HEALTH & SOCIAL CARE SERVICES FOR PEOPLE WITH DISABILITIES

SERVICE QUALITY ASSESSMENT GUIDE

DG EMPLOYMENT & SOCIAL AFFAIRS
COMMUNITY ACTION PROGRAMME
TO COMBAT SOCIAL EXCLUSION 2003-2005
TRANSNATIONAL EXCHANGE PROGRAMME

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Health & Social Care Services for People with Disabilities: Service Quality Assessment Guide

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INTRODUCTION

This Service Quality Assessment Guide has been produced as part of the project Health and Social Care Services for People with Disabilities - Quality Indicators. This is a transnational project comprising 9 partners from 8 countries, that was funded by DG Employment and Social Affairs, European Commission, under the Transnational Exchange Programme 2003-2005, Community Action Programme to Combat Social Exclusion.

The objective of the project was to look in depth into the subject of service quality in public social services for people with disabilities; develop service quality assessment tools; and test these tools in real life service provision settings. Its aim was to develop tools of generic value; that is tools that could be applicable across a broad range of public social services - not just the specific types of disability services service and service settings used for the development and testing of the assessment tools.

Defining service quality and assessing service quality is a complex and problematic task. It may involve a range of different approaches that are not always complementary, depending on the purpose of the assessment and its use; the standpoint and interests of those who conduct the assessment; and the way those who conduct the assessment understand the service itself and the roles of the different stakeholders involved - management, staff, clients, and any third parties involved.

This Guide defines service quality and approaches its assessment in a way that involves all relevant stakeholders, within the service and in its social and policy environment; and empowers to service clients by giving them central position in the assessment of quality. It treats the assessment of service quality as a task that should be initiated at the level of the service provision organization, fit to its particular conditions and respond to the needs and interests of those directly involved - not as a task imposed or directed from above.

Therefore the primary value of the Guide is quality assessment at the level of service provision and it is chiefly targeted to stakeholder groups at that level. These groups include the management and the staff of service provision organizations who are interested in introducing quality assessment into their operations; and service clients or their representative organizations who may initiate, collaborate in, or respond to service quality assessment.

The Guide may also be of value to stakeholders at the level of policy-making or service regulation who may want to promote and encourage initiatives for service quality assessment at the service provision level and encourage client involvement.

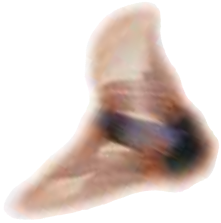
The Guide can be more readily used by service provision organizations similar to those covered by the project and by organizations providing services to people with disabilities; but can also be adapted to other client groups and public service organizations in the broader social public services field.

The Guide includes 2 sections. Section 1 presents the project approach and the empirical work conducted, in the form of the pilot application of the assessment tools in four countries and different types of service provision and client groups, on which this Guide is based. Section 2 proposes a step-by-step guidance for launching, designing and conducting a service quality assessment, points the issues involved and discusses available options. This guidance is complemented by annexes that offer templates and examples that are also available in electronic form through the project website. These are drawn from the project experience and will help the user of the Guide to tailor the assessment tool to the conditions of the

service that is being assessed.

A full discussion of the project approach and rational; the pilot application of the service quality assessment tools and its outcomes; and of the broader issues of service quality, disability and inclusion; can be found in the Policy & Practice Report of the project.

The Guide with its annexes and the Policy & Practice Report are available through the website of the project, www.quality-disability.net, where all the material produced by the project can be found.



SECTION 1. SETTING THE SCENE FOR SERVICE QUALITY ASSESSMENT: FOCUS, CONCEPTS AND THE EMPIRICAL EVIDENCE

1.1. THE POLICY CONTEXT

The starting point for this project and its partners was concern with groups of people who are poor, marginalized or suffer from handicaps and are vulnerable to the risk of social exclusion; and in particular people with disabilities. These groups have multiple needs that demand coordination and an integrated response from social public services, and an approach that responds not only to their material or health needs but also to their psychological and social needs.

Public social services represent a vital factor for combating the risk of exclusion and enhancing the quality of life of these groups and also for strengthening social cohesion. This, and the fact that people with disabilities and their families are dependent on public social services in order to be able to cope with daily life, makes the quality of service provision a key issue in relation to inclusion.

The relevance of public social services for the inclusion of vulnerable groups has become in the last few years an important social policy element in Europe. This is reflected in the Community initiative to introduce in 2001 the National Action Plans for Inclusion and in 2004 the Joint Action Memoranda for the new member states of the European Union. Key aspects of service provision, such as service accessibility, client empowerment, service integration, are increasingly recognized as being critical preconditions of service quality and have become part of quality improvement initiatives in most member states.

The project covered four types of disabilities and respective services: mental health problems in Greece and Slovenia; mental and motor disabilities in Portugal; physical disabilities in Belgium; sensorial disabilities in Hungary. The task of the project was to define service quality and quality indicators and to develop and pilot quality assessment tools, in a way that would incorporate key aspects of service provision such as the above and reflect the perspectives of the different stakeholders involved, especially the perspective of service clients.

The objective of the project was to develop tested service quality assessment tools that would be applicable to broader range or disabilities and services, beyond those covered by the project and its partners; facilitate the sharing of experiences and the identification of good practices among service providers within the same service or across services; and offer inputs for incorporating service quality objectives and measures into social inclusion policies.

1.2. THE PARTNERSHIP OF THE PROJECT AND ITS OBJECTIVES

The project partnership brought together two types of partners:

- Organizations with research and policy competence in the fields of social policy, exclusion and disability, from three countries: PRISMA - Centre for Development Studies in Greece; the European Centre for Social Welfare Policy and Research in Austria; and the Danish National Institute of Social Research in Denmark.
- Service provider organizations catering for different client groups and types of disability from five countries: the Society of Social Psychiatry and Mental Health (SSPMH) in Greece; the Portuguese Association of Cerebral Palsy - Central Region Nucleus (NRC-APPC) in Portugal; the National Association for the Housing of Handicapped Persons (ANLH) in Belgium; the Association of Nonprofit Human Services, the Social Innovation Foundation, and the Foundation for Helping Disabled People - MOTIVACIO in Hungary; and NOVI PARADOKS in Slovenia.

Service provider partners contributed to the project their service-specific experience and commitment to service quality; and provided a real-life test bed for the pilot application of the service quality assessment tools developed by the partnership. They have used the pilot application to assess the quality of their own services and initiate improvements; they have made it available to their service provider community in their country; and offered relevant inputs to the national policy making process.

The project spans a three-year period (2003-2005) in two phases.

In the first phase (2003), existing research and policy literature on disabilities and service quality was studied; service providers among the project partners reviewed their service practices and approach to service quality; and the partnership developed a conceptual framework for approaching the assessment of service quality. The framework brought together partner experience and approaches to service quality and was built at a higher, "generic", level so as to be applicable not just to the specific disability services included in the project, but more broadly to social public services addressed to vulnerable groups which are dependent on these services.

In the second phase (2004-2005), the partnership was enlarged with the participation of another three countries and four more partners, including an additional service provider partner in Hungary; service quality assessment tools were designed for each of the four service provider partners in the project on the basis of the conceptual framework produced in the first phase; and these were then piloted by service provider partners. This Guide is the result of these four pilot applications of the quality assessment tools and incorporates the lessons learned by the pilot application.

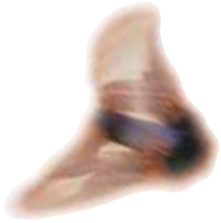
1.3. THE PROJECT CONCEPTS AND APPROACH TO SERVICE QUALITY

The project adopts a specific view of service quality and approach for the assessment of quality and the formulation of quality indicators. This view takes the service client as its focal point; acknowledges that clients have multiple needs that require complementary services from a range of organisations and professions; and construes service quality accordingly.

