Theoretically informed case study accompanying the film

nueva – Austria

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QR-Code to the Homepage and video:
Link to the video: http://www.inno-serv.eu/nueva

This report is part of the research project „Social Platform on innovative Social Services" (INNOSERV). INNOSERV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSERV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).

1. Short profile: nueva - evaluation of services in Austria

nueva addresses people with learning difficulties and mental disabilities, who live in residential facilities or work in work integration organisations. Target groups are being expanded to include elderly people, youth and similar areas of support services. The organisation has developed a method that allows the involvement and empowerment of these target groups by letting them effectively articulate their needs and assess the services they use. The assessments are performed in a discursive way based on interviews, which are conducted by specially trained evaluators who arepeers of the target groups, and have a disability themselves. The service also represents an effective work integration effort for the evaluators.

Specific innovative elements of nueva

Evaluation and quality development from a user perspective:
Users receive a say in evaluating the services that are offered to them. Thereby they contribute to service improvement.

Peer-principle:
The evaluators are themselves people with a disability. This increases mutual trust, gives them a feel for the situation and avoids hierarchical situations in which users might feel patronised.

Benchmarking and quality development:
By establishing evaluation as a core variable in service fields, the initiative contributes to encouraging quality development.

Replicability in other fields:
The aspects of evaluation, the emphasis on the user as well as the peer principle can be transferred to a large set of new fields, which further increases the initiative's value for the field of diverse social services.

