

Gathering case studies of investment in social, employment, health and education services

Social Platform is the largest civil society alliance fighting for social justice and participatory democracy in Europe. Consisting of 47 pan-European networks of NGOs, Social Platform campaigns to ensure that EU policies are developed in partnership with the people they affect, respecting fundamental rights, promoting solidarity and improving lives.

Why developing case studies of investment in services?

Social Platform has the ambition that decision-makers will consider investment in social, employment, health and education services not a cost, but an investment in people and for the future, that will promote users' fundamental rights and empowerment, as well as bringing along social and economic benefits where possible.

We aim at gathering 10-15 case studies that provide evidence about the benefits of designing and delivering social, employment, health and education services with a rights-based and social investment approach.

The best case studies will be uploaded on our web site. The information gathered through the case studies will be used in our advocacy activities towards EU and Member States' decision-makers.

The case studies will complement a "Myth Buster" on investing in services, by providing concrete examples and evidence to back our arguments and requests.

We will ensure visibility to Social Platform's members and members of members that contribute to the development of case studies (name and logo of the organisation, acknowledgment of persons involved). Social Platform's members and members of members will be able to use all the case studies in their respective advocacy activities.

Understanding the concept of investment in services, including through promoting social investment

Social Platform advocates for investment in services that promotes people's rights and well-being and embed an empowerment approach. Services should be designed and implemented by translating into practice the essential quality principles of service provision (universality, accessibility, affordability, users' rights, equal treatment, safety) enshrined in Protocol 26 of the Lisbon Treaty. These principles have been declined in the [European Voluntary Quality Framework for social services](#) of the Social Protection Committee,

We also advocate for the strengthening of services through ensuring adequate resources, investing in the workforce skills, qualifications and working conditions. We also want to promote social investment approaches in services.

In the Social Investment Package¹, the European Commission defines *social investment* as policies designed to strengthen people's present and future skills and capabilities and to support them to participate fully in employment and social life.

Social investment consists in integrated policies that focus on preparing people to confront life's risks and stages (e.g. unemployment, sickness, disability, maternity and parenthood, insufficient income, childhood and old age) instead of repairing their consequences. Designing policies embedding preventative approaches is of paramount importance. Key policy areas that promote social investment generally include education, quality childcare, healthcare, training, job-search assistance and rehabilitation, and housing.

Social investment policies, as well as having immediate effects, also have lasting impacts by offering economic and social returns over time: not only in terms of increased employment or labour incomes, but also in terms of improved health, reduced crime and unemployment, improved education, decreased poverty etc.

Social investment policies should be designed from the start to the end of life: the type of policies and returns vary over the life course. For example, the social and economic costs of illness must be

¹ European Commission, Communication "Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014-2020", 20 February 2013, COM (2013) 83; see [European Commission website](#)

reduced and replaced, to the extent possible, by healthier and productive lives, starting from the fetus, through health prevention, screening and other prenatal measures.

In the end, social investment benefits individuals' prosperity and well-being, boosts the economy by ensuring more skilled workforce, higher productivity and employment, and promotes better health and social inclusion. It therefore ensures more efficient and effective public spending.

Social investment can be promoted in policies, services and benefits. The case studies we are developing will focus on social investment applied in services.

RECOMMENDED PRELIMINARY READING

We recommend the preliminary reading of the following documents, before going to the questions:

- ✓ *On quality principles for social services* (such as availability, accessibility, affordability, person-centred, continuity, respect for users' rights, users' participation and empowerment, partnership):

[European Voluntary Quality Framework for social services](#), Social Protection Committee, 2010

[European quality framework for early childhood education and care](#)

- ✓ *On users' rights:*

[Charter of Fundamental Rights of the European Union](#)

[UN Convention on the Rights of Persons with Disabilities](#)

[UN Convention on the Rights of the Child](#)

AGE Platform Europe, [European Charter of the rights and responsibilities of older people in need of long-term care and assistance](#)

- ✓ *On users' participation and empowerment:*

Eurodiaconia, [Toolkit for user's empowerment and participation](#)

FEANTSA, [Toolkits on participation](#)

TEMPLATE TO DEVELOP CASE STUDIES OF INVESTMENT IN SERVICES

This template will be used to carry out interviews with key actors involved in the planning and/or delivery of the services in question. If well conducted and if addressed to key persons involved in the service, one interview can be enough to gather relevant and comprehensive information. Interviews would last approximately one hour and a half. Transcribing an interview should take no longer than two hours.

The following questions are guiding questions. It is not necessary to provide an answer to them all, but we would encourage trying to respond to most of them. We prefer to receive by member organisations just one case study that is well developed and comprehensive rather than several incomplete case studies.

