

Evaluating personal social services in Germany

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Introduction

Evaluation has become an integral part of the policy process. This paper seeks to shed some light on recent trends and notorious problems in evaluation by looking at the evaluation of personal social services in Germany. Special attention is paid to two frequently observed limits to evaluation. First, most policy evaluations tend to focus on process and output rather than on the ultimate outcomes of policies. Second, as the advocates of “interactive” (Balthasar 2012), “participatory”, “user-focused” (Patton 2008) and “empowerment” (Fetterman et al. 2015) evaluation have criticized times and again, many policy evaluations neglect the involvement of service users.

Personal social services are especially suited for addressing these issues, as the interaction between service provider and service user constitutes a crucial feature of service provision, which has been conceptualized as “*uno actu*” principle (see Herder-Dornreich and Kotz 1972; Badura and Gross 1986) or “co-production” (Ostrom 1996; Evers et al. 2011). The fact that the quality of personal social services highly depends on the involvement of services users explains why outcomes are so difficult to measure. It also suggests that there is a strong case for the active involvement of services users in the evaluation of policies and services.

Two fields of services have been singled out for analysis – youth welfare services (*Jugendhilfe*) and elder care (*Altenhilfe*). In Germany, both fields underwent a fundamental restructuring in the 1990s. In youth welfare services, the 1990 Children and Youth Welfare Services Act (*Kinder - und Jugendhilfegesetz*) aimed at updating its 1961 predecessor with its strong roots in the 1920s by differentiating and ‘personalizing’ the domiciliary variants of services and by making the placement of ‘difficult’ or ‘endangered’ young people in homes the exception rather than the rule. In elder care, the introduction of a new long-term care insurance scheme (*Pflegeversicherung*) in 1994 substantially increased the public support available for frail elderly people, replaced the traditional privileges of the welfare associations with a more competitive system and weakened the role of local governments in elder care. In

both cases, politicians, administration and researchers alike have been interested in unearthing the effects of these large-scale reforms, thus creating a fertile ground for the evaluation of public policies and public services.¹

The chapter starts with a brief overview on the provision of personal social services in Germany which aims at providing some background information on the changes to be evaluated and the institutional framework for evaluation. It then looks at the development of three forms of evaluation – monitoring, benchmarking and classical evaluation research – with a view to identifying trends and problems in evaluation. In all three cases, special attention is paid to the coverage of policy outcomes and the involvement of service users.

The Provision of Personal Social Services in Germany

The institutional framework for the provision of social services in Germany has been characterized by two peculiarities. First, in line with the general division of labor typical of Germany's peculiar federalism (Kuhlmann and Wollmann 2014), policy making and service provision have been largely separated. Whereas the general framework for service provision is set at the federal level, the implementation of this framework largely rests with the 16 states and about 8,000 local authorities (which are formally part of the states). Moreover, states and local authorities alike have enjoyed a far-reaching legal discretion in implementing federal legislation.² The second peculiarity is Germany's strong tradition of “third-party government” in personal social services (Bönker and Wollmann 2000). For long, the most important non-state providers have been the so-called welfare associations (*Wohlfahrtsverbände*), non-profit organizations affiliated with the churches and the labor movement. Since the 1990s, self-help groups and commercial providers have gained ground in service delivery.

In the field of children and youth welfare services, central government legislation was first adopted in the 1920s. Amendments in the 1950s and 1960s largely confined themselves to removing amendments from the Nazi period from the law, but left the strong paternalistic

and ‘disciplinary’ orientation of the original law, as well as the incorporation of the welfare associations in policy-making and service planning, untouched. The reform legislation of 1990, which led to the creation of a new book of the Social Welfare Code (SGB), brought a number of fundamental changes (Baistow and Wilford 2000). First, it introduced legal entitlements to services that had hitherto been provided in a discretionary manner. Second, it overhauled and differentiated the available forms of ‘assistance to education’, assigned priority to counselling and other family-assisting services and made the placing of ‘endangered’ youth outside their families, i.e. in foster families or homes, the exception rather than the rule. Third, it strengthened the participation of the service users by stipulating that "the children and youth, in accordance with their state of development, have to be involved in all decisions of youth assistance relating to them" (§ 8(1) SGB VIII). Fourth, it reduced the privileges of the welfare associations in service delivery and levelled the playing field for self-help groups and commercial providers.

