

Negotiating quality for the social professions: a study of South Tyrol social services

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Abstract

The issue: In recent years the measurement of quality in social work practice has become an area of growing interest and relevance in the social services field, particularly given its connections with evaluation, accountability and economic efficiency. Our starting point is that quality in interventions with human beings cannot be measured on the basis of rational abstract criteria, but has to be defined in ways that incorporate the multiple perspectives of all the subjects /participants involved.

Methods: The study, adopting qualitative and quantitative methods, explored issues of quality in social services provision in South Tyrol in Italy from the point of view of the main stakeholders. In particular the study sought the views of service users, social workers and managers. Data were gathered through focus groups, semi-structured interviews and a questionnaire.

Outcomes: It was possible to identify four dimensions of quality in social services provision that stakeholders considered important: the political role exercised by practitioners; the ability of social workers to work and take an active role in the organisation; social workers' capacity to connect with other professionals and services, and the direct relationships social workers had with service users. Data analysis enabled a better understanding of the common and differing expectations evident in stakeholders' perspectives. From these findings the paper concludes by making recommendations about how quality can be incorporated into the social services system in South Tyrol.

1. Introduction

In a time where 'social solidarity arrangements are changing dramatically, social interventions have to endure severe cuts and there are strong political tensions against social spending, the discourses on quality of social services and the social professions have become highly

controversial (Author,2018). They are being conducted at the intersection of two polarizing tendencies: on the one hand professionals seek to define their autonomy from political influences by presenting their actions in a much more transparent and hence accountable way; on the other hand the introduction of management systems in public and particularly also in social services has had the effect of standardizing intervention procedures, to make them more cost-effective and hence oriented towards a different kind of accountability.

We present here a study which was carried out in South Tyrol, with the goal of finding new ways for defining and developing quality for the social professions. Our starting point is that quality in interventions with human beings cannot be measured on the basis of rational abstract criteria, but has to be defined considering the perspective of all the subjects / participants involved. The study, adopting multiple methods, explored quality from the point of view of the main stakeholders in social services, thus enabling us to identify common themes as well as divergences and also to hypothesize possible ways forward.

2. Literature review

Quality measurement in social work practice has become a very relevant theme as it is connected to evaluation, accountability and other crucial aspects in the social services field.

‘In social work quality assurance is not just a technical matter: is a ‘political and moral enterprise’ (Adams, 1998). Particularly, new public management approaches have stressed the importance of setting professional standards against which to measure practitioners’ performance (Munro, 2004; Adams, 1998):

‘The New Public Management assumes that the hierarchical bureaucracies of the welfare state are inherently inefficient and therefore tries to adopt some of the efficiencies of the market by adopting a cluster of practices from the private sector’ (Munro, 2004:1078).

However, one of the main issues identified in constructing and adopting quality standards is connected to the very nature of the social work profession. Social work is a complex professional activity that borders on the activities of other professions like medicine and psychology, but has as its main aim the furthering of social integration and solidarity. While medical, psychological and material factors contribute to problems of integration in social groups and in society, the field of “the social” as such requires a sui generis methodology, which has been the subject of many researches but has not yet been systematically understood. The generation of practice-oriented knowledge has lately been the subject of much research and points in the direction of trans-disciplinary approaches (Choi and Pak, 2006; Nicolescu, 2008); their high relevance for social work has been recognised (Evans, 2017) because such approaches do justice to the multi-faceted nature of social processes. The determination of criteria by which best practice in a variety of situations can be identified cannot therefore be a matter of looking for fixed indicators, but has to be sought in interactive processes, just as very few social work situations can be resolved by standardized forms of intervention.

In many contexts, the search for quality criteria in social services has become linked to the orientation towards “evidence based practice”, a development that was spearheaded by medicine. But while it is appropriate to draw on research findings that causally or statistically link treatment methods to positive results in areas like physical illness where factors can be limited, this is much more unreliable in the complex and interactive circumstances of social interventions. Here the parameters for the appropriateness of an intervention have to be constructed according to each set of circumstances, using general psychological, sociological, pedagogical and above all ethical principles, but always as interpreted in the light of a particular analysis of a specific situation.

