

Aišku, standart sistema turi remtis konkre ios situacijos socialini paslaug sistemoje analize ir vertinimu. Daugeliu atvej tai gali b ti patvirtinta kaip standart pagrindas. Pavyzdžiui, standartai gali reglamentuoti tokias sritis kaip staigos personalo strukt ra, staigos veiklos organizavimo pagrindiniai parametrai, minimali socialini paslaug staig tinklo strukt ra savivaldyb je (žr. pav.) ir t. t.

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| 1 | seneli globos namai (arba alternatyva: savarankiško gyvenimo namai, slaugos namai). |
| 2 | pagalbos namuose tarnyba. |
| 3 | dienos centras ne galiems suaugusiems. |
| 4 | dienos centras ne galiems vaikams (arba grup s prie vaik darželio). |
| 5 | dienos centras probleminiams vaikams + laikino apgyvendinimo vietas vaikams ir moterims su vaikais. |
| 6 | paslaug centras piktnaudžiaujantiems alkoholiu, narkotikais ir pan. |
| 7 | bendruomen s centras. |
| 8 | nakvyn s namai (laikinas apgyvendinimas). |

Pav. *Minimalus socialini paslaug tinklas savivaldyb je*

Sukurta socialini paslaug inspektavimo sistema reiškia ne tik b tinyb sukurti institucij šiai kontrolei atlikti, bet pirmiausia parengti konkre i vertinimo rodikli sistem . Ši sistema gali b ti rengiama lygia greta rengiant standartus. Neturint patvirtint , visuotinai pripažint standart , paslaug kokyb s vertinimas gali tapti labai subjektyvus ir dažnai paslaugos teik jo užgin ijamas. Tokia inspektavimo sistema tampa labai reikalinga ir b tina paslaug kokybei užtikrinti, kai kalbama apie paslaug rinkos suk rim : NVO platesn traukim paslaug teik j gretas, paslaug privatizavim .

Paslaug gav jo – vartotojo dalyvavimo vertinant paslaug kokyb form gali b ti vairi . Pavyzdžiui, periodin s klient anketin s apklausos, kurias gali organizuoti paslaug kokyb s vertinimo institucijos, ministerija; pa ios staigos administracijos inicijuoti klient ar j artim j susirinkimai, forumai, kur galima išsakyti savo nuomon apie teikiam paslaug kokyb . Klient dalyvavimas vertinant paslaug kokyb tur t b ti bent minimaliai reglamentuotas statym (t. y. tur t b ti pripaž stamas tokio vertinimo b tinumas atliekant staigos veiklos kokyb s audit).

Literat ra

1. **Paltarokas K.** *Labdaryb s tvarkymas kitur ir Lietuvoje*. Kaunas, 1920.
2. *Žmogaus globa*. Kaunas, 1935.
3. *Socialini paslaug sistemos savivaldyb se socialinio-ekonominio efektyvumo tyrimas*. Mokslinio tyrimo ataskaita. Vilnius: Darbo ir socialini tyrim institutas, 1999.
4. *Developing Quality in Personal Social Services*. Concepts, Cases and Comments. European Centre Viena, 1997.

SERVICE QUALITY – DETERMINING FACTORS

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Social work as a professional activity has existed in Lithuania for just a decade. However help as an *organised charity* activity has been carried out since the 16th c., a community or a parish being then responsible for its performance. So, to use the modern wording, it is possible to say that help originally was understood as a decentralised activity. Its centralisation started only with the emergence of

processes of modern welfare state building. At that time such terms as *social work* or *social service quality* were not in use. However today we often mention and exhaustively discuss them. One way or other, the observance of human Catholic values and norms was the basic standard and the guarantee of high quality charitable activities.

Such attitudes are reflected in the use of the

term *merciful care* to denote social work in the pre-war Lithuania.