The new law paved the way for an expansion and restructuring of services (for trends and figures, see BMFSFJ 2013). From 1995 to 2010, the overall spending for assistance to education rose from about four to about seven bn Euro. Most of the increase was caused by an expansion of the new family-assisting services whose share in spending increased from 16.3 percent in 1995 to 32.6 percent in 2010. The number of young people placed in homes or foster families fell in the early 1990s and, despite some evidence for increasing juvenile disorder, stayed constant until 2005. Contrary to expectations, however, the corporatist structures proved rather resilient, and the market share of commercial providers has remained negligible (Grohs 2010).

As for elder care, there was almost no federal legislation until the 1990s. While the 1961 Federal Social Assistance Act contained provisions on the eligibility of frail people not able to finance the costs of long-term care, to social assistance, the regulation of personal social services for the elderly was left to the states and the local authorities. The introduction

of a new long-term care insurance scheme, formally consisting of independent care insurance funds (*Pflegekassen*) affiliated with the public health insurance funds, in 1994 fundamentally changed the scene (Bönker et al. 2010, 110-112; Bönker et al. 2016, 77-78). By introducing new social benefits worth about € 16 billion per year, the scheme boosted the market in care services. By ending the traditional privileges of the welfare associations and by replacing the old corporatist structures with more market-like relationships, the new legislation paved the way to an increase in the role of commercial providers. The latter now represent more than two fifths of all providers of residential and almost two thirds of all providers of domiciliary care. Moreover, as the law made the long-term care insurance funds responsible for licensing service providers and concluding agreements on the price and quality of services, the role of the states and the local authorities in coordinating the service infrastructure has weakened.

The peculiar institutional framework for the provision of personal social services in Germany has also shaped the structures and processes of evaluation. The strong role of states and local authorities has translated into far-reaching regional and local differences in evaluation. Its effects on evaluation attempts by the federal government have been ambivalent. On the one hand, it has increased the case for a centralized evaluation, as the latter has offered the federal government the chance of ensuring the desired implementation of the reform legislation and of influencing activities at the state and local level. On the other, the states have been keen on defending their turf and on preventing an indirect hollowing out of their autonomy through evaluation ‘from above’. As EU funds have not played a major role in the field, the impact of the EU on the evaluation of personal social services in Germany has been limited.

Forms of Evaluating Personal Social Services in Germany

Evaluation can come in different forms (Wollmann 2007, 2016; Kuhlmann and Wollmann 2011). In the following, we distinguish three different approaches to evaluating personal social services: monitoring, benchmarking and classical evaluation research.

Monitoring the Development of Personal Social Services in Germany

Monitoring aims at identifying, measuring and discussing the effects of – ongoing or completed - reforms and/or the extent and quality of service provision on a regular basis. It includes the regular public compilation and provision of statistics, arguably one of the oldest forms of evaluation at all, as well as more sophisticated forms of performance measurement and the publication of regular reports covering the development in a field. Monitoring can be organized by the administration itself or can be delegated to more or less independent organisations.

In both fields under analysis, the transformation of the policy sector has been associated with an overhaul of official statistics. As for child and youth welfare services, regular public statistics have been available since the 1920s. However, the passage of the 1990 act went hand in hand with an expansion of the available statistics (Schilling 2002). The differentiation of the services offered by the youth authorities led to a requisite differentiation of the statistical categories. In line with the overall philosophy of the new act, the focus of the statistics shifted from the documentation of administrative processes to the coverage of the service users and their take-up of services.

As for elder care, no regular public statistics existed at the national level until the 1990s. Information on the care infrastructure was collected through occasional enquiries by the peak organisations of the welfare associations or the municipalities (Schöllkopf 1998). The introduction of the Long-Term Care Insurance Scheme was accompanied by the creation of a new branch of statistics, the long-term care statistics (*Pflegestatistik*) (Pfaff 2000). Ever since 1999, the Federal Statistical Office (Statistisches *Bundesamt*) has been compiling data on the take-up of the different benefits and the available domiciliary and residential services. The data, which are updated every two years, are published for the national and the state level and can be retrieved from the Federal Statistical Office's database for each county (*Kreis*). As a

result, they lend themselves both for comparisons over time as well as among states and counties. However, they do not cover the quality of services and the policy outcomes.

