed their own standards and self-certification through the creation of a Forest Stewardship Council. Referring to standards for policy making in Ireland, he felt these had been reasonably good but regretted the demise of the Better Regulation Unit.

Returning to the theme of changing behaviour Colin illustrated the **components of the three sided enforcement pyramid**. This comprises the role of the State, of businesses, and of users, NGOs and trade unions. In relation to the State, at the broad base there is education and advice. If this is not effective, there would be warnings, followed by various undertakings and fixed

payments, to prosecution and authorization revocation in a small number of cases.



For businesses, there is the opportunity to make a complaint, but then moving up the pyramid the possibility of whistle-blowing and action for damages.

Turning to the third face of the enforcement pyramid, that of users, NGOs and unions, again there is the opportunity to make a complaint, followed by referral to the appropriate agency and action for damages. Colin illustrated this point by reference to the recent tragic death of Savita Halappanavar and the calls for a public enquiry as well as a review by the HSE. Colin made the point that it was really important for the organisation itself, in this case the HSE, to review its own practice so that it could learn from the full facts of the events. This would be important regardless of whether there was a separate 'independent enquiry'.

Colin concluded his presentation by asking **'what next'** in relation to the two main themes of his talk: control and learning. With regard to 'control' he talked about the need to address the incomplete (disability) and fragmented (policing) regulatory regimes currently in place. He said that there was a need to ensure credible capacity for detection and enforcement where

<sup>1</sup> Graham T. Allison is an American political scientist based in Harvard, renowned for his analysis of decision-making, among other things.

adequate and safe services were not being provided, and made reference to the three-sided enforcement pyramid. He also spoke of the need to focus on outcomes and to develop diagnostic monitoring.

On 'learning' he stressed the need to foster learning within and between sectors, and to use learning to revise regulatory regimes. In particular, he emphasised the need to ***review the balance between the State as provider, the State as regulator, and the State as meta-regulator.*** He finished by calling for more research in this field!

### **Future Direction: Developing Quality Services through Innovation: A Practitioner's Perspective by Mervyn Taylor, *Third Age***



Mervyn started off his presentation by talking about ***end-of-life care in hospitals*** and the changes in attitudes and practices that are being brought about through the Network of Hospice Friendly Hospitals (HfH). He emphasised the importance of taking differing perspectives into account. The first ever National Audit of End-of-Life Care in Hospitals (2008-9) sought the perspectives of nurses, doctors and bereaved relatives. The Quality Standards for End-of-Life Care (2009) were framed around 4 differing perspectives: Patient; Family; Staff; Hospital (as a system).



He summarised the aims for the future as: implementation of the standards; enhancing the culture of care and organisation; and innovating to improve the patient and family experience. He said the learning from HfH, and many other initiatives, was that many 'change projects' were often not supported after the 'pilot' phase and that what is now required are 'airports' of innovation to allow 'pilots' to take off and land safely.



Mervyn then broadened his talk to the role of **quality in public services** more generally, quoting McKinseys that *‘a state without a high performing public sector is a failing state’*. He highlighted the relationship between a ‘SMART Economy’ and a ‘SMART Society’ quoting Geoff Mulgan of the SKOLL Centre for Social Entrepreneurship at the Oxford Said Business School that *‘There is a good chance that within the next 20-40 years the innovative capacity of societies and governments will become at least as important a differentiator of national success as the innovative capacity of economies’*.

In relation to the NESC Report on *Achieving Quality in Ireland’s Human Services*, Mervyn identified **three key messages**:

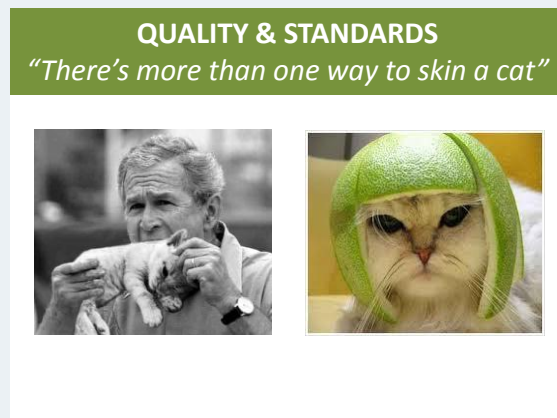
1. a lack of trust in the State and pessimism in its capacity to achieve public good;
2. that individual organisations need to be helped to improve; and
3. alternative institutional models of provision are needed (e.g. social enterprise) to stimulate wider change in a given policy area e.g. elder care.

Mervyn felt that the State in developed countries was, for a variety of reasons, having to move from a ‘commanding heights’ approach to that of ‘co-creator’ and that this will require a plurality of forms of regulation. He highlighted key issues from the NESC Report:

- that there are no ready-made blueprints to resolve many issues;
- solutions have to be developed through an exploratory process with the users themselves;

- there is a need for a series of related steps, rather than isolated actions, involving users at every stage;
- the importance of getting a range of perspectives, especially with regard to whether the desired outcomes have been attained; and that
- user participation is part of a process of illuminating the outcomes that individuals and groups would like.