Another main issue in identifying standards comes from the fact that quality standards need to be identified, not just considering the complexity and idiosyncratic nature of social work

practice, but also taking into account the “agenda” of the stakeholders (agency, bureaucracy, service user, secondarily affected people, professionals from other disciplines). Standardized sets of knowledge regimes have to be considered as well as the value systems that prevail in different cultures and sub-cultures, and the time dimension in terms of short/long term effects that play an important role in social processes where people react reflexively to external influences.

It is therefore not surprising that the identification of practice standards has been considered as very problematic and dominated by the point of view of management concerned about cost-effectiveness linked to efficiency (Adams, 1998). But the application of those standards in social services has turned out to be even trickier (Munro, 2004; Clarkson, 2010). Clarkson, one of the main supporters of quality standards in relation to the application of performance measurements, refers to a ‘universal law of unintended consequences’ in quality systems. He particularly points to a practice he calls gaming, which entails trying to play the system through the mere formal fulfillment of requirements. Another unintended consequence frequently identified is the so-called tunnel vision, which implies that practitioners tend to limit their work to what is evaluated in a particular quality system, at the cost of efficacy of interventions or of ossification, which means that the quality system induces practitioners to avoid all manner of changes (Clarkson, 2010)

The problem is that the definition of standards of practice has an immediate impact on the way professionals operate: there is evidence that externally imposed quality criteria have the tendency to de-motivate them, that they consider that such protocols do not do justice to the complexity of the situations they face and that they displace attention to specific forms of action which, taken in isolation, are irrelevant to a comprehensive view of practice (Munro 2004, Lymbery 2003, Tilbury, 2004). Research on the use of a standardised approach by social workers in a hospital setting showed how practitioners were not able to connect it to their

practice, and that it had a negative outcome on client and practitioner satisfaction (Shapiro et al. 2009).

A step further is taken by Beckmann et al. (2007). Their survey of quality systems in Germany shows how unintended consequences (loss of professional autonomy) are strong where there is no consensus in the social service over quality criteria.

Starting from these critical premises, the research project on quality in social work practice introduced here starts from the assumption that:

a) The identification of meaningful quality standards is absolutely necessary for the social work profession

b) Quality standards in the sphere of human interactions cannot be defined through applying universal, rational criteria, but rather they have their validity only as the outcome of a negotiating process between the different actors involved (Lorenz, 2011)

The central issue of this research is therefore derived from two considerations; the first concerns the central role of human resources for the functioning of social services and hence the necessity of understanding the nature of expert knowledge and of competence applied by professionals in the context of relationships with service users. As illustrated above, it cannot be assumed that this kind of expertise can be defined in abstract and simplified ways. Our hypothesis is that social workers have found particular ways of negotiating between general principles derived from scientific research and the specific requirements of a situation, using - consciously and unconsciously / intuitively - complex sets of reference points, as suggested by other research findings (Chan and Cahn, 2004; Halle and White, 2005; Author 2006; Kjørstad, 2006). The second consideration is therefore that there is no superior authority which can define the standards, that different perspectives have to be taken into account, and that quality in the social profession stems from a dialogue between the different voices of the actors involved.

As this project aimed at contributing to building a quality recognition system that may go beyond the ones based on standards defined by experts who are not directly involved in the processes, one of the main tenets of our research is the use of a participatory approach. This acknowledges the complexity of social work practice and aims at formulating in-depth and multidimensional descriptions which take actors' representations into account (DeRoos, 1990; O'Sullivan 2005). With this approach, as shown in the next chapter, different actors can represent their views on and criteria of quality resulting from knowledge that has been developed from the direct experience of managing, delivering and using social services.

3. The method

The research was organized and funded by the Autonomous Province of South Tyrol, which is characterized by relatively strong and still relatively well-funded public social services, with a solid tradition of private not-for-profit organizations. The province has approx. 500,000 inhabitants – of those: approx. 69% are German speaking, 4,5% Ladin speaking, 26,5% Italian speaking.

Recognizing that quality is a dynamic concept and the result of negotiation processes led to the methodological choice to involve the co-constructors (Beresford, 2000) of the “quality criteria” we aim to develop or improve directly in all phases of the research. We were led by the idea that participatory research is about including people themselves, and not merely about using their knowledge (Beresford, 2000).