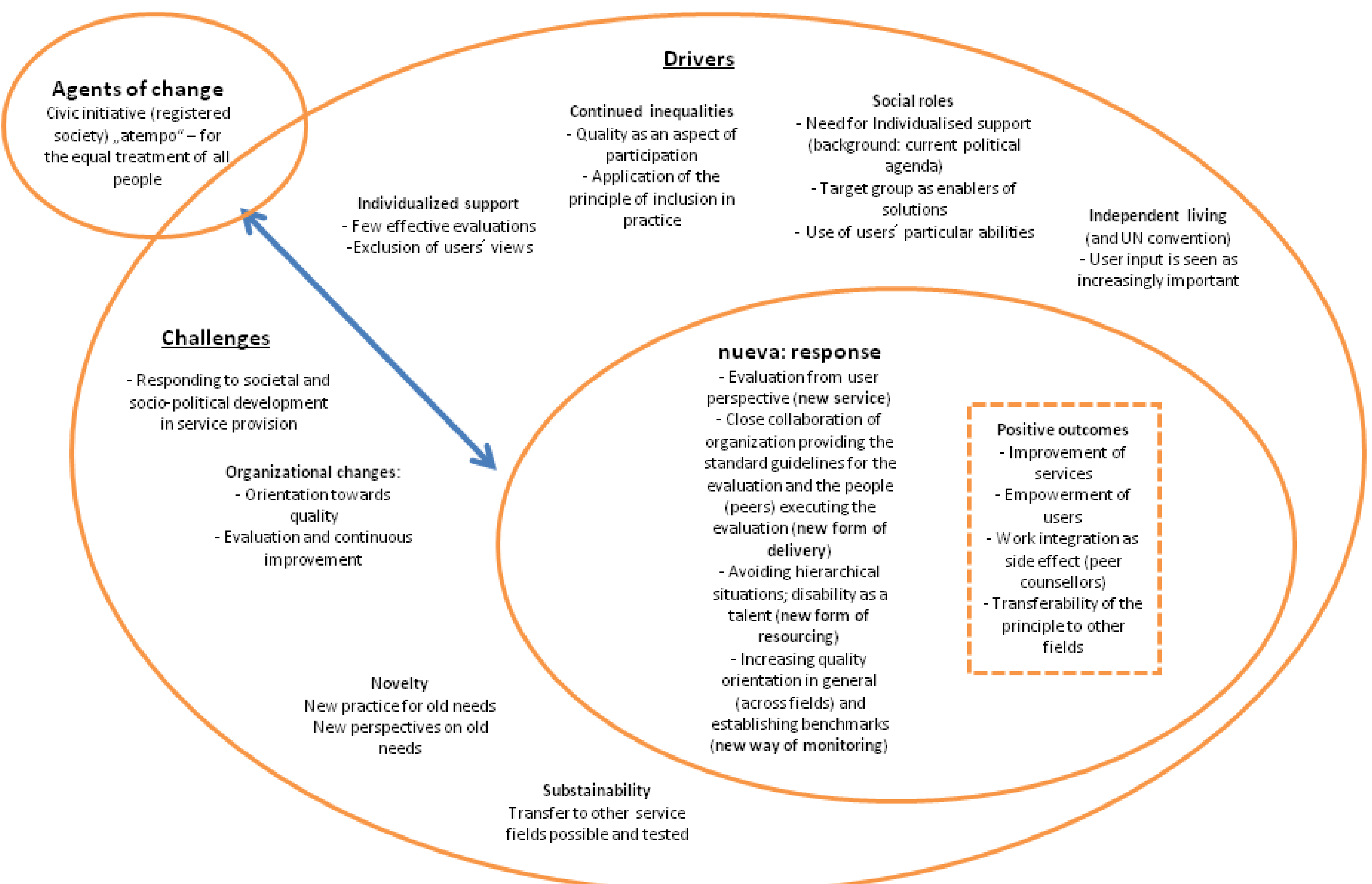
Key characteristics of the service

Organisation:
nueva is a private for-profit organization (based in Graz, Austria). The service is currently being expanded to other European countries. A pilot project has been realised in Berlin, Germany. Up to now (September 2012) the organization has performed more than 2.,600 evaluations.

User groups:
Evaluation services are offered in the area of housing for people with learning disabilities, job coaching and work integration as well as housing for the elderly. nueva has subsequently extended its expertise into these areas and aims at including new user groups (e. g. in youth services).

Principle:
The particularity of the evaluation is that it happens from the perspective of the target groups. At the same time evaluators themselves have a disability and are therefore better able to elicit truthful feedback.

Driver(s):
The project has been initiated in the context of: (a) few effective evaluations of services for people with disabilities, (b) the exclusion of user groups in such evaluations. By allowing users to express their needs, organisations can respond in a more targeted way, as promoted by the agenda of "inclusion".


Factors influencing Social Services Innovation
Agents of change
Civic initiative (registered society) „atempo" – for the equal treatment of all people
Drivers
Individualized support
- Few effective evaluations
-Exclusion of users´ views
Continued inequalities
- Quality as an aspect of participation
- Application of the principle of inclusion in practice
Social roles
- Need for Individualised support (background: current political agenda)
- Target group as enablers of solutions
- Use of users´ particular abilities
Independent living (and UN convention)
- User input is seen as increasingly important
Challenges
- Responding to societal and socio-political development in service provision
Organizational changes:
- Orientation towards quality
- Evaluation and continuous improvement
Novelty
New practice for old needs
New perspectives on old needs
Substainability
Transfer to other service fields possible and tested
nueva: response
- Evaluation from user perspective (new service)
- Close collaboration of organization providing the standard guidelines for the evaluation and the people (peers) executing the evaluation (new form of delivery)
- Avoiding hierarchical situations; disability as a talent (new form of resourcing)
- Increasing quality orientation in general (across fields) and establishing benchmarks (new way of monitoring)
Positive outcomes
- Improvement of services
- Empowerment of users
- Work integration as side effect (peer counsellors)
- Transferability of the principle to other fields