In other words, there’s more than one way to skin a cat!



The third part of Mervyn’s talk was about **innovation in the public interest** - what he referred to as a ‘third way for the third age’. He said that rising life expectancy requires new ways of organising pensions, care and mutual support. In this scenario, there will need to be a re-allocation of healthcare risks between the State and individuals, and new models of housing and urban design will be required. This will involve new methods for countering isolation and a greater use of technology.

Mervyn drew attention to the commitment in the Programme for Government (2011), what he referred to as **‘More, More, More’** that *‘investment in the supply of more and better*

care for older people in the community and in residential settings will be a priority of this government. **Additional** funding will be provided each year for the care of older people. This funding will go to **more** residential places, **more** home care packages and the delivery of **more** home help and other professional community care services’.

He went on to address the reality of ‘**Less, Less, Less**’. In this regard he focused on the Nursing Home Support Scheme (‘Fair Deal’) and on how the overall debate about expenditure of 75% of resources on less than 5% of the older population was being determined by issues of public versus private rather than issues of need, preference, quality, equity, and best use of resources. He stressed the need for a ‘Third Way’ which he described as ‘innovation in the public interest’.

The **four pillars, or principles, of the ‘third way’** were described as:

1. **Individualisation of supports** according to needs and preferences;
2. **Intelligent networks** to respond to, and organise, needs across defined areas through *Public Interest Trusts*;
3. **Innovation** with regard to the type and use of resources and the impact of their usage; and
4. **Institutional learning and oversight** to ensure accountability for best use of resources, quality of experience and outcomes, and transfer of learning across all sectors.

On **individualisation** Mervyn spoke of the different levels and types of support and care which people can require, from medical care and personal care to transport and home maintenance. He outlined how ‘one person’s need can be another person’s job opportunity’. **Intelligent networks** can link these diverse elements together to ensure continuity of support and care for all individuals in specific areas. **Innovation** is required to ensure individual needs are met and to address major challenges such as providing alternatives to residential care.

For example, UK studies have shown that ‘*extra care housing can provide many people with a qualitative alternative to residential care...it can also limit the growth in health and social care costs as the population ages*’. In this scenario existing resources can be used differently to provide better quality care from a citizen’s perspective and more cost effectively from the State’s perspective. This approach will require **institutional learning and oversight**, supported by government and independent representatives of the public interest, and involving regulators, providers and representatives of those ‘provided for’.



Mervyn concluded his presentation with a **summary of his key points**:

- regulation on its own is not enough – innovation is also required;
- the move from public to private in long term residential care has already happened and he estimates that only circa 10% of care will be provided by the public sector after 2015;
- the provision of care should be about preferences and needs, and not just about issues of ownership;
- there is a need to focus on the ‘continuum of care and cost’ with a view to ‘save and invest’;
- there are 4 pillars for a third way: individualisation, intelligent networks, innovation, and institutional learning and oversight; and
- an initiative is underway to develop a national business case for Public Interest Trusts to provide support and care for older people using social enterprise approaches. Linked to this it is hoped to develop the first local business plan for Dun Laoghaire-Rathdown.

## The Workshops

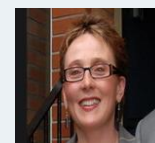
### The Irish School System

**Chaired by Moira Leydon, ASTI**

**Presenters:**

**Edna Jordan,  
NESC/Department of the  
Taoiseach**

**Gary Ó Donnchadha,  
Department of Education and  
Skills Inspectorate**



**Moira Leyden, ASTI opened the workshop** and welcomed the participants who represented a range of agencies and organisations from both primary and post-primary education.

**Edna Jordan of NESC summarised the findings of the report of the Irish School System and identified key issues for future development**, for example, in relation to:

- schools and teachers to recognise the value of regular assessment tests and to incorporate the data in the evaluation of their own practice;
- the capacity of school Boards of Management, who are largely organised on a voluntary basis, to interpret and act in response to the outcomes of the standardised tests and to issues relating to under-performance; and
- the capacity of the Department of Education and Skills (DES) to gather and analyse the assessment data provided by schools and to explore how the information might be used by schools to help them improve learning outcomes.

