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## **Users' Involvement: A New Trend in Social Services as Experienced by Frontline Workers in the Czech Republic**

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# Users' Involvement: A New Trend in Social Services as Experienced by Frontline Workers in the Czech Republic

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## **Abstract:**

Recently, the imperative of the users' involvement – i.e. the claim of active and adequate participation of the users of welfare services in the formation of these services and the decision-making process – has become a current concern in social services in the Czech Republic. It is in accordance with the concept that perceives the welfare services as the area where welfare users can fulfil their social rights, declare their interests and, last but not least, take control of their own biographies. On the basis of empirical data collected during three qualitative case studies of different shelter facilities we discuss the question of how the new imperative penetrates into and affects the practice of social service workers. The data analysis focuses on those aspects of the intervention, of the approach to the clients and of the general concept of the clients held by the interviewed frontline workers, which in our opinion can most truly reflect the current position and role of the clients within the scope of the studied social services. We found that adoption of the 'active user' principle by social service workers encounters several serious problems. Especially, mis-/understanding and mis-/interpretation of some rather academic terms imposed by the new Czech Social Services Act hamper the translation of the academic concept into everyday practice. As the factor most determining everyday practice we have identified the specific conception of client that is shared by the frontline workers. This conception significantly diminished the acceptance of the service users as equal and competent partners by the workers.

**Key words:** active user approach, quality standards, primary process, social services.

## **Introduction**

This text concentrates on how the imperative of an equal, active user contained in new Czech legislation dealing with the area of social services affects the everyday interactions of social service workers with clients. "Getting the users of social services more involved in the delivery process is one of the general trends of modernisation across EU." (European Commission 2008: 48) The objective of the modernisation process is to promote access to social rights through increasing the quality and efficiency of social services. The specific strategies leading to this objective concentrate, on the one hand, on establishing direct feedback between users and providers and, on the other hand, on increasing users' autonomy and their capacity to participate in society. Social services are to create a space where their users are able to actively exercise their social rights, defend their interests and make decisions on their fate – and thereby reflexively shape their biography (cf. Beck 1998; Giddens 1991). In the Czech Republic (CR), the principles of user orientation and access to social rights were summarily introduced to the environment of social services by adoption of Act No. 108/2006 Coll. on social services in 2007.

Thus, in the area of social services, the theme of the relationship between social services and their users was opened for the first time in practice in a nationwide scope in the CR. The direct providers of social services in the CR currently have approximately two years of experience with operating according to the new law on social services and, particularly, implementation of the National Quality Standards – a new tool for regulating the quality of social services which the new law brought (for more details see the 2002 Standards). The National Quality Standards (NQS),<sup>1</sup> which change the existing everyday practice of provision of the services, in particular at the level of frontline workers, are dominated by the principle of an active user.

The principle of the user of social services as an actively participating equal actor was introduced by the legal regulation summarily and as though an obvious thing. The principle was new and as yet untested in the conditions of Czech social services, and yet it was established in the law without a thorough discussion with a wide range of personnel at different levels of various social services. Specifically frontline workers were omitted almost entirely in the debate. Foreign experience documents that the success of implementation of new policies in social services is closely connected with the activity of frontline staff of the individual provider organisations (cf. van Berkel and Valkenburg 2007; Meyers, Glaser and Mac Donald 1998). Lipsky, the author of a key treatise on frontline workers, considers the role of these workers in the promotion of reformed social policies to be of fundamental importance: "Although they are normally regarded as low-level employees, the actions of most public services workers actually constitute the services 'delivered' by government." (Lipsky 1980:3). It was also on the basis of the results of our research aimed at this area carried out in the environment of Czech social services that we pointed out already during the years of preparation of the NQS and the law on social services that the relationship between frontline workers and the users of the services would be most resistant to changes promoted from outside (Musil, Hubíková, Kubačková 2003).

