

### Quality of social welfare services

*... Yet in the end social services have lost public support not because we failed to make the equity case with sufficient conviction and eloquence, or reveal depths of poverty with sufficient rigour... but above all because ordinary people's experiences of the services have often been demeaning and downright inefficient.*

Howard Glennerster

Quality is a wide-ranging and relative notion. If we deem that a given object's quality corresponds to the entirety of its features most desirable by someone, inclusion of someone else's perspective may result in a slightly different set of features or a configuration thereof being recognised as the most desirable one. Purposefulness might be applied as a criterion for the assessment of the quality of an action; but when the purposes are ambiguous, such assessment is difficult to make. In Polish praxeology the quality of an action is manifested through efficiency (*sprawność*) and the instrumental values that represent it, e.g. usefulness, proficiency, effectiveness or cost-effectiveness. Today they constitute a frequently applied set of evaluation criteria for social programmes and elsewhere. For some time now there has been a reflection going on in Poland about general quality issues under the name of *qualitology*, originally strongly linked to material production rather than services<sup>1</sup>.

The discussion about quality of social services and actions aimed to improve them are pursued in particular countries. Only recently such actions have started to be coordinated between the countries and at the European Union level. Dissemination of the discourse about quality in the area of services connected with social work have been linked to such perspectives as post-Fordism and new managerialism applied to public sector (New Public Management [NPM])<sup>2</sup>.

American manifestos promoting privatisation of public services and NPM were published very early on in Poland<sup>3</sup>. The philosophy underlying this approach spread into the reflection and practice of Polish public sector. The nature of systemic transformation was conducive for such development as this transformation was based, among other things, on criticism of the etatistic system characteristic of the People's Republic Polish period. The interest in improvement of local or self-governmental public

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<sup>1</sup> R. Kolman, *Kwalitologia. Wiedza o różnych dziedzinach jakości*, Placet, Warsaw 2009.

<sup>2</sup> A. Alaszewski, J. Manthorpe, Quality and the Welfare Services: A Literature Review, *British Journal of Social Work*, vol. 23, 1993.

<sup>3</sup> E. S. Savas, *Prywatyzacja. Klucz do lepszego rządzenia*, PWE, Warszawa 1992. D. Osborne, T. Gaebler, *Rządzić inaczej*, Media Rodzina, Poznań 1992 (re-issued in 2005).

services has been present in Poland at least since mid-1990s.<sup>4</sup> A great role was played in this respect by the Institutional Development Programme constituting a part of the component B-3 of the Rural Development Programme (RDP), implemented by the Ministry of Interior and Administration (MIA) in the years 2001-2004, and co-financed from the World Bank<sup>5</sup>. The project under the name „Building the institutional potential of self-government units for better provision of public services” was implemented in the years 2007-2010<sup>6</sup>.

Polish literature concerning self-government social policy devotes little attention to the issues of services quality, and is dominated by descriptions of legal regulations, formal competences and tasks, sometimes supplemented with selected indicators of costs or resources of a given sector<sup>7</sup>. Moreover it is difficult to find literature concerning governance of organisational units in the field of social welfare<sup>8</sup>. As concerns foreign literature, it is worthwhile pointing out the already classic book resulting from a mid-1990s seminar, with 40 papers presented and 100 persons from all over Europe participating<sup>9</sup>. The issues of quality in social services are currently very popular in Europe, which is best evidenced by the fact that the European Social Network and Czech Presidency have jointly held already the seventeenth European Social Services Conference about *Quality and Performance in social services*<sup>10</sup>.

### **Welfarism vs. managerialism in the understanding of quality**

Before we show various initiatives contributing to improvement of quality in social services, it is worthwhile pointing attention to differences between classic welfarism and NPM. The former reflects the concept that social services are to be provided by professionals employed in public sector (teachers, medical doctors, social workers etc.) under the assumption that they are unbiased experts on

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<sup>4</sup> In 1998 the Union of Polish Cities published a translation of a 1977 publication of Urban Institute „*Jak skuteczne są wasze usługi komunalne? Procedury oceny ich jakości*”, edited by S. Mikołajczak, J. Proniewicz, T. Weigt. The original title: *How Effective Are Your Community Services? Procedures for Performance Measurement* (since 1977 there were two more editions of the book published, the last one in 2006), i.e. Polish translators deemed performance measurement to be equivalent to quality assessment. What is important, the book does not list social services among public services.

<sup>5</sup> One of the publications resulting from the project focused also on measurement; social welfare services were not neglected in this publication: J. Duda, A. Jeżowski, W. Misiąg, B. Nowak, J. Szlachta, J. Zaleski, *Mierzenie ilości i jakości usług publicznych jako element programu rozwoju instytucjonalnego*, Instytut Badań nad Gospodarką Rynkową, Warsaw 2004.

<sup>6</sup> Social welfare services were taken into account, project’s website: <[www.jst.org.pl](http://www.jst.org.pl)>.

<sup>7</sup> See: A. Frączkiewicz-Wronka red., *Zarządzanie publiczne w lokalnej polityce społecznej*, Wyższa Szkoła Pedagogiczna TWP, Warsaw 2007.

<sup>8</sup> Few exceptions included the book by J. Krzyszkowski *Elementy organizacji i zarządzania w pomocy społecznej*, Omega-Praxis, Łódź 1997. Obviously the literature concerning management of schools, and in particular of hospitals, is much more extensive.

<sup>9</sup> A. Evers, R. Haverinen, K. Leichsenring, G. Wistow ed., *Developing Quality in Personal Social Services: Concepts, Cases and Comments*, Ashgate, Aldershot 1997.

<sup>10</sup> The conference materials are available on the web: <<http://www.esn-eu.org/prague/eng/downloads.html>>.

problems of less fortunate citizens, who in turn were treated as passive recipients of the actions of experts defining and satisfying their needs<sup>11</sup>.