**Gary Ó Donnchadha, Deputy Chief Inspector at the DES endorsed, with minor qualifications, the thrust of the two main conclusions of the NESC report** i.e., (i) the need to develop a national data and standards framework that will enable teachers to benchmark their progress and chart paths of improvement for learners; and (ii) the need for effective evidence-based review and evaluation within the practice of individual teachers and schools. **The following points were highlighted by Gary:**

- There are sets of standards, datasets, good practice criteria, and benchmarks distributed across a range of key quality activities in the Irish education system. However, what has emerged are separate sets of standards, and which may not now be appropriate for a centrally-ordered overarching framework of standards.
- Nevertheless, the development of an overall standards framework could assist in reviewing existing sets of standards and achieving greater coherence.
- The focus on review and reflection is already strongly promoted in the education system in a number of ways, for example, through external inspection frameworks, in leadership development programmes for principals and deputy principals, and through regular seminars and conferences. The recently updated Code of Professional Conduct for Teachers also provides a strong endorsement of such practice.
- This strong professional backdrop for reflective practice is not enough on its own, which is why the DES is progressing a new approach to school self-evaluation that will provide not only a set of criteria and quality statements in relation to teaching and

learning, but also the practical tools for reviewing evidence of learning in classrooms and across the school.

- Within a quality framework for the school system, external evaluation can and should reinforce and support internal school self-evaluation, as might be envisaged within a system of responsive regulation.
- A new School Self-Evaluation (SSE) process was launched by the Minister for Education recently, and a lot of effort will go into supporting SSE in the coming years.
- It is evident from the NESC report, and from parallel work in the OECD, that to improve school outcomes, the quality framework needs to be not only well-designed but also successfully implemented. This can only be done if stakeholders are fully engaged and if we invest in building the capacity and competencies necessary to use evaluation and assessment results effectively.

**Issues raised by the workshop participants included:**

**1. Establishing a networking infrastructure within and between schools**

There is a need for a high level of investment at local level to promote networking across sectors at all levels, and there is a need to discuss and articulate what outcomes are expected. We need to look at how schools can be supported to network / cluster together.

## ***2. Developing the capacity to embed all the arrangements that are in place***

We need to be careful about the next phase of change and ensure that schools and teachers are brought along. There is a desire to network within the school system. However, we need to recognise the pressures on schools and teachers. The existing and recently introduced arrangements will not succeed if too much pressure is placed on the practitioner. Schools and teachers must be resourced at the frontline.

## ***3. Establishing a culture of self-reflection in schools***

How do we get self-reflection embedded in schools and among teachers? The DES is committed to providing support and to working with individual teachers. We need to engage the hearts and minds of all stakeholders, and to emphasise the importance of space and time to engage in professional discussions and narratives.

## ***4. The disconnect between teachers' experience and their capacity to change***

The pace of change is escalating all the time and very few people really understand the work of teachers, which is constantly under scrutiny. The disconnection between the strategic discourse within the system and teachers in the classroom is wide and very often leads to defensiveness among teachers and schools. School principals have greater exposure to the system's expectations for change at local level, and need to be supported to lead and implement these changes in collaboration with teachers and other stakeholders in their schools.

## ***5. Lack of an overarching vision for education in Ireland***

Stakeholders need to work together to explicitly articulate an overarching vision for education and a narrative about change in the school system. This should also be done at the level of individual schools and clusters of schools.

## Disability Services

**Chaired by Eithne Fitzgerald,  
National Disability Authority  
(NDA)**



**Presenters:**

**Dr Jeanne Moore, NESCS**



**Tom Hughes,  
Western Care**



**Eithne Fitzgerald made a few opening remarks.**

The NDA's work on standards is continuing with some new work starting for the HSE on the New Directions Standards for day services. In a general point, she outlined how there is a need to have clear acceptable minimum standards to protect people in residential services and at the same time, how little focus there still is on outcomes.

**Jeanne Moore (NESCS) presented some of the findings from the report on disability services.**

She outlined that while there was a lack of formal regulation in the sector, there was a 'bubbling up' of quality and excellence among some service providers. Key questions for the workshop were to consider how this existing work on quality can be captured alongside the forthcoming HIQA regulation, and what might the value of a 'quality services forum' be to share learning across the sector.

**Tom Hughes (Western Care) gave a response. He introduced the NESCS report as the 'adventures of the archaeology of disability services'.** He considered the work to be a delicate job on capturing the continuity and fragmentation within the sector. Some of the points he made:

- Positive aspects: a focus on responsive regulation and the quality forum, both needed. Described his own local mountain as a regulatory pyramid with the church on the top (heaven) and the pub at the base (hell) and meta regulation in between. Should you have paths or a cable car?
- The tension between regulation and innovation (now and Zen).
- The frozen ambition in the sector - have had to hold contradictory perspectives at once. Need them both at the same time.
- The Standardised Individualisation Oxymoron Paradox Predicament Pickle (S.I.O.P.P.P.). Responsive regulation offers a framework to consider the tensions in the standards paradigm, lattice of actors, continuum of strengths and sanctions, principle-based parameters. Need external review as part of this, some teeth. But need to avoid a lockdown on learning, not just about how to pass the test, but how to make the system better. It is about a 'person-centred' service, not a 'regulation-centred' service.
- But he asked the workshop, how do we do transformation and major systems change? Are we serious about learning or are we going to get into just doing?
- Need to have a shared understanding of values. To understand the meaning of 'and' so that we get what one 'and' two means - in other words, it is all about the relationship. Values are the organising glue.