In both fields, the statistical monitoring has been complemented by the publication of regular official or semi-official reports on developments in the fields, including the effectiveness of public measures. Ever since the 1960s, the government has been obliged to commission a report on the situation of children and young people (*Kinder- und Jugendbericht*) by an independent expert commission, as well as to comment on this report, in each parliamentary term (§ 84 SGB VIII). Every third report has to provide a comprehensive overview of the state of child and youth welfare services in Germany. As for the elderly, a similar obligation to commission regular reports has existed since the early 1990s. In addition, the law on the new long-term care insurance scheme has obliged the federal government to provide a comprehensive report on the take-up of benefits and the financial development of the new insurance scheme every third (since 2015: every fourth) year to parliament (§ 10(4) SGB XI).³ However, the government has also used the reports to document its legal initiatives and the results of the research it has commissioned. Since its second edition, the report has also included a chapter on the control of care quality.

These reports have served as a major input to both the academic and political debates about the development of personal social services. By compiling and analysing a great mass of statistics, they have helped to monitor developments in the fields. The two reports prepared by independent commissions have brought in the results of academic research and have often taken a critical stance. A recurring theme in the reports on the situation of children and young people, e.g., has been the lack of a proper evaluation of the outcomes of youth welfare services (BMFSFJ 2002, 254; BMFSFJ 2013, 335). From a different perspective, the reports have given the federal government the chance to elaborate upon its own position and have forced it to react to criticism from outside.

A regular, universal assessment of service quality has existed only in elder care. Following up on a number of central government initiatives to increase the quality of long-term care, a system of care grades (*Pflegenoten*), reminiscent of school grades, was established in 2009. Based on an agreement between the long-term care insurance funds, the local authorities and the service providers, the grades were derived from about 50 separate indicators of service quality for both residential and domiciliary care with assessments being based on the inspections performed by the Medical Service Boards of the health insurance funds (*Medizinischer Dienst der Krankenversicherung*) without previous notice. Part of the inspections have been interviews with service users. The care grades are published on the internet and have to be displayed by the institutions concerned at a visible spot.

The care grades system was intended to give informed guidance for the persons that seek residential or domiciliary care. It was also meant to sort out good performers and bad performers and thus to improve the quality of service provision. However, these goals have not been met (Sündekamp et al. 2014). The grades have shown relatively little variation and have been surprisingly good. On the national level, residential care providers received an average grade of 1.2 (which is near the top) although the complaints in the media about the low quality of care have been mounting. One problem was the weighing of the existing multitude of criteria. It allowed certain providers to achieve top grades despite grave deficiencies in crucial areas. Moreover, the reliability of grades has suffered from small and biased samples.

Because of rising criticism, the system was suspended at the beginning of 2016. At the same time, a commission was appointed and mandated to elaborate new criteria for the future assessment of care providers. The associations of the care patients and of the care professions are equally represented on the commission which has been hailed as a step towards more participation and transparency. At the same time a 'care quality institute' (with independent

scientists) has been established to support the new commission. The commission is expected to deliver its recommendations by the end of 2017.

Benchmarking the Development of Personal Social Services in Germany

A second form of evaluation, which has featured prominently in both child and youth welfare services and elder care, has been benchmarking. It aims at comparing the performance of different authorities or service providers in a systematic manner, with a view to identifying “best practice” and to fostering mutual learning. In Germany, as in other countries, the use of benchmarking has been pushed by the advocates of New Public Management (Kuhlmann and Jäkel 2013; Kuhlmann and Wollmann 2014, 227 ff.). Benchmarking has been a central element of the New Steering Model (*Neues Steuerungsmodell*), a New Public Management (NPM)-inspired template for reforming local authorities that played a major role in local government reform in Germany from the early 1990s to the mid-2000s. Later on, benchmarking has also been embraced by the states and at the federal level. A 2009 amendment to the Federal Constitution (*Grundgesetz*) opened the way for the federal government and the states to conduct comparative studies “with a view to ascertaining and improving the performance of their administrations” (article 91d).