The theme of user involvement in social services is developed along two main lines in professional literature. The first is concerned with the position of the user and his/her role within the system of social services. Attention is paid, in particular, to direct involvement of users or incorporating them in the creation of primarily local systems of social services, their participation in the inspection and evaluation of these services and decision-making in subsidy procedures (Arnstein 1969; Beresford and Croft 2004; Cornwall and Gaventa 2000; Evers 2003; Heikkilä and Julkunen 2003; Tritter and McCallum 2006). The second stream, to which our long-term research plan belongs,

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<sup>1</sup> NQS deal with various principles of the provision of services – from purely material conditions of provision of a service to qualification requirements to the very substance of everyday work with the client. While the fulfilment of some of the NQS is relatively easy to measure and evaluate, the area of approach to clients is far subtler from the viewpoint of assessment of success in NQS implementation.

turns attention to social services as a sphere in which the story of the client's life is (co)transformed (Ferguson 2003). It is a level of everyday provision of social services. In this article however, we focus only on changes at the level of the relationship between clients and frontline workers, i.e. the so-called "primary process" level (van Berkel and Valkenburg 2007: 6). We seek an answer to the question as to how the implementation of the NQS and indeed their legally binding nature is reflected in the very core of provision of the service, i.e. in approach to clients and conception of clients by frontline workers.

The fundamental part of the text offers a cross-section of the development of the situation at the level of approach to clients in a medium-term horizon. It is a horizon which covers the period from clarifying the content and function of the NQS to the establishment of their final shape in the law. We have selected several areas of functioning of social services, whose in-depth analysis makes it possible to explain the situation at the frontline level and the development of the approach to clients under the influence of implementation of the NQS. We have focused primarily on themes concerning the character of the interactions between the workers and the clients and the conception of clients.

## **1. Transformation of Social Services in the Czech Republic**

Social services in the CR have undergone major changes in the past twenty years. The range of the types and forms of the provided social services and the methods of work with the client rapidly broadened in the 1990s (Vojna 2001). Until then a paternalistic approach was universally applied to clients in social service facilities where the client was primarily subjected to material care. These changes in social services were long taking place in the environment of an obsolete legislation, missing development concept and unresolved questions of funding non-governmental provider organisations.

New programmes and legislative tools were gradually created within the reform: community planning of social services, change in funding, evaluation of the needs of users, workers' training, NQS and inspections of quality of the provided services (Jabůrková and Medlínová 2002). As far as the social services users are concerned, the strengthening of their role relates to three areas of provision of social services – their funding, local and regional planning of their development and the quality of provision of a specific service in a specific organisation. Field verification of the newly created legislation in the areas of community planning and the NQS was to be aided by the so-called Czech-British Project which came into being in co-operation with the UK

Department for International Development and was launched in 2001 (Vasková, Úlehla and Kovář 2001). The entire reforming effort culminated in 2006 as Act No. 108/2006 Coll. on social services was passed, which uniformly stipulates the conditions of provision of social services in the CR and came into effect as of January 1, 2007. The principal idea on which the new legislation in the area of social services is based rested in strengthening the role of the users of these services (the new law in 2004, 2005). The goal declared by the authors of the law was to shift the recipients of social services to the level of active participants entitled to effectively influence the policy of social services on the one hand and, on the other hand, to collaborate on the provision of the social service which they use as one of the ways of their active contribution to the solving of their adverse social situation.

### ***1.1 National Quality Standards***

The goal of creating a tool of management of the quality of social services stood at the very beginning of the reform. The initiative towards this activity came from the very providers of social services who were creating within their professional associations already during the 1990s specific standards of quality of provision of the given type of social service which were binding upon the members of the relevant associations. Uniform national quality standards were developed at the governmental level in co-operation with both the users and providers of social services in the years 1999 to 2002. More than two hundred representatives of providers and users were active in nineteen workgroups. These workgroups drafted out the first national quality standards and the latter were then further developed and detailed within the above-mentioned Czech-British project. Their final wording was published in 2002 and the Ministry of Labour and Social Affairs of the Czech Republic considered them to be a generally acceptable understanding of a high-quality social service (Johnová 2002). The NQS were formulated generally since they apply to all social services. Thus, uniform quality standards have been available to the providers of social services since 2002.

A specific conception of the client is inherently present in the NQS, involving provisions concerning support for the client's independence, respect for his/her rights and setting up a symmetrical and partnership relation between workers and clients. Sharing of this conception by the workers of social services is explicitly and implicitly expected by the NQS and a relatively high degree of competence and qualification of the workers are anticipated, which is a prerequisite for transferring the conception to practice. However, the providers pointed out that the new approach to clients is defined very generally in the NQS and it hence represents an ideal which is not easy to transfer to practice (Musil, Hubíková and Kubalčíková 2003).