Inspired by the work of Uggerhøj (2011) on practice research methods, we identified the following as the main co-constructors of social service processes: Social workers, service users, administrative management staff, and politicians at various levels.

There are specific issues on participating that we critically analyzed, with the main ones referring to the involvement of service users. Our aim was to construct a “democratically

negotiated and agreed partnership” (Beresford, 2000, 495) between academic and non-academic researchers in the research project. This raised the question of whether being labeled as „users“ gives people the right to „exert more influence upon these services than do other citizens“, who are potential users. At the same time we had to bear in mind that “being a user represents only a small part of their lives“ (Seim & Slettebo, 2011, 498). We responded to the first question by focusing on the specific experiences by the services users involved as constitutive of their expertise. They did not have the role of representing someone hypothetically, nor did their experience alone determine the criteria for a specific quality system. As regards the second issue, we thought that the best solution would be to look for organizations of service users, so that participants in the research would be involved as members of an organization with a specific objective and not as individual persons and their overall lifeworld. We had to consider that until now in this Region, whenever quality issues have been raised, users have been involved as consumers, while frontline social workers have correspondingly been seen largely as providers of good or bad services, but there has been no organized attempt to consider both sides as partners in quality discourses. We have therefore found that there are very few service user organizations in the area of general social services, and we have been able to identify organizations only in the field of disability. As for the other fields, we asked voluntary organizations and used snowball methods to find participants with the relevant experiences.

Based on these principles we formed a research board that included: 4 service users, 3 social workers, 3 social service managers, 3 representatives of voluntary organizations in the field, plus the research team. The participation process was organized along different lines: all stakeholders were represented in the advisory board with the task of consulting about the research design, supporting the identification of informants and the construction of the tools for data gathering and data analysis, and monitoring the research progress. The representatives of service users were also hired to carry out part of the data collection. The

board met in plenary session just twice as it was very difficult to find a suitable date for everybody. Instead, regular consultations in small groups of board members took place, and the resulting suggestions were circulated for comments. The team also organized regular meetings with the service agencies involved to provide feedback and discuss the interim results.

The research was developed in three phases. A first pilot study consisted of documentary analysis and interviews, intended to lead to a better understanding of the systems in place for monitoring quality in various social service settings. The second phase was qualitative and included 15 focus groups with practitioners and managers, interspersed with interviews with politicians, managers, practitioners and service users with the purpose of testing various hypotheses on quality criteria and systems. Additionally, an online collection of accounts of critical incidents was organized as examples of what practitioners and managers viewed as good or poor quality practice. The last phase was focused on producing quantitative data through a questionnaire to practitioners which was built on the basis of the information and the proposals collected in the qualitative part of the research.

In this paper we are going to concentrate on the outcomes of the qualitative study.

The research followed the ethical guidelines of the University; all interviewees signed an informed consent, and all transcriptions were anonymized and given a code name so that only the researcher responsible for the data analysis was able to connect the text with the interviewee.

4. Dimensions of quality in social professions practices

The first aim of the project was to find a way to unpack the concept of quality: attempting to understand what is good and what is bad for people involved in social services is akin to confronting a maze of opinions – challenging to organize and make sense of. Accordingly, the

first meetings of the advisory board were devoted to exploring concepts of quality from different perspectives. The discussions crystallised four dimensions or levels of analysis that were found meaningful in order to identify what was appreciated and what was not in professional practices. The first aspect identified (in no particular order) was the ability/willingness to connect the intervention at the personal level with actions that relate to political decisions, as policy is seen as having a huge impact particularly on users, as well as practitioners. For instance, a user said she experienced that in the field of addictions the policy line was to privilege young people for treatment while leaving older users to themselves; she not only noticed this, but also felt it was important that her social worker should actively oppose this policy line. Another participant said that if social workers were not prepared to challenge the system of assistance and resources in place, this would always result in the people in need being made to feel responsible for their own misfortunes.

