

Quality, like community, is fast becoming a vague label attached to all manner of items to give them an often spurious stamp of approval. In social services, quality presents real problems. In England and Wales the Children Act 1989 and the NHS and Community Care Act 1990 have both enshrined on the statute book a quality-seeking obligation upon local authorities.

But, as those who attended the conference 'Developing quality in personal social services', organised earlier this month in Helsinki, Finland by the European Centre for Social Welfare and Finland's National Research and Development Centre for Welfare and Health, heard, the language to describe quality, the concepts underpinning it, structures within which it is sought, and the strategies and instruments to achieve it are varied.

Looking at the UK, Gerald Wistow and Brian Hardy, professor of health and social care and senior research fellow, respectively, at Leeds University's Nuffield Institute for Health, suggested that what the government wanted from its reforms and what it might get could be two different things. The question of whether the reforms would ensure quality remained unanswered – 'Not least because most of those in the best position to judge have yet to be asked.' But the initial framework for developing community care markets in the UK seemed unable to guarantee it, the speakers believed.

However, Christopher Pollitt, dean of the social sciences faculty at Brunel University, said there was some doubt whether the two forms of quality import – from business and professionalism – would easily be translatable to social services. Such reservations were echoed in another paper by Mikko Mäntysaari, head of research and development at NRDCWH, Finland.

The professional approach met the problem that professionals remain in a minority within personal social services. Business quality concerns assumed an executive

European social services dogged by quality concerns

EUROPE

Definitions of quality and the way to assure it cause problems throughout Europe, including the UK

writes Terry Philpot



John Birtwell, library photograph, posed by models

SHARED AIMS: There must be an agreement about values, aims and purpose for service users

line management capable of driving through changes which sat ill with the way social services work.

Techniques like total quality management and business process re-engineering also rely on accurate measurement and performance information which personal social services so often lack.

All European countries might seem to be striving for quality in their personal social services and in the sense of agreeing a dictionary defini-

tion all would be agreed. But, for example, in Norway, quality is differently defined by different groups in the care system and there is 'widespread discontent' about reforms toward deinstitutionalisation as they affect elderly people, according to evaluation studies carried out by Sturle Næss and Kari Wærness in Bergen.

How different societies try to achieve quality differs. While the UK has placed great faith legislatively in a vibrant independent sector, Denmark's

public services dominate almost to the exclusion of all else and social issues are more eagerly discussed when large numbers of workers are involved than when those issues concern just users. In Italy, community care is a new concept (only 4 per cent of elderly people have domiciliary care) and quality assurance is unusual, said Carla Costanzi, social services assessor of the Genova *comune*.

That large numbers of people offer informal care to rela-

tives was something hitherto unknown to Italian policy makers.

The drive in many European countries has been toward deregulation and decentralisation. Steen Bengtsson of the Danish National Institute for Social Research, said that in his country almost all decision making is now at local authority level, with government having few financial levers on councils. Finland, lacking any national initiative on quality, has responsibility for quality firmly at the local level. Germany, like Italy, tends toward bureaucracy. 'First regulation, then action,' was how Maria Oppen of the Science Centre for Social Research, Berlin, described her country's stance.

Talk by British delegates of different kinds of inspectorates puzzled some delegates – it was unknown: UK delegates and others were equally puzzled to find that the *carabinieri* have a role in Italy's nascent inspectorial system.

There appears, however, to be universal agreement that a quality service is impossible without user involvement. Exactly how users are to be involved is not easily agreed. Denmark, for example, has statutory consultative councils of elderly people and the British and the Finns involve users in inspections. That users' involvement should be integral to, and permeate the whole agency, was not in doubt. (Indeed, quality itself had to be built into the system – Oppen gave the example of a German social insurance agency, where a reforming managing director left and reforms fell apart.)

There should also be, as Tessa Harding of the National Institute for Social Work's policy unit stressed, agreement

about the values, aims and purposes of agencies and users – the former's concern for quality was expressed through efficiency and effectiveness; the latter were more concerned with what services could help them achieve.

She gave the example of a segregating, institutional service for users who wanted to take part in mainstream activities. This would fail users' quality tests, even though it might offer high material standards and sensitive and appropriate personal support and good accessibility within its premises.

Professor Jef Breda of Antwerp University, Belgium, made a related point when he said services can be of high quality but delivered to the wrong people.

That quality is also resisted by professionals is not unknown outside the UK – here the suspicion is that quality initiatives can be cost-cutting and service-reducing; in Finland resistance by nurses has tended to be because quality was powered by doctors. Italy, Germany and the UK share a common professional resistance to objective setting. In Finland, quality initiatives grew from a genuine desire to improve public services, said Hikka Summa of the Ministry of Finance. The later Finnish economic crisis (which has seen unemployment rise from just over 3 per cent to its present 17 per cent in seven years) has given quality a new, negative justification.

Wistow and Hardy seemed to speak of a situation more widely experienced than just in England and Wales when they said: 'What is certain is that securing quality may be the underlying aim of the current changes but it is also the overriding problem.'