Table 1. Welfarism vs. new managerialism

<b>Welfarism</b>	<b>New managerialism</b>
Public service ethos	Customer-oriented ethos
Decisions driven by commitment to 'Professional standards' and values, e.g., equity, care, social justice	Decisions instrumentalist and driven by efficiency, cost-effectiveness, search for competitive edge
Emphasis on collective relations with employees - through trade unions	Emphasis on individual relations – through marginalisation of trade unions and new management techniques, e.g., Total Quality Management (TQM), Human Resource Management (HRM)
Consultative	Authoritarian/'macho'
Substantive rationality	Technical rationality
Cooperation	Competition
Managers socialised within field and values of specific welfare sector, e.g., education, health, social work	Managers generically socialised, i.e., within field and values of management

Source: Sh. Gewritz, *The Managerial School: Post-welfarism and Social Justice in Education*, Routledge, 2002, p. 32.

The table indicates that each model lays stress on slightly different actions for quality. The social profession model assumes that meeting of the requirements related to personal features of the service-provider, e.g. those concerning his competence, attitude and values, will also yield good quality service. Managerialism is geared more towards service's outcome, and therefore requirements set on results of service-provider's actions are more important for quality than requirements set on the service-provider himself:

*„Performance management has been one of the most common instruments associated with NPM. The basic logic of performance management is to develop suitable measures of the outputs and outcomes of public action, and by using those measures to drive improved service delivery by the public sector.*

<sup>11</sup> For interesting piece of writing about this concept see: J. Le Grand, *Motivation, Agency, and Public Policy: Of Knights and Knaves, Pawns and Queens*, Oxford University Press, 2003. He thought that the major change in social policy thinking in 1980s and 1990s consisted in recognition that social professions mainly take care of their own interests and their customers in reality are not passive in the process of defining and satisfying their needs.

*Making this method effective in turn requires the identification of the goals of government and making the linkage between those goals and the indicators of public-sector activity.”<sup>12</sup>.*

Another well-known author made an even bolder statement: *„performance management and performance metrics were at the heart of the NPM”<sup>13</sup>*. One can also find arguments that performance management is not necessarily consistent with the ideas of quality management (the second major thread in the managerialism):

*„excessive stress on performance may bring public administration to accept shortcuts and fail to see that improved inputs and processes lead to better quality. The father of the concept of total quality management W. Edwards Deming even thinks that the Management by Objectives (MBO)..., which, by the way, is listed among instrument of the new public management, cannot be reconciled with the total quality management concept”<sup>14</sup>.*

The majority of what is important in the performance management can be combined with welfarism, which is best exemplified in the field of social work by PRAISES model integrating practice with evaluation<sup>15</sup>.

Among several approaches to understanding the notion of quality, beside the welfare and managerial ones, one can identify the traditional, scientific, consumer and democratic approaches<sup>16</sup>. In the traditional approach, the quality of a product or service means that they are better than others, exclusive, luxurious. This also entails a higher price. Transposition of such associations into the public sector sometimes results in such issues as luxury service with an additional fee.

The „scientific” approach stems from the „scientific management” of the workflow in industrial enterprises in accordance with methods promoted by Frederick Taylor. The quality is composed of all features of a product or service that contribute to the needs and desires of the customers being well satisfied. Those features should be specified and described by experts; only then they can be transformed into standards that should be met by each and every unit of a given product. Quality assurance actions consist in such production management (provision of services) that all products / services have features determining their usefulness, i.e. they meet quality standards.

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<sup>12</sup> B. Guy Peters, Meta-governance and Public Management, in: S. P. Osborne (ed.), *The New Public Governance*, Routledge, 2010, p. 44.

<sup>13</sup> C. Hood, after: S. P. Osborne (ed.), *The New Public Governance*, Routledge, 2010, p. 422.

<sup>14</sup> J. Supernat, *Administracja publiczna w świetle koncepcji New Public Management*, at the following website: [http://www.supernat.pl/artykuly/administracja\\_publiczna\\_w\\_swietle\\_koncepcji\\_new\\_public\\_management.html](http://www.supernat.pl/artykuly/administracja_publiczna_w_swietle_koncepcji_new_public_management.html)

<sup>15</sup> M. Bloom, J. Fischer, J. G. Orme, *Evaluating Practice: Guidelines for the Accountable Professional*, sixth edition, Pearson, Boston 2009, pp. 19-21.

<sup>16</sup> N. Pfeffer, A. Coote, *Is Quality Good for You? A Critical review of quality assurance in welfare services*, Institute for Public Policy Research, London 1991. The last of those approaches was proposed by the authors themselves.

The level of consumer satisfaction and therefore undertaking of actions that make the product users or service recipients feel the best they can are essential for managerial understanding of excellence. This is difficult to achieve if we only pay attention to the opinions of professionals and treat them as infallible experts on needs. Then we may overlook what the service recipients really expect. The strategy aimed to decrease the autonomy of professionals' work and subordinate them to managers is based on the aforementioned assumption.

The consumer approach to quality differs from managerial one in that it focuses on how consumer's position in relation to service-providers can be strengthened. The best example in this respect is provided by consumer policy in various dimensions, including consumer protection movement, consumer rights and instruments for their protection, combating monopoly trusts and stimulating competition. Among many reforms of the public sector, some aim to introduce competition and choice. Examples include contracting of services through competitive tenders, solutions of the "money follows the student/patient" type. More radical proposals include granting of school vouchers or budgets for own purchase of services.