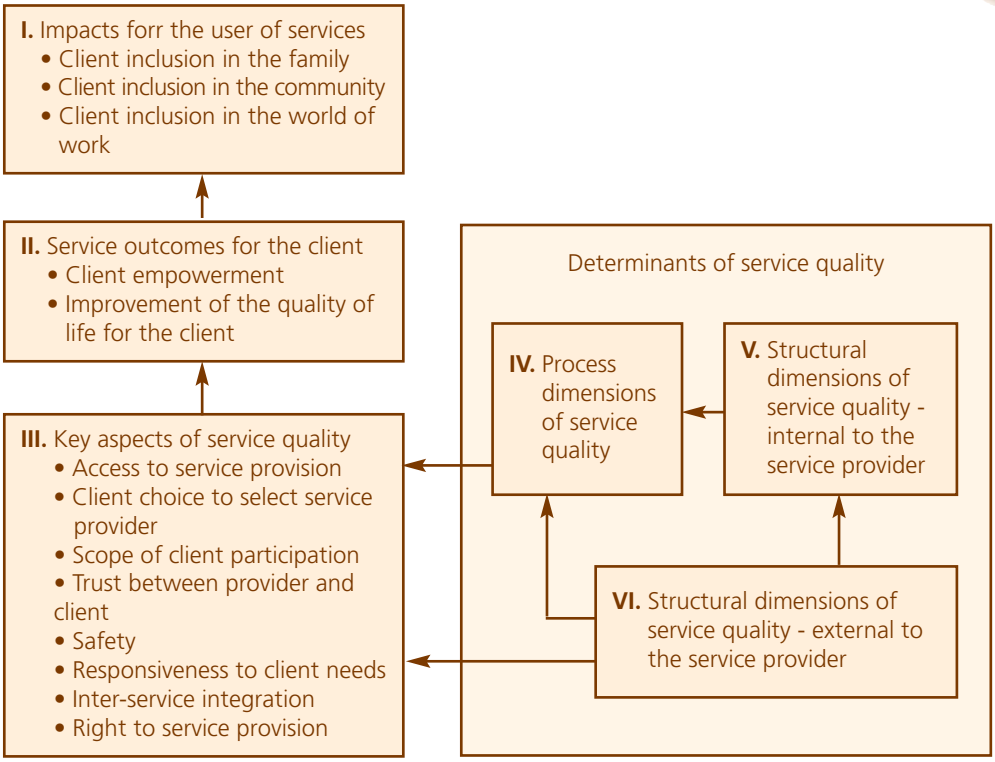
This view departs from the so called medical or professional model which defines disability as a problem at the individual level and equates it to a functional limitation or defect of the body or mind whose treatment is determined by medical knowledge and practice only. Instead it incorporates into the definition of disability the relational or social model that treats disability not merely as an inherent attribute of the individual, but as a product of the person's environment and social context.

This definition of disability and view of service quality leads to the construing of service quality - to a model of service quality - as a hierarchy of concepts:

- *Inclusion, regarding family, community and work,* as the ultimate mission of service provision.
- *Empowerment and quality of life* of the client, as the end objectives of provision that can make inclusion possible.
- *Core dimensions of quality,* such as *access, choice, participation, trust, safety, responsiveness, service integration, right to service,* as key preconditions for the empowerment and quality of life of the client.
- *Process dimensions of quality,* which reflect aspects of the relation between provider and client - and service co-production throughout the cycle of provision.
- *Internal determinants of quality,* which reflect aspects of service provider structure and resources that affect service quality.
- *External determinants of quality,* which reflect aspects of the environment outside the control of the service provider that affect directly or indirectly service quality.



The conceptual framework



This model of service quality represents a generic framework for treating quality in a holistic way and designing quality indicators and assessment tools that would be applicable to a broad range of social public services, well beyond the particular types of disability services covered by the project.

1.4 THE PILOT APPLICATION OF THE QUALITY ASSESSMENT TOOLS

The assessment tools developed by the project partnership were tested in four different countries and service provision settings by the service provider organisations of the partnership. They represent four different groups of people with disabilities covered by the project: people with mental health problems in Greece, cerebral palsy sufferers in Portugal; physically disabled people in Belgium, people with sensorial disabilities (blindness, deafness) in Hungary.

The pilot application was managed in each of the four cases with a small work group with no more than 3-4 members. They included one or more members of staff and a senior manager, drawn form the service provider organisation and an outsider, drawn from one of the research/policy organisations of the partnership, who acted as an independent advisor for the rest of the group.

Notably, clients were not represented in the management of the pilot appliocation. The effect of their absence was somewhat mitigated by the particular circumstances and profile of the provider organisations. In all four cases, client empowerment was in itself a central element of the mission of the service provider and its service provision practice; whilst, at least in two of the four cases, the service was set-up by the clients and the head of the service was a former client himself.

The pilot application was organised in five steps.

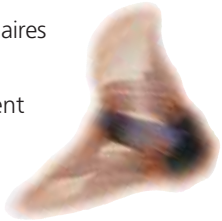
In Step 1, the field for the service quality assessment, i.e. the service setting and the client group to be covered by the assessment, was chosen.

- In Greece, the setting of the pilot application conducted by SSPMH was the Institute for Child and Adult Mental Health, a not-for-profit organization located in central Athens closely associated with the SSPMH. The Institute provides out-patient psychiatric and psychotherapeutic services to people with mental health problems and to their families, at its premises or at home, and promotes de-institutionalization of mental health patients and the amelioration of the risk of social exclusion for people with mental health problems. The Institute's professional approach follows the psychodynamic model and the principles and philosophy of social psychiatry.
- In Hungary, the service setting of the pilot application conducted by ANHSH and SIF was one of ANHSH members, the MOTIVACIO Foundation for Helping Disabled People, an NGO set-up in 1996, located in central Budapest. The pilot application focused on the services offered by the Employment department of MOTIVACIO to people with sensorial disabilities (blindness and deafness). The department offers a very wide variety of services to unemployed people such as consultation, labour advice, planning, career advisory services, job-hunting advice, and psychological consultation and works closely with employers.
- In Belgium the setting of the pilot application, conducted by ANLH were three ADL (Assistance in Daily Life Service) services; one in Brussels and two in Flanders. ADL services include residential accommodation in special-purpose apartments for people with physical handicaps and offer a 24-hour, 7-days a week, service to the residents. ANLH is an association of disabled and able-bodied persons set-up more than 30 years ago with a mission to further the social integration of people with severe physical disabilities by providing housing and an environment adapted to their needs, personal assistance services, and promoting accessibility for the physically disabled through research, training and campaigning.
- In Portugal, NRC-APPC used its own services, which include a Rehabilitation Centre and a Farm in Coimbra, as the setting for the conduct of the pilot application. The application focused on people with cerebral palsy condition, who represent its main group of clients. They suffer from learning disabilities, mental handicaps and behavioural disturbances, motor disabilities, or a combination of those, as a result of their cerebral palsy condition. NRC-APPC is part of the national Association for Cerebral Palsy. It was founded in 1987 by a group of parents whose children suffered from cerebral palsy, and from its base in Coimbra covers the whole of the central region of the country through its mobile services. It provides a full range of services to cerebral palsy sufferers and to their families, including rehabilitation, schooling and professional training, occupational activities, residential accommodation and domiciliary services, counselling, and labour market placement.

Once the service setting and the client group for the conduct of the pilot application were chosen in Step 1, the next four steps followed:

In Step 2, a preliminary assessment of the quality of the service in the setting chosen was conducted. Each service provider went first through all the items of the conceptual framework and identified those items that were relevant to its service. Then for each item that was considered relevant for its service a factual description of the service was prepared; problems and areas of improvement with respect to the quality of the service were identified; and the data required for the assessment and its sources - i.e. interviews and survey data with the different groups of actors related to the service, statistical data, and documentary data – were determined.

In Step 3, two or more survey questionnaires were designed by each service provider, depending on the number of the different groups of actors related to its service.



In Step 4, the survey questionnaires were administered to the groups of actors related to the service and their responses were analysed. The findings of the surveys, together with the conclusions of the preliminary assessment and additional statistical or documentary data collected, were merged into a quality assessment results report.

In Step 5, the results of the quality assessment were reported back to the staff, the clients, and other groups involved; discussed and interpreted; and acted upon by the service providers – a process which at the time this report is being written is continuing.

