Disability and the Quality of Services
by DR. JANE PILLINGER

THE POLICY INSTITUTE
AT TRINITY COLLEGE DUBLIN

Disability and the Quality of Services: Irish and European perspectives
By Dr Jane Pillinger[1]

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1. Introduction

This paper will focus on some key development and perspectives in the debate about the provision of better government to citizens from the perspective of people with disabilities. It will discuss how services are being developed for people with disabilities within government-citizen and client orientated frameworks, equality/diversity frameworks and disability rights frameworks. What these mean for disabled service users and the disability movement will be explored in the light of some recent Irish and European research that has identified some key principles for quality services. This includes the coordination and integration of services, user involvement and participation, partnership in planning and delivering services, locally based service delivery and principles of service quality based on equity, respect and empowerment. It also will explore how the Strategic Management Initiative (SMI) and the Quality Customer Service (QCS) framework can deliver better services for people with disabilities in Ireland particularly in the light of the new QCS principles of equality/diversity and the greater attention now being given to improving service quality. Finally, the paper will explore how quality ties in with discourses and principles around recognition, efficiency, ethics and equity.

Across the world there have been major legal and social policy changes concerning disability. In particular there has been a growth of activity concerning the promotion of the rights of people with disabilities to full integration and participation in work and society. At their best these frameworks combine rights based and duty based legislation that set out the rights of people with disabilities to good quality accessible services, equal treatment etc.; and the duties on public authorities to provide quality services, access, information, protections against discrimination and the promotion of equality. Increasingly these sit within international and European human and social rights frameworks. These discourses are integral to any policies and programmes that promote quality services, and, I would argue, to the wider context of the connections between equality and quality. I will begin by briefly discussing the disability/equality policy framework and then go on to discuss how this can fit into a quality framework.

2. The disability policy context

On the one hand, we have seen the development of specific disability policies emerging from the recommendations of the 1996 Commission on the Status of People with Disabilities and the subsequent formation of the National Disability Authority. More recently this has resulted in the much lamented and criticised Disability Bill and Disability Education Bill which appear to be out of step with other international developments in disability rights. Other specific disability policy initiatives can be

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[1] Jane Pillinger is an independent social policy analyst and policy advisor based in Dublin.

found in commitments made under the *Programme for Prosperity and Fairness* (PPF) including measures to improve the quality of services and disability access[2]. These guidelines include the design of IT interfaces for services and information delivery.

On the other hand, disability sits within an equality framework and is one of the nine grounds under the equality legislation. The Employment Equality Act, 1998, and the Equal Status Act, 2000, enshrine rights to anti-discrimination across nine grounds[3]. Although the Equal Status Act has important implications for the delivery of public services in non-discriminatory ways, and notwithstanding the important role for the development potential of the legislation and of good practice, it does not place a statutory duty or requirement on Government Departments to outlaw discrimination and promote equality across the nine grounds. This is also the case with the forthcoming Disability Act. In this respect the legislation has to be tested before a clear legal responsibility is placed on Government Departments on one or more grounds. For example, in the area of disability access, the legislation does not have the weight of disability legislation in the UK, USA and Canada in enforcing public bodies to provide access to public services and public buildings for people with disabilities. The Northern Ireland *Statutory Equality Duty,* and the UK's Disability Discrimination Act, provide models of legally enforceable duties to promote equality, that require public authorities to be proactive in mainstreaming equality, auditing their functions and implementing new policies and practices. These examples give some indication of the ways in which equality and anti-discrimination approaches could be further developed and strengthened in Ireland by placing statutory duties on public authorities. It is crucial also that these duties be accompanied by a rights based framework.

Regarding disability access a five-year target to make all public services accessible to people with disabilities has been set for 2002-2006. Government Departments and their agencies are required to take *all reasonable steps* to provide access. Specific targets also exist to guide rather than enforce the meeting of quotas for the recruitment of people with disabilities into the civil service. This is in contrast with the rather more robust regulations that exist in other countries such as France, Germany and Italy that require employers to recruit people with disabilities, and, failing this, to pay a contribution into a fund to promote employment for people with disabilities.

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[2] PPF Framework III on social inclusion states that public services will be accessible in 5 years: "…each Government Department will ensure that reasonable steps are taken to make its services and those of agencies under its remit, accessible to people with disabilities. To facilitate effective action and acceptable standards in this regard the NDA will issue guidelines in accordance with international norms and will award an accessibility symbol to compliant public offices" (PPF, page 100).

[3] The Equal Status Act is particularly important to service delivery in that it prohibits discrimination in the area of goods and services on nine grounds (gender, marital status, family status, sexual orientation, religious belief, age, disability, race, membership of the Traveller community). Government services – including Government Departments, health boards, local authorities – are covered under the Act although certain exemptions apply. The Act also covers disability access and requires an employer, a person providing goods or services, accommodation, educational institutions and clubs to do all that is reasonable to accommodate the needs of an employee or a person with a disability by providing special facilities or treatment. They are not obliged to do this is if the special facilities or treatment involves more than the nominal cost. The Act allows for positive action to promote equality of opportunity for disadvantaged persons and to cater for the special needs of persons or a category of persons who may require facilities, services or assistance. The Employment Equality Act covers the same nine grounds in relation to employment. It covers part-time and full-time workers and includes access to employment, conditions of employment, training, promotion and dismissal in the public and private sectors.

Disability is also an important aspect of other cross-cutting policy issues, such as the National Anti-Poverty Strategy, on the basis that disability is a trigger for poverty and exclusion from health, education and employment; as well as under the National Action Plans on Employment which have seen disability and employment issues, particularly concerning the integration of people with disabilities into employment, given higher importance in recent years.

There are also a number of International and European developments also shaping a rights based approach to disability policy. In the EU this can be seen in the European Strategy Against Social Exclusion, the New Social Policy Agenda (2001-2005) and the designation of 2003 as European Year of People with Disabilities. Increasingly the quality of services is being included in this framework. These are shaping new approaches for the integration of people with disabilities into work and society, with support services and measures to facilitate this, as well as new framework of rights in employment. For example, the new EU Framework Directive on Employment[4] could have a positive impact on the Employment Equality Act, particularly by overcoming some of the constitutional difficulties that have impeded equality, particularly in the area of disability. In this regard the legislation could be more in line with the intentions set out in the Commission on the Status of People with Disabilities in moving towards a position where public authorities and employers are actively encouraged to promote equality. This could also put a stronger emphasis on the social (as opposed to medical) construction of disability, higher standards for the public sector to be a model employer, the necessity to distinguish between essential and non-essential work tasks, and the ending of different rates of pay under the Employment Equality Act 1998 (Quinn & Quinlivan, 2001). A further dimension is the incorporation of the European Convention on Human Rights into Irish legislation, although this has been narrowly implemented, for instance, of mental health users' rights to independent advocacy.