Democratic approach to quality is based on due acknowledgement of fundamental differences between social and commercial services. As an example, the former ones serve entire communities, have numerous clients at the same time, and therefore many needs must be satisfied in the interest of the society. Besides, clients of those services are at the same time citizens, in whose interest lies good functioning of the entire public sphere – hence not only consumption but also proper planning matters. This approach uses elements of the aforementioned ones, apart from the traditional approach. Quality as purposefulness of a service (it fits the purpose well) from the scientific approach, however with the purpose defined as assurance of equal opportunities for successful life<sup>17</sup>. Quality as a search for such ways of defining the needs and forms of public services provision that their clients-citizens are satisfied with what, how and when they receive. An important element of such approach is the principle of empowerment of the service recipients, i.e. their inclusion into the process of needs definition and service design and delivery based on citizens and consumer rights, e.g. to counselling and information, privacy and advocacy, to complaint and appeal as well as compensation.

A slightly different classification of the approaches to quality issues was proposed by A. Evers<sup>18</sup>. The first type, characteristic of social professions with stress on peer review assured by a powerful organisation of a given profession based on standards and ethical codes defined by it. The second type is based on the idea of inspection and control of the enforcement of law and defined standards, usually

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<sup>17</sup> Ibidem, p. 28.

<sup>18</sup> A. Evers, Quality development - Part of a Changing Culture of Care in Personal Social Services, in: A. Evers, R. Haverinen, K. Leichsenring, G. Wistow red., *Developing Quality in Personal Social Services: Concepts, Cases and Comments*, Ashgate, Aldershot 1997, p. 10.

performed by governmental or self-governmental bodies external to the profession<sup>19</sup>. The third approach assumed bottom-up building of service relations with citizens and user involvement, which can be both a method to attain quality and a measure thereof. The last type comes from business field (TQM) and is focused on changes in the organisation and management of the work of service-providers and desires of the clients themselves.

### **Selected initiatives for assurance of social services quality**

The movement for quality assurance in the field of social policy seems still extremely viable today. In the USA the first social work quality assurance programmes appeared in late 1960s.<sup>20</sup> Beside the development and dissemination of this type of initiatives, supranational projects also appear in particular countries.

International, but not pan-Union, projects in Europe include e.g. Qual A Sess (Germany and the United Kingdom)<sup>21</sup> and E-Qalin (*European quality-improving, innovative learning in residential care homes for the elderly*; Germany, Austria, the Netherlands, Luxembourg, Italy and Slovenia)<sup>22</sup>, which concerned quality assurance in social care institutions.

*EQUASS (European Quality in Social Services) Principles for Quality* document was published on the initiative of the European Platform for Rehabilitation in 2002. It constituted the basis for certification of social services quality (EQUASS assurance, EQUASS excellence) and granting of awards (EQUASS award). In 2007 in the context of disability, the Disability High Level Group adopted the position *Quality of social services of general interest (SSGI)*. In 2008 the Social Platform (a coalition of the European federation of social organisations) published a recommendations document titled *Quality of social and health services Social NGOs' recommendations to EU decision makers*. In 2009 the European Committee for Standardization launched a workshop *Common Quality Framework for Social Services* financed by the EU programme PROGRESS. An additional stimulus for the discussion about social services quality in the EU was given by the European Commission communication *Services of general interest, including social services of general interest: a new European commitment* (COM(2007) 725).

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<sup>19</sup> Additional sub-types of the inspection approach were identified in: B. Klein, *Quality Management and Quality Assurance in Residential and Nursing Home Care in Britain and Germany*, in: A. Evers et al., op. cit. Polish supervision of care institutions standards, mainly of housing and technical nature, and mainly of medical nature in the case of nursing and medical institutions, corresponds to the model she criticizes. She considered the type that acknowledges to a greater extent the opinions of patients as a better one.

<sup>20</sup> C. J. Coulton, *Social Work Quality Assurance Programs: A Comparative Analysis*, National Association of Social Workers, Washington D.C. 1979.

<sup>21</sup> The project was financed from EU funds. J. Reed, B. Klein, G. Cook, D. Stanley, *Quality improvement in German and UK care homes*, *International Journal of Health Care Quality Assurance*, vol. 16, No. 4/5, 2003.

<sup>22</sup> Implemented in the years 2004-2007; currently it was decided that under the successive programme, E-Qalin will be disseminated in the United Kingdom and France.

The *Common Quality Framework for Social Services of General Interest* is to be finally adopted in 2010. The seventh draft of the document prepared by participants of Prometheus project aims to develop, check and pilot inter-sectoral and international applications of social services quality assurance system, and it concerns definition, measurement, evaluation and improvement of the quality of those services<sup>23</sup>.

Table 2. Drafted principles of CQF SSGI

<b>Aspects</b>	<b>Domains</b>	<b>Preconditions</b>	
Contextual	Preconditions for service delivery	Supportive social policy framework	
		Rights based approach	
		Legislative framework	
		Sustainable framework	
		Stakeholder dialogue	
		Affordability	
		Accessibility	
		Availability	
		<b>Quality principles</b>	<b>Quality criteria</b>
Organisation	Requirements for the service provider	Good governance	a. Good management
			b. Accountability and transparency
			c. Annual planning
			d. Collection of feedback
			e. Systematic Quality Improvement
			f. Confidentiality
		Partnership	a. Partnership
Service delivery process	Needs of Persons served	Rights	a. Charter of Rights
			b. Non-discrimination
			c. Complaint management
			d. Freedom of choice
			e. Self-determination
			f. Access to advocate – support person
		Participation	a. Persons served actively involved decision-making & evaluation
			b. Empowerment of persons served

<sup>23</sup>

The project's website: <<http://www.epr.eu/index.php/equass/projects/128>>.

