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Assessing Needs of Care in European Nations

QUALITY ASSURANCE POLICIES AND INDICATORS FOR LONG-TERM CARE IN THE EUROPEAN UNION

COUNTRY REPORT: FRANCE

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Abstract

Quality assurance policies for long-term care in France are founded on a law passed in 2002, but the organisation of the system is still underway. It is principally based on a legal framework that sets out requirements for quality monitoring and quality improvement. Quality assessment is related to outcomes, indicators and guidelines. It pertains to formal care and is related to administrative authorisation and financial conditions. In the public sector, the aim is to develop continuous quality assurance in a system differentiated by internal and external quality assessment. In the private sector, the aim is mainly to check conformity with quality standards, as internal and external quality assurance may be replaced by a certification procedure. A central agency is in charge of enhancing quality through the production of new guidelines but quality supervision is the role of the funding institution and qualitative results are not publicly available. To date, not many organisations or units have conducted the entire quality assurance process, as the quality of long-term care is ensured by an institutional system that is in the final stages of being structured.



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Quality Assurance Policies and Indicators for Long-Term Care in the European Union

Country Report: France

ENEPRI Research Report No. 107/April 2012

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Although its organisation was presented in a parliamentary bill in 2002, the institutional quality-assurance system in France is still undergoing construction. This system relates to home-based care organisations or units and their provision of care and help in day-to-day activities. The quality of the care rendered is not taken into account; rather, the institutional system is based on the following elements:

- 1) responsibilities and procedures that organisations and units must respect to enter into and remain in the sector;
- 2) a quality assessment system (with internal and external evaluations);
- 3) a procedure for the authorisation of agencies preparing to conduct external evaluations; and
- 4) the National Agency for the Evaluation of Social and Health Care (Agence Nationale de l'Evaluation Sociale et Médico Sociale, ANESM).

1. Responsibilities and procedures that organisations and units must respect to enter into and remain in the sector

The tariff system chosen by the organisation or unit distinguishes the conditions relating to quality. In parallel with these obligations, the organisations or units voluntarily and increasingly have recourse to certification procedures. The government links these voluntary steps to a quality policy that it defines, since certification can replace compulsory accreditation procedures. If the fee is controlled by the government, the organisations and units must be authorised; if it is set freely (but with monitored development), the organisations and units must be accredited.

1.1 Quality in the authorisation scheme

Since the law no. 2002-2 of 2 January 2002, which reformed social and health care activities, all organisations or units providing long-term care (LTC) and coming within social and health care sectors are subject to an authorisation process for their establishment, transformation and expansion. For long-term care, this authorisation is issued by the president of the departmental general council when the services provided by the organisations and units are liable to be funded by departmental social aid, or when their operations fall within the scope of competency devolved by law to the department. This authorisation, granted for 15 years, sets out the basic conditions for quality that are necessary when setting up an organisation or unit. Conformity with these minimum quality requirements is then evaluated over the course of the authorisation period, either by the organisation or unit itself (internal or self-evaluation), or by an external body (external evaluation).

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Concerning quality conditions for the initial request for authorisation, such authorisation is granted if the service fulfils the following four conditions:

- 1) It is compatible with the objectives and fulfils the social and health care needs set out by the health care organisational structure to which it is subject.
- 2) It meets the requirements for organisation and operation expected by the Social Action and Family Code (CASF), and anticipates the evaluation steps and information systems set out in the articles of that code (Arts. L. 312-318 and L. 312-9, respectively).
- 3) It presents the operating costs, which must not be out of proportion with the service offered or with the costs of organisations or units offering similar services.
- 4) The fourth condition concerns its compatibility with the inter-departmental programme, if any.

The quality of the services offered is therefore determined upon entering the market, essentially by the provisions of the second condition. The request for authorisation must, in effect, demonstrate the ability of the organisation or unit to guarantee users' rights and carry out the evaluations planned.

The users' rights are specified as follows:

- 1) respect for the dignity, integrity, private life, privacy and safety of the person receiving care;
- 2) free choice among the services offered;
- 3) customised provision of care and assistance that promotes development, independence and integration, is adapted to age and needs, and respects the informed consent (which must be sought systematically);
- 4) confidentiality of the information concerning the person receiving care;
- 5) access to information concerning the person receiving care;
- 6) information on the basic rights and the legal and contractual protection offered, as well as the possible paths of recourse; and
- 7) participation, either directly or with the help of his/her legal representative, in the setting-up and implementation of the plans to receive and assist the person.

To ensure that these rights are effective, the law expects a certain number of tools to be put in place by the organisations or services; these are compulsory for them to function. These tools are the following:

- a reception booklet containing a charter of the new user's rights, the rules of operation of the organisation or unit, the residence agreement or the personal care document (DIPC), drawn up with the user or his/her legal representative. This contract or document sets out the objectives and the nature of the care package or support, while respecting ethical principles, professional recommendations and the aims and objectives of the organisation or unit. It sets out the list and nature of the services offered as well as their estimated cost;
- a process allowing a person receiving care from an organisation or unit to call upon a qualified person to advise the service beneficiary about his/her rights. This qualified person is chosen from a list drawn up jointly by the government representative of the department, the managing director of the regional health agency and the president of the general council, and takes into account the interventions of the authorities responsible for monitoring the organisation;
- a council of community relations, an authority that allows the client to participate in the operation of the organisation or unit; and

- a document setting out the aims and objectives of the organisation that focuses in particular on coordination, cooperation and evaluation of the service quality, as well as the organisational and operational procedures.