Increasingly disability organisations such as the *Forum of People with Disabilities* in Ireland argue that a rights based approach is the way forward for improving and guaranteeing entitlements to services and the quality of services. This sits within a human rights and citizenship based framework as a means to ensure equity of access to existing services and/or specifically targeted services to facilitate access and independence. This also results from increasing attention given to disability as a human rights issue by the United Nations, the Council of Europe and disability organisations alike. The focus on a human rights model of disability in the United Nations is particularly important and can be seen in the recent resolution on disability of the General Assembly of the UN (December 2001) and the plans underway to develop a new UN Convention on the Rights and Dignity of People with Disabilities. In this light, it is not surprising in this context that such disappointments were expressed by the disability movement about the absence of a rights based approach in the Disability Bill and Disability Education Bill.

Although, in Ireland, it is rare to find user entitlements (aside from benefit levels) laid out in Government plans there is a clear relationship between the development of

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[4] Council Directive 2000/78/EC establishing a general framework for equal treatment in employment and occupation. This is supported by an Action Programme to combat discrimination (2001-2006).

rights and citizenship (NESC, 2000). Ireland compares badly with other jurisdictions where rights based legislation has been integrally linked to human rights and citizenship in Canada, the US, the Netherlands, the Nordic countries and the UK. This has had the effect of making disability issues more visible, with information and resources about rights available in public places. In these contexts providing services and accessibility is seen less of a favour (on the basis that if it can be done and reasonable steps are taken) and more of a right. The growth of disability and user movements and the new emphasis placed on rights based approaches raise some important challenges for Governments. Establishing rights and entitlements are essential elements of improving Government-citizen connections and this means that it may be necessary in the future for Government services to be more specific about identifying service and user entitlements, and rights based approaches to quality services. This particular approach has been advocated in the context of the review of the National Anti-Poverty Strategy on the basis that poverty can be a barrier in itself to the take up of existing rights to services, and by the United Nations, the Council of Europe and the European Union[5]. The approach here is to establish certain minimum standards in services and minimum entitlements to them, as well as rights to active citizenship.

3. Disability as a social construct

One of the most powerful critiques made of the relationship between the provider of services and the receiver of services has come from the disability movement, which has gained strength and importance in a large number of countries around the world and is beginning to take shape in Ireland. Rooted in an analysis of the social relations of power and inequality, the critique is primarily directed at care provision in health and welfare services, but is equally applicable to other Government services that disabled people engage with.

This critique asserts that disabled people have been denigrated, medicalised, patronised, isolated and rendered dependent. In particular the medicalisation of disability has associated disability with sickness and pathology in comparison to able-bodiedness as health and normality. This has resulted in the social construction of disability as deviant, vulnerable and dependent, resulting in a focus on the impairment rather than the person.

The disability movement and the associated growth of the Independent Living Movement has pressed for choice, empowerment, support and independence for disabled people as alternatives, within a framework of a social model of disability, citizenship and rights (Williams, 2001; Shakespeare, 2000; Morris 1993; Sevenhuisjen, 1998). Although rights to anti-discrimination and equality are a crucial elements of citizenship and rights, disability organisations are increasingly arguing that their rights should include rights to and control over care, welfare and other

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[5] The United Nations Committee on Economic, Social and Cultural Rights recently advocated that Ireland adopts a human rights framework, under the International Covenant on Economic and Social Rights, to NAPS. The European Strategy on Social Inclusion and the subsequent National Action Plan on Social Inclusion have established a rights based approach to access to public services such as education, health, housing and social services. The Council of Europe also uses a rights based approach under the European Convention on Human Rights and Fundamental Freedoms and the social rights approach found in the European Social Charter.

services. In particular, the shift from 'charity to rights' has been associated with independence (being able to control decision and choice affecting their lives as well as the capacity to carry out daily living tasks independently). In this respect care and welfare services have served to perpetuate hierarchies base on disabled people as being needy and dependent. As Sevenhuisjen (1998) argues "We need to reframe norms of equality and access to public provisions in such a way that they meet basic standards of social justice" (p.142). For instance, quality in care services for disabled or older people has been rated high where disabled or older people have been able to choose their own care provider through a system of direct payments, whereby the quality of the service is related to the personal attributes of the carer and the ability to have choice and control over who provides the care (Pillinger, 2001; Shakespeare, 2000). These issues of choice and autonomy are integral to a quality framework that is rooted in an equality/diversity policy framework.

The greater awareness of disability as a social construct and the need to move away from the medicalisation of disability to a social model of disability has been reinforced by the National Disability Authority and disability organisations. The poor quality of services or lack of services for people with disabilities was reiterated by the Commission on the Status of People with Disabilities in 1996, which also criticised the medical model within which disability services are provided:

> Up to now, the needs of people with disabilities have almost always been met on a medical basis; thus many services which are not medical in nature e.g. training and employment, have inappropriately been provided under the aegis of the Department of Health.

However, education, training, income support and housing services for people with disabilities continue to originate from the Department of Health, further marginalising people with disabilities and preventing their full inclusion in society. A further problem is that there continues to be inadequate financial support for Independent Living, which could enable people with disabilities to exercise choices and independence, as opposed to more costly 'care' within residential settings or dependence on family members.

This raises some important implications for Irish public policy under the Strategic Management Initiative and Quality Customer Service beyond the ongoing improvements that are underway to improve access, whether this concerns access to buildings, information, resources or services. In so doing it raises some crucial issues about how a social model of disability can confront disabling attitudes or stereotypes; improve the levels of awareness of service providers, improve the representation and participation of people with disabilities in policy formation and service delivery in order to develop practices that are enabling and inclusive. This means that disabled user participation has to become more deeply embedded into citizen's rights and in service users' involvement in the planning and delivery of care and other services. This needs to take place at the level of front-line services as much as it needs to effect policy making and decision making at senior management levels. Of crucial importance are the links between disability, equality and quality services.

4. The Quality Context: What is Quality?

The relatively recent focus on service quality across Europe is a reflection of a more results based approach to public service delivery for customers/citizens; it is also recognition of the importance of quality to work, services and policy-making. This sits within a framework of improving service quality in respect of citizen, client or customer orientated services. According to the OECD (1994) this focus on service quality is part of the direction that public service management reforms are taking:

> …namely to improve the responsiveness of public sector institutions by requiring and encouraging a greater emphasis on performance or results…Its basic theme is that public sector institutions exist primarily to deliver a service or product to a client (or consumer or customer or user…), as opposed for example to simply providing employment for public servants. There is a general acceptance of greater empowerment of clients, rather than having all key decisions made by the supplier.