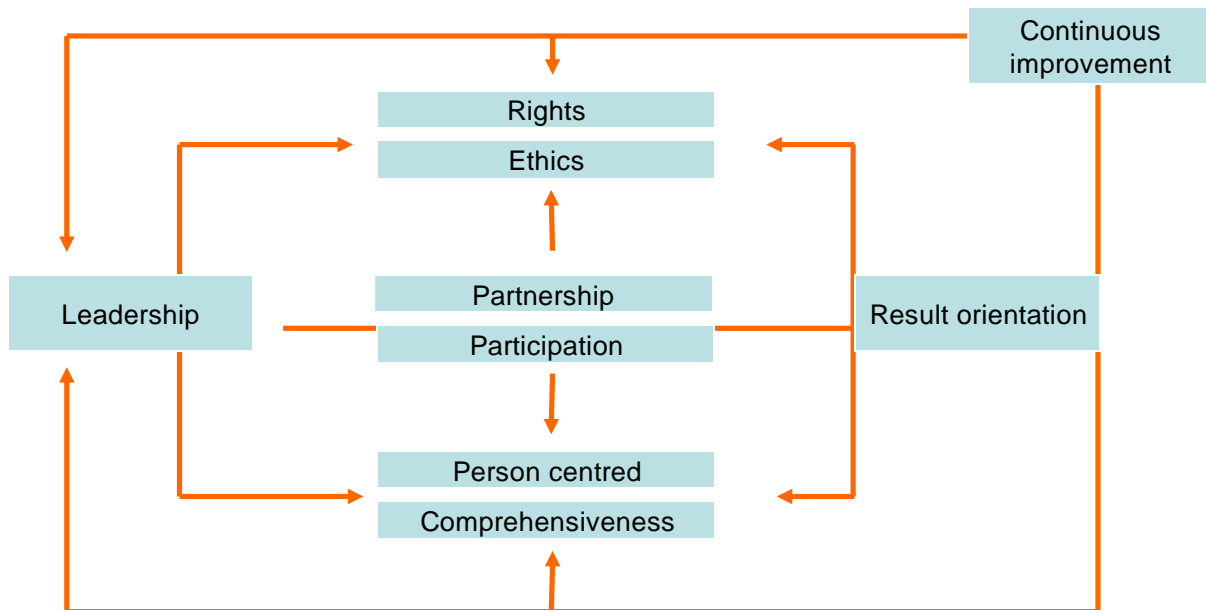
	Requirements for staff	Competence of staff	<ul style="list-style-type: none"> <li>a. Skilled professionals</li> <li>b. Working conditions</li> <li>c. Training and development of staff</li> <li>d. Staff levels and staff ratio</li> <li>e. Volunteers</li> </ul>
		Ethics	<ul style="list-style-type: none"> <li>a. Respect to human dignity</li> <li>b. Ethical code for professionals</li> <li>c. Ensuring safety and security</li> </ul>
	Requirements for the service	Persons centeredness	<ul style="list-style-type: none"> <li>a. Tailor-made services</li> <li>b. Proximity</li> <li>c. Affordability</li> </ul>
		Comprehensiveness	<ul style="list-style-type: none"> <li>a. Holistic approach</li> <li>b. Promotion of quality of life</li> <li>c. Seamless provision of services</li> <li>d. Access to multi-disciplinary supports and services</li> </ul>
Benefits and outcomes	Benefits and service results	Result orientation	<ul style="list-style-type: none"> <li>a. Benefits for service users</li> <li>b. Records of outcomes</li> <li>c. Reviewing results</li> <li>d. Transparency of results</li> </ul>

Source: *Common Quality Framework for Social Services of General Interest*, project No. 7, September 2009, pp. 9-10.

EQUASS philosophy is expressed through nine principles for quality of social services provided with 38 criteria adjusted to those principles.

Figure 1. EQUASS Quality Framework





Source: presentation *A comprehensive approach in meeting needs and expectations of stakeholders*

As an example, the principle concerning partnership was defined as follows:

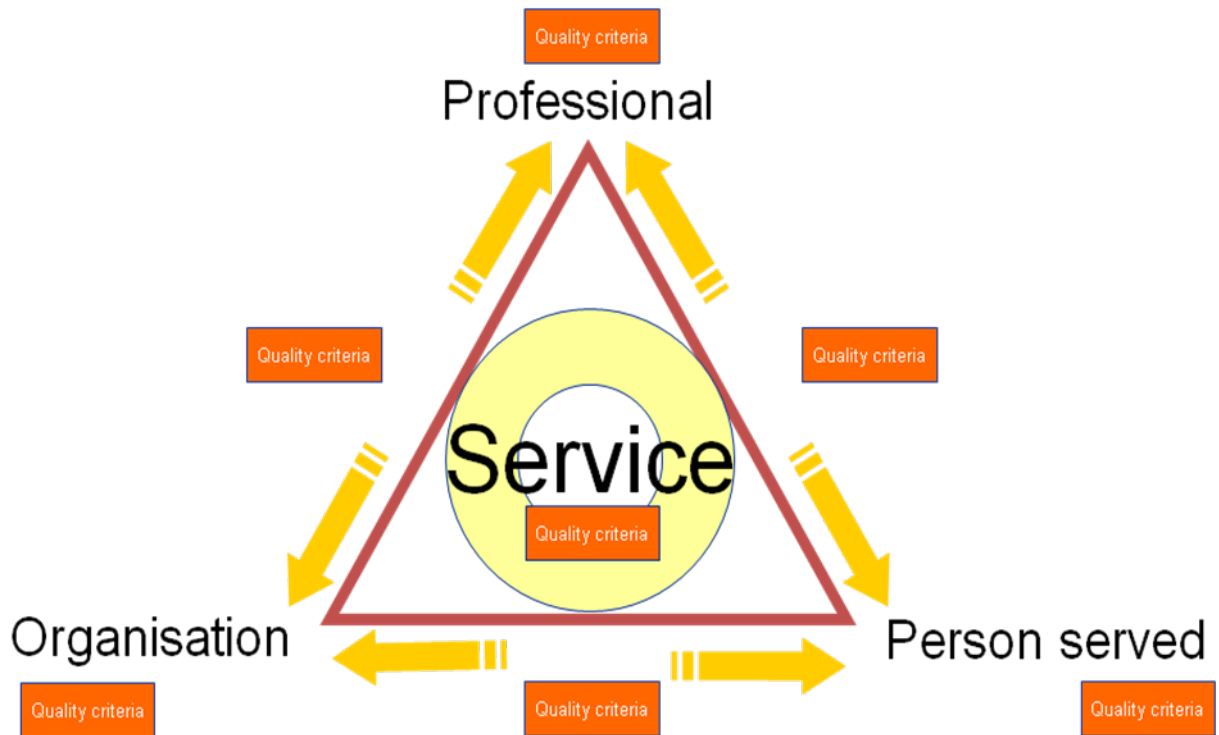
*„Organisations operate in partnership with public and private sector agencies, employers’ and workers’ representatives, funders and purchasers, organisations of people with disabilities, local groups, families and carers to create a continuum of services and achieve more effective service impacts and a more open society”*