In personal social services, benchmarking has taken different forms. First, while there is no nation-wide obligatory benchmarking, municipalities might be subject to an obligatory benchmarking established by ‘their’ states. Second, states or municipalities might decide voluntarily to compare their performance with the performance of other states or municipalities. Third and finally, service providers, especially the bigger ones, might engage in benchmarking.⁴

As it stands, only some of the 16 states have established an obligatory benchmarking among municipalities. In North Rhine-Westphalia, the most populous German state, e.g., the *Gemeindeprüfungsanstalt Nordrhein-Westfalen*, a state audit board established in 2002, has

done benchmarking analyses for assistance to education and assistance for all municipalities. Since the focus of the audit board has been on the cost effectiveness of the local administration and the proper use of state money by the municipalities, these analyses have focused on spending and cases handled, but have not dealt with quality issues and outcomes.

The voluntary benchmarking among local authorities has been a major element of the New Steering Model. From 1996 to 2003, its main advocate, the KGSt, a consultancy with roots in the public sector, helped to establish about 150 benchmarking circles (*Vergleichsringe*) in which a total of 1.600 local authorities took part (Korte 2004, 126). In April 2016, there were 55 active benchmarking circles managed by the KGSt. Out of those, two have focussed on social assistance for frail people (*Hilfe zur Pflege*), and four have dealt with youth welfare services. In addition to the KGSt, other consultancies have organised benchmarking circles. In the case of personal social services, cons_sens, a consultancy specialized on social policy, is worth mentioning (Hollenrieder 2004). It currently manages three benchmarking cycles on assistance to education or youth services in general (see, e.g., Cons_sens 2015a) and four benchmarking circles on assistance for frail people.

The various benchmarking circles have focussed on developing and analysing quantitative indicators that can be compared among the participating local authorities. One set of indicators has normally covered the number of users of different services and their share in the target population. A second set of indicators has included data on the spending on different services, be it in aggregated form, per individual case or per each member of the target population. Finally, some benchmarking circles have taken context factors such as the size of unemployment or the number of divorces into account, with a view to accounting for differences in the problem load. In contrast, almost no indicators of service quality and service outcomes have been developed and used.

For youth welfare services and elder care alike, much emphasis has been put on the relative weight of residential and non-residential services (see, e.g., Schrapper et al. 2010;

Cons_sens 2015b). This reflects the clear preference for non-residential services that can be found both in the 1990 Children and Youth Support Act and in the 1994 Act on Long-term Care Insurance and that is widely shared in the two policy fields. Here, social and fiscal considerations converge. The placement of young or frail people in homes is seen as ultima ratio for both human and financial reasons.

Voluntary benchmarking has featured less prominently among states. Arguably the single most important exception has been the comparative analysis of education results originally initiated by the OECD, a rare case of an outcome-related benchmarking. In the case of personal social services, the states have rarely engaged in benchmarking. Interestingly, two of the three German city states (*Stadtstaaten*), Bremen and Berlin, have been the most active (cf. Senatsverwaltung für Finanzen, Berlin et al. 2008; Senatorin für Finanzen, Bremen 2009, 2014). As city states which combine state and local level, they have taken part in the benchmarking circles of the big cities. Moreover, both states have struggled with massive fiscal problems and have used benchmarking as a means to overcome these problems. In some cases, they have tried to identify potential budgetary savings by comparing their own spending patterns with those in other states. In other cases, they have cited benchmarking results to back their claim that their problems are not due to excessive spending, but to structural problems beyond their control and that they thus qualify for extra fiscal support. In Berlin and Bremen alike, the initiative for benchmarking has come from the ministers of finance.

In the field of elder care, a third form of benchmarking, i.e. benchmarking among service providers, has featured prominently. Especially the providers of care homes have relied on comparisons with other providers, offered both by some of the peak organisations of service providers and by commercial consultancies. In the case of domiciliary care, where a large number of small service providers exist, benchmarking has featured less prominently. Like in the case of municipalities, most of the benchmarking among service providers has

focused on the comparison of costs and spending. The results of the existing benchmarking studies on service providers have played an important role in the negotiations between the service providers, the care insurance funds and the municipalities on the reimbursement of elder care.

Summing up, the importance of evaluation in the form of benchmarking has grown strongly in personal social services. The rise of benchmarking has been strongly driven by the desire to economize service provision. In contrast, service quality and service outcomes have played only a subordinate role, not the least because they are difficult to operationalize.