The different terminology reflects the varying perspectives that are attributable to public service modernisation and service quality initiatives. For instance, *customer* suggests a transaction based on a choice between services or a commercial relationship, however, there is a certain expectation of a level of quality accorded to the customer relationship. *Citizen*, in contrast, suggests that service quality is guided by certain political/civil rights and responsibilities. In some cases these rights are a result of payment of taxes or charges, while in others cases they signify certain rights resulting from citizenship itself.

Quality is a difficult issue to define and has been approached in a variety of different ways by different organisations. Public Service Quality has been introduced as a mechanism to reform and improve public services and is part of the new public management which has been characterised by changes in organisation and delivery of services, alongside changes in human resource management (OECD, 1996; Pollitt, 1995). Emphasis is on developing 'service excellence' rooted in evaluation, quality management, client consultation and customer satisfaction surveys. At the same time the growth of consumer and user movements has led to pressure for improved service quality, and, in some cases, to "a range of counter-discourses in the politics of quality and consumption" (Rieper & Mayne, 1998:119).

The processes of quality improvement include a variety of methods and tools such as decentralised decision-making, the separation of policy-making and service delivery, business approaches, Total Quality Management (TQM), the use of charters and performance management (OECD, 1996a). They may be top-down or bottom up initiatives for quality improvement and they may have their origins in different contexts including political-administrative, citizen-based, business-orientated or professional initiatives (Pillinger, 2001; Rajavaara, 1997). A number of different quality improvement models also exist, including HRM approaches embedded in the European Foundation for Quality Management Model (EFQM) (Gastner, 1995; Humphreys, 2000). Central to this process is the importance of service quality to strategic goals and objectives and for connections to be made in quality service between service delivery and policy development. Running through the process of

change is the need for changes to be made in organisational culture away from meeting provider needs and priorities to meeting those of the customer. This requires changes in the ways that services are delivered, about the attitudes or assumptions that are made about different user or client groups, and the value systems that underpin delivery. Fundamental to quality improvement initiatives has been the development in OECD member states of a variety of different models that connect with the citizen-client in order to improving service delivery (OECD, 1996).

As a result, quality concerns both service quality and organisational and management changes and relates to the commitment of managers and employees towards continuous improvement to meet customer satisfaction. Quality assurance includes both quality improvement and quality measurement. Quality systems and methods of quality assessment are less well developed in the public services than in the private commercial sectors of the economy, although business approaches to quality are becoming increasingly common. However, there is no one uniform concept of quality in the public services and as a result there are a variety of different approaches to quality improvement and measurement across Europe and between different actors and stakeholders (users, workers, managers, employers, local, national and regional governments) who are involved in quality improvement. Variations in perceptions of quality will also be guided by different expectations of what quality means to different stakeholders and how user expectations are met in practice, and by different social and political values attached to quality (see Pollitt & Bouckaert, 1995; Evers et al, 1997; Koch-Nielsen & Treebak, 1998; for a further discussion of these definitions and concepts). This includes concepts of quality as excellence, quality as value, user perceived quality, quality as meeting user expectations, and quality as management.

This also sits within a framework of the business case for equality, on the basis that valuing people pays. Identifying the business case for equality/diversity can help to reap the benefits of an approach that is rooted in equity and inclusion so that the potential, creativity and contribution of all groups leads to improved services and business competitiveness. The business benefits include improving the quality and efficiency of services, particularly in meeting the diverse needs of customers; increased productivity and effectiveness of services by accommodating diversity in the workplace; improving the perception of Government and of Government-citizen connections; meeting requirements under the equality legislation; and cost savings.

These new approaches are increasingly rooted in user empowerment and have been based on service delivery initiatives that stress transparency, participation, satisfying user needs and accessibility (OECD, 1997), with service quality initiatives that have forced the public sector to become more outward looking and client focussed (OECD, 1996). Strategies to improve quality are linked to the increased plurality of provision, market competitiveness and cost effectiveness, alongside mechanisms to improve the quality of services, their social acceptability and legitimacy (Kalisch et al, 1998). As a result, the restructuring of public services and shifting welfare-mixes are inextricably linked to the introduction of market and commercial mechanisms and privatisation, alongside new business and private sector methods of management and of quality control (Wilson, Knapp, Hardy and Allen, 1994).

The efforts being made to improve quality differ widely across the EU. However, there is a massive growth of activity in this area from simple quality statements to

more sophisticated quality assurance mechanisms. The major quality improvement and process in the social public services across the member states has led to quality initiatives which have identified unmet needs; some of these have resulted in new services, whilst in others these have improved, reorientated and developed the quality of existing services. In this respect we can see that quality is not just about doing what you do now better, but that it allows for creativity, innovation, experimentation so that what we do may be done altogether differently.

Of interest is that the best quality services (as measured from the perception of the user who is receiving the services) are those that are decentralised and coordinated and provided to people in their local communities. For people with disabilities, this is particularly important in the context of the move towards more community-based forms of care away from outmoded and expensive forms of institutional care. Decentralised and locally provided services become important in this respect and are essential to ensure service inclusion, rather than service exclusion. Further issues concern the way in which service provision and the setting of quality standards are led by service providers who may be more concerned with meeting defined quality of standards based on the traditional medical model of care and perceptions of otherness, than in supporting wider social integration and independence.

5. Service quality initiatives for people with disabilities: an overview of a European project

I now want to move onto discuss the development of quality improvement initiatives in the social public services based on research carried out in the fifteen member states of the European Union in a major project recently completed by the European Foundation. This research was important in helping to establish the framework for the European Strategy Against Social Exclusion, agreed at the Nice Summit. The research documented service improvements which meet the needs of a number of client groups who typically have multiple needs and included people with severe intellectual disabilities and mental health support needs. It explored a range of informal and formal procedures to develop service quality improvement with a particular emphasis on documenting:

- innovation and experimentation
- coordination and integration initiatives
- partnership approaches
- participation of users
- service quality initiatives

Evidence from examples of good practice and the more detailed case studies was used to provide examples of and approaches to locally based approaches to improvement. The evidence points to possible areas for improvement and measures that can support positive developments in the future. However, a number of countries are witnessing a contradiction in this area as cost-containment policies have worked against the development of quality assurance mechanisms and good quality services. The emphasis placed on reductions in costs as a criterion of quality, rather than on the quality of the service itself remains problematic. Nevertheless, some of these measures identified in the case studies have had the effect of making services more

efficient, removing unnecessary bureaucratic and administrative systems, the development of flatter systems of decision-making and teamworking.