Two criteria for this principle would be as follows: 1) the organisation operates in partnership with other organisations in provision of services; 2) the organisation develops services in partnership with the persons served, buyers and other stakeholders<sup>24</sup>.

A simplified chart of thinking in terms of EQUASS can be presented as a triangle between the professional, the person served and the organisation at whose centre a given service is.

Figure 2. Triangle of the service quality criteria

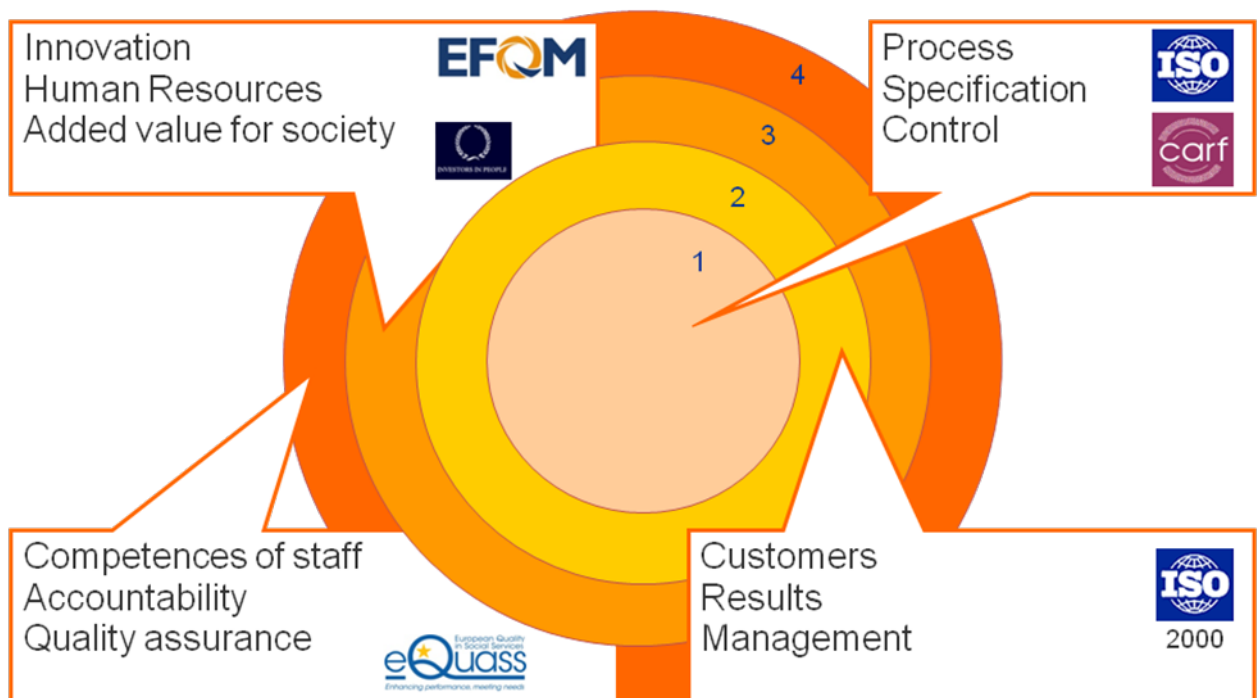
<sup>24</sup> Criteria for EQUASS Assurance (SSGI): <http://www.epr.eu/images/EPR/documents/equass/criteriaequassassurancessgi.pdf>, as of: 18.06.10.



Source: presentation *A comprehensive approach in meeting needs and expectations of stakeholders*

Materials promoting EQUASS locate it in relation to other service quality assurance concepts (ISO, EFQM).

Figure 3. From ISO to EQUASS



Source: presentation *A comprehensive approach in meeting needs and expectations of stakeholders*

Thinking about service quality in terms of certification and accreditation has been already acknowledged by Polish domain of social welfare. This is evidenced e.g. by the fact that several social assistance centres (large ones, e.g. Poznań, Gdańsk and small ones, e.g. Lesznowola) adopted quality management system accordant with ISO 9001: 2000 standards. It is not clear whether those were autonomous initiatives originating from social welfare community, or dissemination of the quality management strategy adopted by local authorities in relation to all services of common interest in their area<sup>25</sup>.

Other undertakings of that type are also known. The city of Gdynia participates in the project Territorial Quality Standards in Social Services of General Interest of REVES<sup>26</sup> network, under which a charter of care services quality criteria is to be developed in a participative manner. On the other hand the Silesian NGO Forum KAFOS prepared two manuals concerning evaluation of the services quality for welfare and medical institutions in the framework of the international project VALORIS TIQSS<sup>27</sup>.