The survey of staff and clients -and in the case of MOTIVACIO of employers and service donors- represented the core element of the assessment. It was essential for tapping in a systematic way the perspective of the different stakeholders involved, especially those of the clients of the services.

The design and content of the survey questionnaires were based on the conceptual framework of the project developed during the first phase of the project. The framework offered a generic, common, service quality agenda that was adapted to the circumstances of each service being assessed.

The following three sets of data were covered by the survey questionnaires for each group of respondents:

- Data concerning the socio-economic - and where relevant the professional - profile of the respondents.
- Data concerning the views, perceptions and experiences of the respondents - service clients and staff as well as of other actors where relevant -, regarding the whole of the service provision process, i.e. the initial contact between the client and the provider organisation, the assessment of the needs of the client and the preparation of the serviced plan, the delivery of the service, and exit of the client from the service. In this set of data, the same questions were asked from the clients and the staff, where appropriate, in order for their respective views to be comparable.
- Data concerning the views, perceptions and experiences of the service staff regarding a range of aspects affecting service quality such as: the adequacy of staff resources in relation to service needs; the service facilities, commitment to the service mission; relations with colleagues; the climate of work; personal development and training needs; job satisfaction; participation.

The survey questionnaires were adapted to the particular conditions of each service provider setting and respective respondent groups. The following respondent groups were covered:

- In the case of SSPMH: clients, staff.
- In the case of ANLH: clients, supervisory staff, assistant staff.
- In the case of MOTIVACIO: clients, staff, employers, service funding sponsors.
- In the case of NRC-APPC: clients, client families representing clients who did not have the capacity to respond to a questionnaire because of their cerebral palsy condition, staff.

Two different methods were used for the completion of the questionnaires: personal interviews and self-completion. In both cases questionnaires were anonymous and particular care was taken to preserve the anonymity of staff respondents by avoiding any questions through which their identity could be revealed. Personal interviews were used for clients and staff in the case of ANLH and for clients in the case of MOTIVACIO. In both cases the use of personal interviews for the clients was dictated by their disability condition, which made self-completion very difficult. In the other two cases questionnaires were completed by the

respondents in private and were returned in an anonymous sealed envelope to a member of staff or dropped -completed or blank- into a ballot box.

Response rates varied from just under 50% for clients and staff in the case of SSPMH, to between 60-70% for the NRC -APPC case, to over 80% in the case of ANLH and MOTIVACIO. Where the method of personal interview was used, as in the cases of ANLH and MOTIVACIO, response rates were higher as could be expected.

1.5. THE RESULTS OF THE PILOT APPLICATION

The full reports of the pilot application of the quality assessment tools, for each of the four cases and the results of the assessment are available in the website of the project www.quality-disability.net.

Overall, in all four cases, the findings of the assessment were found to be quite positive in most respects, regarding the quality of the services offered, especially concerning the staff-client relations throughout the process of service provision: from the stage of initial contact and client entry to the service, to the stage of the assessment of client needs and planning the service, and the stage of service delivery. Notably, in most respects, there was consensus between clients and staff about the quality of the services provided, with the staff being consistently slightly more reserved than the clients in their positive assessment views.

At the same time, a range of shortcomings were identified -or confirmed in some cases- and the staff and clients made suggestions for improvement; and in all four cases there was action follow-up of the results of the pilot application.

The assessment of the service provision process

Provider choice and service entry stage

Service quality in the initial contact of the client with the service was assessed by the clients by asking them: to state how they learned about the service provider and whether they considered alternatives; to judge their interaction with staff of the service provider in terms of being able to find the person responsible with ease, being treated with courtesy and respect, being given enough time to state their problem, being given adequate answers; and to state whether they had to wait long for the first appointment.

Client responses about the quality of interaction with the staff, at the initial contact stage, were positive in proportions around 90%; but there was concern in some cases about the absence of written information setting out clearly the service conditions and about delays in arranging the first appointment with the staff. The staff shared in some cases client concerns with lack of written information and delays in arranging the first appointment. In some cases the staff were also concerned about the quality of the brief prepared by the service reception; they identified shortcomings in the brief concerning the socio-economic profile of the client and lack of social work resources for this stage.

The scope for client choice between alternative service providers differed substantially among the four cases. This could be expected, given the differences in the type of client disability involved and respective type of service involved. Only in the case of SSPMH there was substantial scope of choice, with almost 70% of the clients having considered alternative providers before coming to SSPMH. In the other three cases, a small proportion of the clients had considered alternatives; especially in the cases of ANLH and NRC-APPC as in their case they were practically the only service providers with the technical facilities needed for the type of disabilities involved.

Needs assessment and service planning stage

Clients were asked to evaluate the experience of their diagnostic appointments with the service provider staff, during which their needs were assessed and the service plan was prepared. Clients were asked to judge the quality of their interaction with the service staff

in this stage with a set of questions similar to those used for judging their first contact with the service, i.e. if they were treated with courtesy and respect, if they were able to express themselves, if they were given enough time to explain their case, if they were given adequate answers to their questions, etc. In addition, they were asked to comment on their service plan, i.e. whether it was consistent with their expectations and responded to their needs; whether they were involved in its preparation and had the opportunity to discuss it; and whether their consent was asked.

Overall, client responses were very positive about the quality of their interaction with the staff, in proportions over 80%. In all four cases, client responses were less positive regarding the service plan itself, their understanding of it, their involvement in its preparation, and being asked for their consent.

Staff responses to a set of similar questions regarding the assessment of client needs and the preparation of the service plan, were less positive that those of the clients, especially concerning client understanding of the service plan and their involvement in its preparation.

An issue that was especially raised in one of the four cases, that of SSPMH, involved the question of having a written contract between the client and the service, that would specify the service plan, the conditions of service and the obligations and rights of each side. In this case the majority of the staff rejected this and objected to putting this question to clients in the first place.

Service delivery stage

Clients were asked to describe and evaluate a variety of aspects concerning their service experience, such as the involvement of their family; aspects of their interaction with the staff; the delivery and effect of the service; practical aspects of the service provided, the involvement of complementary services, etc.

Overall, client responses were positive in proportions over 70% regarding the quality of their interaction with the service staff during the service delivery stage and aspects such as being able to understand better their condition; having their expectations fulfilled and experiencing progress in their condition; being able to discuss changes in their condition and service progress with the staff; and with service facilities, except in one or two cases.

Staff responses regarding the service delivery stage were consistent with client responses, although in many respects slightly less so. There were cases where the staff were particularly critical of the relations with complementary services or other institutions whose involvement had a bearing on the service.

Client exit stage

Like the issue of client choice of service provider, the issue of client exit was relevant mostly, if not only, in the case of SSPMH. In this case, the issue concerns mental health clients who decide to dropout of the service against the opinion of their therapist before their treatment is completed and obviously reflects on the quality of the service. In the case of SSPMH the dropout rate was around 40%, which is in line with international standards for mental health services of the kind offered by SSPMH.

It should be noted that former clients were not included in the survey in all four cases. In the case of SSPMH, current clients were asked whether during their therapy they had any doubts about continuing their therapy, whether they considered discontinuing therapy and in that case what were the reasons. Interestingly, slightly over half of the Institute clients stated that they did consider discontinuing their therapy at some time in the past.

The assessment of the service structure

Aspects concerning the profile and quality of staff resources were found to be important determinants of service quality. They include a range of aspects such as: the adequacy of staff resources; internal staff consultation; commitment to service mission; work climate; terms and conditions of work; job satisfaction; personal development and training opportunities. Staff views on these aspects differed across the four cases and across this range of aspects

Internal staff consultation was identified as a central issue throughout the service process in all four cases. In all four cases staff reported that they were able to get advice when needed but at the same time they stated in greater or lesser proportions that they needed more. In the case of SSPMH, staff consultation involved regular weekly staff meetings and client case conferences, especially for incoming clients, as standard practice; as well as staff appointments with a senior consultant outside the service. Nevertheless, staff reported a need for more consultation support. In the case of MOTIVACIO, case conferences were also standard practice but the staff also reported a need for more consultation. In the case of NRC-APPC, staff consultation was built in the service organisation; the staff was organised in multidisciplinary teams that followed the client throughout service delivery process starting from the first appointment for the assessment of needs and service plan preparation. In the case of ANLH, the nature of the service did not call for staff consultation as much as in the other three cases, but the need was present and staff reported it as important.