The provisions concerning the position of users were finally incorporated in the Act on Social Services as generally binding provisions in spite of the providers' reservations and comments. Of the total number of fifteen National Quality Standards, six deal with active participation of the user in the process of provision of the service and respect for him/her.<sup>2</sup> They are perceived by the law as a set of measurable and verifiable criteria whose non-fulfilment is associated with a sanction. If an inspection ascertains serious shortcomings in the application of the NQS, the provider could face even an ultimate sanction of removing the authorisation to provide the given service.

The requirement of active participation of users in the course and planning of social services stipulated in the Act on Social Services and particularly in the NQS implicitly delimits social services as an area of "cultivation of citizens". The users and workers alike are to learn mutual respect for and understanding of general human rights. This requires from frontline workers a new working culture, new procedures, new approaches to clients, new methods of communication and dealing with clients and new intervention strategies. The main objective of implementation of the NQS consists in a change of the primary process: from universalism and paternalism to individualisation and partnership. At the level of specific provider organisations, these NQS are to serve as a tool facilitating adjustment of the user's position and constitution of an equal relationship between users and service workers.

In this contribution, we deal with how the effort of the management of the shelter homes studied by us to implement the NQS influenced the primary process of provision of the social service. The main reason for choosing a shelter facility consisted in the fact that the theme of "active user" gains a particularly great importance in this type of service.<sup>3</sup> Shelter facilities must cope with the paradox that they are a service that has the nature of a stay-in facility and, simultaneously, it is to serve primarily for preparing clients for life outside any stay-in facilities, for ridding them of potential dependence on institutional care. Active involvement of users in shaping these services is therefore fundamental not only in order to preserve their human and civil rights, but mainly with regard to the possibility of meeting the goals of provision of the given social services. Clients stay in the facility all day and often long-term. As such, they are permanently exposed to regime

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<sup>2</sup> These include, in particular, Standards No. 2 "Protection of Social Service Users' Rights", No. 3 "Dealing with a Prospective Service User", No. 4 "Agreement on the Provision of Service", No. 5 "Planning and Actual Implementation of Services Provision", No. 7 "Complaints About Quality or Way of Social Services Delivery" and Standard No. 8 "Links to Other Resources" (Decree No. 505/2006 Coll.).

<sup>3</sup> According to Act 108/2006 Coll. on social services, shelter homes belong to prevention services. Prevention services are to effectively act against the social exclusion of persons threatened by the risk of social exclusion due to their current social situation, living habits and overall lifestyle, disadvantaging environment, etc. The declared objective of these services with respect to the persons at risk is to help them overcome their adverse social situation and, with respect to society, to protect society against the arising and proliferation of undesirable social phenomena. Pursuant to the law, shelter homes are intended for persons in an adverse social situation associated with the loss of housing. They are to provide these persons with subsistence, temporary accommodation including hygiene and help in exercising their rights, justified interests and arrangement of personal matters (e.g. renewing contact with the family, exercising legal entitlements, contact with authorities).

measures and rules for the stay in the facility that are mostly set by the organisations providing the given service without participation of the clients themselves (cf. Heikkilä and Julkunen 2003) and also to interventions by the personnel. On the other hand, the facility is to simulate normal living conditions as much as possible. It is a question as to whether the NQS, which are unified in the CR for all types of services, are capable of guaranteeing this maxim in the environment of a social service as specific as shelter facilities.

## **2. Research Strategy**

In order to be able to monitor the changes taking place under the influence of implementation of the NQS, it was necessary to penetrate to the very core of how the provider organisation functions and capture even the relatively subtle nuances of the culture of work with the client. After considering the advantages and limits of various methodological procedures and inspired by foreign experience in the carrying out of similar research, we chose instrumental case studies using qualitative methodology (Brown et al. 1998; Baldwin 2000).

### ***2.1 Methodology***

We carried out three case studies of shelter facilities. Each of the studies was divided into three phases, during which we gradually studied both frontline workers and managers within the given service, clients and, finally, representatives of the founder of the facility under study.

Data was collected particularly using repeated in-depth interviews with the above parties. In addition to this, we also used other available sources of data in all phases of each of the case studies. We studied, in particular, the relevant documents that the people in the organisations were willing or able to provide us with. In the phase of the research of clients, within our capabilities we enriched the findings from the interviews with observations of the clients' living conditions in the facilities.