It is worthwhile mentioning the grassroots standardisation movement in NGOs. Pomorskie Forum for Coming out of Homelessness promotes several standards in this field: ethical, streetworking, institutional assistance, welfare work, education, professional activation, progress monitoring, assistance<sup>28</sup>. Another document of narrower character is called *Standardy Kieleckie. Charakterystyka usług świadczonych na rzecz osób bezdomnych i wykluczonych społecznie w różnych typach placówek* (*Kielce Standards. Characteristics of services provided for the benefit of the homeless and socially excluded in various types of institutions*)<sup>29</sup>. Also in this field a document titled *Rekomendacja do ogólnopolskiego modelu pomocy osobom bezdomnym w okresie zimowym* (*Recommendations for a national model of assistance to the homeless in the winter season*) was published in 2008 and financed by one of government programs for NGOs; the project was coordinated by St. Brother Albert Assistance Association operating in Wrocław.

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<sup>25</sup> J. Krzyszkowski, *Nowe zarządzanie instytucjami pomocy społecznej. Systemy zarządzania jakością ISO w pomocy społecznej Case studies (Poznań, Gdańsk, Ilawa)*, an expert opinion for WRZOS, Warsaw 2010.

<sup>26</sup> Project's website: <<http://www.revesnetwork.eu/projects.php#proj1>>. It is scheduled to be completed in October 2010.

<sup>27</sup> Information *Poprawmy jakość usług socjalnych w organizacjach pozarządowych*, on the websites <[www.wiadomosci24.pl](http://www.wiadomosci24.pl)>, as of 18.07.10. Project's website: <[www.valoris-tiqss.eu](http://www.valoris-tiqss.eu)>. The method was developed in France, but its theoretical foundations originate from the USA – PASSING method based on Social Role Valorisation theory of Wolf Wolfensberger.

<sup>28</sup> P. Olech, A. Dębska-Cenian (ed.), *Od ulicy do samodzielności życiowej. Standardy społecznej i zawodowej (re)integracji osób bezdomnych w sześciu sferach*, Pomorskie Forum Wychodzenia z Bezdomności, Gdańsk 2008.

<sup>29</sup> In: Ks. Stanisław Słowik (ed.), *Informator o placówkach pomagających osobom bezdomnym*, Caritas Kielecka, Kielce 2005.

Another good example in the field of community work is provided by Stowarzyszenie Centrum Wspierania Aktywności Lokalnej (the Association of the Centre Supporting Local Activity), which developed „Work standards. CAL model” and awards CAL certificates<sup>30</sup>.

### Quality assurance concepts

Undertakings for assurance of social services quality originate from reforms in the framework of NPM, which originally referred to not social services of general interest. Besides the movement for assurance of social services quality developed most swiftly in the area of health care and it diffuses onto other fields of social services.

Two examples can be provided for illustration of diffusion of the thinking about health care services quality into other social services. At the general level and in the context of social work, in 1982 Caludia J. Coulton wrote: „*Many aspects of quality assurance programs in health care are potentially applicable in social service agencies*”<sup>31</sup>. Moreover the entire topic was discussed by her as an attempt to overcome the stalemate resulting from frustrated hopes for social services quality improvement through dissemination of evaluation research<sup>32</sup>.

Coulton claims that monitoring and evaluation as well as service quality assurance are similar but not identical, with the main difference being that quality assurance focuses on service provision process, instead of outcomes of their provision. With respect to quality assurance, she identified several important questions referring to fundamental elements of each service (inputs, process, output, outcomes, access):

- Are services being delivered by qualified staff members working in acceptable organisational or program structures?
- Are services being delivered in accordance with accepted belief about what constitutes good practice?
- Are the services being delivered in sufficient quantity?
- Are the services having the desired effects on clients?
- Are clients who need services actually receiving them?

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<sup>30</sup> More information on the website of this organization: <[www.cal.org.pl](http://www.cal.org.pl)>. Many other examples of this type of activity can be found in C. Miżejewski, *Analiza wprowadzenia standaryzacji usług w organizacjach członkowskich WRZOS*, in: A. Krawczyk, K. Płowiec, T. Sobierajski (ed.), *Wiedza i rozwój. Rola WRZOS w kształtowaniu polityki społecznej*, WRZOS, Warsaw 2006.

<sup>31</sup> C. J. Coulton, Quality assurance for social service programs: lessons from health care, *Social Work* vol. 27 No. 5, 1982.

<sup>32</sup> For contemporary approach to the role of evaluation in social work see, e.g.: J. R. Dudley, *Social Work Evaluation. Enhancing What We Do*, Lyceum Books, Chicago 2009. The movement for *evidence-based practice* resulted in renewed interest in scientific research and evaluation in the field of social work.

The requirements set by Coulton on social services quality assurance were as follows: 1) adaptability to changes in knowledge, technology and expectations; 2) efficiency in terms of producing adequate payoff relative to their costs (one of the recommendations is to focus in those programmes rather on problems and shortcomings); 3) common applicability to services of a given type; 4) participation of service providers themselves to make them more eager to make efforts in the implementation of quality policy; 5) sanctions for non-compliance with recommendations of quality assurance programmes; 6) supervision over this programme should be exercised by a separate organisational unit; 7) at least in certain aspects of services their quality should be defined by the clients, e.g. they should be included into the composition of the committees setting the quality standards.

The second example concerning the use of the quality assurance concept created with the thought of health care entails the works of Avedis Donabedian<sup>33</sup>. In the context of services provided to the homeless in hostels, his approach, and more precisely one of his models, was applied by S. Fitzpatrick and J. Wygnańska<sup>34</sup>. It consists in identification of three elements within the service<sup>35</sup>:

- structure (material resources, human resources, organizational characteristics);
- process (the activities that constitute the service, e.g. medical: diagnosis, treatment, rehabilitation, prevention and patient education);
- outcome (e.g. in the field of health: change in health status, changes in knowledge acquired by patients and family members, changes in the behaviour of patients or family members, satisfaction of patients and their family members with the care received and its outcomes).