Whilst there is a new commitment to quality in all countries progress is patchy and wide variations exist between the member states. However, there is evidence of new quality frameworks based on service quality initiatives, Total Quality Management, international quality standards (ISO 9000), quality groups and new methods of evaluation and organisational reflection. This discourse of quality has not been without its difficulties, particularly where notions of quality may differ between providers, staff and users.

There is no common pattern of quality development in the social public services, resulting in a wide variety of different mechanisms. Some of these have been implemented at the level of the funding agency whilst others have been led by national quality frameworks, which allow for local interpretation, adaptability and implementation. Some of the best quality developments are led by internal developments within services themselves at local levels. Indeed, where frameworks for quality have been developed by funding authorities or national legislation, it is often the case that these are output driven and this has led to the development of more detailed and relevant quality indicators and criteria being internally established within individual projects or services.

Improving the quality of services through innovation and experimentation

Innovation and experimentation have been important to improving the quality of services to users. Prerequisites of this are that there be sufficient organisational flexibility to allow staff to innovate and sufficient flexibility in national, regional and local funding structures to allow for funding for pilots and experiments that can be assessed for their suitability for transferability. There has been some evidence of this greater flexibility to innovate as governments and service providers have sought new user-orientated ways of meeting needs, as service providers themselves have sought to improve their quality in order to become effective competitors in bidding for tenders and as services seek more creative approaches to meeting new and multifaceted risks and needs.

Improving quality through partnership approaches to service delivery

Increasing attention is now given to partnerships and networks in service provision as a mechanism to coordinate services and thereby improve their quality. These partnership approaches range from partnerships developed at local levels to determine service agreements or service planning objectives, partnerships between local providers to support coordination amongst service providers, and partnerships which include civil society and the social partners in developing new service initiatives that impact on users' needs or working conditions. A large number of the case studies report on the growing importance of partnerships for cooperation and coordination of services at local levels. For many providers partnership has become a necessity.

Improving the quality of services through integration and coordination

Improving the quality of services through integration and coordination has been a major aspect of new service delivery reforms, particularly as needs and risks have grown and as multifaceted solutions are sought to complex problems.

There are a variety of different approaches to coordination and integration. For those services that are based on a single/agency/single service model there are a range of internal and external coordination mechanisms in operation, including internal coordination and/or collaboration within state or municipal departments, collaboration and cooperation between and with agencies that are external to it's function, partnership approaches to the strategic planning of service delivery and coordinated activities (possibly also co-location) but where services continue to be provided separately. In some cases this has resulted in multi-disciplinary, inter-disciplinary and inter-agency service provision and team working, with an emphasis on shared systems and holistic approaches to assessing user needs (including case management). In a small number of cases there is evidence of fully integrated services where traditional service boundaries are removed and new organisational, services structures and working practices are put in place. There are a growing number of coordinated information and service provisions and the coordination of services and information in one location (through one-stop shops and public service access centres).

The examples show that there are a variety of different approaches to coordination and integration. However, there are significant barriers to and opportunities for coordination and integration. In some cases integrating several types of support for people with disabilities can strengthen social integration, choices, quality of life and opportunities for independence and autonomy. In other cases, the coordination of services through case management has enhanced the availability and accessibility of services, and ultimately the quality and efficiency of the welfare system overall.

User empowerment and participation in quality developments

The empowerment and participation of users in quality improvement has become an increasingly important focus of service quality. Different levels of user empowerment, participation and involvement exist and these can be identified on a continuum of: information, consultation, partnership, delegation and control (Lunde, 1996, Humphries, 1998). It is possible to identify two particular types of user involvement: first, management-led user involvement which incorporate user perspectives and user feedback into service quality initiatives, for example, through surveys, and second, user-participation or dialogue-orientated forms of user involvement, which directly involve users to influence policy, for instance, through empowerment evaluation. The best examples of quality initiatives are those that involve both users and providers in meaningful, relevant and practical quality improvement, and particularly where they integrate the two approaches to user involvement. These localised initiatives, which increasingly sit within national quality improvement frameworks, are found in a growing number of countries. In the case studies the shared values of user-orientation and empowerment in the development of services has been central to the participation of users in service design and planning. Whilst the former is now a universally accepted value underpinning an increasing number of government policies and local service strategies, the latter has been more difficult to implement in practice.

An important issue for users is the extent to which their voice is seriously taken into account, or whether pressures to develop user-orientated services means that professional ethics and interests take a priority over user needs that do not fully integrate users into quality discourses. In this respect, there is a danger that user empowerment could become a panacea that does not fully take into account the different meanings of empowerment for different groups of users. Associated with this is the problem that users could become incorporated into quality systems and organizational regimes that accommodate rather than empower them. An important related question is the issue of user choice in services and whether the welfare-mix really does promote choice in a liberal framework that may work against the development of rights to services. Choice is clearly an important feature of the demands for independent living in enabling users to choose their own personal assistant or carer. However, providing for choice in an open market place where a range of services may be on offer, could lead to confusion or lack of continuity in services for those users who are the most vulnerable or disadvantaged. The welfare-mix poses a number of important challenges for social policy making in the future, not least in ensuring that there is coordination between services, that the plurality of services is regulated and controlled through quality standards and service entitlements, and that these properly reflect the social contexts within which people live.

Some of the best quality programmes are those that have directly involved users and workers in the design and the setting of indicators, performance targets and the development of good practice at the local level. However, social public service quality initiatives are relational and contextual and are defined in different ways by different actors and at different organisational levels and this can lead to conflicts of expectation and meaning between providers, funders, users and workers. This is particularly problematic given that user involvement in quality remains relatively under-developed. A major challenge to the social public services in the future will be the introduction of mechanisms for involving users in the internal and external development and monitoring of quality.

Examples include:

- In the Netherlands, quality experiments that have brought users and workers together in quality circles to develop service standards, mediate different perceptions of service provision and jointly evaluate service provision.

- In Germany, Austria, Luxembourg and the Netherlands, direct payments scheme that promote a care culture that stresses the rights and choices of disabled people.

- In the UK, the development of mental health users rights to advocacy and co-determination of services.

The direct involvement of disabled service users in independent needs assessment in a number of countries sits within a framework of empowerment. This is also crucial if mechanisms for coordinating services are properly identified so that they will respond to the complex, multifaceted needs and requirements of disabled service users.