Each of our case studies included a seminar or workshop with a group of selected experts and people from practice – managers, founders and workers from the same type of service and also experts from the academic environment. These seminars took place after performing all the phases of research, data analysis and formulation of hypotheses and preliminary conclusions. We submitted the latter to the participants of the seminars for discussion and critical assessment. Based on feedback from the participants at the seminar, we were able to better determine as to which of our conclusions were valid exclusively for the specific organisation studied by us and which could be related also to

other provider organisations within the same type of social service that find themselves in an identical phase of the transformation of social services in the CR.

## ***2.2 Selection of Facilities for Study***

Our research objective was to monitor services that find themselves in various phases of implementation of the NQS hand in hand with the development of the NQS in the CR over a number of years and with the approaching establishment of this quality management tool in the law. At first glance it would seem logical to monitor a single facility over a period of time. However, this was impossible as our research caused modification of the internal environment of the studied organisation in the course of the research. The originally studied organisation was not suitable for further research. We co-operated with each of the studied organisations for at least a year and a half, provided feedback and requested the same from the participants of the research. Thus, our research caused a shift in the way in which the management and the frontline workers perceived their own service. It was no longer a typical organisation which develops in its own way in the environment of the Czech social service policy.

It was for the same reason that we did not perform further research in other facilities for the same clientele, e.g. mothers with children in difficult living situations. The reason lied in our effort to involve as many workers of the same type of service in the CR as possible in the above-specified seminars. Since there are only dozens of shelter-type social services for the individual target groups in the CR, we would hardly find a social service which would be in no way affected by our results. In order to be able to study a service truly untouched by our previous research, we decided to take a single type of service - i.e. a shelter facility, but always for a different type of clientele. While being aware of the drawbacks of this solution, we still believe that, given our research objectives, it was a neater solution than to risk taking an organisation familiar with our previous outputs and end up studying the effects of our own research instead of the effects of the NQS and their implementation.

Thus, there is data available to us now from three different shelter facilities for different types of clientele obtained in the course of approximately eight years, which typologically represent facilities before implementation of the NQS and in the early and advanced phases of implementation of the NQS. The first shelter facility, studied in the years 2001 to 2003, was a shelter home for young adults,<sup>4</sup> particularly those who had left children's homes or some other institutional care and had no housing or were not capable of independent life – or both. It was a halfway house facility (hereinafter the HWH). One of the first versions of the NQS was already available at the time of the research, but the

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<sup>4</sup> For summary results of the research see Musil, Hubíková, Kublačíková (2003).

personnel of the facility were not familiar with it. Thus, the provision of the service was not at all influenced by the NQS.

Another facility, studied in the years 2005 to 2006, was a shelter home for mothers with little children (hereinafter the SfM)<sup>5</sup> who had found themselves in a critical social situation that often included homelessness. These women also commonly face the problem of poor adaptation to a normal social environment. The facility was suitable for our research as it had begun to deal with the NQS even before the latter were established in the law. They had accepted them as a tool of social service policy and worked on their implementation. The facility had approximately one-year of experience with the implementation of the NQS at the time of commencement of field survey. The research also covered a fundamental event, namely the period of the so-called voluntary inspections before the establishment of the NQS in the law. The decision to submit to quality inspection resulted in a certain shift of goals in relation to implementation of the NQS. In essence, the organisation passed the inspection successfully in spite of the fact that the desirable changes in the primary process did not occur as we document further in this text.

The third case study was performed in the years 2007 to 2008 in a shelter home for homeless men and women (hereinafter the SH).<sup>6</sup> The aforementioned social service is intended for all citizens who find themselves in an urgent housing need, i.e. men and women over the age of 18. At the time of the research the requirements of the NQS were already part of a binding legal standard and the organisation itself had been implementing them for approximately two years. The goals and methods of provision of the service were based on the ideological principles of the organisation and adjusted so as to be in accordance with the requirements of the NQS. In spite of the ideological closeness of the original philosophy of provision of the service in the studied organisation and the NQS, the application of the NQS demanded a number of changes at the level of direct care. The most remarkable ones included a change in the position of the client in the facility.