The second dimension identified relates to the nature and function of the organization. However, from the beginning opinions among participants differed on what constitutes quality in this regard. Some felt that management should be in the hands of social workers with their expertise in understanding the nuances of individual situations, and that bureaucratization of social services is detrimental and should thus be opposed by social workers. Conversely, others wanted social workers' practice to be more subject to procedures and based on rules to ensure fairness and equality of treatment. Independently of the specific position, the degree of relating and acting within and on the organization of the service was deemed a highly relevant indicator for quality professional practice.

The third area mentioned relates to indicators of networking, and again specific examples could be interpreted as positive or negative. What emerged as important here was that the criteria were linked to the ability of practitioners to create appropriate contacts and cooperate constructively with other professionals and practitioners in different organizations.

The last dimension concerned the direct relation with clients. This was the subject of most discussions on quality criteria, and therefore should occupy center stage in discourses on quality of the social professions. This issue was raised by service users, social workers themselves and representatives of voluntary organizations; all highlighted the central importance of the direct relationship between users and practitioners, although, once again, right from the beginning contrasting positions were taken on details, as will be illustrated in the next sections.

The identification of the four dimensions was a useful guide for designing the outlines of interview and focus group topics. It also formed the grid for the analysis of responses and the construction of the questionnaire. The following discussion of the findings will therefore be related to the four dimensions and lead to a comparison of the significance of the different positions taken by service users, practitioners and managers.

4.1 The political dimension of social work

There has been a growing debate that highlights that policy is not only defined on a formal level, but also shaped by a multiplicity of actors involved on different levels of its implementation (Hill and Hupe, P. 2014, Author, 2017). In this perspective, social workers on the frontline of services are seen as important policy actors who negotiate and mediate between policy goals and service users' needs on the street-level (Lipsky 2010). In this sense, it has been important to understand whether and how social workers and social service managers connect questions regarding quality in social work practice with issues of policy perception and policy practice (Author, 2018).

Data analysis shows, however, that the dominant perception of policy is that of a system of top down rules and prescriptions. Whereas service users often expect an action at political level, social workers not infrequently struggle to connect the issue of quality with a broader policy context. Policies are seen as sets of rules and guidelines which are defined elsewhere and often

have little to do with the challenges experienced in the context of social work practice. Sometimes policies are even perceived as reflecting different priorities or neglecting the concrete reality and claims of those who work at the frontline of social services. In this sense, among social workers there is also a sense of limited identification or even alienation in relation to what is understood as policies. According to social workers' interpretations, policies are defined elsewhere, decreed top-down and having their own logic, while frontline practice is depicted as another story.

I've read these guidelines. (...) But it's always the same story, isn't it? It's a beautiful text, full of details. Where I then feel that this does not correspond to reality. It is more a form of advertising to showcase, but what's then the situation inside, well... (social worker)

At the same time, social workers do see the political content of their work and make connections with wider social questions.

Does it have to do with social policy, if I support a person in their desire to be more independent? (...) I really think so, actually a lot." (social worker)

However, these kinds of considerations do not seem to be taken up and channeled into a discussion or concrete forms of policy practice aimed at informing and improving policies from below. In this regard, managers in particular seem to have little awareness that social workers could contribute to processes of social policy making from below, and that debates about quality in practice could include as a quality trait practitioners contribution the definition of policies:

It's better if the social workers stick to their task, trying to do a good job there. (manager)

Overall, frontline social workers feel far away from where political decisions are taken and that they have little influence on policymaking processes.

Overall, both frontline social workers and managers see themselves more in an executive role with little influence on the policy level. However, social workers confirm that in practice they

find their discretionary spaces which allow them to engage in negotiations about appropriate responses to service users' needs and to provide tailor-made and agreed-on support. In this sense, they see space for their professional autonomy and for processes of negotiation and participation within client relationships and organisational contexts.

Then in our little way (nel nostro piccolo), in contact with service users, within our daily work, everybody finds room for manoeuvre, of course. Policies and regulations don't get to such detail, right? (social worker)

However, what seems to be rather missing is more political engagement and an active role of advocacy. Both frontline social workers and managers underline that they have little say on a more political level and that service users and their families themselves have to engage in activities of advocacy. At the same time, interviews suggest that at least some service users would expect social work professionals to be more active in advocacy and to join service users in their struggles for their rights.