We cannot say that the notion of quality service appeared only in the modern state. It has existed almost always, only its form and expression were different. The first state level standard – the law on care regulation – was passed in Europe, namely in England in 1601. It obliged every community to take care of and help its poor members. Requirements for the quality of social help in pre-war Lithuania can be judged from a number of articles and books on this subject published at that time. For example, the Human Care Society Public Organisation stressed that “in helping people it is important to secure that a care recipient does not get used to the beggar’s role or that he does not become indifferent to his life. It is necessary not only to care for the poor but also to rationalise care. If a state cannot create even the minimal living conditions for a person who is not able to take care of himself, it has no moral right to demand from him commitment and respect.”

At the current social work stage that started after the restitution of Independence, Lithuania, like other post-communist states, may adopt the experience of professional social work from other countries who have practised it for 100 years. So, all professional social work processes as well as social service development processes may be carried out at a more rapid pace.

I think that the following two stages may be distinguished in social service development in Lithuania:

The period of 1990–1998 is distinguished for a qualitative leap in the development of social services. It was then that the number of social service institutions increased and the range of social services widened. To put it otherwise, more diverse types of services appeared, and municipal or NGO services began to dominate the social service system. At that time everyone was concerned how and what social service institutions we were to establish, and how we were to assess social service needs and their scope.

A social service system experienced a crucial moment: social service institutions of various type and subordination appeared. They were designed for various groups of clients. Decentralisation and community service de-

velopment were the basic principles of their organisation. This was done owing to municipal funds and initiative. A significant contribution into the financing of advanced SS development programs was made by the state as a promoter and supporter of this process. This point was mentioned yesterday.

If we compare the number of SS institutions, we shall see that the greater part of Lithuanian municipalities already have not 1 or 2 but several or sometimes even some dozens of SS institutions of various type each.

Until 1998 this meant a qualitative leap in SS development in Lithuania. At that time the basic points or the key words included the number of institutions; the range of services; the scope of need; volumes; the number of service recipients, etc.

From 1998 on we may say that we have entered another SS development stage. Here the stress in the SS system development was transferred from the quantitative indicators to the qualitative ones.

Discussions not only on the need to create social service institutions but also on such problems as service quality assessment; correspondence of services to clients’ needs; the structure of service financing; its rationalisation; requirements for service providers’ qualifications; preparation of standards of general and special social service institutions; preparation of service providers’ activity control mechanism; need and possibilities of service privatisation were carried out.

Such words as standards, effectiveness, costs, needs’ satisfaction quality become the key words in SS development.

So it is only natural that the basic questions at this stage of social service development are as follows: what is the quality of social services? how can we secure it?

I think that speaking about the issues of social service quality we first of all must think about a social service recipient (client) as social service quality without a quality-conscious recipient makes no sense. We may say that this is an advanced experience in service development, or that this is an economically effective service but this will be just service technology assessment. So, speaking of social service quality we must

first of all bear in mind the satisfaction of the needs of service recipient as a consumer, as a citizen and as a community member.

The problem of assessment of social service quality

Assessment of social services quality in terms of client:

1. Service recipient as a consumer. → Individuality must be secured as the use of any services is an individual process.
2. Service recipient as a citizen. → Citizen's rights must be secured.
3. Service recipient as a community member. → His/her integration into his community must be secured.

Thus, social services will be high quality ones from the point of view of service recipient provided the quality is secured in terms of the above-mentioned three aspects. Neglect or absence of any of them will mean insufficient quality of a service from the point of view of service recipient.

Another aspect of social service quality is as follows: social service quality on an individual level is determined also by the quality of social services on an institutional level, and eventually on such macro-level factors as state strategy, principles and basic standards of social service development.

The levels of social service quality assessment:

1. Individual service recipient level. → Subjective feeling of a client, satisfaction of needs assessed by special techniques.
2. Social service institution level. → Organisation of institution's activities to secure socio-economic effectiveness of the institution.
3. Municipality level. → Well-grounded assessment of needs of service recipients and the development of adequate services. Encouraging of application of advanced experience. Securing of service accessibility.
4. State level. → Preparation of service development strategy. Preparation of laws and standards regulating social services. Provision of the monitoring of their enactment.