### **3. Interaction between Frontline Workers and Clients**

Although Meyers, Glaser and Mac Donald (1998: 10) studied a different segment of social policy than the one we deal with in our contribution, the underlying theme was the same. They observed the actual transactions between workers and clients after the implementation of a specific social programme that significantly changed the existing goals of the intervention and also the approach to clients. They point out that there is

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<sup>5</sup> For summary results of the research see Musil et al. (2007).

<sup>6</sup> For summary results of the research see Musil, Kublačiková, Havlíková (2009).

always an unpredictable and uncontrollable element in human conduct. According to the authors, this unpredictability was enhanced by the proliferation of the rules of the programme and the requirements for documentation. Frontline workers responded by interpreting the new rules in their own way and placing a selective emphasis on them. Then they applied them in this manner in their work with the clients. In our research, we also monitored within the interactions between the frontline workers and the clients as to which areas of routinised procedures were adjusted or entirely changed due to implementation of the NQS and, on the contrary, which were resistant to the requirements for change.

### ***3.1 Shift in the Proportion of Random and Planned Interactions***

As a result of introducing the NQS, we identified a decrease in the proportion of random, inadvertent and unsystematic interactions of frontline workers with clients in favour of planned, targeted and thought-out interactions.

The workers at the HWH were convinced at the time of the research that help based on the parental analogy was useful and needed. The frontlines were trying to develop a kind of quasi-family, personal and informal relationships with the clients. They therefore refused to plan any of the interactions with the clients. The workers claimed that "one also doesn't plan at home" and "it can't be planned anyway". The intervention was supported rather by impressions and had quite a random and spontaneous nature. It showed an impulsive response to problems and events "as they happened" without aiming at a preset or long-term goal. In the context of the parental analogy it was essentially impossible to pursue an approach which would enable an intervention tailored to each client to be set. Differentiation between clients, favouring some and disadvantaging others occurred as a result of the quasi-family relationships. The workers and the management disregarded this tendency but it was quite obvious in the background of some events or disputes which were assessed and resolved by the workers variably from client to client depending on sympathy or antipathy towards the given client.

After the relatively short experience with implementation of the NQS the SfM had had at the time of the research, a certain shift occurred from random interactions of the frontline workers to targeted interactions. It followed from the accounts of the frontline workers that they were originally also used to working in a less systematic manner with the clients. After the introduction of the NQS, the frontline workers tried to satisfy the requirements for providing a well-considered intervention where the client would be involved in the planning and continuous evaluation of the intervention as an equal partner. However, it became apparent that the frontline workers did not know how they should perform individual planning in practice and were unaware of the direct link

between the requirement for application of the NQS and the changed form of the interactions with the clients. They tended to understand them as matters that made their work with the clients difficult. As a result, the client's own opinion did not play a great role in determining the goals of the intervention at the time of the research. The position of the frontline workers was then even more difficult as they were tasked with supporting the meeting of these goals during their everyday communication with the clients, in a situation where they were to a certain degree personally responsible for a successful meeting of the goals by the clients.

The form of the interactions of the frontline workers with the clients at the SH was already significantly influenced by the NQS at the time of the research. The work of the social workers with most clients was based on their individual plans of assistance, and the clients actively participated in the creation of these plans. However, two types of frontline workers were present in the facility: social workers and lower social workers, and the form of interactions with the clients differed significantly between them. Meetings of the social workers with the clients were, with the exception of urgent situations, always planned in advance, they took place approximately once every month and their content was directed towards the plans which the client wished to accomplish through his/her stay at the SH. On the contrary, the lower social workers were in contact with the client intensely and on an everyday basis. Their work content, which originally rested on supervision over and material care of the clients, was broadened with the obligation to provide them also with social and psychological support in connection with the introduction of the NQS. However, the workers did not have access to information on the clients necessary for the provision of such support. They did not know the personal goals of the clients and their social or medical anamneses. The qualifications of these workers also did not comply with the requirement for provision of social and psychological care. As a result, the influence on the clients was unsystematic, random and to a considerable degree entrusted to incompetent workers. Although the interactions of the social workers with the clients were already standardised, i.e. they were very near to the NQS standard in formal terms and in their content, the everyday interaction of the lower social workers with the clients were by their nature closer to those we discussed in connection with the HWH.