2. Policy Framework related to care for people with disabilities in Germany

Principle/ Guidelines	Key organisations and actors	Services provided by government	Expenditure, resources
1. Self-determination: People with disabilities are to be granted care that is appropriate to their individual needs. They have a right to personal assistance for a self-determined lifestyle independent of their income situation (cf. Social Security Code IX, §1) **2. Participation:** Legal entitlement to participation in community life is given as equal importance as participation in work and medical rehabilitation **3. "Outpatient rather than in-patient" care:** Aims at enabling people to stay in their customary surroundings as far as possible (cf. BMFSFJ 2006) **4. Quality assurance:** Service providers have to build up a quality management system that ensures and constantly improves the quality of their services (cf. Social Security Code IX, §20) **5. Discrepancies and doublings in the care system and its financing:** Division of the social law into four independent areas: 1. Social insurance 2. Social compensation 3. Social promotion 4. Social welfare aid **Problem:** Complex and overarching provisioning results in diverse claims towards different funding agencies	**1. Different funding agencies** (public and quasi-public) on federal, state or municipal level Responsibilities for the rehabilitation of disabled people: - Statutory health insurance and accident insurance - Old age insurance - German Federal Labour Market Authority - Social welfare aid - Providers of public youth welfare **2. Diverse service providers** on regional and municipal level **3. Beneficiaries**, with a certain degree of self-organisation	**Legal milestones:** - Establishment of Security Code IX in 2001 - Individual entitlement to participation benefits (personal budgets) for every person with a disability in need - Ratification of the UN Convention on the Rights of Persons with Disabilities in 2009 **Service characteristics** Independent of individual needs, the following participation benefits are delivered: **Participation in community-life:** - support to take part in community life (e.g. personal assistance, hearing/ communication aids; prostheses) - special/curative education - assistance in finding appropriate housing **participation in work:** - school education accessible to people with disabilities - individual in-company education/qualification - assistance in finding an appropriate job (first labour market or in workshops for people with disabilities) **medical rehabilitation:** -any appropriate medical support to prevent and avoid the aggravation, mitigate or balance the effects of disablement **personal budget:** - Instead of in-kind participation benefits, people with disabilities can receive budgets to select and pay for needed services themselves.	**1. Public expenditure[1] for the whole area of child and youth welfare in 2010 (cf. BAR 2010):** - about 28.8bn € - approx. 8bn. € of it is spent on each of the two aspects of participation and rehabilitation (community-life, work and health) **2. Financing of participation benefits depends on the legal basis the particular accountability arises from** - either municipal financing (Social Security Code VIII and XII) - or financing by the social security agencies (Social Security Code III, V, VII, XI) **3. Increase in gross expenses for the rehabilitation of people with disabilities** 2009: 13.3billion € 2009: 58% of social welfare expenses thereof: Expenses for the fostering of social participation: 82 billion. € (61%) Expenses on self-directed living; in particular ambulant assisted living: 6.7 billion. € (50%) Expenses to legally recognised work integration organizations: 3.5 billion € (26%). (cf. Statistisches Bundesamt: Eingliederungshilfe2009: 7-15)

[1] The indicated amount represents the overall sum of social service providers' individual expenditures on rehabilitation and participation of people with disabilities (for a clustered overview cf. BAR 2010).

3. The social, political and institutional context

3.1 Population/ Government

	Germany	EU27[2]
Total population (2010)	81,751,602	501,104,164
Disabled people (2009)[3]	7,101,682[4]	80,000,000[5]
Proportion of population with a disability (2009)	8.7%	16%
Expenditure on social protection (total) (2010)	765,717,82 million €	3,605,678,95
Expenditure on social protection (% of GDP) (2009)	31.1%	29.51%
Expenditure on rehabilitation and participation of disabled people (2010)	28,850 million. Euro	n/a
Expenditure on rehabilitation and participation of disabled people (% of GDP) (2010)	1.2%	n/a
Expenditures for integration services (eg. personal assistance)	1963: 46 million Euro	2009: 13.3 billion Euro
Proportionately gross expenditure of total social minimum income	1963: 5%	2009:58%

Source: StBA 2010/2012; BAR 2010; EC 2010

3.2 Information about the specific welfare state: Germany[6]

The rehabilitation sector in Germany was reformed in 1974 and 1975. Since then, the implementation and coordination of the complex system that has been built up has become more and more difficult. The main reason for this is that rehabilitation is provided by a variety of institutions with different legal roots/ governance.

In 2001, a new legal basis for the care for people with disabilities (the SGB IX) was established. Within the German social insurance system, the SGB IX has an intermediate and linking function between the general social law, the special laws of the social security system and the cooperation of the different welfare associations. The SGB IX can be seen as a amendment of a general rehabilitation law (cf. Welti 2002). Although there are still some open questions (e.g. with regard to the relation between rehabilitation and long term care, aspects of prevention and especially issues of disability and age) the amendment brought a paradigm shift to the field of disability. Most significant are the new definitions and understandings of participation and disability, which were connected directly to the constitutional law and to actual standards from the health sciences:

- According to the legal definition of SGB IX people are disabled if their "physical functioning, mental capacity or mental health differ for longer than six months from the typical condition of the respective age, and therefore their participation in social life is impaired. They are threatened by disability if the

[2] The variety of national statistical categories makes it hard to clearly identify budgets dedicated to the field on the EU level. That is why most of data is indicated as n/a.

[3] The significant difference between the values of Germany and the EU is due to the narrow definition of disability used for the German statistics (see footnote below).

[4] People with a degree of disability of at least 50% are treated as severely disabled; only these are included in the figure (definition valid for Germany).

[5] Valuation by the European Commission (cf. EC 2010)

[6] For references and a more fine-grained illustration of the Welfare sector in Germany compare to literature review of INNOSERV WP1 and separate "Reader on the field of Welfare in Germany".

impairment is to be expected" (Social Security Code IX § 2 par. 1). So the understanding of disability it is **no longer merely oriented to labourmarket directed criteria**. Rather, the SGB IX explicitly refers back to a **holistic understanding of disability**.