## ***Discussion themes***

There were five main points that emerged from the workshop discussion.

### ***1. Shared Learning/ Networks***

The value and need for more shared learning opportunities; to build on existing networks and to support the idea of a quality forum for the sector.

Some sharing already going on - National Federation of Voluntary Bodies and the group on CQL Outcomes Network that meet regularly.

The Outcomes Network with service providers is sharing good practice but could be expanded. Others raised the risk of competitive and confidentiality concerns among service providers in this process, but that has not been the experience among existing networks.

A newcomer to the disability sector, Quality Matters (previously in alcohol and drugs dependency work), outlined how they aim to support the sector in shared learning and self-review, and in the development of continuous quality improvement in the sector.

### ***2. Changing Expectations: Quality of Services and Standards***

There are changing expectations within the sector as to what quality means and the sense of expectation concerning the imminent standards for residential services.

There is a risk of regulation with more rules than will be necessary. Standards and a focus on the individual can be a contradiction. Need to link to values and outcomes as well as standards.

The relationship should be respectful and joyful, so that people have happy lives. Quality comes from that, but it is difficult to measure.

In the UK there has been a move towards self auditing and the use of a self assessment tool. Is that something that could happen here?

### ***3. Clarity Needed in Policy and Practice***

There was more clarity needed in policy, i.e. person-centred services have to be the organising principle. Need a forum to come together to ensure coherence. There is a danger of random acts and a disconnect. How to become more integrated?

### ***4. Local Services and Supports***

A greater focus is needed on the necessary supports within communities, to tailor services, and to bring in an emphasis on quality. Need to be responsive to people and families. Brokering work needed in communities.

The role of local services and providing a network of supports - that's where the focus needs to shift. Getting public services at a local level - put that chain together. The Disability Strategy, and the UN Convention on the Rights of Persons with Disabilities, brings the focus to this.

Access to services shouldn't be dependent on receipt of social welfare - what if someone needs the service but isn't on social welfare?

More research is needed to identify the factors that support services in offering person-centred care.

### ***5. Key Roles and Actors***

The roles of the key stakeholders in relation to quality is currently unclear. For example, what is the HSE's role in relation to quality and

standards? There is a lack of clarity there and a concern that it might be difficult for the HSE to pursue the quality agenda.

But the HSE should have a role, through Service Level Agreements (SLAs), in moving people out of congregating settings in line with agreed targets. The work of the Genio Trust is useful in assisting the process.

Work on tendering and procurement may change the relationship with providers. Growth of 'for profit' groups.

## **Residential and Home Care for Older People**

***Chaired by Patricia Conboy, Older and Bolder***

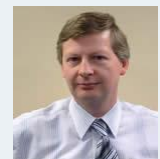


**Presenters:**

***Dr Anne-Marie McGauran, NESC***



***Niall Byrne, HIQA***



***Anne-Marie McGauran of NESC summarised the findings of the two NESC reports on eldercare, and identified key issues for the future in this area.*** These include – the lack of mandatory standards for the majority of home care; the new challenge of gathering and using data to improve services; involving the service-user in providing quality services; and the importance of monitoring to ensure standards are consistently reached.

***Then Niall Byrne of HIQA outlined the recent re-organisation of HIQA into a Regulation Directorate, and a Safety and Quality Improvement Directorate.*** The latter will provide guidance on reaching standards in health and social care. Meanwhile, registration of nursing homes will now focus on ensuring that providers do more than the minimum possible to comply with the standards, and that they show sustained and consistent improvement in services. New areas of work for HIQA in the future could involve setting standards for the commissioning of care, and shining a light on the financing of long-term care for individuals. The standards for residential care settings for older people are also five years old, and will need to be revised.



***Issues then raised by the participants in the workshop included the following:***

- What is the ***route to regulation of home care?*** This may be through legislation, which would take some years to prepare, or the NESC reports suggest other ways in which to do this.
- ***How can concerns coming up through the Third Age National Advocacy Programme in nursing homes be connected with the work of HIQA?*** A more structured link between HIQA and the programme may be useful. Advocacy could also have a stronger emphasis in any revised standards.
- ***How can we have more varied models of residential care?*** Currently there is a 'one size fits all' model, which is not suitable for e.g. those with lower dependence who enter residential care primarily due to the fear and loneliness that can be associated with living alone.
- ***How can we ensure more nursing homes are physically located in a community?*** Often newer homes are located at a distance from towns.
- ***More advice is needed for staff in nursing homes*** on completion of care assessments (which are very useful, clinically), and how to use this information in the care plans of residents.
- ***There is a need for more advance care planning in nursing homes, as residents are nearing the end of their lives;*** but this is only rarely done at the moment. GPs in particular need to be more involved. Could a stronger requirement on this be included in a revision of the standards?
- Planning of care for an individual, and the ***whole system of care planning***, need to be brought together.
- ***How can we regulate care in the community in future***, as the current models are focused on regulation of institutions? There are models in other countries, and there may be learning from regulation of childcare services (which are most often in the community) in Ireland.
- ***We need more data to interrogate our services*** – e.g. how often are residents visited?
- ***Standards need to allow a new vision of services***, and not lead to 'less of the same' system currently in place (i.e. the same model of care, but with less beds per room).