1.2 Quality in the accreditation scheme

Accreditation is granted for five years by the departmental prefect after deliberation by the general council. This procedure essentially concerns associations and businesses whose activities apply to home-based care for elderly and disabled persons or others who need personal help in the home or with mobility in their immediate environment, favouring their capacity to stay at home. Accreditation is granted with regard to the quality criteria of the unit as detailed in the specifications of 24 November 2005 concerning the “quality accreditation” planned in the first paragraph of Art. L.129-1 of the Labour Code.¹

These criteria make up ‘quality references’ with which the administrators or the organisations or units must conform in order to obtain accreditation. They correspond to the following areas:²

- 1) respect of the persons in care, their individual rights, their private lives, cultures, life choices, personal space, property and confidentiality;
- 2) the openness of the organisation or unit to its surroundings, i.e. “[t]he local, social and health care context, corresponding to the target public, in order to complement and coordinate with other caregivers and systems”;³
- 3) the organisation of high-quality reception;
- 4) the tailoring of services to users’ needs;
- 5) the clarity and quality of the services offered;
- 6) the terms and conditions, monitoring and evaluation of operations; and
- 7) the selection and qualifications of staff.

Accredited organisations and units must be subject to external evaluation (see *infra*). The results of this evaluation are passed on to the prefect in charge of granting accreditation, at least six months before the approval is due to be renewed. As this is valid for five years, accredited organisations or units are evaluated far more often than those that are authorised. On the other hand, internal evaluation is not compulsory for accredited organisations and services.

1.3 Certification

Certification, recognised by the National Agency of Human Services (ANSP), is a voluntary procedure that can replace the quality control used by public authorities for accredited or authorised organisations or units.

Following ruling no. 2005-1384 of 7 November 2005 and circular ANSP/DGEFP/DGAS no. 1-2007 of 15 May 2007, certification allows automatic renewal of the accreditation: “For certified bodies, accreditation is tacitly renewed from when the scope and quality reference framework of the certification fulfil the legal provisions relating to human services.” Certification, recognised by the ANSP, therefore replaces the quality control used by public authorities.

¹ See *Official Journal of French Republic (JORF)*, no. 285, 8 December 2005.

² The full text of the specifications of 24 November 2005 can be found in the appendix.

³ See the specifications of 24 November 2005.

Structures authorised under the law no. 2002-2 of January 2002, if they are certified, benefit from an exemption from the external evaluation required by this law.

To enable the automatic renewal of the accreditation or replacement of the external evaluation, the following conditions must be fulfilled:

- the scope of the certification criteria must encompass the activity for which the accreditation was granted;
- the reference framework used must be drawn up and validated in accordance with Art. R. 115-8 of the Consumer Code;
- the certifying body must be accredited by an authority recognised for this purpose and according to the European EN 45000 series of standards;
- certification must be conducted every five years; and
- certification results must be passed on to the prefect within the same time limit as that of the external evaluation. These results are then passed on to the president of the general council.

The certifications currently recognised by the ANSP meet the French NF standard X 50-056 for home-based care service standards (AFNOR, French Agency of Standardisation), the certificate registered by Qualicert under “Human services” (SGS-International Certification Service) and the certificate registered by Qualisap under “Quality of service organisations engaged in human services” (a Bureau Veritas Certification).

2. Quality control system

Law no. 2002-2 of January 2002 also sets out the quality evaluation to be carried out during the entire period in which the organisation or unit is authorised to function. Two procedures must be implemented. On the one hand is internal evaluation (or self-evaluation), and on the other is external evaluation. The results of these two types of evaluations are passed on to the authority that issued the authorisation.

2.1 Internal evaluation (or self-evaluation)

Internal evaluation (or self-evaluation) must be carried out every five years. It is not subject to detailed specifications except that the evaluation must be conducted notably in relation to procedures, references and recommendations for good professional practices. The latter must be validated, or in cases of shortcomings, be drawn up according to the category of organisations and units specified by the ANESM. Moreover, this agency has published a guide for internal evaluation designed to explain the method. Thus, self-evaluation or internal evaluation is designed as a compulsory system of analysis of professional practices, the direction taken by the organisation or unit, and its organisation and operation. The reference framework is only required for accommodation facilities for the dependent elderly (also referred to as ‘EHPAD’)⁴

⁴ This refers to the ANGELIQUE reference framework (Application Guide for a National Assessment Labelled Internal Quality for Users of Establishments). There are 142 items in 4 large sections: resident and family expectations and satisfaction; the care and support needs of residents and actions taken; the organisation and surrounding area; and the approach to quality. Each item is subject to a grading (four levels of grading, from A to D). The internal review is not distributed. Internal diagnostics are not disseminated. Only the summary – outlining the main points, the points to be improved and improvement objectives – is sent to the government and department, serving as a basis for negotiations with the government and the department in the framework of tripartite agreements.

as part of the tripartite conventions. These conventions bind the organisation to the government and department. They supervise the way persons are taken care of, the quality and the allocation of financial resources. Other organisations or services can be based on the different reference frameworks proposed by AFNOR, professional organisations, associations belonging to the sector or private businesses (see the appendix). They can also create their own reference framework as part of self-evaluation. Nevertheless, the essential aspects of internal evaluation are defined by law no. 2002-2, which states that the domains covered by internal and external evaluations must be the same to ensure synergy between the analyses of the same organisation or unit.