The comparison of these quality assessment levels shows that it is necessary to assess the quality of social services according to the following two assessment scales:

- The objective-technological scale (equivalent to the institution level) involving definite values, indicators and institution's operational characteristics. For example, professional qualifications of service providers, introduction of advanced working methods, primary and secondary personnel ratio, work volume, etc.;
- The subjective-individual consumption scale, as social service quality also includes the subjective condition of an individual, that is how he/she assesses social services provided to him/her, and whether his/her self-dependence and attitude change. What seems quality to one person may seem lack of quality to another. So, it is necessary to consider also the client's assessment: whether he/she is or is not satisfied with the quality of services, etc.

I think that speaking of the emerging social service quality assessment system it is necessary to note that it overestimates the indicators of the objective-technological assessment scale, underestimating or even ignoring the application of subjective scale. These indicators are simply regarded as insufficiently good or valuable. That is, social service organisers and politicians see the quality of social services in the way sociotechnologists do: they are interested primarily in rationality, effectiveness, and cheapness but not in the change of recipient's (client's) situation, his/her well-being, and finally – in his/her opinion and estimations. To make matters worse, social service quality is sometimes judged by their economic effectiveness. This is surely one of quality assessment factors on the institutional level. However it is not adequate.

Social service quality assessment

Social service quality assessment techniques:

1. Basing on established and approved service characteristics or standards, e.g. recommendations for personnel structure in a social service institution are offered. If definite services fail to meet them, it means that their quality is bad or inadequate. The level of minuteness

of these standards and characteristics may vary greatly, depending on the Lithuanian strategy of service development. For example, advanced experience in the area of staff structure of established institutions: Do we really need standards of such type?

2. It is possible to compare service recipient's expectations and the actual quality of services received by him/her. If the client is disappointed or not satisfied, if his/her self-dependence or self-help powers have not developed, it means that the service cannot be assessed as a high-quality one.
3. It is possible to compare definite services with the advanced experience gained in Lithuania or abroad (if indicators do not correspond with the level of advanced experience or if they reflect opposite tendencies and principles, it means that the quality of services is bad).

In order to secure comprehensive assessment of service quality it is necessary to co-ordinate the use of all techniques.

To secure the permanence of help means to co-operate with other institutions.

Securing high quality of social services

There is another question I would like to ask here. What are the ways and methods that should secure high quality social services? The following four basic ways of securing quality services should be distinguished. They are used in the practice of many countries.

The ways of securing high quality social services:

- Social service standards worked out by the state and the local levels (obligatory requirements for service quality).
- Creation of social service inspection system.
- Chances for a service recipient-user and citizen to act as a controller and participant in the assessment of service quality.
- Introduction of comprehensive quality control system (international quality standards are applied to any type of services in quality assessment, for example ISO).

Speaking of the first way, the notion of such standards is to cover: methods for the assessment of service demand (on individual and community level), demands for the staff's professional characteristics and qualification level, character-

istics of the organisation of activities of social service institutions.

Definite system of standards, that is its exhaustiveness, the coverage of standardised issues first of all depends on decisions made on the political level; on how much the state is inclined to interfere and regulate this area. Whether it establishes only very general principal or framework standards, or gives more definite characteristics of the realisation of principles. Surely, the more detailed the standards, the more serious the state's commitments in terms of implementation of the said standards and of the control of their execution. I should think that level of exhaustiveness of social service standards is not yet settled in Lithuania as some areas of social services are regulated in very great detail, even up to the point of the number of personnel members or the area in sq.m., for example in service institutions for old and disabled people, while some areas are characterised by absolute freedom, as is the case in some day care centres or temporary shelter institutions.

The creation of social service inspection system means not only the creation of an institution purposing to carry out the said control. First of all, this means the establishment of a system of definite assessment indicators. The preparation of this system may be carried out parallelly with the preparation of standards. As in the absence of approved generally recognised standards, service quality assessment may become very subjective and often arbitrary from the point of view of service provider.

Such a system of inspection is gradually becoming very necessary and even indispensable if we seek to secure high quality services and to create a service market: wider involvement of NGO into the ranks of service providers and the privatisation of services.

Surely, the system of standards must rest on the analysis and evaluation of a definite situation within the system of services.

In many cases the following may be approved as a basis for standards. For example, to what level – personnel ratio; provision of basic parameters for the organisation of an institution; minimum structure of social service institutions' network.