## The Afternoon Plenary



L-R: John Seddon, Rory O'Donnell, Helen Johnston and Peter Cassells

### Systems Thinking in the Public Service by John Seddon, Vanguard Consulting



John opened his talk by stating that **Deming had a big influence on him** when he was a young man studying management. Mankind invented management so when it doesn't work we can change it. Deming did this in manufacturing and John has spent his life's work trying to do this in public services.



John said he found this statement by Deming to be very profound, because what he's saying here is that **regulation costs**. It costs to have people designing regulation, it costs to have people

implementing the regulations and it costs to check if the regulations are being implemented in the way they are supposed to be. But, the other big cost with regulations is the cost of them being wrong – in that they often make services worse!

What people say is that we want to improve the quality of our services. To do that we need to measure things, but as soon as you do that you take the focus away from the quality of a service to how should we measure it, and that brings us to standards, targets and so on.

To demonstrate this point John went on to discuss the **example of housing repairs**. In the UK there is a system of housing repairs where you have to work to targets – depending on the type of repair it has to be fixed within a certain time. There is a 'Schedule of Rates' which sets out what to do for different types of repairs, the materials required, how long it should take and the 'points' a tradesman can get for different jobs. The jobs are allocated to the tradesmen electronically.

Portsmouth in the south east of England was graded as a '4 star service' using this system. Yet, Owen Buckwell, who was running the housing repairs service there, was getting a lot of complaints about the system. So, he studied various aspects of the housing repairs system and found that:

- the average time for a housing repair was 150 days (much longer than the target 28 days set);
- the tradesman going to make the repair only fixed the problem 40% of the time;
- what was one job for a tenant was four or five jobs to a tradesman (e.g. assessment, replacement, plastering, painting);

- tradesmen often turned up when people were not at home. They did this as the tradesmen were being incentivised and so would prioritise the jobs which would get them the most points, and so they would often not call at the times previously agreed. They would put a card through the door to say they called so that the householder would then have to make another appointment which would ‘open a new job’ on the system. This is known as **‘failed demand’**.

So, the first lesson from this observation is the need to **study what is really going on**. Owen then set out to redesign the housing repair system to ensure that tenants got their repairs on a day and at a time that the tenant wanted it - and found that the cost of repairs were halved. How did this happen?

It happened because Owen sought to **understand demand** better, especially predictable demand. In housing repairs demand is predictable by ‘geography’ because housing was built in blocks at different times and so the blocks have different problems. When we know this we can ensure that the tradesmen have the expertise to handle demand in that particular area and we can ensure they carry the materials they will need to do the repairs. This was a more proactive approach, whereas previously the tradesmen had been totally reactive to what was reported on their target sheets. Owen arranged, too, to have a tradesman available when a repair was required (meaning that some tradesmen would be idle when they were not working – but this was acceptable – some being allocated to other non-urgent tasks).

Under the revised system, a tradesman goes to do a repair as soon as the problem is reported. He goes fully equipped to carry out most repairs.

He assesses the problem on arrival, says how long it will take to carry out the repair and in most cases does the repair there and then. If he requires additional materials, he makes a phone call and the materials are delivered to him when he requires them.

As a result of the changes, tenants are more satisfied with the housing repairs system, and the tradesmen are given more responsibility for their work. **By predicting demand and absorbing variety, tradesmen can now carry out the repair 99% of the time** (compared to 40% previously) **and this has reduced costs**.

John highlighted a number of **learning points** from this example:

- the need to understand demand and material flow;
- **buying materials as and when they are required** is cheaper and more efficient than ‘professional procurement’; and
- quality of service is not about unit costs, but **it is time that is important**.

John then went on to discuss **care services**, using the case of the **death of Baby P** who died in Haringey, London after suffering injuries over a sustained period despite being repeatedly seen by Haringey Children’s Services and NHS professionals. Haringey had been rated as a ‘4 star service’ by the Children’s Services Regulator in England – you get rated by adherence to performance standards. This relates to completion of assessment reports within certain timeframes. He said that as a result he had observed that **social workers spend 80% of their time filling in forms to meet the requirements of regulators rather than spending time with families**.