2.2 External evaluation

External evaluation relates to evaluation by a body that is not involved in the activities of the organisation or unit, or the quality of services provided. It must be carried out during the seven years after authorisation or renewal, and at least two years before the expiry of the current authorisation. It is up to the organisations and units to choose, after competitive negotiation, the body authorised to carry out the external evaluation. The criteria that the competitive negotiations must follow are set out in ruling no. 2007-975 of 15 May 2007, along with the elements of the contract linking the organisation or unit to the selected body. In addition, this body must be authorised by ANESM according to a specific procedure (see *infra*).

Law no. 2002-2 states that external evaluation is not designed to compare organisations or services with one another: the sole objective is to compare the results of successive evaluations over time, to ensure that continuing improvement is taking place in the organisation or unit.

Ruling no. 2007-975 of 15 May 2007 sets out the responsibilities of external evaluation. It defines four priority areas of evaluation:

- 1) the rights and participation of users, and personalisation of care. This area involves measuring the effectiveness and degree to which these principles are implemented, using objective and measurable criteria to assess the actions performed, making sure that the individual plans and the way the organisation or unit operates are linked; it also covers the safety of the users and risk management (including abusive treatment);
- 2) the organisation or unit in its surroundings, i.e. integration, networking, partnerships, openness and accessibility;
- 3) the plans of the organisation or unit and practical details of implementation, notably in terms of consistency, and the differences with identified needs and with the tasks entrusted to the organisation or unit; and
- 4) the structure of the organisation or unit, the way in which it contributes to the effective implementation of the established objectives and to the continued improvement of practices, in relation to the methods used.

2.3 Authorisation procedure for bodies to conduct external evaluations

Ruling no. 2007-975 of 15 May 2007 sets the authorisation procedure for bodies preparing to conduct external evaluations. It outlines the conditions to be fulfilled, such as the following required qualifications and skills:

- professional experience in social or health care fields;
- training in evaluation methods, drawing upon those already existing in the evaluation of public policy and including a multidisciplinary and global approach to analysis, using different mediums;

- specific and up-to-date knowledge on the subject of social action, in relation to recommendations from recognised professionals, the general direction of social action policies and operations;
- ability to perform transversal analyses and ability to adapt to the variety of problems encountered by the evaluators; and
- skills related to the terms of working, and cross-examination of the opinions expressed.

This authorisation is issued by ANESM and is published in the official newsletter of the Ministry for Social Action (Ministère de l'Action Sociale). It can be suspended or withdrawn if initial obligations are not fulfilled. To this end, authorised organisations must produce an activity report for ANESM at least every seven years. The organisations or units can also call upon ANESM with respect to any conflicts or shortcomings they may have observed “regarding the evaluation method or the production of results”⁵ during external evaluation. A total of 898 authorised organisations were operating in 2012.⁶

2.4 National Agency for the Evaluation of Social and Health Care

Established by the laws for social security financing of 2007, the ANESM, due to the 2007 Finance Act for Social Security,⁷ replaced the National Council of Social and Health Care Evaluation (CNESMS), itself created by the law of 2 January 2002. This agency is a public interest group formed in 2007 between the government, the National Solidarity Fund for Personal Autonomy (CNSA) (financial aspects) and 11 bodies representing social and health care organisations.

The aim of this agency is to “develop, through the promotion of evaluation practices, kind and attentive attitudes within organisations or services that receive vulnerable individuals: the elderly, disabled people, children and teenagers at risk and marginalised persons”.⁸

Its two main missions are outlined by the legislator:

- to validate, elaborate or update procedures, standards and recommendations from recognised professionals and to disseminate them. It does not, however, validate the reference frameworks; and
- to authorise the external bodies that undertake external evaluation of the operations and quality of services of organisations and units, as per Art. L.312-1 of the CASF.

To fulfil these missions, the agency is responsible notably for the support and promotion of all actions to evaluate and improve the quality of services offered in the area of social welfare and health care.

At the end of 2011, the agency employed 29 persons, had a budget of €3.6 million and published 23 recommendations on good practice.⁹

⁵ Ruling no. 2007-975 of 15 May 2007, Art. D. 312-202.

⁶ Decision of 8 February 2012 for authorisation for the evaluation of institutions and services referred to in Art. L.312-1 Social Action and Families code under the provision of Arts. L.312-8 and D.312-201 of the Social Action and Families code.

⁷ Law no. 2006-1640 of 21 December 2006 for financing Social Security for 2007.

⁸ See the website for ANESM (www.anesm.sante.gouv.fr).

⁹ Ibid.

Ultimately, the quality of long-term care is ensured by an institutional system that is in the final stages of being structured. Although external evaluation was written into the law of 2002, the first list of organisations authorised to carry out this evaluation was published in 2009. Authorised organisations or units face a similar situation: in 2009, 66% of social and health care organisations were involved in an evaluation process, which was initiated by the law of 2002.¹⁰ Among these,

- 32% had already completed a full cycle of internal evaluation,
- 34% were in the process of carrying out their first internal evaluation, and
- 34% had not begun internal evaluation.

Across the organisations that had completed a full cycle of evaluation, 25% of them were in the midst of preparing for external evaluation.

In 2011, 230 authorised organisations or units had completed an external evaluation.