### ***3.2 Change in Communication Strategies***

The introduction of the NQS altered the way in which the frontline workers dealt with the clients. On the other hand, the newly required respect for the rights and personality of the clients did not really change the asymmetric essence of the relationship. The frontline workers only changed the style of communication with their clients. They stopped communicating with the clients through open orders, prohibitions, threatening with a

sanction and emotional displays of resentment and created hidden alternatives to the use of power and manipulation of the clients.

It can be deduced according to the accounts of the workers of the HWH that they found an informal and friendly style of communication with the clients and familiar communication to be ideal. In reality, the dialogue appeared to be a monologue-style approach to clients as the workers did not think about taking the clients' standpoints seriously. This approach to clients based on the parental analogy as applied in the monitored facility showed a significant asymmetry in the relationship between the workers and the clients. When the workers and the clients had different views of certain matters or situations, the main strategy of the workers was to reach agreement through "parental" talking to the clients. The objective was to convince the clients to accept the worker's point of view. If the approach proved ineffective in relation to a client, the workers chose an openly direct approach. In any case, the workers continued to have a major say in formulating the goals of the intervention. However, they always promoted, in a more or less direct way, their view of the client's situation and their understanding of the right solution.

We called the manner in which the frontline workers applied their authority towards the clients as uncontrolled use of authority, i.e. a monologue-style, authoritative conduct with the elements of favouritism routinely applied to the clients. The frontline workers were not forced to seek more symmetric strategies of intervention as they were not regulated by a concept which would, like for example the NQS, place emphasis on participation of the clients, their collaboration and dialogue. As one of the consequences of this approach, it was not clear to the workers and let alone the clients as to what the clients were responsible for and what they were able to influence.

It followed from the accounts of the HfM workers that the style and strategy of communication of the frontline workers with the clients before the implementation of the NQS had many features similar to those we had caught and described at the first facility (the HWH). Written stipulation of the principles of dealing with clients was available to the frontline workers relatively briefly at the time of the research in the form of various methodological instructions and, in particular, a code of conduct. The frontline workers were able to echo back more or less accurately and fluently the general provisions of the NQS concerning respect for the client's personality, his/her uniqueness and rights, but struggled with the question of how to interpret the meaning of these provisions and ensure their application in practice. They were receiving zero support from the management of the facility in this respect – the management seemed to consider the transfer of the new methods of work to be a problem-free matter.

As one of the consequences, the frontline workers were unable to recognise that in some cases the direct approach to the client is a justified and indeed the only effective means of intervention. Their own interpretation of the NQS prevented them from understanding that in justified situations, the application of power in the area of social care need not exclusively mean suppression. The frontline workers believed that the newly required approach to clients entirely prohibited direct intervention steps. Thus, instead of an openly directive approach, they chose more hidden and complex methods of manipulation intended to lead the clients where the frontline workers thought it was desirable and, as much as possible, without the client being aware of this. In doing so, the frontline workers disregarded the fact that such an approach contradicted the principles of respect for the client's personality more than an openly directive approach in justified cases – i.e. a controlled use of power<sup>7</sup>.

In connection with the implementation of the NQS, the management of the SH required that the frontline workers consistently employ the so-called partnership approach in interactions with the clients, similarly as at the HfM. At the time of the research, the change in the approach of the frontline workers to the clients had a practical display in the exercise of a less directive approach to the clients, abandonment of the curatorial role and effort towards standardisation of the working procedures so that they are foreseeable for the client, of the same quality regardless of the workers' sympathy or antipathy towards the clients and that the space for the clients' participation in decision-making broadens.

It followed from the account of the workers that transferring these principles to practice in the given facility was a long process of negotiation between the management and the frontline workers on how to interpret the principles of the new approach and employ them in practice. One of the discussed themes consisted in the question of using directive approaches. The management strictly refused them at the early stage of implementation of the NQS. It was acknowledged after an intervention of the social workers that the latter were allowed to employ this approach in justified cases. This did not apply to lower social workers who, unlike the social workers, were not involved in the formulation of the new working procedures. At the time of the research, they were still dealing with the question as to how to perform, without sanction powers, the part of their working tasks that concerned providing for the operation of the facility. While previously they had been allowed to motivate the clients for certain activities (e.g. cleaning the dormitory) using a small reward or rather the opposite, "threaten" with a quick serious sanction in case of