The different levels of power, knowledge and influence held by users and providers may make it difficult for users to participate on an equal footing and complex quality

systems may also exclude users from full participation. An important further question is how user involvement can be integrated into feedback systems, mechanisms for restructuring services in the light of needs identified by users, and continuous quality development. The development of user organisations and empowerment strategies that build the capacity of users will be important to fully develop user participation in practice. A further issue is the extent to which the most vulnerable users, for instance, people with severe learning disabilities or mental health support needs, can be given a voice in quality development and how processes of user-advocacy can be further developed to enable this process. There are some good examples of user advocacy and empowerment approaches to quality development and feedback that have worked extremely well, for example, in Denmark for people with severe learning disabilities.

Research in the USA and the Netherlands shows that people receiving care services care more about the care and assistance provided than with the facilities and professional attributes associated with the care. It shows that interpersonal skills such as *caring, respect* and *attentiveness* are more closely associated with satisfaction than the facilities themselves (Gesell, 2000). In the Netherlands, experiments in personal budgets for older and disabled people, and work undertaken by the Independent Living movement have shown that high value is placed on the personal attributes of the carer and the autonomy and empowerment that having a budget to choose a carer brings with it (Pillinger, 2001). In this respect user empowerment and autonomy are essential elements of service quality. This includes new approaches to advocacy as a tool for the empowerment and participation of manginalised and excluded groups.

Quality issues in Europe: conclusions from the research

The research showed that there is no one model that is unique or applicable to the social public services. This is particularly the case since different client groups may have different needs or abilities to participate in service developments and for this reason quality initiatives need to take these into account. It has also been shown that good quality social public services require training and participation of workers and user participation and empowerment, and the extent to which services can be flexible within tight quality frameworks. Quality may be subsumed to cost-criteria or performance targets that do not always provide for qualitative as well as quantitative feedback and evaluation. A further problem is the impact that resource constraints can pose in implementing user-orientated systems of quality, since inadequate staffing resources and time can impede this development even where organizations are committed to improving the quality of services to users.

In concluding the research the following features make good quality services and these are the principles upon which wide-ranging approaches to service quality improvement should be based.

• User-orientated services that promote user involvement and empowerment
• Participation of users and staff in quality systems and organisational development
• Quality systems that are flexible, adaptable and relevant to local needs
• Coordinated and integrated service delivery mechanisms that meet needs in multi-faceted ways
• Continuity of services and of funding

- Partnerships of service providers, funding agencies, interest groups, social partners
- A culture of innovation within service organisations that respond flexibly to needs and requirements
- Effective systems of evaluation with feedback mechanisms
- Highly qualified staff who are able to respond to user needs and develop organisational changes to reflect these
- An equality /diversity framework and equal opportunities between women and men to ensure that women's roles as carers or women's care or employment needs are not neglected.

The research shows that there is a need to encourage the development of more qualitative based systems of quality assurance, user and worker participation in quality development and more systematic methods of quality evaluation. Integration and coordination, active user involvement and empowerment in services, partnership approaches to service delivery have all led to improvements in the quality of services to users. However, as the social public services are increasingly opened up to competition the need for framework quality policies that guide the contracting-out or privatisation process are more urgently needed to ensure that cost, rather than quality, does not guide the award of contracts.

6. Service Quality in Ireland: the Experience of Quality Customer Service

The drive for quality assurance and quality improvement initiatives in Ireland is an important objective of the public service modernisation programme that embodies performance management, human resources management strategies and quality customer service. A quality assurance group established under PPF has linked public service pay with modernisation in the civil service, education and health sectors. The longer-term aim is to develop indicators for the modernisation programme. Furthermore, the work of the quality assurance group will be important to Quality Customer Service (QCS) and to the ways in which equality/diversity can be incorporated into quality assurance mechanisms. This implies an ongoing commitment to continuous improvement in customer service. This is relatively new to Ireland and represents a shift in thinking about the development of customer and citizen orientated approaches to services delivery. This has raised a major question about how systems of support and development can be put in place for staff in Government Departments and local authorities that are providing services within tight budgets.

Equality/diversity is one of the new principles underpinning QCS. It presents a number of opportunities for changing the culture of Government Departments so that they are more able to respond to internal and external disability issues. QCS sits within a programme of public management reform and builds on existing initiatives that concern customer service. The three Departments that have the highest levels of contact with the customer, the Office of Revenue Commissioners', Department of Agriculture, Food and Local Government and the Department of Social, Community and Family Affairs, are also those that have the most developed customer services policies and activities. Indeed over 90 per cent of contacts by the general public take place with these Departments (Irish Marketing Surveys, 1997). For example, in Humphrey's et al's recent review of the DSCFA (2000), it was found that the

Department has been successful in "both enhancing and in many senses re-modelling service delivery". This had been achieved through the progressive use of Information Technology that improved service delivery and facilitated more coordinated services that are closer to the customer. In particular, customer service has become central to the culture, activities and processes of the Department at a strategic level, in consultation and in staff training.

The equality/diversity principle represents a significant step forward for QCS. An examination of the content of the new plans for 2001-2004 reveals that equality/diversity is being addressed by all Government Departments. In most cases the inclusion of the principle is aspirational, although Departments have made more significant and concrete statements about equality/diversity than in previous plans. In these cases equality/diversity is often a simple statement to be further developed during the life of the plan. The objective in most cases is that equality/diversity will be mainstreamed throughout all Departmental activities, with monitoring systems put in place to measure progress. There are varying levels of importance attached to the equality/diversity principle, principally depending on the size of the customer base. For instance, in DSCFA the work on equality/diversity and the integration of this throughout Departmental activities in itself warrants a separate plan on equality/diversity. Departments are also facing a range of new challenges brought about by an increasingly complex customer base and the articulation of new demands and needs by users.

There is also a greater awareness about the provision of information through a variety of mediums. Electronic public services can be helpful as part of an equality/diversity strategy, particularly in ensuring that customers have access to services at local levels. Some departments are providing information in a variety of formats in order to make information accessible to people with disabilities and/or special needs. For example, Revenue provides Budget information on audio tape for those receiving a Blind Allowance, tax leaflets for the visually impaired in large print, communication in Braille and/or by tape, a loop system for partially deaf people in eight public offices in Dublin, Cork and Limerick. These issues of information and communications are equally important to the internal customer, not only in ensuring that information is coordinated, but also so that staff know about equality/diversity policies.