Evaluation is conducted according to criteria defined in specifications, but as with short-term care, these criteria do not give rise to the creation of specific quality indicators that are periodically monitored and published. In addition, there are numerous quality evaluation systems: on top of external evaluation procedures for approval and authorisation, there are also reference certification frameworks for quality monitoring recognised by the government, guidelines for good practice produced by ANESM, and ‘in-house’ reference frameworks and seals of approval developed by large associations, companies or federations in the same sector. In its enquiry into the quality of conditions of home-based care services for elderly persons, Inspection Générale de l’Action Sociale, IGAS) talks of “superfluous and costly procedures and systems” that “are used a lot in public communication”, but “are potentially counter-productive as they result in blurring visibility, and can serve as an alibi for inadequacy in the monitoring by public, government or departmental authorities”.¹¹

Still, the number of certified organisations and units remains very low in relation to the total number of organisations and units in the sector (about 30,000): in 2008, 207 bodies were NF-certified human services¹² while there were only about a dozen in 2004, according to information available from the AFNOR.¹³ In July 2009, there were 800 Qualicert-certified human service organisations, all approvals taken together.¹⁴

The recent changes seem to be heading towards a relaxing of the quality requirements imposed by public regulation, while striving to integrate evaluation in a consistent quality system and unifying external evaluation at the national level.

Indeed, the adoption of accreditation procedures, less constraining than the authorisation scheme anticipated by law no. 2002-2 of January 2002, shows the relaxing of demands concerning quality. These approvals are given on the strength of a written declaration, on the basis of information provided, without control at the site, following the decision of the general

¹⁰ Derived from the 2009 national enquiry carried out by ANESM on social and health care organisations regarding the implementation of internal evaluations, ANESM publications, Saint-Denis, 2010, 48 pp.

¹¹ IGAS, *Enquête sur les conditions de la qualité des services d’aide à domicile pour les personnes âgées*, rapport établi par M. Raymond, B. Roussille et H. Strohl, IGAS, Paris, juillet 2009, pp. 18-19.

¹² Ibid.

¹³ See « Liste des structures d’aide a domicile certifiees NF service, Services aux personnes a domicile », Edition no. 2012/10, AFNOR, Saint-Denis, 23 March 2012 (<http://www.marque-nf.com/download/produits/FR/NF311.pdf>)

¹⁴ IGAS (2009), op. cit.

council. Yet certain studies on this subject reveal that numerous organisations obtain ‘quality’ accreditation, in spite of an unfavourable recommendation by the general council. As an example, in Paris 38 services are authorised, while 52 have received a quality accreditation. Among these 52, only 32 received a favourable recommendation by the department.¹⁵ The Borloo Law, Planning Law no. 2005-32 of 18 January 2005 for social cohesion, reinforces this tendency towards the relaxing of regulations. The law introduces the right to choose between this accreditation procedure and the authorisation scheme established by the law of January 2002.

Meanwhile, ANESM is working on a summary sheet that will present the aggregated results of the external evaluation report to the authorities responsible for the organisations and units. This sheet will make the report clearer and allow more systematic usage. It will be accompanied by a methodological guide, which will define the items to be evaluated and the terms of evaluation, in order to ensure reliability. The work on these two types of tools is underway, demonstrating the national desire to supervise the quality evaluation system more closely.

3. LTC quality indicators

The evaluation of quality is not done according to an array of indicators that are pre-determined at the national level. For evaluating quality, only the areas have been defined in the specifications with which the organisations undergoing external evaluation must comply. Currently, the aim is more to develop the approach to evaluation than to manage quality at the national level by defining threshold indicators, or comparing organisations and units with one another or disseminating indicators to the public.

3.1 Quality indicators for external evaluation

According to law no. 2002-2, the external evaluation specifications define three levels for evaluation. A global level allows a general assessment to be made on the following points:

- appropriateness of the organisation or unit’s objectives in relation to the needs and priorities of the actors concerned and the tasks assigned;
- consistency among their different objectives;
- adaptation of human and financial resources to achieve the objectives;
- existence and relevance of monitoring and management systems;
- evaluation of the scope of the objectives, and the generation of expected and unexpected outcomes (positive or negative);
- evaluation of the impact of staff practices on the outcomes observed; and
- conditions governing the efficiency of the actions and regular updating of the organisation.

A dynamic and continuous quality improvement level allows an examination of the action taken in the light of results from the internal evaluation:

- an assessment of the priorities and terms of implementation of the internal evaluation process;

¹⁵ See F. Petrella and N. Richez-Battesti, « Régulation de la qualité dans les services à la personne en France : l’Economie sociale et solidaire entre innovation et isomorphisme », *Revue Management et Avenir*, 5, no. 35, 2010, pp. 273-292.

- an assessment of the communication and dissemination of proposals for improvement resulting from internal evaluation, and the way in which the actors are involved;
- an analysis of the implementation of improvement measures and the schedule determined;
- the identification of terms for periodic monitoring and reports; and
- an assessment of the general process used to apply the continuous improvement approach to service quality.

A more specific level examines the following 15 points:

- 1) the ability of the organisation or unit to evaluate, with the user, the user's needs and expectations in the framework of the service or unit's objectives, taking into account interactions between the person's family and social environments;
- 2) the tailoring of listening and phone responses to the individual's needs, likewise in the treatment of emergency requests;
- 3) the conditions in which the personalised plan is developed, and its ability to take into account the needs and rights of the user;
- 4) the effectiveness of the organisation or unit's programme regarding access and recourse to rights;
- 5) the response of the organisation or unit to the expectations expressed by the user;
- 6) the ability of the organisation or unit to aid and promote the user's expression and participation;
- 7) the ability of the organisation or unit to observe changes and adapt;
- 8) the taking into account of professional recommendations on good professional practices in terms of their effects on users;
- 9) the taking into account of safety and risk factors in different areas, appropriate to each context, i.e. application of health and safety standards, prevention of crisis situations, implementation of a conflict resolution service, support techniques offering individual and collective security in relation to professional practices and guaranteeing basic human rights, and more generally, a global risk management policy;
- 10) the ability of the organisation or unit to ensure the consistency and continuity of its actions and operations;
- 11) conformity with the criteria set out by regulations and the recommendations of good professional practices certified by ANESM, particularly in relation to the quality of accommodation;
- 12) the methods used to mobilise professionals, taking into account the entire organisation, i.e. the organisation of information exchange, work methods, crisis management services and methods of personnel training;
- 13) the ability of the organisation or unit to implement alert systems and training, allowing the measurement of occupational fatigue;
- 14) the role of the organisation or unit in relation to tasks entrusted by public authorities, particularly in confronting different points of view, as well as actions concerning
 - user and partners' perceptions of the organisation or unit and its missions;
 - the formalisation of inter-institutional and inter-professional cooperation and collaboration on behalf of and with the user; and

- 15) the integration of the organisation or unit in a given territory, notably with regard to the local network, the optimal use of resources and its contributions to changes and modifications in the environment.

3.2 Quality indicators for home-based care services

For organisations or services approved to offer home-based care services, the quality criteria cover areas of external evaluation to which more specific aspects are added, linked to the fact that these organisations come under the accreditation system. The decree of 24 November 2005 sets out the elements of the evaluation criteria in the following way:

General instructions

- respect for the privacy of service beneficiaries and their families, for their cultures, their life choices, their personal space and possessions;
- respect for confidentiality regarding information received;
- guarantee of the exercise of personal rights and freedom;
- knowledge of local, social and health care contexts corresponding to the population for which the organisation or unit caters;
- work in synergy and coordination with other workers and organisations;

Organisation of high-quality reception

- the physical and telephone reception, consistent with the services offered;
- availability of written documentation;
- the posting of tariffs in public reception areas;
- adapted premises;
- ability to respond to emergency situations;

Tailored operations

- recognition of the beneficiaries' direct requests and those of their friends and family when the beneficiaries cannot express their needs;
- adaptation of the treatment methods to the beneficiary (it is advisable to act in the place of the beneficiary, to help the beneficiary perform tasks him or herself, to teach the beneficiary to carry out these tasks, etc.);
- coordination of the service offered with other possible operations;
- information on possible financial help and the steps to take;

Clarity and quality of the offer of service

- existence of a free estimate for every service offered entailing a monthly cost of more than €100 (taxes included) or for every beneficiary who requests one;
- existence of a written contract;
- the right to cancel up to seven days after the signing of a contract between the beneficiary and administrator;
- clear and detailed invoicing;

Operational methods

- continuation of operations on Saturdays, Sundays and bank holidays, if necessary, and good coordination among the different services provided;
- information on the general conditions for replacement caregivers, which must be systematically offered when the regular caregiver is absent, including for annual leave;
- information on the identity and qualifications of caregivers;
- respect for the predefined hours of operation and nature of the service offered;
- the monitoring of every service is ensured by a designated representative within management, whose name is given to the beneficiary;
- caregivers are informed of the specific needs of the beneficiary. Management ensures that it is clear which services are to be carried out (instructions, tasks to be completed, etc.);
- caregivers participate in the operation's personalised monitoring system. They inform the service of significant events concerning the beneficiary and are included in discussions leading to changes in the care package;
- caregivers are included in the coordination of care with other caregivers;
- caregivers respect the confidentiality and privacy of the persons;
- caregivers are prohibited from being given by the beneficiary any delegation of authority for assets, property or rights, any donation, any deposit of funds, jewellery or valuables;
- administrators contribute to abuse prevention, notably by increasing public awareness and training adapted to caregivers. When necessary, the administrator informs the relevant authorities;
- caregivers are supported in their professional practices in different ways, such as training, meetings for the exchange of techniques and private meetings;
- the administrator implements a personalised monitoring system for services, in conjunction with the beneficiary and caregiver and in agreement with the beneficiary. The definition of the services offered is reviewed at least once a year;
- for regular services carried out at the beneficiary's home, a caregiver/user log book (or equivalent system) is maintained;
- the administrator manages any conflicts that arise between the caregiver and beneficiary;
- in the case of an unresolved conflict with the administrator, the beneficiary can call, with a view to asserting his/her rights, a qualified person chosen from the list in Art. L. 311-5 of the CASF, also found in the appendix of the reception booklet;

Monitoring and evaluation of operations

- the administrator organises the processing of complaints. The administrator keeps a record of operations;
- the administrator implements regular internal checks;
- the administrator ensures that a survey is carried out at least once a year with the beneficiaries on their perceptions of the quality of services offered;
- every year the administrator passes onto the prefect the qualitative and quantitative report set out by Art. R. 129-4 in the Labour Code. This report describes the methods implemented to fulfil current specifications;

- the quality charter, set out in the fourth clause of Art. R. 129-3 of the Labour Code, for administrative associations and companies composed of several organisations, requires that the administrator performs an evaluation and regular checks;

Selection and qualifications of the persons carrying out services

- the administrator ensures that the candidates' abilities are suitable for the proposed job, and to this end, organises the recruitment process;
- the caregiver
 - either has a diploma, certificate or status awarded by the government or certified body, or registered in the national directory of professional certifications, proving his/her competences in the field concerned;
 - has three years of professional experience in the field concerned, and will benefit from training or coaching in order to receive certification of experience, with a view to receiving training leading to a diploma;
 - has a government-assisted contract associated with professional training or vocational training;
 - has benefitted from training to adapt to employment followed by training for a diploma in the appropriate field;
- the supervisory staff member or administrator
 - either has a diploma, certificate or status awarded by the government or certified body, or registered in the national directory of professional certifications, proving his/her competences in the field concerned;
 - has professional experience in the field concerned, and will benefit from training or coaching in order to receive certification of experience, in preparation for training recognised in the field of work;
- the supervisory staff member or administrator has managerial skills that allow him/her to
 - ensure the smooth operation of the certified structure in conformity with the specifications; and
 - coordinate the services and develop networking.