In (German city), when I was there in the women's shelter, there were the same problems. Migrant women not finding a home and work. And they went into the streets with us, the social workers from the shelter!" (service user)

The different positions can be summarized as follows: service users would value the challenging of social policies on the part of social workers, while practitioners, albeit acknowledging the often negative impact of policy in their practice, perceive themselves as having no powerful influence at this level. This would be in tune with the fact that middle management place quality in social workers' 'creative' compliance with policy lines.

4.2 Social work Practitioners and the organization of social services

While analyzing how quality was appraised by the different stakeholders in social work practice in relation to the organization of social services, we found inspiration in Teresa Bertotti's (2016) researches: she outlines a four-character social worker typology concerning

the way practitioners relate to the organization they are working in. The *critically engaged* social worker is an intermediary between policies and citizens' needs, and expresses a strong sense of belonging to the organization with her or his critical thinking focused on clients. The *adapted* type accepts changes albeit often at the cost of losing their professional identity. The *detached* type sees social work just as a job, without attempting to find coherence between different mandates. Finally, the *divorced* type is frustrated by the organization, feeling forced into the implementation of unethical interventions, and tries to act as a free professional within the organization. In the quality research project the relationship between the organization and social workers seems to be 'active'. However, quality appears to be placed mainly in soft elements of the organization such as teamwork and good communication:

Especially in view of such shortcomings in the structural framework, it is important that the team works well together and jointly develops creative solutions... (Social Worker)

There is an awareness on both sides (manager and professionals) that they should work together and that frontline social work cannot be a 'private' or individual obligation as represented by Bertotti's *divorced* type. "Jointly develop creative solutions" represents an attitude as outlined in Bertotti's *critically engaged* type, as it focusses on the clients as well as on the organization and on changing context conditions in that creative solutions have to be developed. Furthermore, the framework conditions that can play a crucial role in the process are addressed:

It must not be left to the good will of the individual, the individual social worker whether they can communicate well with each other- which is crucial- but also the organizational and structural conditions have to be improved so that cooperation can work. (Manager)

This statement from a manager addresses the framework that should be adopted in order to work together, but on the other hand there are also several pleas by managers for a higher

level of standardization (under managerial terms) and less discretion of professionals. In fact, as with the dimension of quality in relation to policy, quite often managers see quality in the compliance with organizational rules and procedures, or in being able to balance the unavoidable flexibility with compliance to the rules. A divergence of opinions in this respect seems apparent to many, as a manager in the field of child and family social work declares:

And now I'm going to say something that I know will not please social workers, but I think that they should stick more to the procedures and they should work in a more organized and recognizable way[...]. We know that relationships are important but social workers should pay more attention to the rules and to the requirements also as far as documenting is concerned (Manager)

This seems to indicate an appreciation on the part of managers of what Bertotti terms the adapted practitioner, who is willing to accept the system as it is.

As regards 'the route towards a more active role' of social workers, Bertotti suggests there are findings that imply that there is a 'consideration of effectiveness of interventions' as professionals address the issue, but there is also a critical stance on criteria that are imposed by services:

But in pedagogical work we work our socks off, but one does not see any effects right away. Outcomes are difficult to measure. Sometimes you work on something for years until you see an outcome. (Social worker)

There are no tools to measure social work adequately. But you can write good reports and work badly. The work itself is not rated. (Social worker)

Many practitioners were critical of the quality assurance system in place:

Measuring quality in social work is time-consuming. You cannot do that just in abstract terms. To measure quality, you have to talk to people, look at people, take your time. (Social Worker)

Here what emerges is that long-term outcomes that are hard to measure and quality measurement, as it is, is imposed. Good reports and the actual good work appear to pertain to two different arenas that are not related another. The last statement indicates that numbers cannot at all inform about quality and that quality measurement can only take place through time-intensive communicative processes.

Service users here seem to be more in tune with the views of social workers, as what they would expect is for the intervention to be personalized and for social workers to support them in finding their way into the bureaucratic maze.

