

Editorial: Seeking Authentic Indicators of Quality in Human Services

For some time there have been discussions about the nature of 'quality' in human services for people with disabilities. These discussions have largely been about how to measure quality and how to make the qualities of an organisation recognisable, through systems of accreditation and awards. Frequently, in trying to determine 'quality', measurements are made of those things that are of a lesser importance than those that relate to 'making a real difference' in the lives of people who are served by an organisation. There are many elements of quality (that is, the quality of 'making a difference') that cannot easily be observed or measured and it is critical, in any discussion, to understand that 'quality' is not the same as a set of standards or an accreditation system. It is much more multi-layered than any of these and has more to do with how we think about things than how we measure things.

The root of the word 'quality' is 'qualis', meaning 'of what kind'. In everyday life, we use the word 'quality' to denote a degree of excellence about something – what we might receive, for example, from a restaurant – what was good or poor about it. There is also an element of relativity when we consider quality because some things that make claims to quality can be compared to others. For example, the RACQ compares the quality of motels, using a rating system. In everyday life, we also know that quality does not necessarily exist simply because a business says that it does.

When services to people with disabilities concern themselves with matters of quality, there are a number of potential traps for the unwary. For example, when a service recipient expresses satisfaction or happiness with a particular service, it could be tempting to equate such statements with the existence of high quality in that service. Extreme caution is needed about accepting such statements as a reliable indication of quality, because there are at least three limitations to this kind of indicator.

Firstly, many people with disabilities have suffered years of social devaluation and wounding experiences as well as never having experienced high quality services, and are therefore likely to express satisfaction with a service when simply receiving an act of kindness or having a minimum need met. Further, for those people with an intellectual impairment, it could be that for some, their impaired cognition could make it very difficult for them to judge whether something is comparatively good or could be improved in some way. A third limitation of this kind of indicator is that a person might express satisfaction for fear of retribution, because many people are so reliant on services for their existence that they do not want to jeopardise the little that they do have.

Another pitfall for the service is to have a single-minded focus on a set of standards, the measurement of observable things, or on systems of reporting. Such a focus will most likely lead a service into a 'compliance' form of quality. In contrast to this kind of focus, some human service organisations actively engage in the *pursuit* of quality. This constant struggle for quality implies an understanding that it is an ongoing process and that quality is something to be aspired to, but is probably never reached.

One key assertion in any discussion about quality in human services is that quality can best be assessed from the experience of those people who receive the services of a particular organisation. In such discussions there is a fundamental question to be asked: are people with disabilities better off as a result of the particular service being in their lives? When people do have the experience of being better off as a result of a particular service being in their lives, then it is probable that each person experiences many aspects of what could be called 'a good life' – a life that is aspired to by most citizens. Such experiences include: personal development, valued roles, a positive reputation in the organisation that supports the person and in the general community, a personal sense of autonomy, and social networks that include family, acquaintances and friends. If each person who is assisted by the service experiences these things, and if the service does no harm, then *on balance*, it is probable that what is offered is a quality service.

If, on the other hand, people receiving a service from a particular organisation have lives that are characterised by many negative experiences, then *on balance* it is likely that the organisation is not providing a quality service. The negative experiences of service recipients would include such things as: social marginalisation; receiving only basic food and shelter; lives spent in tedious non-activity or low activity; a poor reputation within the service and in the general community; no personal development; family relationships which have been severed by the service; no opportunities for making or maintaining friendships; and no sense of a personal future.

What, then, does it take for a service to respond to the circumstances of a person with a disability in ways that demonstrate quality? Most importantly, the service would have a sound knowledge of the history and identity of each person, understand both the human and specific needs flowing from that person's identity and particular vulnerabilities, and work in intense and relevant ways to make a positive difference in the life of that person. By responding in such ways, it is likely that the service has made a long-term commitment to the person, and that those who are employed by the organisation are committed, inspired and competent.

There are also other characteristics that are likely to enhance or inhibit the presence of quality in a service. For example, it is likely that a service that demonstrates quality has an organisational culture that expresses, in all its parts, an explicit values-base and is open to internal and external critique. All of the people in such an organisation are likely to continually strive for a high consciousness about what truly constitutes quality. Such an organisation will also appreciate that the primary impulse of our society is to reject people with disabilities, and will understand that there are many challenges in working to support children and adults with disabilities to have a good life, similar to those without disabilities. There will be a strong consciousness that it will therefore need processes of high relevance and potency to authentically make a difference in the lives of each person that the service supports. The presence of such processes is likely to be an indication of the existence of quality.

In human services that serve people with disabilities and their families, we need to constantly look for the fertile ground where quality is likely to grow or to be enhanced, and to remember that at the heart of quality are the personal qualities of the people who are providing the service.