The priority given to equality/diversity varies between Departments. For example, the Department of Finance considers itself to be a leading player in developing best practice in equality/diversity, which is driven by the Equality Unit and the development of IT resources for people with disabilities. In other Departments the commitment to continuous quality improvement is reflected in the preparation of the 2001-2004 Customer Action Plans. For example, the DSCFA have made a number of important advancements in developing customer service and equality. They have engaged in staff awareness and training on equality/diversity issues and are considering introducing benchmarking for customer services and a pilot scheme for Quality Assurance in customer service. Only a small number of Departments have developed equality/diversity performance indicators and few are taking pro-active roles in equality/diversity.

A large number of Departments are considering using audits to identify equality/diversity needs for internal and external customers. For example, the

Department of the Marine and Natural Resources are considering a disability audit of all of their buildings and offices. This is a particularly important issue for the Department where the bulk of its staff are based outside Dublin in a range of offices (including the Marine Survey Office and the Sea Fisheries Office, as well as large numbers of forestry inspectors and other officers spread around the country). Equality Auditing is provided for under the National Development Plan 2000-2006 through a measure for gender proofing personnel policies under the Equality for Women measure. A programme of Equality Reviews and Action Plans has been developed by the Equality Authority. The focus of the reviews is on all nine grounds in order to reflect the diversity within the gender ground. The Equality Reviews and Action Plans will be an important tool and resource for Government Departments and Offices in the future.

Disability access has been a major problem in some Departments, particularly physical access to Government offices and buildings, which are listed. In some cases moving to new offices has been the only way to provide physical access. A major development for Government Departments is their broader understandings of disability and of access issues. The customer service plans for 1997-2000 tended to be limited in their focus and often unwittingly access was defined as physical access to buildings. Under the new plans there is a much greater awareness of the need to address access for people with a range of special needs including literacy, learning, sight and hearing disabilities. The use of IT is considered to be a major opportunity in widening disability access.

A major issue for the profile and visibility of QCS, and within it equality/diversity, is the level of strategic support given to the principle. In contrast to FOI, QCS has not got a statutory basis and for this reason is likely to be given lower priority in terms of Government resources and support. Nevertheless, the commitments to QCS in the *Programme for Prosperity and Fairness,* the strategic and business planning process, and direct support given by the Taoiseach, all contribute to the importance attached to the strategic implementation of QCS and of equality/diversity in practice.

User perceptions of services

The research carried out for the Department of the Taoiseach and the Equality Authority on the development of *Equality/Diversity in Quality Customer Service* raised a number of issues about low expectation of services by people with disabilities. Coupled with low levels of service provision, neglect, a failure to consult, and a lack of trust between people living in disadvantaged communities and service providers, has resulted in high levels of dissatisfaction on the ground. Overall the perception of service quality was low with examples of discrimination and unequal treatment given to some groups. Nevertheless, there were some discernible improvements in services which were attributed to QCS. The main issues raised concerned staff awareness and training on equality diversity issues; the need to treat people with dignity that in order to treat people equally they may need to be treated differently the need to set equality/diversity standards in service contracts and service delivery and the need for better and more coordinated information. The inadequate provision of information is seen as a barrier to equality of access to services. Broader issues were raised of the need to develop a rights based approach to services, including user entitlements and rights based in legislation, through to the need to

develop quantitative service improvements, coordinate and integrate services through case management, one-stop shops or coordinated programmes of delivery. A major concern is the extent of service exclusion which exists because of the absence of services or services that are inappropriate or inaccessible that have particularly affected people with disabilities.

These problems are exemplified by the Synott case and the dissatisfaction with the contents of and the subsequent amendments to the Disability Bill. Service users and carers are some of the most excluded people and some interesting approaches to community development have been piloted in Ireland and elsewhere with a view to shifting the focus from the direct provision of services onto the development of local communities, including partnerships between local communities, voluntary organisations and local statutory agencies.

This reinforces the need for Government to operate in participative, accessible and coordinated ways and for communities to become supportive communities (Carr et al, 1999) or to take on approaches rooted in practices of inclusive communities as defined and piloted by the Scottish Executive (1999). These include: participation in community life, influence over decisions, taking responsibility for local communities, access to information and support and equal access to services and facilities. In particular, front line staff are crucial to the development of this approach which includes the development of skills of community engagement, the promotion of personal development and capacity building, and responsiveness. This requires a culture shift in service delivery, overcoming the distinction between strategic and operational management (Barr et al, 1999).

Exclusion experienced by people with disabilities may also include a range of barriers to the labour market, including literacy and numeracy difficulties and health and family problems, which work against participation and inclusion. The complexity and stresses faced by people with disabilities living on low incomes can be mediated by front line staff who are trained to be sensitive to the range of health, personal and family problems including mental health support needs, support with parenting etc. This applies equally to the ways in which front line staff, who, for example, are providing employment services, are equipped and trained to work with customers who have specific support needs, including how to access a wide range of services. Similarly, the risks for people with disabilities of poverty and disadvantage is particularly acute in rural areas (Combat Poverty Agency, 1998). The problems of service exclusion in rural areas for people with disabilities is widely acknowledged, for example, under the 1999 White Paper on Rural Development and in the review of the National Anti-Poverty Strategy and as Planet argue "…people who individually are in need of some level of support are further marginalized due to their difficulties in accessing services". (Planet, 2001)

Disabled service users also raised a large number of issues regarding access to services, include unequal access to housing, health, education and other core services. For instance, the organisation representing profoundly deaf people, the Irish Deaf Society, stated that it should be the responsibility of Government Departments to provide sign language interpretation, rather than the other way around. They cited the difficulties of engaging with Government Departments, health or education services and the lack of recognition given to their culture and language, and therefore to

facilitating deaf people's access to services. The deteriorating quality of services has also been raised by the Combat Poverty Agency who argue that:

> Inadequacies in core public services are becoming increasingly apparent as public services fail to keep pace with the rapid economic boom. The gap between public and private services is becoming more evident. Indeed, the development of public services appears to have suffered from inadequate forward planning and investment and there is a considerable deficit to be made up. Furthermore many staff are being attracted into better-paid, private sector jobs. These inadequacies in basic public services affect everyone's quality of life but they are particularly severe for those on the margins of society. (Combat Poverty Agency, 1999:10)

A large number of user and interest group organisations use the discourse of rights to identify how service quality could be further developed in meaningful ways. In the interviews this was described as a rights-based approach in the setting of service standards, in the development of quality standards and indicators, as a rationale for a new focus to the National Anti-Poverty Strategy and in the development of integrated care services and advocacy services. Some organisations referred to the development of a human rights and equality ethos and to identifying poverty as a human rights issue. Issues such as rights to decent health care are increasingly being discussed in this context as an approach to alleviating poverty and inequality.