Appendix. A selection of evaluation guidelines

1. The reference framework ANGELIQUE (Application Guide for a National Assessment Labelled Internal Quality for Users of Establishments) is a self-diagnostic tool created by the Direction Générale de l'Action Sociale in association with representatives of leading federations, bringing together either organisations or beneficiaries, managers and 'learned' geriatric or gerontology societies. It is based on 142 items. The self-evaluation grid is split into four parts:

- resident and family expectations and satisfaction,
- the care and support needs of residents and the actions taken,
- the organisation and its environment, and
- the approach to quality.

Each item is subjected to a grading from A to D. The evaluation results are the subject of a document that remains within the organisation. Only the summary – outlining the main points, the points to be improved and improvement objectives selected – is sent to the government and the department for negotiation on the tripartite agreement.

A support guide is published by the Ministry of Health and Social Affairs, to help organisations to use this reference framework.

2. The NF standard, published in 2000, and recently updated following changes in the sector, has been formulated by all the home-based care professionals, including federations like UNA (National Union for Help, Care and Services at Home). The NF standard defines a **common basis of service commitments** for services aimed at helping, maintaining and improving life in the home. Starting with the expectations of the service beneficiaries, the standard clarifies home-based care services and defines a **level of service quality acceptable to all**, etc. It defines an ethical framework for carrying out home-based care services, and then service commitments (reception, request processing, carrying out the service, evaluation and continuing improvement of service quality and of the necessary skills to perform these services). It is based on the following elements and principles:

- respect for professional ethics, i.e. respect for the individual, a personalised care package, a 'triangular' relationship aimed at protecting the beneficiary and caregiver at home;
- reception of the beneficiary;
- analysis of the request;
- development of the offer of services, quotation, contract and arrangements for the care package, the persons' competencies and monitoring;
- the handling of complaints; and
- analysis of customer satisfaction.

3. The reference framework for the Qualicert certification, created in 1999 at the request of the Union for Human Services companies, and of which a second version was validated in March 2007 to keep up with changes in the sector, is based on the following principles:

- reception of the user,
- offer of a clear and personalised service,
- competencies of caregivers,
- monitoring of the caregivers, and
- monitoring of service quality.

4. Qualisap is a reference framework promoted by the National Federation of Human and Neighbourhood Services (FEDESAP). It strictly adheres to the recommendations for accreditation and adds elements of customer satisfaction. It involves five major themes:

- respect of professional ethics and good professional practices,
- reception and a clear response adapted to the service beneficiary,
- implementation of an organisation that ensures the services offered conform to the commitments made,
- a policy aimed at ensuring efficient human resource management, and
- monitoring of service quality.

5. Specifications relating to the quality approval provided in the first clause of Article L.129-1 of the Labour Code

Foreword

The following terms used in these specifications refer to the concepts defined below:

“Management” refers to the legal representative of the legal entity requesting approval and which will manage the services for the benefit of the beneficiaries whatever the mode of performing such management (service provider, representative, temporary).

“Beneficiary” refers to the physical person benefiting from the personal services organised for them. In the case of child minding, the notion of “beneficiary” or “person” refers, depending on the context, to the child’s parent(s), or to the child, or to the parent and the child.

“Agents” refers to the salaried employees of the management or the employees made available for the beneficiary by the management.

For the services performed by a representative, the notion of “contract” means the contract concluded between the beneficiary and the management of the service, to the exclusion of the employment contract signed between the beneficiary and their employee.

I. List of activities pertaining to the quality approval

The activities pertaining to the quality approval are defined in the first article of the ruling of 24 November 2005 setting out the specifications relating to the quality approval.

II. General provisions

1. Services provided to persons in the home pertaining to the quality approval are characterised by actions performed for persons who are vulnerable due to their age, state of health or handicap, and in their homes. The agents establish a relationship built on trust and dialogue with the beneficiary, their family and social circle, they respect the intimacy of the persons and their families, their culture, their choice of lifestyle, their private space, their property and the confidentiality of the information they may learn.

2. The management guarantees that the beneficiaries on whose behalf it acts can exercise their individual rights and freedom, in conformity with article L. 311-3 of the social and family services code. The induction manual stipulated in article L. 311-4 of the social and family services code is given to each person or their legal representative and includes in particular the documentation mentioned in article 7 of these specifications.

3. These actions fulfil a social function. Consequently, the management must be aware of the local social and medical-social context of the public it is addressing, in order to ensure the actions of its services are performed in synergy and in coordination with the other actors and procedures. To this end, the management must know the procedures of the

departmental structure of the social and medical-social organisation concerning its field of activity. The management must know:

- the distribution of competences between the different institutions concerned by the sector in which it intervenes (general councils, Family Allowance Fund, CRAM (Regional Health Insurance Fund), retirement pension fund, municipalities, CCAS (Central Social Care Fund), etc.);
- the different sources and conditions of funding relating to its interventions;
- the missions of the public services and structures required to intervene on behalf of the same sector of the public (social services, Mother and Child Protection services (PMI), departmental commissions responsible for looking after young children, facilities and services for receiving young children, elderly and handicapped persons, departmental structures for handicapped persons, medical-social teams of the APA (personal autonomy allowance), CLIC (Local Information and Coordination Centre), etc.