The adequacy of staff resources was assessed by asking the staff whether the existing staff met the service needs, regarding staff qualifications and experience as well as their number by professional and administrative staff category. In all cases, except in the case of ANLH, current staff was considered as adequately qualified for their function in the service, but at the same time the staff reported shortages that were quite acute for some professional categories.

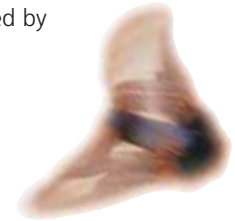
Commitment to a service mission was an important aspect shared by all four service provider organisations. This was strongest in the case of SSPMH and MOTIVACIO whose staff felt that it was shared by the staff and applied to everyday practice in proportions over 80%. It was less strong in the case of ANLH and NRC-APPC.

The staff, in each of the four organisations, was asked to assess their professional and work relation with the service provider, regarding staff participation, and a range of job satisfaction aspects. They were asked to what extent they participate in decisions concerning the organization of the service provider, the way it operates and the development of service provision practices. Overall positive responses were around the 50% mark.

The staff were asked to assess their job satisfaction in relation to a range of professional and work-related aspects, such as, professional work content, professional development opportunities, training opportunities offered, the climate of work with colleagues, and employment conditions. In all four cases, the staff reported high levels of satisfaction in proportions between 60-80%. In contrast, in all cases, except in the case of NRC-APPC, the staff reported not being satisfied with the terms and conditions of work. In all four cases, the staff stated the need for more training. This was particularly marked in the case of ANLH assistants who lack any professional training.

Follow-up

In all four service provider organizations there was follow-up of the assessment results. All four service providers have decided to expand service quality assessment in other parts of the service and/or to replicate the survey of staff in clients every 2-3 years. In all four cases, reporting back assessment results and discussing these with the staff has led to changes. A typical example is the case of SSPMH, where the staff that led the assessment reports an increase in the engagement of the therapists' group, the enhancement of the training and advisory support for the staff, the streamlining of the client intake process, and the strengthening of the case conference work. Parallel to these developments, the method and tools developed are now being adapted by SSPMH for the assessment of service quality at the Children's Department of the Institute, which was not covered by the pilot application.

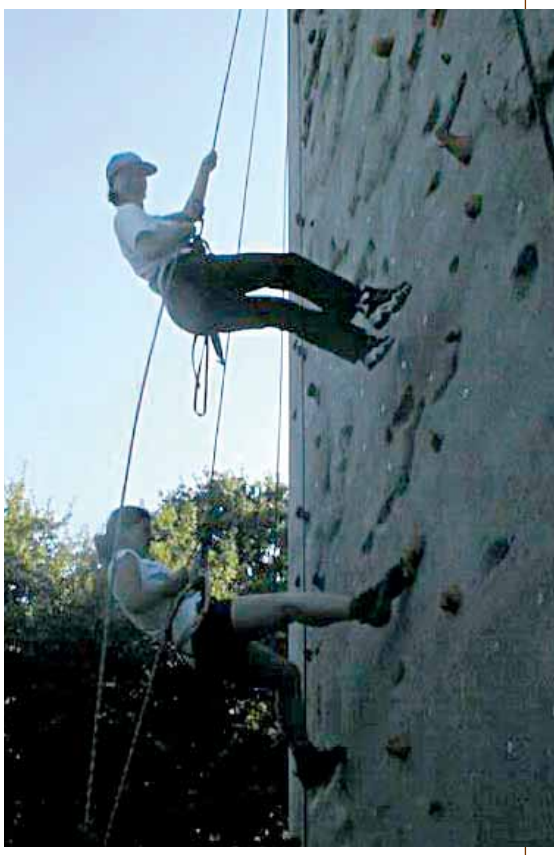


SECTION 2. A STEP-BY-STEP PROCESS FOR CONDUCTING THE SERVICE QUALITY ASSESSMENT

This section presents a step-by step process for conducting service quality assessment in a social public service environment. This process is informed by the approach to service quality adopted by the project, as described in the previous section; and by the current discourse on policy and practice regarding service quality and inclusion, which is discussed in the Policy & Practice Report. The proposed process draws on the experience of the pilot application of the quality assessment tools in four countries; and on the lessons that were learned from this experience.

A important point to bear from the start not to treat the assessment, and the conduct of the surveys involved in particular, as a sophisticated, theory-led, academic exercise but as a practical endeavour that will contribute to a better understanding of the state of service quality from the different perspectives of the stakeholders involved, bring the different stakeholders closer and as a basis for initiating practical improvement action.

The process proposed calls for a structured procedure, which involves 10 distinct core actions.



Service quality assessment core actions	
1	Choosing the service setting to be assessed
2	Identifying the relevant actors
3	Building a quality assessment partnership representing different stakeholders and perspectives
4	Conducting an overview of the service before embarking in a full assessment
5	Proceeding to an empirical investigation
6	Organising carefully the survey of relevant actors
7	Choosing the survey respondents
8	Choosing the survey methods
9	Briefing the survey respondents
10	Following-up the assessment

These 10 actions are organized for practical purposes in five steps that are described below. Following these four steps may appear a cumbersome procedure at first sight. In reality it is a quite flexible procedure, as long as the 10 core requirements are respected, and can fit the circumstances of different services from the broad field of social public services; it is not applicable only to disability services.

STEP 1. Choosing the service to be assessed; identifying relevant actors; building an assessment partnership

Step1.1 Choosing the service setting to be assessed

Many service organisations cater for a range of clients with different needs and may organise their service provision accordingly, in departments or sections. In these circumstances, a choice has to be made as to which part or parts of the service and its clientele the quality assessment should cover, or whether it should cover the whole of the provider organisation.

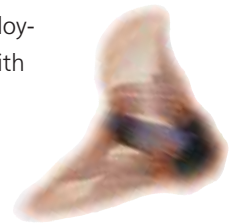
The choice depends on the size of the organisation; the range of different types of client and services offered; prevailing values about service quality within the provider organisation; likely attitudes towards service quality assessment among staff and clients; and the end objectives of the party that initiates the assessment – which is in most cases the management of the service.

In the case of absence of prior assessment experience or in the case of a large organisation with a variety of client groups and respective services, it may be advisable to start from a part of the service and proceed to cover the rest of the service armed with the experience gained from the first application of quality assessment.

Step1.2 Identifying relevant actors

Groups that are involved directly in the provision of the service, as service providers or recipients, and therefore have a direct interest in the quality of the service, as well as other groups or bodies that are indirectly involved should be identified from the start. At a minimum, these groups will include the staff and management of the service and its clients.

Other groups with a legitimate interest in the quality of the service may include public actors with regulatory, funding or policy making roles affecting the service; private actors who may be related to the service in a variety of roles, such as donors or as indirect recipients of the services provided as is, for example, the case of organizations employing ex-clients; public or private actors with service provision roles that complement the services provided.



Identifying at this first step

relevant actors and mapping their roles and relations to the service, is indispensable for establishing from an early stage a profile of the service and its dynamics and for determining in the next steps the type of role they should play in the assessment. Typical –not mutually exclusive– roles include:

- Actors who should be involved from the start in the planning and the implementation of the assessment, in interpreting its results and in working out policy and action recommendations.
- Actors who may not be involved in the assessment itself, but could serve as sources of information necessary for the assessment
- Actors whose roles and relations to the service should be examined in the assessment.
- Actors may be involved in the interpretation and benefit from the results of the assessment.

When relevant groups of actors and their roles and relations to the service are mapped, it is important to look into the composition of each group and identify any different categories and profiles that may exist within the group. This is particularly important for the staff and the clients, especially the latter. They represent the two most relevant groups that are directly related to the service and are expected to play a pivotal role, at least as sources of information, in the assessment of the quality of the service.

To start with, clients may fall into different categories within a service or across services, depending on their needs and services received or their capacity to be involved in the assessment in the first place; and this should be taken into account regarding their involvement in the assessment partnership and drawing on their views and experience of the service.