For some user and interest group organisations information is the key to accessing services and the lack of accessible and coordinated information in local communities or in accessible formats is considered to be a major barrier to service quality. The Irish Deaf Society raised the issue of providing services in their first language, Irish Sign Language (ISL). Many profoundly deaf people have also experienced exclusion from education and have English literacy support needs as a result. Providing information in ISL on video is considered to be a way of engaging deaf people and making services more accessible. The Irish Deaf Society has a video project that has developed accessible information in sign language by deaf people for deaf people. Involving deaf people, whose levels of service and employment exclusion are high, in the provision of this information is a way of including and empowering deaf people to facilitate and provide services for deaf people. Providing information in accessible formats, for example, large print, Braille, video, simple text for people with learning disabilities is considered to be a major challenge for Government Departments in developing an equality/diversity focus. For example, the National Disability Authority have developed a range of accessible formats for their documents and their recent strategic plan was also produced in a simple language with pictorial images for people with learning or literacy difficulties. Finally, issues of consultation, participation and partnership were highlighted as essential elements of an equality/diversity focus to QCS. This included the need to consult with users, particularly those who were least likely to have access to Government consultation and partnership forums, in the design and redesign of services, and in the establishment of monitoring and evaluation frameworks.

Where next?

A significant learning process is now in place particularly in turning the aspirations into concrete outcomes. There is a widespread perception in Departments that

customer service is good, that staff are helpful and friendly, and in some cases that 'we treat everyone the same' or 'objectively'. However, limited evaluation and feedback on service quality has been carried out to date by Departments, particularly in the area of equality/diversity. Furthermore, Departments have not always assessed what it means to treat everyone the same, nor has there been any assessment of how 'objectivity' or 'treating everyone the same' may lead to discriminatory practices. Thus awareness raising and training are key issues for development, particularly in the recognition that to treat people the same can sometimes require treating people differently. Departments report that some of their biggest problems are in the area of providing disability access to Government buildings. Other issues raised included resources, training and awareness raising, strategic support, cultural barriers to change, inadequate staffing levels and having mechanisms to turn aspirations into real activities.

The challenges for QCS and the broader context of quality improvement include the need to translate user needs and perceptions of quality into service planning tools and customer service standards. The development of strategies to ensure that proactive measures are put in place to ensure access to services is equally important to this. A further consideration will need to be the way in which service quality initiatives translate into rights for service users, for example, about the services and standards of services they have a right to receive as citizens. A further development is for new participatory methods for involving and consulting service users in service planning and delivery and more specifically concerning some of the most excluded groups through methods of empowerment evaluation and feedback, including, services for the most vulnerable, for example, care services for people with dementia or severe intellectual disabilities (Allan, 1999).

In addition to important work taking place within departments themselves, work being undertaken by the Equality Authority for a more integrated approach to equality and equal status and by the National Disability Authority on service quality standards for people with disabilities are important developments in creating a culture and ethos of disability awareness. One way forward could be the development of equal status standards. These standards could form the basis for providing effective information and advice services. This is an approach taken by the Scottish Accessible Information Forum who has developed *Standards for Disability Information and Advice Provision in Scotland,* in order to help organisations meet their obligations under the 1995 Disability Discrimination Act. The standards include physical accessibility concerning the layout and design of buildings and information and psychological accessibility relating to attitudes and knowledge of staff. The standards present a format for providing information within an empowerment framework whereby a range of options are presented. These include identifying information needs, advising on options, taking action, negotiating on service users' behalf, representing service users' cases at tribunals and in the courts and enabling clients to take informed action on their own behalf. In addition, the standards provide a model for involving service users and disabled people at individual, operational, strategic and governance levels.

The use of performance indicators and benchmarking in QCS has provided opportunities for more rigorous and continuous monitoring of service quality. The development of equality/diversity indicators will be a new challenge for Government Departments although work undertaken to establish indicators on social exclusion are

being developed under the revised National Anti-Poverty Strategy with the Combat Poverty Agency. A number of different approaches to the development of equality/diversity performance indicators exist internationally, including *Equalities Performance Indicators* developed for local authorities in the UK (LGMB, 1987; Audit Commission, 1999). A review of these initiatives can be seen in the Equality Authority's recent report on *Poverty, Inequality and Social Inclusion* which assesses a variety of different approaches to equality and quality of life indicators for service quality and employment (Equality Authority, 2001). In Ireland the possibility of introducing a QCS Mark as a benchmark for quality improvement has been discussed within the QCS Benchmarking Group (Humphreys, 2001). This would be a voluntary initiative to be developed around the principles of customer service. Specific awards and marks could therefore be built in around equality/diversity.

Indicators are regularly used as a measure for performance in a wide range of policy areas and in the monitoring of policy outcomes, for example, the quality of services, of achievements, of progress, the management and planning of resources and so on. They can also help to identify examples of good practice, setting benchmarks, identifying areas of weakness, gaps in provision, strengths and successes, and in reviewing an action, policy or project in a systematic way. Indicators need to be simple, measurable and realistic, and drawn up in such a way that they reflect the needs of target groups and/or participants. Two approaches can be developed, the first is an equality proofing approach and the second is to adopt indicators specifically related to specific client groups.

An important aspect of the modernisation programme underway in Ireland is the operation of performance management and review. This has had the effect of embedding a structure that reviews and develops staff competencies within a clearly defined management framework. A crucial issue for further consideration will be the extent to which the PMDS system is itself open to disability and equality proofing in practice. Given that there is a continued under-representation of women, disabled and minority ethnic people in the senior ranks of the civil service, it would be timely to explore whether performance and management systems work within an awareness of equality/diversity, how far equality/diversity is valued as a core competency and the types of management skills that are needed. Two key issues arise for the PMDS system, first, is the need for it to address the mainstreaming of equality/diversity, and, second, is the equality proofing of the process and outcomes of PMDS.

In this respect the commitment to equality/diversity must be seen as integral to business planning and part of a broader vision that the civil service is working towards a culture that values equality/diversity and a management system that supports those values. This requires the implementation of policies and activities to actively recruit, support and develop the skills of people with disabilities in civil service employment. This also means developing a better awareness of how disability within a framework of equality/diversity can be managed, accommodated and valued at all Departmental levels and through all processes and activities and at a strategic level.

7. Values and principles underpinning service quality

I will now go onto identify some of the values and principles that can guide improvements in service quality. The research I have documented suggests that quality is becoming a major preoccupation in Ireland and across Europe. Tying this into an equality and disability aware framework will be critical to the success to more user orientated and outward looking service provision.