4. The instructions in these specifications form the qualitative references that the management shall implement according to its own choices of organisation. It is responsible for defining and implementing the procedures for organising, supervising and coordinating its interventions in such a way as to ensure the quality of the services provided.

5. The management shall respond to the present specifications either by ensuring that the services are performed wholly with its own resources, or by joining with other structures to perform these services.

6. The management shall take into account the recommendations for good professional practices validated in particular by the National Council of Social and Medical Social Evaluation created in article L. 312-8 of the social and family services code.

III. Organise reception of quality

7. The management shall provide physical and telephone reception consistent with its offer of services. It shall make available to the public full, precise and updated written documentation on its offer of services, on the prices of the services offered, potential funding and the procedures to be followed, as well as the possible paths for appeal in case of dispute. The prices of the services offered shall be posted in the premises receiving the public.

8. Telephone reception shall be personalised and ensured for at least 5 days a week, 7 hours a day. A telephone number shall be given to the beneficiary for all the services offered locally and telephone messages shall be taken and transmitted.

9. The management shall make available adapted premises, in conformity with articles L. 111-7 and L. 111-7-3 of the housing construction code. These premises shall be such as to permit it to carry out its missions, especially the coordination of services and personnel.

10. The management must have the means available to deal with emergencies.

IV. Proposal for personalised action

11. The management must formulate an offer of personalised action with the beneficiary:

- either on the basis of an assistance plan already formulated by specialised teams;
- or on the basis of a global and individualised evaluation of the beneficiary's demand and needs performed by the management.

12. The evaluation shall take into account the direct demand of the beneficiary and the demands of the latter's social circle, when the beneficiary is unable to express their needs.

13. Whatever the case, the management shall determine whether the service expected can be satisfied by the competences and resources it is able to implement. If not, the beneficiary shall be oriented towards an adapted structure.

14. The methodology of action shall be adapted to the beneficiary (according to the situation, what should be done for them, what can they be helped to do or taught to do, etc.).

15. The offer of action shall describe the procedures of coordination with other possible actions.

16. The management shall inform the beneficiary of potential funding and the procedures to be followed to obtain it.

V. Clarity and quality of the service offered

17. A free quotation shall be drawn up systematically for any service whose monthly price is equal to, or higher than, 100 euros inc. tax, or for any beneficiary that asks for one. This quotation shall be posted in the premises receiving the public. The quotation shall list the services and tasks that are carried out and subject to invoicing at a later date. The management shall list the documents given to the beneficiary and attach a model of a standard contract.

18. All subscriptions and services shall be subject to a written contract with the beneficiary, specifying the term, frequency, type and cost of the service, as well as the amount remaining at the beneficiary's expense.

19. Except for proven cases of emergency, the beneficiary must give their formal agreement regarding the service offered and its procedures. This agreement is registered in the framework of a contract, before the management intervenes.

20. In the framework of services offered by prospection, the beneficiary is entitled to desist during a period of 7 days counting from the signature of the contract concluded between the beneficiary and the management, under the conditions defined in articles L. 121-21 and those following it in the consumption code.

21. The management shall draw up clear and detailed invoices. It shall send an annual tax certificate to the beneficiary.

VI. Intervention procedures

22. The management shall guarantee the continuity of the interventions including, when necessary, Saturdays, Sundays and public holidays, and their efficient coordination.

23. The beneficiary shall be informed of the general conditions of replacement. A replacement is proposed systematically if the usual agent is absent, including during annual holidays.

24. The management shall verify, or if necessary, have verified, that the activities programmed are performed by a certified or authorised structure.

25. The beneficiary shall be informed of the identity of the agents and their qualifications. The agent must wear a sign recognisable by the beneficiary (1).^[16]

26. The times of intervention and the content of the service defined beforehand shall be abided by. The beneficiary shall be informed of possible changes.

¹⁶ (1) Badge, professional card, means adapted for blind persons, etc.

27. Each service shall be monitored by a correspondent appointed in the structure supervised by the management and whose name is made known to the beneficiary.

28. The agents shall be informed of the beneficiary's specific needs. The management shall ensure that the intervention procedure is well understood (instructions, tasks to be performed, etc.).

29. The agents shall participate in the individualised follow-up procedure of the intervention. They shall inform the service of the important events concerning the beneficiary and are associated with consideration leading to modifications to the intervention.

30. The agents shall be associated with coordination involving other agents.

31. The agents shall respect the confidentiality of the information they receive and the privacy of persons.

32. The agents are forbidden to receive from the beneficiaries on whose behalf they act any delegation of authority over assets, goods and rights, donations, deposits of funds, jewellery or shares.

33. The management shall contribute to preventing maltreatment, in particular by informing the public and giving adapted training to the agents. When necessary, the management shall inform the relevant authorities of such maltreatment.

34. The agents shall be supported and assisted in their professional activity by different means such as training, meetings to exchange practices, individual interviews, etc.

35. The management shall set up a personal procedure to follow-up the services in relation with the agent and the beneficiary and in agreement with the latter. The definition of the action shall be subject to updating at least once a year.

36. For regular services performed in the beneficiary's home, a correspondence book (or equivalent system) shall be kept updated.