There are cases where the family or the relatives of the client play an important role, or have to act as a representative of the client. This is necessary when the client is not in the position to express its views and describe its service experience because of its mental condition. Examples include the case of mental handicap or severe forms of mental illness where involving a client might have a negative effect on its condition. In those cases families or relatives become for the purposes of the assessment the clients.

Ex-clients represent another category that should be considered. Their experience, not only of the service itself, but also their experience of leaving the service and their post-service experience service exit, represents a very valuable source of information. They can offer a more detached view of the service and may well include a proportion of dissatisfied service clients whose experience of the service should be tapped. In some cases, they may also represent a valuable source of information regarding the impact of the service.

Service staff may also fall into different categories, regarding their profession and their role in service provision. This should also be taken into account regarding their involvement in the assessment partnership and their role as sources of information, at the stage of drawing on their views and experience of the service.

Step1.3 Building a quality assessment partnership

Typically, service quality assessment does not involve a proper partnership. Most often, it not always, it is initiated by the management of the service and may or may not involve in a greater or lesser role service staff. Alternatively, it may be imposed on the service provider by a regulatory body as a condition for being funded or being licensed in the first place. In either case, it is rare that the views and experience of other actors,

except perhaps those of the service staff, are sought as part of the quality assessment; and even rarer that other actors are involved in the organisation and conduct of the assessment.

Building an assessment partnership that extends beyond the management and the staff of the service is not an easy task. Clients are the group with the most direct interest in the service; they have the strongest claim for being involved in the assessment of service quality and therefore qualify for being represented in the assessment partnership. Other actors, from outside the service may not interested in being involved but they may be willing to have their views and experience of their relation with the service recorded and have an interest in the outcomes of the assessment.

Client involvement in the assessment partnership is highly desirable. It will enhance in itself client empowerment; it represents a key aspect in service quality and a central element of the approach of this Guide. Client involvement can be quite straightforward, technically at least, when some form of client representation arrangements or participation in the governance of the service provider organisation already exists.

In the absence of such arrangements or of prior experience of quality assessment, client involvement presents difficulties, especially if there is no client representation from which to draw a member of the assessment partnership that is rarely the case anyway. In such circumstances client involvement should be sought at later steps of the assessment at the stage when the outcomes of the assessment are interpreted and recommendations made.

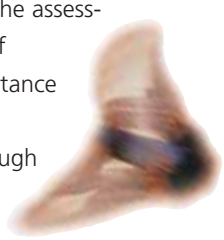
It should be noted though that, under many circumstances, the management of the service may well be hesitant to involve clients at the level of the assessment partnership because of the empowerment implications of such involvement and a concern that there might be differences of opinion and conflict in the design and conduct of the assessment. Client involvement at this level may also encounter resistance from the staff who could see it as a threat to their professional prerogative.

Whether the assessment partnership is limited to management and staff, or includes clients and possibly other actors, it need not take the form of a formal committee. It would be preferable to take the form of a small flexible working group, whose composition should ensure that the assessment is conducted with an open and critical mind towards the service and that it reflects the perspectives of the different actors involved. The working group should establish links with those at the management level who would have to act on the outcomes of the assessment and with the stakeholder groups, especially the staff, whose consent and support would be necessary for implementing recommendations.

In the project, the assessment was organised and conducted in each of the four cases with a small work group with no more than 3-4 members. They included one or more members of staff and a senior manager, drawn form the service provider organisation and an outsider, drawn from one of the research/policy organisations of the partnership, who acted as an independent advisor for the members of the group that came from within the service provider organisation.

Notably, clients were not represented. The effect of their absence was somewhat mitigated by the particular circumstances and profile of the provider organisations. In all four cases, client empowerment was in itself a central element of the mission of the service provider and its service provision practice; whilst, at least in two of the four cases, the service was set-up by the clients and the head of the service was a former client himself.

There would have been practical difficulties of a lesser or greater degree or resistance, at least in some of the four cases, in bringing clients into the assessment partnership, including the issue of representation. Nevertheless, the importance of involving clients at this level was an important lesson that was learned through the project experience itself.



STEP 2. Conducting a preliminary service quality review

Once the service setting to be assessed is chosen, relevant actors are identified and there is an assessment partnership in place, it is strongly recommended to conduct an informal preliminary review of the service before proceeding to a full service quality assessment.

The review should be conducted collectively by the assessment partnership. It is important that no attempt is made at this stage to force consensus of views among the members of the partnership. Differences in views will enrich the agenda of the assessment and should be welcomed; they should be freely discussed and properly recorded as part of the review.

The review will provide a preliminary assessment of the quality of the service based on the subjective views of the members of the assessment partnership. This assessment will be limited in scope and depth, but it will be extremely helpful in establishing the agenda of issues and questions, tailored to the conditions of the service, for the focus of the full assessment in the next step and for planning and organising effectively its conduct.

The review will enable the assessment partnership to map in more detail the field of the service to be assessed; identify in a systematic way issues, questions and hypotheses that should be examined, locate relevant sources of information; and anticipate potential difficulties and problems.

The conceptual framework developed by the project, offers a working agenda that can guide the conduct of the review. It puts forward a checklist of generic parameters, which are not specific to any particular type of service, and potentially relevant to any social public service.

This working agenda - the checklist - is given in Annex A. It includes three sets of service dimensions, drawn from the hierarchy of concepts referred to earlier, as follows:

- Process dimensions of service quality. These cover all the stages of the provision process as experienced by the client: initial contact and entry to the service, assessment of needs assessment and service planning, service delivery, and exit from the service.
- Structural dimensions of service quality, which are internal to the service provider. These concern the human resources of the service provider, its facilities and systems of work.
- Structural dimensions of service quality, which are external to the service provider. These concern aspects of the service environment that may have a bearing on service provision; they may include the regulatory and funding environment, rights to service provision, societal attitudes towards different groups of clients, etc.

The checklist of Annex A contains 24 service dimensions altogether, each of which is further defined in terms of a small number of service aspects. The checklist most probably exhausts the range of issues and questions that one would like to cover in the assessment of service quality, but it is not intended to be used as it is. Rather the intention is to guide the assessment partnership to set its own assessment agenda tailored to the specific conditions of the service that is being assessed; and use this agenda to review of the service.

Two consecutive steps are proposed for this purpose: first, establishing a preliminary assessment service agenda by identifying service quality dimensions and aspects relevant to the particular service that is being assessed; second, using this agenda to review the service.

Step 2.1. Establishing a preliminary assessment agenda

In this step, the relevance of each dimension and individual aspect in the context of the particular service setting assessed should be examined. The checklist of Annex A should be used for this purpose. The experience of the project suggests that the service dimensions and most of the more specific aspects listed in the Annex are likely to be relevant in one way or another.

However there may well be additional dimensions or aspects that are relevant in the context of the service setting being assessed and those should be added to the checklist. There may also be aspects on the list that should be amended or merged in order to fit better the circumstances of the service setting being assessed; or aspects that are not relevant and should be discarded.

The result of this procedure will be an edited checklist –a preliminary agenda of questions and issues- relevant to the particular service setting that is being assessed. This checklist will then be used for the review of the service in Step 2.2.

Step 2.2. Reviewing the service

In this step, the members of the assessment partnership should review the service using the agenda set in the previous step. They should go through each of the dimensions identified in Step 2.1. - as defined by the individual aspects that have been considered as relevant for each dimension at that step - proceed as follows:

- First, describe factually the existing situation and identify problem areas.
- Second, identify improvements needed and indicate actions and means for improvement.

Annex B should be used for this purpose. It offers a template (available in electronic form through the project website) for reviewing the service for each dimension identified as relevant in Step 2.1. The outcome of this step will be a preliminary assessment agenda and a short preliminary review of the service.

STEP 3. Determining the assessment agenda, identifying sources of information and data collection methods

The informal service review of Step 2 will have produced a preliminary assessment of service quality and enrich considerably understanding of the quality of the service and the different issues involved. Nevertheless, it will be limited in scope and depth by the subjective nature of the views on which it is based and by the absence of empirical and systematic evidence. For a proper and valid assessment it is important to collect the views of the relevant stakeholders, at least of staff and clients, as well as to draw on documentary information or on statistics and research about the service and in its environment.