There are a number of values and principles that should underpin the development of service quality improvements and service standards for services used by people with disabilities in Ireland, whether these be mainstream services or specifically targeted services. It is important to note that these need to be made relevant and operational so that they can be constructed into standards that are measurable, with performance indicators that result in outcomes that impact on the delivery of service at local levels. Crucially this means ensuring that the quality is experienced by the user and that it is measurable at the point of delivery.

One of the useful aspects of the QCS framework is that it is rooted in a set of agreed principles that guide customer service practice. It is essential that these principles be rooted in practice if they are to have a meaningful impact. They are an important first step in the process of developing standards, including performance indicators, monitoring mechanisms and the achievement of real targets and outcomes. This means shifting from a perspective that civil and public services have organisational structures that suit the personnel who work in them, to one that seeks outcomes that directly impact on the end user. As one civil servant said in an interview about a user feedback and consultation exercise undertaken his Department "this is only their views and therefore can't be taken too seriously, as it is only people's attitudes to services and that's not really scientific after all". The idea that these issues raised by users could be taken seriously and be seen as a valid source of evidence of the experience of service organisation and delivery is an important case in point.

There are several dimensions to the debate about what values and principles should underpin service quality improvements. I will focus on the concept of care to exemplify a number of different approaches.

First, are the debates about recognition, which emerge from struggles for recognition and identity politics. Williams (2001) argues for a political ethics of care and outlines four key principles of recognition that should underpin welfare organisation and delivery. These are *mutualism, autonomy, inclusive diversity* and *voice.* She suggests that care should be central to social policy making since care is an activity that binds us all. It also reflects a shift towards a new kind of welfare citizenship away from notions of dependency and 'cared for' in care practices. Second, are the political and moral dynamics of care and the basis by which the moral qualities of care are articulated at a political level. Tronto (1993) in the USA establishes four moral qualities: *attentiveness, responsibility, competence,* and *responsiveness.* She argues that "Care is a central concern of human life. It is time we began to change our political and social institutions to reflect this truth" (Tronto, 1993: 180). Third, are discourses around citizenship. For instance, Sevenhuisjen advocates an ethics of care as being integral to citizenship. It goes beyond a rights based approach (based on individual rights to care) to one that suggests that collective commitments and individual responsibilities are mutual. These debates about recognition, politics and morality, and citizenship tell us a lot about the changing social world that we now live

in and more importantly the ways in which services can also be developed to reflect these new dynamics.

Perhaps the most important change has been the articulation of rights, independence and voice by people with disabilities, although to a much lesser extent in Ireland, than in the UK, Netherlands and the USA where notions of independent living and personal assistance are increasingly guiding service delivery. First, an important shift has been the important demands made by care users and service users (organisations of carers and of disabled people's groups) regarding access, information, the organisation, quality and delivery of services, as well as challenges to the medicalisation of life, the social relations of the delivery of care services and notions of dependency. Second, is the argument for direct payments and personal assistance which stress the autonomy and independence of people with disability in order to move away from a culture of dependency and victimhood. Third, is the growth of participatory democracy and voice for people with disabilities in asserting their claims to services or to be treated with respect and equality, within a framework of citizenship and of human and social rights.

What are the principles underpinning quality services?

If we take some of these ideas on board what lessons are there for the services for people with disabilities in Ireland so that they operate within a culture of continuous service improvement that stresses efficiency, equality, well-being, social justice and inclusion. Accessibility, flexibility and choice may also be an important component of this as well.

It is here that the fourfold principles of good care developed by Tronto (1993) are helpful; notably of *attentiveness, responsibility, competence* and *responsiveness* that can be applied to the ways in which Government Departments engage with disabled customers. In turn this has implications for the development of training, skills and awareness of staff "…so that the knowledge and experience of disabled people and other service users influences work practices" (Williams, 2001:6). This raises important questions for the types of training, awareness raising, institutional, organisational and management changes that are needed to support this development. For example, if Government Departments are to become more *responsive*, what sorts of service user and interest group feedback and consultations must be created to support this that reflect equality/diversity perspectives? What sorts of *competencies* do senior managers through to front-line staff need to apply the principle in practice? How can front line staff be more *attentive* to and aware of the differences between different users of services and therefore the need to provide information or services in different, targeted or more coordinated ways? These are questions that will need consideration as Departments implement the next round of customer service plans and identify pilot projects and initiatives to implement the equality/diversity principle in practice. More far reaching are the implications of a politics of independence and support and voice, championed by the *Independent Living Movement,* to shift thinking, policy and intervention from a framework of care and support to one of assistance and independence.

To conclude there are three elements to this process of change. First, practices need to be disability aware and rooted in a framework of enablement and equality. These need

to be seen as *key* to providing the most efficient, effective and equitable management of Government resources and services by highlighting the core business functions and performance improvements (including performance indicators, quality assurance and improvement measures and performance management systems), which can lead to better services and outcomes for disabled customers. One challenge is how government can develop a better understanding of customers needs and requirements and measuring progress and outcomes through user involvement, customer feedback and satisfaction measurements.

This requires that more attention be given to the creation of a disability aware and inclusive society, including the civil and public services, through better training, staff development and awareness raising, the introduction of institutional supports to progress awareness and expertise on disability, pilot projects and the development of best practice. This also means that the civil service needs to be more proactive as an employer of first choice for people with disabilities. More coordinated and integrated approach to policy delivery, including information and communications, meaningful consultation with users and interest group organisations, and an approach that welcomes and encourages partnership and participation are essential to creating a culture of equality. This includes more systematic monitoring and evaluation of how services quality, service improvements and the ways in which services are delivered at local levels, as well as auditing and disability proofing all services at all levels.

Second, these improvement actions should also be informed by the principles I outlined above. The objective is to have services that are responsive and reflexive and shaped around user rather than organisational needs. This also means rooting these in the principles of *recognition, voice and rights*, on the one hand, and of *attentiveness, responsibility, competence* and *responsiveness*, on the other hand, so that working practices and organisational culture change in step.

Finally, service improvements will need to be rooted in a more robust rights based and duty based approach if the experiences of service quality by disabled service users are to be improved. If there is no service or no right to a service then quality becomes meaningless. At a conceptual level this relates to the *value* placed on the rights, participation and roles of the most marginalised groups in our society and of the associated *value* accorded to the services that are developed to meet needs. What is ultimately required is a massive cultural shift away from what is convenient for the organisation to one that focuses on the needs of the disabled service user.

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