4.3 Networking and Interprofessional practice

The conviction that networking and interprofessional practice are necessary features of high quality social work is widespread in international contexts (Sousa, Costa, 2010; Howard, Morrison, 2010). The increasing complexity of reality and social work contexts makes close collaboration between different professions essential to the well-being of those in need (Lymbery, 2006 referring to Hudson et al., 1999; Klein, 2004). As pointed out at the beginning, this research project starts from the assumption that quality standards are essential in social work: well-functioning networking and interprofessional collaboration (within one service but also between different services) is defined as one of these standards. Although several studies indicate that the success of good cooperation is still effectively dependent on individual employees, over the past few decades interventions on socio-political (legislation, setting of framework conditions) and organizational levels (agreements) have become increasingly important in ensuring that collaboration between services and professions takes place. Despite these efforts at different levels, various studies indicate that collaboration, especially between social and healthcare professions, is still very difficult (Darlington et al., 2004; Darlington et al., 2005, Darlington, Feeney, 2008;). Our research clearly shows that functioning interprofessional cooperation is recognized in social work practice as an important quality criterion by all stakeholders. Nevertheless, different professionals and stakeholders have

different perspectives on situations, and do not only disagree over the priority of the interventions, but also over the competences and abilities of the individual professionals, which are sometimes questioned, leading to disputes. However, the stakeholders emphasize that problems can arise in interprofessional practice and that they should not place a burden on service users:

It is possible that professionals, for example, doctors, social workers and psychologists could offer differing recommendations due to their distinctive professional focus, and there can also be discontent among them, but not to such an extent that they cannot find an appropriate solution. (Social Worker)

There is consensus among stakeholders that the following features are necessary for effective and efficient interprofessional cooperation: the construction of effective communication through a common language and mutual respect, trust and reliability. Nonetheless, the difficulties and challenges of interprofessional cooperation exist and can be summarized in the following three polarizations between two opposing positions on one continuum. First and foremost, there is an area of tension between the conviction that cooperation would depend primarily on the people involved, and the conviction that it would depend on the organizational and institutional framework conditions. In fact, several studies (including Manthorpe et al., 2008) underline that the quality of social work may depend primarily on the individual professionals, not only as a result of professionally trained skills but also as based on professionals' personal characteristics. Nonetheless, stakeholders emphasize that complex interprofessional decisions for the benefit of the caregivers should not be left to the individual employee of a service.

The situation which would assure a client the best possible counseling and support does not reflect an attitude of "every man for himself", but rather a constructive cooperation between professionals. (Manager)

Practitioners emphasise that there are still too many competency and jurisdictional disputes between the services.

(...) There are too many competency disputes and it is often said: " I am not responsible for that. (...) "(Social-Worker)

At this point the second big challenge in interprofessional cooperation comes to light, namely the demand for clear and transparent procedures on the one hand and the associated risk of bureaucratization on the other hand. Clear guidelines and standardized procedures give professionals the confidence that responsibilities and competences are clearly regulated, thus leading to an improvement of cooperation between professionals. Nevertheless, many regulations also carry the risk of complicating and slowing down an effective aid process. Even if ready-made procedures and protocols deliver the promise to guarantee equal and objective "treatments" for the user, there is a danger that bureaucratic processes will create new inequalities, belittle professionals as mere technicians and increase waiting times for users.

Bureaucracy, which seems to be on the increase, makes everything much more difficult for many people, creating stress, involving more time and requiring patience due to endless waiting. (Social Worker)

The third major challenge is the tension between the responsibilities of increasingly specialized services. It is a trend that in contemporary societies many services have specialized in individual problem areas, but these services are not coordinated with each other (Maykus, 2013). The corresponding risk is not only the lack of communication between the services and professionals, but also that a global perception of situations is missing and only limited areas are seen and treated. This does not do justice to the complex life situations and emergency situations of the people involved.

I hope for a time when individuals involved in social services are courageous enough to "go out on a limb" (take a risk) and do what should be done. The problem we are dealing with now, which will only become worse with time, is that we have very

disparate services. Where do we send a client who is cognitively challenged, depressed and also has an addiction? (Social Worker)

The above-described risk of lack of collaboration between services requires the professionals involved to be brave enough to go beyond the standard and strive for holistic changes for the benefit of people. In conclusion, it can be argued that the results of the present research show that networking and interprofessional collaboration are mostly the result of difficult negotiation processes, which have to be undertaken together. Despite all difficulties, the main concern should always be the client.