This model played auxiliary role in determination of the health care quality. Donabedian decided that this quality is determined by two major factors: science and technology of health care and its application in practice. He identified seven components of quality obtained due to those two factors. This concept can be generalised onto all social services and we can speak of the science and technology of social services and of components of the quality of those services.

Table 3. Components of health care quality

Name of quality component	Definition
Efficacy	The ability of the science and technology of health care to bring about improvements in health when used under the most favourable circumstances.

<sup>33</sup> Early 1980s, his works in this respect were gathered and published also after his death: A. Donabedian, *An Introduction to Quality Assurance in Health Care*, Oxford University Press, 2003.

<sup>34</sup> Harmonizing Hostel Standards: Comparing the UK and Poland, *European Journal of Homelessness*, vol. 1, 2007.

<sup>35</sup> A. Donabedian, op. cit. pp. 46-57.

Name of quality component	Definition
Effectiveness	The degree to which attainable improvements in health are, in fact, attained.
Efficiency	The ability to lower the cost of care without diminishing attainable improvements in health.
Optimality	The balancing of improvements in health against the costs of such improvements.
Acceptability	Conformity to the wishes, desires, and expectations of patients and their families.
Legitimacy	Conformity to social preferences as expressed in ethical principles, values, norms, mores, laws, and regulations.
Equity	Conformity to a principle that determines what is just and fair in the distribution of health care and its benefits among members of the population.

Source: A. Donabedian, *An Introduction to Quality Assurance in Health Care*, Oxford University Press, 2003, p. 6.

Acceptability was a more complex component, since it contained: access; patient-doctor relations; facilities accompanying care; patient's preferences concerning care outcomes, risks, and costs; patient's convictions concerning what is equitable.

Donabedian claimed that one of the foundations of quality assurance programmes is agreement on definition of quality. Bearing in mind the complexity of the full concept of quality, it is doubtful if such agreement is attainable: which care quality components should be given priority, which and when should be excluded from or included in the list. The author of this concept stated that it is impossible to provide a general answer to problems of this type.<sup>36</sup>

The best proof that thinking in terms of quality management is already well rooted in the reflection on Polish health care is afforded by two issues of the book by K. Opolski, G. Dykowska and M. Możdżonek *Zarządzanie przez jakość w usługach zdrowotnych. Teoria i praktyka* (2003, 2009) ['Quality management in health services. Theory and practice']. Two systems are applied in practice: ISO certification and accreditation by the Centre for Quality Monitoring in Health Care (conducted since 1998)<sup>37</sup>: „In contrast to ISO or EFQM, accreditation was established for evaluation of the specifics of health care and allows for aggregation of information about the national health care system and for identification of its problems. As an external evaluation of hospital's work, it stimulates

<sup>36</sup> Ibidem, pp. 24-26.

<sup>37</sup> For foundations and description of those systems see: M. Kautsch (ed.), *Zarządzanie w opiece zdrowotnej. Nowe wyzwania*, Wolters Kluwer, Warsaw 2010, part V titled „Quality in health care”, about two systems of quality assurance, pp. 354-375.

*external activities for improvement, initiates or improves the functioning in the cycle of continuous quality improvement*"<sup>38</sup>. This quote suggests that ISO standards may take poor account of the specifics of social services (see further on).

### **Experiences and research results**

A typical approach to quality management with focus on the process instead of the product correspond well to public administration practice focused on procedures. In this connection the processes and procedures may obscure or even substitute broader objectives of general interest. This and several other arguments (difficulty with identification of clients, specifics of the services of general interest, specific culture of public organisations connected with politics) were put forward to corroborate the thesis that the orthodox quality management (TQM) is not going to work in relation to a majority of public organisations, but may be useful after a modification<sup>39</sup>.

Against this background, it is interesting to analyse experiences from implementation of quality management principles into a Texas Department of Mental Health and Mental Retardation in early 1990s.<sup>40</sup> The service system consisted of sixty two organisational units of various types serving over 150 thousand persons. A part of the problems indicated above proved hardly significant. Political determinants of the position of the managing persons mattered; this resulted in difficulty in the implementation of a uniform quality management in a network composed of many separate organizational units operating in different local political circumstances (factors called the culture of a public organization). However, other problems surfaced.

Firstly, similarly to market services, in services of general interest the improved quality leads to increased number of clients (greater market share), with the difference being that additional clients of the services of general interest are not followed by additional funding, at least in the case of annual or multi-annual budgets or budgeting based on the number of clients from previous years. In this connection, in short-term financing per a client decreases – for individual service providers this may result in more work for less money.

Secondly, quality management is introduced in market services with a view to increasing market share and increasing the profit level. This is also a good measure of success or failure of the quality management system. In public services such a test does not apply so it is difficult to assess the contribution made by introduction of quality management. This leads to a dilemma whether to

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<sup>38</sup> The systemic project "Support to accreditation process of health care institutions" in the framework of the Operational Programme Human Capital, Action 2.3. Strengthening of the health potential of working persons and improvement of the quality of the health care system, Sub-action 2.3.3 Improvement of the management quality in health care: <<http://www.wsparcieakredytacji.cmj.org.pl>>.

<sup>39</sup> J. E. Swiss, Adapting Total Quality Management (TQM) to Government, *Public Administration Review*, vol. 52, No. 4, 1992.

<sup>40</sup> W. Rago, Adapting total quality management (TQM) to government: Another point of view, *Review of Public Administration*, vol. 54, No. 1, 1994.

increase the quality of services for the existing clients (add new services to the existing ones, enhance their intensity), or to provide more services of minimum quality for those who have not had access to them so far owing to present limitations in the financing of the services of general interest. For decision-makers responsible for services of general interest it is equally difficult to send clients away empty-handed as it is to provide clients having multiple needs only with basic services at minimum level. In both cases they are at risk of criticism from both the mass media and client advocacy organisations.