For these reasons it is strongly recommended to proceed to a full-scale, empirically based, service quality assessment, through this and the next step.

Step 3.1. Determining the agenda for the full assessment

The checklist of relevant dimensions derived in Step 2 and their review provide the basis for determining an agenda for the full assessment of service quality. Technically, you may use the preliminary agenda as it is by you are likely to find it too detailed and cumbersome to handle in this stage. It is therefore recommended that you build a more compact and manageable list of dimensions and aspects. You can do that by combining certain dimensions and aspects together; focusing on the dimensions and aspects that you consider most important in the case of your service; and concentrating on those dimensions and aspects whose examination has not been exhausted by the review in Step 2 and requires further information and empirical research.

The assessment agenda of dimensions and aspects, presented below, was used, with minor variations, in all four pilot applications of the assessment tools conducted by the project. It represents a real-life example and illustrates the kind of compact assessment agenda that it would be practicable to use in this stage, it should help you to make the shift from your preliminary assessment agenda produced in Step 2 to the agenda you will use to complete the assessment.

An agenda for the assessment of service quality

Process dimensions of service quality

Service entry stage

- Reception facilities
- Speed of service response to the client requirements
- Client dropout at initial contact stage.

Needs assessment and service planning

- Needs assessment facilities and quality of staff-client interaction
- Quality of needs assessment and service plan
- Client participation

Service delivery stage

- Service responsiveness to client expectations and needs
- Professional support and collaboration inside the service
- Collaboration and with institutions and professionals outside the service
- Family and relatives involvement

Service exit stage

- Quality of exit
- Client dropout
- Client follow-up

Structural dimensions of service quality - internal to the service provider

- Service mission and provision policy
- Adequacy of service staff
- Staff participation
- Staff satisfaction

Structural dimensions of service quality - external to the service provider

- Raised public awareness
- Access to information and guidance
- Supply of qualified staff
- Positive public policies
- Client representation

It should be noted that in this example the emphasis is on the process dimensions of service quality and the relations between the staff and the clients, which represent the core of the service provision; there is less emphasis on the dimensions of the internal structure of the service; and least emphasis on dimensions of the environment of the service.

Step 3.2. Identifying sources of information and determining data collection methods

Once the assessment agenda has been determined conclusively, you should proceed to identify the sources of information you will need for the assessment and the method you will use for collecting this information.

You could do this by examining carefully each dimension of your assessment agenda through the following procedure of successive tasks.

Task 1. Identify key aspects of service quality concerning this dimension

Task 2. Provide a factual description of the present situation regarding this dimension

Task 3. For each of the key aspects identified:

- **Task 3a.** Make a subjective preliminary assessment of the existing situation:
  - **Task 3.a.1.** Describe the existing situation and identify problems regarding the quality of the service
  - **Task 3.a.2.** Identify improvements needed and indicate ways and means for improving the quality of the service
- **Task 3.b.** Identify key sources of information and respondent groups among service clients, staff and third parties that are necessary for the assessment and select appropriate methods for collecting it:
  - **Task 3.b.1.** Define relevant client group or groups and select appropriate information collection methods
  - **Task 3.b.2.** Define relevant staff group or groups and select appropriate information collection methods
  - **Task 3.b.3.** Define relevant third party group or groups and select appropriate information collection methods
- **Task 3.c.** Identify additional sources of relevant information and define the data required and the method for collecting it
  - **Task 3.c.1.** Define any relevant statistical data that may be needed, whether it is already available and its sources
  - **Task 3.c.2.** Define any relevant documentary data that may be needed and its sources

Task 4. Summarise your conclusions from your preliminary assessment in Task 3.a above

Task 5. Summarise your choices of information requirements, their sources and methods for collecting information

- **Task 5.a.** Summarise your survey and interview data requirements and draft questions for each respondent group
- **Task 5.b.** Summarise your statistical and documentary data requirements

You should perform this procedure by using the template given in Annex C, also available in electronic form through the website of the project. An example for using this procedure and template, that draws on the pilot applications conducted by the project on the basis of the agenda outlined earlier, is available in the website of the project attached to the electronic version of this Guide entitled Annex D.

Once you have completed this procedure for all the dimensions of your assessment you will be able to proceed to the final step of collecting the required data and completing the assessment.

STEP 4. Collecting data and completing the assessment

The completion of Step 3 will have provided very useful insights concerning the operation of the service and its quality, and will have specified the data required for completing the assessment, its sources and the methods for collecting it.

The data required, as already indicated, falls into four categories: survey data; interview data, including individual or group interviews and discussion -focus- groups; statistical data, and documentary data.

The conduct of individual or group interviews with selected informants as required by the analysis of step 3 and the collection of the necessary statistical and documentary data required are quite straightforward tasks. They will not present any difficulties once the sources of the data have been determined in the previous step, except possibly in the case of documentary data where the confidentiality of the personal data of clients that should be respected. Focus groups demand a certain amount of experience but can produce very useful insights especially when people representing different perspective are brought together.

In contrast, conducting a survey of relevant actors (staff, clients, and any third parties as required by the analysis on Step 3) is a more complex task. It represents the core element of the service quality assessment and requires a certain amount of resources, appropriate competences, and care in its planning and implementation.

Conducting the survey involves choices and options that should be considered carefully before proceeding. The way the survey will be conducted, its target groups and the way they will be approached and asked to respond, the type and content of the questions that will be asked, and the way the findings of the survey will be communicated, will determine whether the groups approached will respond or respond truthfully, the validity of the conclusions that will be drawn from its findings, and the impact its findings and the assessment as a whole may have on the service that is being assessed.

The survey should always include staff and clients. Other groups of actors may be included depending on the relevance of their roles in relation to the service and their likely

interest and willingness to respond to a survey.

There are many alternatives to choose from in designing and organising a survey of staff, clients, and other actors. There in no single best way and choices should be determined according to the particular conditions of each service, and practical considerations that should be taken into account.

Choices concern primarily two aspects: first, determining the survey respondents, i.e. the groups of actors who will be targeted by the survey; second, designing the survey method, i.e. the means that will be used to collect information from the respondents. Of course choices in these two respects are interdependent; for instance, the method to be used will depend on the profile of the respondents and their number.

Choosing the survey respondents

Ideally, in the case of respondents, the greater the coverage of relevant groups the better. Nevertheless, for some groups the added information value to be gained by including them in the survey may not be worthwhile in relation to the resources and effort required. The groups that should definitely be covered by the survey are staff and clients.

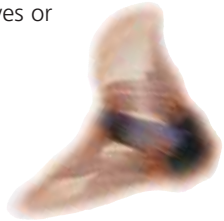
Staff

In the case of the staff there is not much room for choice, except in relation to the numbers involved, the methods used, and the resource requirements involved. As a rule, all members of staff should be included, i.e. professional staff, administrative staff, as well as support and blue-collar staff. Different categories of staff, or indeed different staff professions, perform different functions and relate in different ways to service clients. Their experience of the service may be delimited by their function and role, but their view of the service in valuable and should be tapped by the assessment.

Clients

In the case of clients there is usually more room for choice. When considering choices for this group it should be borne in mind that apart from clients who are the direct recipients of the service at the time of the assessment; there are two other groups that should be considered as potential respondents: first ex-clients; second, client parents and relatives or other parties with client guardianship roles, for example a social worker responsible for a person who is treated by a mental health service.