Section 1) General information about service/integrated service/project

- Contact information of persons involved in the interview (name; position in organisation; email address; telephone)
- Name of service/integrated service/project
- Service sector (e.g. long-term care)
- When and where was the service introduced? City, country and date
- Duration of the service/integrated service/project
- Short description of primary service/or integrated service (specify objectives)
- Expected outcomes
- Please describe the governance structure of your organization and particularly mention if service beneficiaries or other stakeholders are involved in the decision process (mainly relevant for cooperatives)
- Partners involved: Briefly describe the processes and interactions between partners that allowed you to achieve your objectives
- External stakeholders involved: Briefly describe the processes and interactions between external stakeholders (e.g. authorities, services, communities, etc.) that allowed you to achieve your objectives
- Socio-demographic and economic characteristics of target users: (e.g. age, gender, sexual orientation, ethnicity or social background; specify if they have a specific disadvantage, if relevant)
 - Have any measures been taken to support progress towards a universal legal entitlement of the practice?
- Describe the context in which the service/integrated service/project was introduced

Section 2) Fundamental rights approach and quality principles of service provision²

- How does your service/integrated service/project reflect the respect and promotion of users' fundamental rights?³
- How does the service/integrated service/project embrace diversity and promote equal opportunities for all and prohibits discrimination based on social or personal status? Does the service ensure gender equality? If yes, how?
- How does the service/integrated service/project guarantee that the full target group that should be served directly from this service, is informed about its existence and how to get access to it?
- How does the service/integrated service/project ensure the respect of accessibility?

² For the key principles, please refer to the definitions given in the [European Voluntary Quality Framework for social services](#), Social Protection Committee, 2010

³ For example, the right to dignity, physical and mental well-being, freedom and security; the right to self-determination; the right to privacy; the right to information; the right to redress. See AGE Platform Europe, [European Charter of the rights and responsibilities of older people in need of long-term care and assistance](#)



(What is done to reach the whole target group/ promote their access to the service? Does the service/integrated service/project meet specific requirements for persons with disabilities, including the provision of reasonable accommodation and individual planning?)

- How is affordability of the service/integrated service/project ensured for its target users? (e.g. with social / progressive tariffs, price controls / subsidies, indicators, limits on providers' profits?)
- How does the service/integrated service/project ensure the empowerment of users? How were the users involved in the service and when? (e.g. planning, implementation, monitoring and evaluation of the service?)
- How is high quality of the service provision/integrated service/project ensured? How does the service refer to existing quality frameworks or standards? Does the service/integrated service/project introduce new quality standards? If yes, how?

Section 3) Promotion of social investment approaches and innovation

- Can you explain how you understand social investment in your service/integrated service/project?
- Can you explain the benefits of running the service/integrated service/ project through a social investment approach compared to an ordinary service⁴?
- If relevant, explain in what ways the service/integrated service/project embraces a preventative approach, early intervention and/or a life-cycle approach.
- Does the service/integrated service/ project meet the needs and expectations of target users? Is the user's satisfaction and impact on their Quality of Life regularly measured? How? (If not, why?)
- How does the service/integrated service/project provide benefits in other policy areas (etc. employability and job creation, employment, health, fight against poverty and social exclusion, education, energy efficiency, environment...)?
- Does the service/integrated service/project promote innovation in service provision? If so, how?

Section 4) Cost, funding and economic viability of the service/integrated service/project

- What was the cost of the service/integrated service/project?
- How is the service/integrated service/project funded? (specify source of funding; e.g. public, EU funds, private, mix, users fees)
- What were the main barriers to access to funding?
- Who is accountable for the continuity of service provision? What is the level of involvement of the local community and of local authorities?
- Do you have evidence of cost-effectiveness in service provision? (Do you envisage medium or long-term savings?)

⁴ For example, Housing First is an innovative way of tackling homelessness amongst people with complex support needs, usually relating to mental health and/or addiction. The main elements of the Housing First approach have to be seen in contrast to shelters or approaches requiring "treatment first" and/or moving homeless people through a series of stages (staircase system) before they are "housing ready". Comparative studies show that Housing First is more effective than traditional services and can also be more cost-effective: achieving better outcomes for the investment made and in some cases generating cost offsets and even savings.



- Has the service/integrated service/project being evaluated? If so, how and by whom? If not, why?
- Has the social impact been measured? Please differentiate between short and long-lasting impacts, where feasible. How? (If not, why?)⁵
- Is the service/integrated service/project suitable to produce a return on the investment?⁶
- How can the service be made economically and financially sustainable? What are the pre-conditions to make the service/integrated service/project sustainable?

Section 5) Rolling out of service and potential for transferability

- Can you describe the actual achievements of the service/integrated service/project?
- Do you think the service/integrated service/project could be scaled-up? If yes, under which conditions?
- (If relevant) Do you think the service/integrated service/project could be transferred to another geographical context? If yes, under which circumstances?

Thank you for your precious time!

For any information, please contact: Valentina Caimi
valentina.caimi@socialplatform.org

phone +32 2 5081636

⁵ There is a difference between evaluation (that can be qualitative, quantitative or both) and measurement of social impact. Evaluation involves the assessment of the performance of a particular activity, action, policy, investment or programme, in relation to a given set of objectives and from a specific perspective. Impact measurement approaches are about understanding the impacts, or outcomes, that a policy, activity or investment brings about, and not as much about the process which delivers these outcomes. View more [here](#)

⁶ **Return on investment (ROI)** is the benefit to an investor / funder resulting from an investment of some resource.