Classical Evaluation Research in German Personal Social Services

In addition to monitoring and benchmarking, a lot of classical evaluation research is done in German personal social services. The predominant form, which features prominently in both youth welfare services and elder care, is the evaluation of model projects supported by federal or state ministries. Such projects allow the federal government to shape the development of services without limiting the autonomy of states and municipalities. The Federal Ministry of Family Affairs, Senior People, Women and Young People (BMFSFJ) has run various programs to support model projects in youth services and elder care. The Ministry of Health has provided a separate program for elder care.

In elder care, a number of model projects have focused on service outcomes and quality. Based on a study of 46 care homes, one prominent research project has sought to develop a set of indicators of outcome quality (such as indicators for mobility or self-reliance) that can be used both for internal quality management in care homes as well as for external quality control by the MDK (Wingenfeld et al. 2011). Evaluation research has also played a major role in the reform of the definition of frailty underlying the long-term care insurance scheme. Right from the introduction of the new scheme, its criteria for defining frailty has been criticized for focusing too strongly on the ability of frail people to engage in certain

activities. In 2013, a commission proposed a new system for assessing frailty. In order to test the practicability and the effects of the new system the implementation of which is scheduled for 2017 two model projects were launched. More than 4,000 assessments under the new rules were made, with a view to comparing old and new assessments, to identifying problems with the use of the new system and to learning about the acceptance of the new system by the frail and their relatives.

In youth welfare services, the service effects have also featured prominently in model projects. In 2005, the BMFSFJ initiated a special project on the outcomes of youth welfare services (*wirkungsorientierte Jugendhilfe*). It was carried out in 11 (selected) model sites with the involvement of 6 local (counselling) institutions and ran from January 2006 and April 2009. An external research consortium conducted a comprehensive evaluation study which included the involvement of service users (see Albus et al. 2010). The researchers found that the eventual outcomes of the different youth welfare services are in fact strongly shaped by the actual and perceived involvement of the young.

There is also evaluation research in personal social services that is not related to model projects. As for elder care, two comprehensive evaluations of the effects of reform legislation have been commissioned by the Federal Ministry of Health, one in 1998, following the very introduction of the long-term care insurance scheme (Schneekloth and Müller 2000), and the second in 2009, following some reforms in 2008 (TNS Infratest Sozialforschung 2011). Both studies complement the analysis of the official care statistics with surveys among frail people as well as managers of care homes and care services. Both suggest that discontent with the benefits and the functioning of the long-term care insurance scheme has been limited. As for youth services, a number of comprehensive studies in the 1990s have tried to analyse the effectiveness of different forms of "assistance to education" on the basis by studying the trajectories of young people on the basis of official documents and interviews (Baur et al. 1998; Schmidt et al. 2002).

Concluding remarks

Our account of evaluation in youth welfare services and elder care in Germany shows the use of a fairly broad repertoire of approaches ranging from monitoring and classic evaluation research to benchmarking. In line with international developments, benchmarking has clearly gained importance. An interesting form of evaluation, which dates back to the 1960s, are the mandatory requirements for the government to commission or to provide regular reports on developments in the field. While it is difficult to assess to identify the eventual policy impact of these reports, these requirements are likely to raise the standards of the debate and to help put problems on the agenda.

The analysis also shows that the evaluation of personal social services in Germany continues to neglect the analysis of service quality and policy and service outcomes. One major problem is the lack of easily available data for measuring these aspects. The failed attempt at establishing a system of care grades illustrates the obstacles to creating such data. Ironically, classical evaluation research still seems to hold the greatest potential for assessing service quality and policy outcomes. It is best suited for involving users and other stakeholders and allows for qualitative and quantitative analyses.

¹ Contrary to later acts in the fields, e.g. the 2012 Child Protection Act (*Kinderschutzgesetz*), however, none of the two reform acts contained a formal obligation for the government to evaluate the effects of the new legislation.

² The situation thus resembles the one analysed in Pressman and Wildavsky (1973), the founding document of modern implementation research, an important strand of evaluation research.

³ Whereas the reports on the situation of children and young people and the elderly are commissioned by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, the reports on the development of the long-term care insurance scheme are prepared by the Federal Ministry of Health.

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