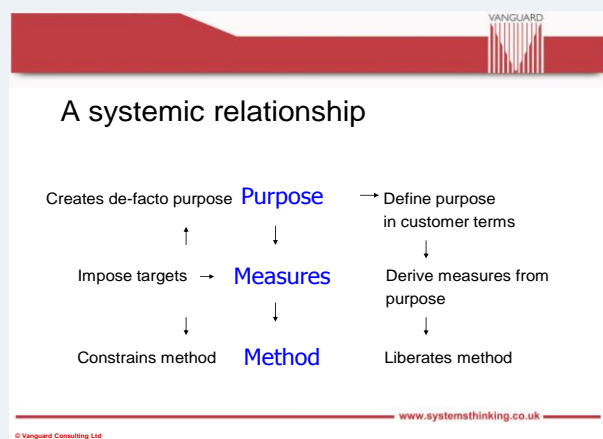
In **adult social care services** he had observed that it can take up to 14 people to make an assessment – for different services across different departments, with each of them trying to protect their own budget. **The focus is on the service provider rather than the service user**, i.e. ‘are you right for my service?’ When you study these systems you learn that we waste tens of thousands of pounds - in administration where we send 14 people when we should have sent one; in buying unnecessary equipment when we focus on ‘what can we provide?’ which is not the same as ‘what do you need?’; and in putting people into care homes where they don’t want to be. Those are what Deming calls **the ‘knowable costs’**; **the ‘unknowable costs’** are stress, anxiety and even death on the part of these people that we should be helping. Adult care represents a massive opportunity for improving services and reducing costs.

Moving on to talk about vulnerable people, John highlighted how David Cameron has said there are 120,000 **‘troubled’ families** in Britain (‘a politician’s number’). He has appointed Louise Casey as his ‘tsar’ for ‘troubled’ families and has allocated her a budget. So, now local authorities are lining up to tell Louise that they’ve got more ‘troubled’ families than they’ve really got so that they can get more money. John’s organisation has been studying ‘troubled’ families and when we study we get to know what happens to people when their life goes off the rails. From what we’ve learned, we’d say to people ‘don’t call the State’! Because the State is using a market model to outsource services, through commissioning on the basis of cost.

This is now a typical approach in the UK, said John, what he termed ‘commissioning for the market on price and specification’, but it is not meeting people’s needs in their particular circumstances, what he referred to as ‘removing

the thermostat’. He also said that **commissioning drives up costs**, and argued that there is a **need to manage value and not cost**. This could be done by managing demand, as illustrated by the housing repairs example. There is a need to understand the variety of demand and which of those demands are predictable. Then, if you get something that is not ‘predictable demand’ you call in additional help. **So, to improve public services you need to study them so that they are understood, and then you organise the service to meet the demand.**

John then went on to describe **the systemic relationship between purpose, measures and method**. He said that when you set targets it creates a ‘de facto’ purpose and constrains the methods of delivering what you are there to deliver. Using this approach people tend to focus on activity and compliance only, i.e. are you meeting the targets rather than are you getting the service you want.



An alternative approach is **to define the purpose in customer terms**, i.e. to meet demand. The measures are then derived from this purpose which liberates the method you choose. Once there is clarity about the purpose of the service, the methods and measures can be derived by the people who are actually delivering the service. Only one question is then required to see if the purpose is being achieved and that is

*'what measures are you using to make sure you are improving the work?'*

John concluded his talk by emphasising **two main points**:

1. the need to refocus and simplify purpose; and
2. to reorient enforcement through 'putting on the rubber gloves'!

## Panel Discussion: Opportunities for Providing Quality Services in the Future

**Facilitated by:**

*Peter Cassells, DHR Communicaitons*

**Panel Members:**

*John Seddon, Vanguard Consulting*

*Robert Watt, Dept Public Expenditure & Reform*

*Professor Colin Scott, UCD*

*Niall Byrne, HIQA*

*Anne Looney, NCCA*

*John Dolan, Disability Federation of Ireland*

*Helen Johnston, NESCC*



The Panel discussion, facilitated by Peter Cassells, debated a number of themes emerging from the work. The **issues raised** included the following:

- There is a **tension between being a supportive centre and ensuring that service providers are carrying out their work well**. Regulators have a role in supporting service providers to study, examine, measure and improve their services over time.
- **The centre now controls more, but this is not sustainable**. There are reforms which the centre can lead (e.g. Croke Park Agreement), while allowing flexibility in how each sector responds. **The centre wants to move to a position of 'delegated accountability'**, with budgets, employment control framework and purpose set by the

Department (often in consultation with the service provider and others), and the service provider deciding the methods of work. The NES work on standards could help to outline what shape 'delegated accountability' could take in future.