37. The management shall manage possible conflicts between the agents and the beneficiaries.

38. In case of a conflict with the management remaining unresolved, the beneficiary can appeal, in view to obtaining assistance to claim their rights, to a qualified person that they can choose from the list stipulated in article L. 311-5 of the social and family services code attached to the induction manual.

VII. Following-up and evaluating actions

39. The management shall organise the processing of complaints. It shall keep an updated record of actions.

40. It shall set up regular internal controls.

41. The management shall carry out a survey at least once a year to determine the perception of the beneficiaries about the quality of the actions.

42. The management shall send the qualitative and quantitative evaluation mentioned in article R. 129-4 of the labour code to the Prefect; this evaluation shall emphasise in particular the resources implemented to satisfy these specifications.

43. The quality charter mentioned in clause 4 of article R. 129-3 of the labour code, for management associations and companies comprising several establishments, shall give rise to an evaluation and periodic controls by the management.

VIII. Selection and qualification of persons implementing the activity

44. The management shall ensure the suitability of the candidates to fulfil the posts offered and it shall organise its recruitment procedures to this end.

45. The agents:

- shall hold diplomas, certificates or accreditations issued by the State or be certified or registered on the national registry of professional certificates vouching for their competence in the sector concerned and of which a non-exhaustive list is provided in the appendix;
- or have three years professional experience in the sector concerned and will benefit from training activities or assistance to certify prior learning in view to taking training to obtain a diploma;
- or benefit from a contract subject to State assistance associated with professional training or cooperative vocational training;
- or benefit from training adapted to the post offered followed by training to obtain a professional diploma in the field concerned.

46. The supervising personnel and the management:

- shall hold diplomas, certificates or accreditations issued by the State or approved or registered in the national register of professional certifications vouching for their competence in the field concerned;
- or have professional experience in their area of competence and will benefit from training or assistance to certify prior learning in view to taking training to obtain a diploma.

47. The supervising personnel or the management shall justify the managerial competences that allow them to:

- manage the operation of the authorised structure in conformity with the specifications;
- coordinate their actions and develop their tasks by networking.

Launched in January 2009, ANCIEN is a research project financed under the 7th EU Research Framework Programme. It runs for a 44-month period and involves 20 partners from EU member states. The project principally concerns the future of long-term care (LTC) for the elderly in Europe and addresses two questions in particular:

- 1) How will need, demand, supply and use of LTC develop?
- 2) How do different systems of LTC perform?

The project proceeds in consecutive steps of collecting and analysing information and projecting future scenarios on long-term care needs, use, quality assurance and system performance. State-of-the-art demographic, epidemiological and econometric modelling is used to interpret and project needs, supply and use of long-term care over future time periods for different LTC systems.

Work Packages. The project started with collecting information and data to portray long-term care in Europe (WP 1). After establishing a framework for individual country reports, including data templates, information was collected and typologies of LTC systems were created. The collected data form the basis of estimates of actual and future long term care needs in selected countries (WP 2). WP 3 builds on the estimates of needs to characterise the response: the provision and determinants of formal and informal care across European long-term care systems. Special emphasis is put on identifying the impact of regulation on the choice of care and the supply of caregivers. WP 6 integrates the results of WPs 1, 2 and 3 using econometric micro and macro-modelling, translating the projected needs derived from WP2 into projected use by using the behavioral models developed in WP3, taking into account the availability and regulation of formal and informal care and the potential use of technological developments.

On the back of projected needs, provisions and use in European LTC systems, WP 4 addresses developing technology as a factor in the process of change occurring in long-term care. This project will work out general principles for coping with the role of evolving technology, considering the cultural, economic, regulatory and organisational conditions. WP 5 addresses quality assurance. Together with WP 1, WP 5 reviews the policies on LTC quality assurance and the quality indicators in the EU member states, and assesses strengths, weaknesses, opportunities and threats of the various quality assurance policies. Finally WP 7 analyses systems performance, identifying best practices and studying trade-offs between quality, accessibility and affordability.

The final result of all work packages is a comprehensive overview of the long term care systems of EU nations, a description and projection of needs, provision and use for selected countries combined with a description of systems, and of quality assurance and an analysis of systems performance.

Principal and Partner Institutes

CEPS is responsible for administrative coordination and dissemination of the general results (WP 8 and 9). The Belgian Federal Planning Bureau (FPB) and the Netherlands Bureau for Economic Policy Analysis (CPB) are responsible for scientific coordination. Other partners include: German Institute for Economic Research (DIW); Netherlands Interdisciplinary Demographic Institute (NIDI); Fundación de Estudios de Economía Aplicada (FEDEA); Consiglio Nazionale delle Ricerche (CNR); Università Luiss Guido Carli-Luiss Business School (LUISS-LBS); Institute for Advanced Studies (IHS); London School of Economics and Political Science- Personal Social Services Research Unit (PSSRU); Istituto di Studi e Analisi Economica (ISAE); Center for Social and Economic Research (CASE); Institute for Economic Research (IER); Social Research Institute (TARKI); The Research Institute of the Finnish Economy (ETLA); Université de Paris-Dauphine-Laboratoire d'Economie et de Gestion des organisations de Santé (DAUPHINE- LEGOS); University of Stockholm, Department of Economics; Karolinska Institute-Department of Medicine, Clinical Epidemiology Unit ; Institute of Economic Research, Slovak Academy of Sciences (SAS-BIER); Center for Policy studies (PRAXIS). Most of the ANCIEN partners are members of the European Network of Economic Policy Research Institutes (ENEPRI).