- With regard to participation, welfarestate efforts now focus on the integration of people with disabilities in community life and not merely on aspects of medical rehabilitation and labour market integration. The emphasis on self-help and self-organization in the selection and design of support – not least through the introduction of personal budgets – illustrates the increasing importance of self-determination of people with disabilities and consequently the empowerment as experts.

These developments – from a reductionist, deficit-oriented and pathogenic perspective to a holistic, resource-oriented, salutogenic perspective on disability – became stronger on the national and international level and led to a shift away from the concept of 'integration' towards the concept of 'inclusion'. This is linked to an understanding of disability as a human / social **norm** that is not only accepted, but welcomed as a source of cultural enrichment in terms of diversity.

The aspect of inclusion is furthermore an integral part of the **UN Convention on the Rights of Persons with Disabilities** which was passed in 2006 and formally confirmed by the EU in 2010. The particular innovation potential of the Disability Convention results from its specific accentuation: **Empowerment** to overcome the deficit-oriented approach, **social inclusion** and the **humanisation** of society as a whole (Bielefeldt 2009) form target categories and are starting points for action plans of the government and private organizations. Moreover, the German Convention derives its innovative power from the explicitly required participation of civil society (BMAS 2011d).
Studies of actual practice do however illustrate that 60% of services for people with disabilities are still delivered in institutional care that 90% of rehabilitation expenses are spent in this context.

There is a steady increase of in-kind benefits as a percentage of total social protection benefits (including social services), which underlines the significance of such services against simple cash benefits. The table below illustrates social protection expenditures of Germany in comparison with the EU 27.

Social protection expenditures: Aggregated benefits and grouped schemes in millions of Euros

	Total expenditure for social protection in millions of Euros		Increase in in-kind benefits	Proportion of in-kind benefits (of total social protection benefits)	
Time	**1996**	**2010**	**1996-2010**	**1996**	**2010**
EU 27	/	3,605,678.95	/	/	34.07%
Germany	565,683.07	765,717.82	52.53%	30.79%	34.69%
Italy	241,249.28	463,992.0	127.52%	21.86%	25.86%
Belgium	60,592.78	106,492.16	110.88%	24.18%	29.01%

Source: Own calculations based on EUROSTAT 2012

4. Challenges and drivers of innovation

Drivers and challenges

In the given context the main **challenges** referring to societal and sociopolitical developments which nueva has to deal with and its **responses** to it can be summarized under the following topics.

- **Independent Living** has become a key variable of life with a disability, the more so as it harmonises with the UN convention on the rights of persons with disabilities. Both therefore represent new influences on services in the field. **User input** can consequently increase the convenience and quality of services offered in this area (and also in others).
- This is linked to the issue of **continued inequalities** with a particular stress on effective responses to the needs and demands of users. Only broad and inclusive initiatives in this area can serve as a driver to increase the suitability of services to individual needs across a variety of fields (however, this does not solve the critical issue of access to services).
- The promotion of independent living is connected to the challenge of realising the ambition that disability becomes an **integral part of society** and everyday life. This includes a shift from interpreting disability as a deficiency to respecting the individual life situation and **treating it as a talent** (both as users and as employees).
- From an organisational perspective it becomes ever more important to **ensure and develop quality** and to find valid as well as effective ways to capture, monitor and manage it. **Evaluations** and an orientation towards continuous improvement consequently can represent vital pillars of professional social services.

Innovation: Ideas, criteria, levels and added values

The need for individualised support in the area of disability is going to increase significantly within in the context of the current political agenda and resulting legal frameworks. This shift is connected to similar trends in related service fields that aim to provide personalised and individually crafted support services.

The diversity of service providers simultaneously makes it hard to assess such services with a legally imposed standard model. Tools will rather have to be shaped according to the needs of the target groups and eventually also according to those of the applying organization. It is important for the sustainability of such initiatives that a mutual benefit arises, which grants commitment on the organisational and the user side.

Finally, it is to be considered that the agenda of “inclusion” should be reflected in work integration efforts for people with disabilities. These often neglect the particular talents individual persons have. It is not unusual to find repeated standard models of work integration, instead of new service arrangements where people with disabilities are regarded as experts and can achieve things that others cannot.