- Including in the survey ex-clients: Ex-clients may be difficult to reach or may be less willing to respond and their including then in the survey will add to the resources needed, but their contribution may be very important in the case of certain services. It will be especially important in the case of services where clients drop-out as opposed to leaving the service after the completion of their treatment; in those cases, the proportion of client drop-out represents in itself an important service aspect related to service quality and the reasons for it should be examined by the assessment.
  Their contribution will also be important when the benefit of the service for the client is materialised after the client leaves the service, and therefore post-service information is relevant to service quality and should be included in the assessment. Of course, there may be services where the issue of ex-client does not arise although these are likely to be quite rare. Except in such cases, it is strongly recommended to include ex-clients in the survey.
- Including in the survey parents, relatives or third parties with guardianship roles: There may be circumstances where this is dictated by the condition of the clients, i.e. when clients not



have the capacity to respond because of their mental condition or very young age. In those situations, clients should be represented in the survey by parents or relatives. There are also circumstances where parents and families are also direct recipients of services, in which case they should be included in the survey. Nevertheless, even if neither of these circumstances is present, may be worthwhile to include parents or relatives in the survey, if practically feasible, as they may enrich the assessment by offering a complementary view of the service from a different client angle.

Choosing the survey method

Designing and conducting a survey requires a minimum of competence in empirical research: i.e. regarding designing questionnaires design, approaching respondents, analysing the data, etc. The example of Annex D should provide considerable guidance regarding the type and content of survey questions, many of which could be directly adapted to your case. Nevertheless if there is not enough empirical research competence available within the service partnership, it is recommended that a role of external assistance is sought, possibly combined with the role of independent advice suggested earlier for the composition of the assessment partnership.
Choices between alternative options that should be considered include:

- Face-to-face interviews vis-à-vis self-completion of questionnaires. Face-to-face interviews have the advantage that they provide more rich and qualitative data but they need more resources and they run the risk that respondents may respond in a biased way according to the expectations of the interviewer. This is more likely the stronger the dependence between service provider and client.
  When the option of face-to-face interviews is chosen, it is required that the interviewer is someone, from outside the service and in any case not someone with a direct authority-dependence relation with the respondent; the interviewer should be seen by the respondent as being independent of the management of the service and as being able to guarantee the confidentiality of the views of the respondent. This requirement applies equally whether the respondent is a member of staff or a client.
  In contrast, self-completion of questionnaires makes confidentiality much easier and minimises bias, but limits the scope for qualitative data. To compensate for this shortcoming, open questions should be used as much as possible.
- Respondent anonymity. Whether face-to-face interviews or self completion of questionnaires are used, it is worthwhile to preserve anonymity of the respondent as a means to maximise the chances of an honest response without any bias that may enter when the respondent expects or suspects that his views will not be kept confidential. This is an issue both for the staff and for the clients.
  Anonymity can be compromised directly if the name of the respondent is not kept confidential, but also indirectly if the identity of the respondent can be revealed by his answers, for example: by the recording of the respondent's socio-economic profile and disability condition in the case of clients; or by the professional and personal profile of members of staff, especially when the number of respondents is small.
- Comparability of responses between different groups. There will be many aspects, mainly concerning the service provision process, the interaction between the staff and the clients, and the views and perceptions of different stakeholders about the same aspects of the service experienced by both sides. In those cases it is recommend-

ed to use the same questions to ensure comparability of views and perceptions and standard questionnaire scales, such as Likert scales, where the respondent is faced with a statement and is asked to state his agreement or disagreement in five-point scale (strongly agree, agree, disagree, strongly disagree, don't know), or 1-5 or 1-10 grade scales that can be used to evaluate an aspect of the service.

Briefing the survey respondents

Conducting a survey of service quality among service staff and clients is a delicate task and care should be taken to respect legitimate sensitivities, either from the staff or the clients. The staff may feel threatened by an exercise that will give the opportunity to their clients to say what they think about their work and professional competence; both staff and clients may suspect the motives behind the assessment.

Establishing an assessment partnership and involving staff and clients from the start will go a long way for alleviating suspicion of ulterior motives; whilst the kind of the questions that will be asked and the guarantee of anonymity will also be important in gaining the trust of the respondents.

Nevertheless, proper care and time should be taken in preparing the ground for the survey by briefing properly all those who will be asked to respond to the survey.

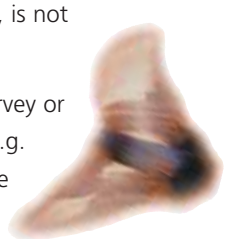
Failure to do that may result in a low response rate, compromise the validity of the survey findings, and minimise the potential for utilising the outcome of the assessment to improve the service. Staff and clients should be informed in writing as early as possible about the assessment, its objectives and the way it will be conducted. Ideally both groups should also be briefed orally when that is practically feasible, e.g. depending on the numbers involved and the circumstances of the service; in most cases it should be possible for the staff to be briefed in staff meetings and be given the opportunity to express their views on the whole assessment exercise and on specific aspects of the survey.

In both cases there should be a clear statement of the purpose of the survey and the use that will be made of it when the questionnaires are administered. In both cases, respondents should received a summary of the findings and conclusions soon after the completion of the survey and have access to the conclusions of the assessment as a whole.

STEP 5. Following-up the assessment

Following-up the assessment is an indispensable element of the service quality assessment process. It is through the follow-up that the results of the assessment can be utilised for the improvement of the quality of the service that has been assessed; and the concern for service quality strengthened within the service. There is no single best way for organising the follow-up; this will depend on the particular circumstances of each service and on the particular results of the assessment itself.

It is important that under no circumstances the assessment is seen as an one-off exercise, it should be treated as a starting point for initiating concrete action and improving the quality of the service, as well as a vehicle for empowering clients and strengthening their position as partners in the process of service provision; and should involve all stakeholders concerned. Merely communicating the results of the assessment to the staff, clients and other stakeholders involved, is not enough.

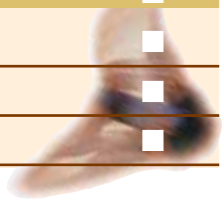


Replicating the staff and client survey or abridged versions in regular intervals (e.g. every two or three years) should also be

HEALTH & SOCIAL CARE SERVICES FOR PEOPLE WITH DISABILITIES SERVICE QUALITY ASSESSMENT GUIDE

Annex A.
Establishing a preliminary assessment agenda

Service quality dimensions, quality aspects	Relevant	Not relevant
Process dimensions of service quality		
Service entry stage	☐	☐
• Scope for choice between service providers	☐	☐
• Client ease in initial contact with service provider reception staff	☐	☐
• Professional and technical facilities quality of reception of client by service provider staff	☐	☐
• Quality of personal interaction between client and service provider staff	☐	☐
• Level of meaningful client contribution to entry stage outcomes	☐	☐
• Speed of response by service provider to client requirements	☐	☐
Needs assessment stage	☐	☐
• Professional and technical quality of client's needs assessment	☐	☐
• Quality of personal interaction between client and service staff	☐	☐
• Level of meaningful client contribution to needs assessment process	☐	☐
• Exit scope for service provider and/or client– right of either side to refuse service	☐	☐
• Quality of exit process, when relevant	☐	☐
Service planning stage	☐	☐
• Quality of service plan prepared for the client, i.e.: based on service model, meeting client needs, providing for progress monitoring and setting progress objectives, anticipating service exit for the client, providing for inter-service co-operation to meet fully the client needs, subject to quality control internally	☐	☐
• Quality of personal interaction between client and service staff	☐	☐
• Level of meaningful client contribution to service plan prepared	☐	☐
• Level of informed client consent of service plan	☐	☐
Service delivery stage	☐	☐
• Availability of qualified staff resources necessary to implement service plan	☐	☐
• Availability of material resources and facilities necessary to implement service plan	☐	☐
• Regular client progress monitoring and service plan review	☐	☐
• Quality of service provision, i.e.: following service model, meeting client needs, working with other services, subject to quality control internally within the provider organization, etc.	☐	☐
• Quality of personal interaction between client and service provider staff	☐	☐
• Level of meaningful client cooperation and contribution to service delivery	☐	☐
Service exit stage	☐	☐
• Level of meaningful client contribution and informed consent to exit decision and plan	☐	☐
• Quality of exit plan and preparation	☐	☐
• Post-exit monitoring and support according to client needs and personal circumstances	☐	☐