- Meanwhile, ***devolving responsibility to service-providers is a challenge for central departments***. How much trust do they have in service providers?
- ***The centre also needs to enable more***, and to get dialogue going more.
- ***Collaboration and dialogue*** among all stakeholders works to improve services.
- There is also the issue of '***intelligent accountability***', i.e. service providers using evidence well and taking account of professional responsibilities. The demands of providing a service should not absorb all the capacity of service providers though, as there needs to be time for reflection. '***Knowledge mobilisation in organisations is important***.'
- ***Evidence is also important*** – we need to have evidence that new ways of working are successful, before adopting them.
- And is there enough ***buy-in from staff, service users and their families?***
- ***The system sometimes regulates services, sometimes buys them and sometimes provides them***. A key question is when should it do each of these things?
- ***Outcome-focused standards*** allow service providers large scope to decide how to meet those outcomes.
- ***Regulation needs to focus more on the outcomes we want for people, and not focus so much on the type of services***. This could help get around the challenge of regulating where an individual receives several different services.
- Service providers also need to ***focus more on involving the service user***, and the challenges of this.
- There is a focus on helping individual institutions – but ***what can help to transform a whole sector?*** Dialogue convened by the centre is important for such change.
- ***Systemic change needs to be sequenced***, and options and solutions vary by sector.
- ***Peer review can support learning***, but it won't necessarily lead to innovation.
- ***A focus on prevention*** can be better for improving services than inspection.
- ***Real change can bring about savings*** – but not always, sometimes it costs money to bring about real change.
- ***Service choice is sometimes seen as driving improvement***, but in many cases (e.g. schools, end-of-life care) such choice does not exist, except for the most advantaged. The importance of choice in the availability of services can vary according to differing ideological perspectives.

## Concluding Comments by Dr Rory O'Donnell, of NESC



The panel discussion clarified a number of factors and challenges:

- First, there is an ambition to move beyond the strong budgetary command and control of recent years to a form of delegated accountability;
- Second, work of the kind NESC has undertaken on human services can assist in fleshing out what delegated accountability will mean; and
- Third, there are ideological differences about how quality and responsive human services can best be achieved.

Unless the Government's idea of delegated accountability or accountable autonomy is fully worked out, then it seems that what NESC has done in this project, and what other people are doing in other organisations and sectors, has a contribution to make in fleshing out the idea and the possibilities.

One of the key findings of the NESC project is that tailored and accountable services at the frontline require a **supportive centre**. As outlined in the Synthesis Report, there are two elements to a supportive centre. One is **enabling frontline organisations** to, as John Seddon puts it, understand the problem they are seeking to address and the nature of their own practice. This understanding and measurement are a key to improvement and the 'intelligent accountability' mentioned during our discussion.

A second dimension is the role of the supportive centre in **convening an overview of a whole sector**. Our sectoral studies—for example, on

eldercare and disability—highlight the fact that, as well as ensuring quality and safe residential facilities by means of standards, we have also to think about moving beyond residential care and congregated settings. The policy centre has a key role in convening the kind of sectoral review that can stake out new ambitions.

This confronts us with hard questions. One is, how do we get from strong command and control to delegated accountability? Existing systems of accountability may prevent movement to accountable autonomy. The OECD noted that it will not be possible to ask departments, and frontline deliverers, to work simultaneously to two forms of accountability—the compliance mode and accountable autonomy.

A second question is, how do we both improve existing services through standards and simultaneously recast the care model? We have to find ways to have a constructive exploration on how to recast service models where necessary. Our studies show that, at present, each of the sectors—home care, end-of-life care, residential elder care, education, disability and policing—are involved in such discussion in a separate and halting way.

While it is true that the sectors differ, our work suggests that there is much to be learned from looking at them comparatively and collectively. One reason is that the reform agendas in Ireland's human services are surprisingly muted. We had to go into the education sector to realise that there is a really interesting reform agenda in place. In disability there has been a deeply ambitious reform agenda for a decade that was not quite getting over the line. It seems that **these reform agendas need some overarching narrative and articulation**. Without this, it is genuinely hard for people to see that there is a

life beyond balancing the books and beyond command and control.

Somewhat to our surprise, our panel discussion has revealed that ***ideological differences do arise*** in considering the improvement and reform of human services. These concern the role of markets, the role of choice, the value of separating regulation and purchase of services, and so on. This poses a challenge. How do we let these differences into the discussion and still draw on the rich experience of those working to improve these sectors? It seems unlikely that a strongly ideological debate will help us to flesh out what accountable autonomy will be like.

This highlights the ***challenge to all of us to bring discussions like this to the surface in a way that constructively assists policy development and system reform.***



## Appendix 1 – Conference Programme

**Welcome** from Dr Rory O’Donnell, Director of NESC

**Achieving Quality in Human Services** by Helen Johnston & Dr Barry Vaughan, NESC & Department of an Taoiseach

**Regulating Human Services: Control or Learning?** by Colin Scott, Professor of EU Regulation and Governance, UCD

**Future Direction: Developing Quality Services through Innovation: A Practitioners Perspective** by Mervyn Taylor, Third Age