Sometimes there are hot discussions. But when it comes to clients, it's just secondary. (Social Worker)

It is fundamental that people and their concerns are not pushed back and forth between the different services: at least one professional should feel responsible and initiate the process of cooperation between the services.

(...) One has to feel responsible for it. Then that's a help. Then we can work together. (...) So when one service says (...) Yes [the client has to come] by himself. (...) There are obstacles. (Social Worker)

4.4 The place of relationship between standardized practices and discretionary powers

The relationship between professionals and service users can undoubtedly be described as the heart of social work and the foundation of its methods and interventions. "Relational quality" is, as Allegri (2000:100) recalls, one of the fundamental dimensions of quality in social work. It refers to the "how", i.e. the way in which interventions and processes are developed. These "soft" indicators, valued by those who use the services and dictated by the standards of social professions, however risk remaining unperceived within the current political-social framework marked by neo-liberalist and managerialist currents, increasingly oriented towards economy,

efficiency and effectiveness in consumerist terms (Beresford and Croft 2004:58), thus forcing social workers to standardise and quantify their work. The present piece of research highlights that all – managers, practitioners and users - view relationships and the so-called soft indicators as central in identifying the quality of professional practice, albeit with partially different emphases.

A first point is that the research subjects value a helping relationship when it generates support and practical interventions, useful in improving problematic situations in due time. In particular, service users place a great importance in receiving the right answer to their requests. This is partially in line with the view of practitioners:

What is important to me in the relationship is simply the factual level. (...) Only then can we agree on something and work together. Otherwise there's a lot of chatting, a lot of talking, and the person goes out and both of us don't really know what we agreed or the result that came out. (Social Worker)

Nonetheless there are differences, as social workers often situate quality in their ability to understand the complex needs of their clients and to find a way to build a project in which the use of resources and social services becomes meaningful for the development and growth of the client. This process is lengthy, to the point that in some cases time is seen as not controllable, as practitioners have to adapt to the rhythms of clients. It sometimes entails waiting or refraining from 'acting' in order to leave room for the initiative of service users. At this level, it seems that practitioners see their work as extremely flexible. In fact here we find a difference between the way managers and practitioners interpret quality in social work practice. Managers in all fields seem to value the fact that the work process is explicit and recognisable; quality in their view lies in being able to have a method, standards for evaluation and a rational way of proceeding. As emerged in relation to the organisation, for managers good social work practice entails being able to follow procedures and bureaucratic rules, also when interacting with clients.

Conversely, clients and practitioners, more than managers, place the 'human dimension' at the centre of their considerations of quality. A service user reports:

As for the social workers, it's not so much their training that matters, but their human qualities... that they accept my son as he is.

And a social worker declares:

When dealing with users who cannot express themselves verbally, you have to observe a lot of reactions, work a lot intuitively.

In this sense, the present study is in line with the work of Manthorpe and colleagues (2008): a relationship between professionals and users experienced as "successful" entails both the development of effective interventions and the "human" dimension generating emotional and psychosocial support, while following the procedures is not mentioned. This assumption implies the reference to manifold specific competences such as empathy and the practitioner's ability to empathize with others and to understand their situation sensitively.

Such an empathetic attitude also presupposes the social worker's competence to develop individualised responses. Social interventions of high quality are based on a process of dialogue aimed at the joint development of tailor-made solutions. This is an expression of fundamental ethical principles guiding social intervention: respect for and recognition of each individual, combined with the ability to be creative, to seek appropriate approaches to the needs and potential of each individual.

Other service users and practitioners underline how for them quality lies in the ability of practitioners to develop authentic interest for individuals and situations. A service user declares that for him it was crucial to see that his social workers was emotionally moved by his situation, and in line with this a social worker declares:

(...)I don't think it's enough if I just say certain things, but behaviour must also be exemplified. When I say to someone (...): 'You are important to us (...) and we care about you', then (he) must feel that too (...)

However, while service users often greatly value the emotional involvement of practitioners, social workers identify some limits of involvement. They see good quality in social interventions when the professional relationship is clearly defined, and when the empathic attitude remains confined within a relationship which is suitably clarified in its nature and purpose. The practitioner is thus required to combine the interpersonal sphere with a pragmatic-factual dimension, within a process of negotiating interventions and within relationships marked by transparency and clarity.