Service quality dimensions, quality aspects	Relevant	Not relevant
Structural dimensions of service quality - internal to the service provider		
Proactive service provider towards client groups and the community	☐	☐
• Visibility of service provision and their quality	☐	☐
• Provision of information by provider about the services available	☐	☐
• Provision of guidance by provider about accessing the services available	☐	☐
Networking service provider with all relevant services and actors	☐	☐
• Complementary services: health, education, housing, employment, social security, etc.	☐	☐
• Family and relatives	☐	☐
• Local community		
• Employers in the private and public sector	☐	☐
Accessible service provider	☐	☐
• With multiple contact media (office reception, telephone, internet, etc.), including long reception hours (e.g. morning and afternoon/evening)	☐	☐
• With emergency contact facilities (e.g. on a 24 hour basis)	☐	☐
• With home visit facilities (e.g. personal visits or mobile units)	☐	☐
Service provider with a mission statement	☐	☐
Service provider with fully internalized needs assessment, service planning and service delivery models that are:	☐	☐
• Explicit	☐	☐
• Non-medical	☐	☐
• Client centered	☐	☐
• Holistic	☐	☐
• And include a service contract between provider and client	☐	☐
Service provider with quality assurance procedures that cover all the stages of service provision:	☐	☐
• Client reception	☐	☐
• Needs assessment	☐	☐
• Service planning	☐	☐
• Service delivery	☐	☐
• Client exit	☐	☐
Service provider with adequate staff resources that are:	☐	☐
• Professionally qualified for service model requirements	☐	☐
• Multi-disciplinary as necessary	☐	☐
• Regularly trained	☐	☐
• Committed to service model values and methods	☐	☐
• Covered by proper work contracts		

Service quality dimensions, quality aspects	Relevant	Not relevant
Structural dimensions of service quality - internal to the service provider		
Service provider with adequate facilities and other material resources that cover:	☐	☐
• The qualitative requirements of the service model	☐	☐
• The quantitative requirements of services provided (e.g. number of clients and type of client needs)	☐	☐
Service provider that promotes client involvement and participation through:	☐	☐
• Formal representation in provider institutional bodies	☐	☐
• Active participation in provider policy and decisions	☐	☐
• A policy of ex-client employment where possible	☐	☐
Structural dimensions of service quality - external to the service provider		
Raised public awareness, at local and national level, regarding clients needs, services available, and service values	☐	☐
Availability of information regarding services available, service providers and service conditions	☐	☐
• Services content	☐	☐
• Client rights and obligations	☐	☐
• Service eligibility, including financial and other conditions	☐	☐
• Service providers	☐	☐
Access to information and guidance regarding services available, service providers and service conditions, e.g. through:	☐	☐
• Public access points, easily and locally accessible to potential clients	☐	☐
• Telecoms access points, (i.e. 24 hour free phone facilities, internet access facilities) etc.	☐	☐
Supply of qualified and trained staff	☐	☐
• Adequate formal education and life-long training programmes to cover staff resource requirements	☐	☐
• Appropriate qualification and certification systems	☐	☐
• Proper pay and work conditions regulations	☐	☐
Public policies regarding funding and eligibility of service provision	☐	☐
• Level of public funding which is commensurate to need	☐	☐
• Encouragement of mixed service provision (e.g. public, not-for-profit, private)	☐	☐
• Non discriminatory provision, i.e. equal rights to service, regardless of civic/social insurance status or ability to pay	☐	☐
Public policies regarding service provision regulation	☐	☐
• Established service standards	☐	☐
• Inspectorate procedures covering all types of provider (public, not-for-profit, private)	☐	☐
Client representation	☐	☐
• Strong client organization	☐	☐
• Public support for client organisations	☐	☐

HEALTH & SOCIAL CARE SERVICES FOR PEOPLE WITH DISABILITIES SERVICE QUALITY ASSESSMENT GUIDE

Annex B.
Conducting a preliminary service quality review

Dimension ..... **No.** .....**of** .....

TASK 1. List service quality aspects that define this dimension

1. .....

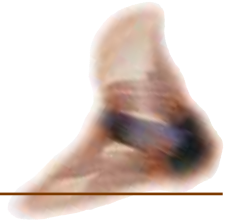
2. .....

3. .....

4. .....

TASK 2. Describe factually the existing situation regarding this dimension and identify problem areas

TASK 3. Identify improvements needed and indicate actions and means for improvement



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Annex C.
Identifying sources of information and determining data collection methods

Once the assessment agenda has been determined conclusively, you should proceed to identify the sources of information you will need for the assessment and the method you will use for collecting this information. You could do this by examining carefully each dimension, using the pages of the form that follows, of your assessment agenda through the following procedure of successive tasks.

TASK 1. Identify key aspects of service quality concerning this dimension

TASK 2. Provide a factual description of the present situation regarding this dimension

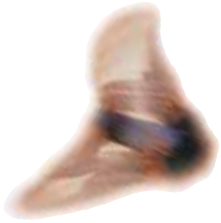
TASK 3. For each of the key aspects identified:

- **Task 3a.** Make a subjective preliminary assessment of the existing situation:
  - **Task 3.a.1.** Describe the existing situation and identify problems regarding the quality of the service
  - **Task 3.a.2.** Identify improvements needed and indicate ways and means for improving the quality of the service
- **Task 3.b.** Identify key sources of information and respondent groups among service clients, staff and third parties that are necessary for the assessment and select appropriate methods for collecting it:
  - **Task 3.b.1.** Define relevant client group or groups and select appropriate information collection methods
  - **Task 3.b.2.** Define relevant staff group or groups and select appropriate information collection methods
  - **Task 3.b.3.** Define relevant third party group or groups and select appropriate information collection methods
- **Task 3.c**. Identify additional sources of relevant information and define the data required and the method for collecting it
  - **Task 3.c.1.** Define any relevant statistical data that may be needed, whether it is already available and its sources
  - **Task 3.c.2.** Define any relevant documentary data that may be needed and its sources

TASK 4. Summarise your conclusions from your preliminary assessment in Task 3.a above

TASK 5. Summarise your choices of information requirements, their sources and methods for collecting information

- **Task 5.a.** Summarise your interview data requirements and draft questions for each respondent group
- **Task 5.b.** Summarise your survey data requirements and draft questions for each respondent group
- **Task 5.c.** Summarise your statistical data requirements
- **Task 5.d.** Summarise your documentary data requirements



Dimension ..... **No.** .....**of** .....

TASK 1. Identify key aspects of service quality concerning this dimension

1. .....

2. .....

3. .....

4. .....

TASK 2. Provide a factual description of the present situation regarding this dimension

Dimension ..... **No.** .....**of** .....

Key quality aspect ..... **No**.....**of**.....

TASK 3.a. Make a subjective preliminary assessment of the existing situation

Task 3.a.1. Describe the existing situation and identify problems regarding the quality of the service

Task 3.a.2. Identify improvements needed and indicate ways and means for improving the quality of the service

TASK 3.b. Identify key sources of information and respondent groups among service clients, staff and third parties, necessary for the assessment, and select appropriate methods for collecting it:

3.b.1. Service clients YES ☐ NO ☐

If YES, define client group or subgroup(s):

Select information sources: survey questionnaire ☐, personal interviews ☐, group interviews ☐

3.b.2. Service staff YES ☐ NO ☐

If YES, define staff group or subgroup(s):

Select information sources: survey questionnaire ☐, personal interviews ☐, group interviews ☐, staff meetings ☐

3.b.3. Third parties YES ☐ NO ☐

If YES, define third parties or group(s):

Select information sources: survey questionnaire ☐, personal interviews ☐, group interviews ☐

TASK 3.c. Identify additional sources of relevant information and define the data required and the method for collecting it

3.c.1. Service clients YES ☐ NO ☐

If YES, define the statistical data needed, whether it is already available and its sources:

3.c.2. Service staff YES ☐ NO ☐

If YES, define the documentation needed, and its source:

Dimension ..... **No.** .....**of** .....

TASK 4. Summarise your conclusions from your preliminary assessment in Task 3.a above

Dimension ..... **No.** .....**of** .....

TASK 5. Summarise your choices of information requirements, their sources and methods for collecting information

Task 5.a. Summarise your interview data requirements and draft questions for each respondent group

Task 5.b. Summarise your survey data requirements and draft questions for each respondent group

Task 5.c. Summarise your statistical data requirements

Task 5.d. Summarise your documentary data requirements