There are four particularly innovative aspects of the service:

Evaluation and quality development from a user perspective:
nueva has succeeded in developing evaluation tools that enable clients to rate interventions effectively. Combined with the assessment and know-how of nueva as the responsible analyst, organisations in the listed fields are able to enhance the quality of their services significantly. Indeed there are standard methods that nueva has developed, but it always includes the recipients' perspective in a way that makes every performed assessment unique and context specific.

Peer-principle:
Evaluations are not being performed along simple rating schemes, but on the basis of peer-to-peer interviews. The organisation has furthermore realised a strategy that can include and illustrate the perspective even of people that have difficulties in communicating their opinion (due to their age or physical or mental impairments). The quality evaluation is thus highly inclusive and empowers users and clients in unprecedented degrees.

Benchmarking and quality development:
The organisation offers a service that potentially complements existing internal quality management systems. Overall it increases both, a general quality orientation in the social sector and a user oriented evaluation for tailored service improvement. Abstracting from the organisational perspective nueva supports the establishment of general benchmarks in the social sector. Organizations become aware of and can develop their quality profiles.

Reliability in other fields:
As the subsequent development of spheres of application has shown, there is the possibility of extending the method's application across fields. User involvement and the peer principle can also be highly beneficial in other contexts. The most intuitive case is the one of care for the elderly, but also seemingly unrelated fields like youth services etc. might profit from the introduction of such principles.

Agents of change
The lack of involvement of people with disabilities and other target groups has been recognised and addressed by "atempo", a registered society and thus a civic initiative that works towards the equal treatment of all people. nueva has been founded as a commercial evaluation provider to improve the situation.

5. Key innovative elements of this example

Field of service	Welfare
Establishment of organization	2004 by atempo e.V.
Type of organization	Private for-profit organization; limited liability company (GmbH)
Financing	Service providers pay for the evaluation service offered by nueva
Size of organization	To date 2 branches in Austria (Steiermark and Oberoesterreich), 1 in Berlin
Members and participation	More than 5000 performed interviews
Name of the innovative example Contact Homepage	nueva Betriebsgesellschaft mbH Heinrichstraße 145 8010 Graz http://www.nueva-network.eu/

nueva has been established in Graz, Austria by the registered association “atempo” – for the equal treatment of all people. It has now been transferred to other regions in Austria as well as Berlin as its first German target area. This underlines that the viability of the services is not bound to specific regional or national institutional structures and legislation but can be applied across borders, which is of high relevance for Europe. Transfers to other European countries have already been tested. The scaling and spreading of the intervention works in collaboration with network partners and thereby follows a social franchising logic where training contents for evaluators, tools and models are shared over a period of two years before the evaluations can be performed by the partner organisations.

nueva is not the same as simple satisfaction surveys, since the questionnaire contains concretely formulated criteria that are the result of a discursive and iterative process in which service providers, evaluators and users are involved and have an equal say. The criteria are continually developed in so called “quality circles”. If users cannot be interviewed directly, observation instruments are used. These are being developed in a similar manner. The evaluations are executed by specially trained staff, who are peers of the target group and affected by similar life situations.

A key part of the evaluation process is a feeling of mutual trust and a comfortable atmosphere that is created through the felt “closeness” of evaluators and users. Usually no other persons are involved, be it other staff from nueva or someone from the service provider, so as not to disrupt this situation or evoke perceived hierarchies.

This is how the evaluation process is usually structured:

1. Collective discussion of quality criteria in a quality circle
2. Setting of target profiles (which quality profile fits the organisation?)
    a. For instance: In the category “self-determination” the organisation might decide that it wants to offer a lot of support or rather leave a lot of free space for users. This depends on organisational targets as well as the preferences of users.
3. Discussion of organisational particularities before the evaluation (e. g. accessibility, inclusion of people with visual or auditory impairment)
4. Evaluators and users get to know each other

5. Individual one-to-one interviews with users (sometimes linked to observations performed by evaluators)
6. Data analysis
7. Presentation and discussion of results; setting of targets for improvement (adaption and further development to meet the target profile, which was set in the initial stage and to close gaps; if necessary and desirable the offered (target) quality profile can undergo changes).
8. Publication of selected results on the website for users

In the evaluation questionnaires and quality profiles, nueva uses pictograms aid understanding of categories that are to be assessed by the users. By establishing a database of quality profiles, the organisation enables (future) users to select a service according to their individual preferences and needs. Thereby it does not only contribute to improving the status quo, but also enhances future planning and individual user choice.

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