Dealing with proximity and distance requires a specific attitude of reflexivity, which is considered as a further dimension of quality, as described by a social worker:

I think you basically need a certain ability to reflect, which makes it possible to distinguish between yourself and outside (...) to be touched again and again but to create distance again and again.

5. Discussion: The Puzzle of Quality for the social professions

In considering the main opinions on quality highlighted so far, two main issues are worth noticing: the first one relates to the differences in perspectives on quality, and the second one on the weight of the so-called soft dimensions in defining quality in the social professions.

Regarding the first issue, while we have seen that there are some common grounds between stakeholders on defining quality, such as the importance attributed to relationships, we should also remark that convergence appears to be in many cases merely superficial. Often ideas of quality appear different, if not in opposition to one another, with social professionals finding themselves in the midst of contrasting expectations. We had foreseen this; our research however allowed us to better identify the points of friction. Starting from practitioner roles in policy practice, we have shown how, while service users expect to find in social workers allies in fighting unjust or inadequate policies, practitioners often see themselves as not powerful enough to take a stand at a political level, even when they disagree or may have a contribution to make. On the other hand, managers often expect more compliance, and this is

also true as regards the relation with the organisation: in general, managers expect a creative contribution to service innovations, but mainly that practitioners should respect the procedures and organisational mechanisms in place. On the other hand, social workers appear to see themselves not unlike the victims of an organisation which does not work, and they expect that others, mostly managers, should be in charge of building 'good procedures'. The clearest area of tension is perhaps apparent in the area of the encounters between social workers and clients. This is a dimension that all consider crucial, but that is interpreted in very different ways. As regards service users, they see the core of quality in two concurrent aspects: on the one hand they value efficiency in providing the right answer; on the other hand they appreciate humanity, which often includes emotional involvement, empathy and a particular ability to communicate and listen. As regards managers, they, while generally declaring that relationship is crucial, express contrasting criteria, such as having a recognisable and rigorous method, standards for assessment and the like. Meanwhile, practitioners themselves value creativity in relating to their clients and in processing their requests, so as to develop ad-hoc projects, with this enabling the resources employed to be not mere stopgaps, but to contribute to positive developments in the clients' situations: these seem to be the indicators of high quality professional practice. At first glance, such differences could trigger dismay and loss of confidence regarding the possibility of reaching a common view. In fact, this research showed how relevant it is to provide opportunities to express different perspectives, which often remain implicit and are not communicated. The starting point is therefore that at the minimum subjects may become cognisant of other stakeholders' expectations - a first step in starting a negotiation. This could provide an important stimulus for change and quality improvement.

The above considerations lead us to the other issue we identified at the beginning of this chapter, namely that quality in social professions is generally located in aspects and traits that are hardly if at all translatable into standards with which to measure the quality of social

workers' practice. As an example, nobody ever mentioned the duration of interviews, their number or frequency; rather, clients state that they were seen when they needed to. What emerges, in other words, is that quality in the social profession is important, but that, rather than through audits based on standards, it could be checked through putting in place participatory processes with mixed committees involving representatives of all stakeholders. Such processes may allow those involved not only to monitor the social profession, but also to reconsider their expectations and to provide feedback so as to improve practice.

6. Concluding remarks

The present research gives wide recognition to the dynamic, complex nature of social issues and therefore of social workers' interventions. Consequently, the empirical data highlight the multiplicity of skills that practitioners are required to develop as well as the need to be open to constant involvement both as a person and as a professional.

This recalls the conclusions drawn by Hansen (ibid:151, 165) who describes the tolerance of social professions towards ambiguity (*Ambiguitätstoleranz*) and thus their strong orientation towards process, communication and negotiation. Reflexivity, dynamic interpretation of standards and their "tailor-made" application to each individual situation represent key competences of social workers, and thus important elements of quality in social work.

What does all this tell us in relation to quality systems? We need to consider both the fact that stakeholders have different but equally valuable perspectives, and also that many stakeholders locate quality in soft and difficult to measure traits. This calls for the development of more complex quality assurance systems, only partially based on standards and including participatory mechanisms, thus allowing creative negotiations and reflective thinking to occur.

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