### Workshops:

#### 1. The Irish School System

**Chair:** Moira Leydon, ASTI

**Presentation:** Edna Jordan, NESC/Department of an Taoiseach

**Respondent:** Gary Ó Donnchadha, Department of Education and Skills Inspectorate

Open Discussion

#### 2. Disability Services

**Chair:** Eithne Fitzgerald, National Disability Authority

**Presentation:** Dr Jeanne Moore, NESC

**Respondent:** Tom Hughes, Western Care  
Open Discussion

#### 3. Residential & Home Care for Older People

**Chair:** Patricia Conboy, Older and Bolder

**Presentation:** Dr Anne-Marie McGauran, NESC

**Respondent:** Niall Byrne, HIQA  
Open Discussion

Afternoon Chaired by Dr Rory O’Donnell, NESC

**Systems Thinking in the Public Service** by John Seddon, of Vanguard Consulting: an international speaker who outlines how to reduce waste, cut inefficiencies, and improve quality in public services

### Panel Discussion: Opportunities for Providing Quality Services in the Future

#### Facilitator:

Peter Cassells

#### Panel Members:

Robert Watt, Department of Public Expenditure and Reform

Colin Scott, UCD

Niall Byrne, HIQA

Anne Looney, NCCA

John Dolan, Disability Federation of Ireland

Helen Johnston, NESC

**Closing Remarks** from Dr Rory O’Donnell, NESC

## Appendix 2 – Delegate List

Lucianne Bird, National Learning  
Ann Bourke, HSE  
Richard Boyle, IPA  
Joe Boyle  
Gerry Breslin, ASTI  
Siobhan Buckley, Prosper  
Niall Byrne, HIQA  
Ger Carddock, NDA  
Neil Carron, Department of the Taoiseach  
Peter Cassells  
Madeleine Clarke, Genio  
Fiona Coffey, Brothers of Charity Services Galway  
Irene Collins, Excellence Ireland Quality Association  
Patricia Conboy, Older and Bolder  
Geoffrey Cooke, UCD  
Tom Costello, Atlantic Philanthropies  
Ann Cox, Third Age Foundation  
Ann Coyle, Genio  
Jackie Crinion, HfH Programme  
Peter Culhane, HIQA  
Richard Davis, Dept Public Expenditure & Reform  
Tessa Digby, Third Age Foundation  
John Dolan, Disability Federation of Ireland  
Eemer Eivers, Educational Research Centre  
Claire Finn, NESC  
Eithne Fitzgerald, National Disability Authority  
Caroline Gardner, Quality Matters  
Anne Harris, Third Age  
Joan Heffernan, HIQA  
Graham Hughes, St Vincent's University Hospital  
Tom Hughes, Western Care Association  
Helen Johnston, NESC  
Edna Jordan, NESC/Department of the Taoiseach  
Bernie Judge, Teachers Union of Ireland  
Eileen Kehoe, Department of the Taoiseach  
Ferdia Kelly, Joint Managerial Body  
Nao Kodate, UCD  
Bridgid Lalor, Disability Education Network  
Kieran Lenihan, CORU  
Moirá Leydon, Association of Secondary Teachers  
Chiara Lissandrello, Cairde

Frank Litton  
Anne Looney, NCCA  
Gaye Malone, NESC  
Jean Manahan, Third Age Foundation  
Ruth McCarthy, NESC  
Roy McConkey, University of Ulster  
Bob McCormack, Dara Services  
Olga McDaid, Institute of Public Health  
Anne-Marie McGauran, NESC  
Mary McGuire, Ageing Well Network  
Marie Meagher  
Bernie Meers, Wisdom Services  
Jeanne Moore, NESC  
Peter Mullan, INTO  
Fidelma Murphy, Enable Ireland  
Sarah Murphy, HIQA  
Gerry Murphy, Irish Primary Principals Network  
Anna Murphy, Quality and Qualifications Ireland  
Emmanuel Njume Sone, Cairde  
Tomás Ó Ruairc, The Teaching Council  
Brid O'Brien, INOU  
Joan O'Connor, Disability Federation of Ireland  
Elaine O'Connor, HIQA  
John O'Connor, National Qualifications Authority  
Siobhán O'Doherty, Trinity College  
Gary O'Donnchadha, Dept of Education & Skills  
Rory O'Donnell, NESC  
Bernard O'Regan, NFVB  
Maria Pierce, Social Work & Social Policy, TCD  
Iryna Pokhilo, Cairde  
Martin Quigley, Quality Matters  
Lorna Roe, Age Action  
Margaret Rogers, Society of St Vincent de Paul  
Martin Roper, Excellence Ireland  
Colin Scott, UCD  
John Seddon, Vanguard Consulting  
John Shaw, Department of the Taoiseach  
Mervyn Taylor, Third Age  
David Vaughan, HSE  
Barry Vaughan, NESC/Department of the Taoiseach  
Michael Walsh, Central Remedial Clinic  
Robert Watt, Dept of Public Expenditure & Reform  
Audrey Whelan, Cheshire Homes