The general conclusion from this experience was as follows: „*It is the government environment with its political culture and the unmet needs of an unlimited supply of customers that creates real problems for the application of TQM. Yet, even in the presence of these problems, it would be a mistake to believe that TQM cannot be successfully integrated into the government organisation*”<sup>41</sup>.

More recent research concerning quality assurance systems in residential homes for the elderly on the basis of ISO 9001 standards was presented by Inaki Heras and others<sup>42</sup>. The conclusion drawn was that general quality management systems are not adjusted to the specifics of the care sector and application of simpler and less demanding quality assurance models was recommended. In another article the same authors showed on the basis of a study with the use of Delphi technique that ISO 9001 systems can be a useful tool for improving the quality of life of residents in care homes if:<sup>43</sup>

- its implementation has the objective of improving the quality of care;
- it is adapted to the needs of all stakeholders (residents, their families, employees, managers, public administration, and so on);
- there are sufficient resources for effective implementation; and
- all persons directly involved in the care of residents participate in the implementation

Finally we may ask a question about the impact of the implementation of instruments in the field of quality management and quality assurance on the outcomes and condition of the patients. In particular, when the main intention behind encouraging institutions for reforms in this field is to improve clients' well-being.

A view can be encountered in the literature that organisational changes in the public sector are more frequent than it is generally believed, but their impact on the effectiveness of the activities of public

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<sup>41</sup> Ibidem, p. 64.

<sup>42</sup> I. Heras, E. Cilleruelo, J. Iraki, Quality management and quality of care in nursing homes, *International Journal of Health Care Quality Assurance*, vol. 21 No. 7, 2008.

<sup>43</sup> I. Heras, E. Cilleruelo, J. Iraki, ISO 9001 and residential homes for the elderly: a Delphi study, *Managing Service Quality*, vol. 18 No. 3, 2008.



entities is small at best (so they have mostly symbolic and political significance)<sup>44</sup>. Bearing in mind that reasons for which organisational reforms are undertaken may be hardly important, a similar conclusions can be extended as a hypothesis concerning pro-quality undertakings in social sector.

A team of researchers tried to answer the question about impact of initiatives on clients through quantitative research on a sample of Dutch nursing homes<sup>45</sup>. Although large differences were identified between homes in the outcomes of patients measured by undesirable clinical symptoms, the main differentiating factor was the original health and fitness condition of a resident and, to a much smaller extent, some features of the homes themselves (e.g. the number of beds), instead of efforts aimed at care quality. Nevertheless quality policy imposed by the 1996 act could contribute to reduction of the differentiation of the patients' outcomes between homes. The general conclusion concerned a need for further research.

## Conclusions

In recapitulation, despite ambiguity and multidimensionality of the notion of quality and discrepancies in the concepts of new public management, pro-quality reforms of general interest services were and still are undertaken. Services of general interest include social welfare services and hence they are also concerned. The leading role in the adoption of this philosophy is played by health services sector, and in this connection also by social services similar to those provided by care homes or nursing and medical institutions that are closest to the health services sector. One of the presently dominant sources of ideas aimed to improve quality are the strategies and instruments recommended and applied in the private sector. However, quality assurance models in the sector of manufacturing and commercial services not necessarily work well in social services. Therefore approaches intended to take due account of their specifics are being developed. However, it is not certain whether even those service models and standards that are well adjusted to specifics of the social sector will have a significant impact on improvement of the clients quality of life, in particular in social care institutions.

Presently Poland implements a systemic project Operational Programme Human Capital *Creating and developing standards for social welfare and integration institutions*, whose name originally contained the words „quality standards”, but “quality” was dropped from a successive version<sup>46</sup>. It is not known why this change was made (perhaps due to the conviction that ISO quality management standards are not adequate for social welfare organisation and services), but creation and development of standards

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<sup>44</sup> B. Guy Peters, *Administracja publiczna w systemie politycznym*, Wydawnictwo naukowe Scholar, Warszawa 1999, pp. 206-209.

<sup>45</sup> C. Wagner, K. Klein Ikkink, G. van der Wal, P. Spreeuwenberg, D. H. de Bakker, P. P. Groenewegen, Quality management systems and clinical outcomes in Dutch nursing homes, *Health Policy*, vol. 75, No. 2, 2006.

<sup>46</sup> Although not valid anymore, the original name can be still found on the website of the Human Resources Development Centre. The website contains also a short project description, see: <<http://www.crzl.gov.pl/projekty-mainmenu-5/pomoc-sposieczna-mainmenu-64/projekt-118-mainmenu-67>>.

with exclusion of such an extremely important premise for this process as the intention to improve services quality, seems at least puzzling.

## Abstract

Quality social services are universal ideal of the postmodern welfare states. It has many intellectual and practical sources, one of them is critique of the bureaucratic professionalism which characterized modern social policy. Very popular resolution for this problem is the new public management and quality management methods and techniques originated in private business sector. Quality is rather slippery and ambiguous concept with different meanings. Social services and social work are enormous in scope and variety. Joining of these two areas is very interesting endeavour with now approximately thirty years of experiences in some countries, in Poland too.

The aim of this article is to give short description of different quality concepts in social services context. There are professional, traditional, scientific, managerial, consumerist and democratic approaches to the quality in public sector. Many policy initiatives in Europe (e.g. CQF, EQASS) and in Poland were and are implemented in order to improve quality of public and social services. There is little evidence however that they have a decisive impact on the improvement of the clients well-being. Readers will find information concerning arguments about rather limited usefulness of total quality management in social services organizations. Some results of research from US and Europe were described and discussed.

## Key words:

Social welfare, social assistance, social services, quality, quality management, CQF SSGI, EQASS