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<sup>7</sup> See e.g. Kopřiva (2006) who explains in which cases a directive approach by the worker is appropriate – e.g. the client is in an acute crisis, there is a danger of delay. Furthermore, Laan (1998) points out that it is sometimes possible to achieve an increase in the client's emancipation rather by strategic conduct (Habermas 1984). "Following the general criticism of social care, the discussion of emancipation versus disciplining can be conducted fruitfully only if we reach as far as considering and evaluating the individual cases" (Laan 1998: 85).

non-compliance with the home rules, now they had no direct sanctions, whether positive or negative, in relation to the clients.

This situation led the workers to create an informal, hidden, auxiliary strategy consisting in a selective approach to the clients. The provision of informal exemptions, turning a blind eye to non-compliance with some of the rules, etc. depended on the clients' willingness and respect for the workers' instructions. However, an extensive use of this approach by the workers was prevented by a transparently and user-friendly institute of complaints, which had also been introduced in connection with the NQS.

### ***3.3 Difficulties with Setting up a Symmetrical Relationship***

As we showed above, the relationship between the frontline workers and the clients was set asymmetrically in the first studied facility. In the second facility, this relationship had not been adjusted towards a greater symmetry, greater accomplishment of a partnership approach by the frontline workers towards the clients; instead the workers began to seek strategies for masking their insistence on the original design of the relationship. In the third facility, a symmetrical relationship between the clients and the social workers who performed primarily as social consultants was successfully set up relatively soon, but negotiation of the symmetry was more difficult for the lower social workers who were in intensive everyday contact with the clients (see below). We had an opportunity to capture and describe some consequences for the clients and for the workers themselves in both approaches, i.e. the openly asymmetric relationship and the disguised asymmetric design of interaction. The experience from the third facility represents an example of the possible approach to promoting a partnership relation.

As we have already explained, within the quasi-family relationships observed at the HWH, well-considered intervention was replaced by an intuitive and unsystematic approach to the clients' situation. A situation arose on the clients' part where they had difficulty in understanding their rights and ways of enforcing them. In the concept based on "parental analogy", the clients were unable to decipher the nature of the frontline – clients' relationship and sought with difficulty an appropriate style of communication with the workers. A phenomenon therefore arose which we termed "auto-selection by clients". The clients themselves, based on their personal relationship to the frontline worker and depending on the standard of their communication abilities, made decisions whether or not to start communication with the frontline worker and request help, for example in a difficult situation.

Thus, we described a paradox in our research where the importance of the frontline workers and their help did not stem directly from the seriousness and complexity of the individual clients' situation. Instead, the intensity of the intervention depended on the

clients' willingness to communicate with the worker and their individual willingness to maintain this communication in accordance with the parental conception of intervention, i.e. to subject to the conception of themselves as immature children. As a consequence of this paradox, the most communicative, adaptable, loyal and essentially problem-free clients (in the environment of institutional care) received help from the frontline workers more likely.

Another paradoxical situation occurred at the HfM after the introduction of the NQS. We have described above that the frontline workers tended to persist in perceiving clients as unequal partners. However, the requirements of the NQS as interpreted by the workers themselves forced them in a complicated direction. The advantage was then in fact on the part of the seemingly weaker partner, i.e. the clients. In the context of the distorted understanding of the NQS requirements, the position of the frontline workers towards the clients weakened according to their own interpretation. The absence of any explanation of the meaning of the NQS and the other newly declared rules and guidance for the frontline workers resulted in a situation where they created their own interpretations of the rules. It followed from the accounts of the frontline workers that they attempted to avoid any open conflicts with the clients and if they wanted to achieve something, they often had to almost worm into the clients' favour. On the contrary, the clients did not have to be so careful in picking the means of negotiation. They began to prefer methods of communication that proved the most successful in promoting their interests. Some of the questioned clients admitted that they were capable of "being unpleasant" when they wanted to achieve something. In some cases the clients did not hesitate to exert strong emotional pressure on the personnel including very animated displays of emotion. In an attempt to honour their understanding of the requirements of the NQS, the frontline workers were unable to effectively face these clients' conduct. Thus, the position of the frontline workers towards the clients became very uncertain or evasive. The workers experienced this uncertainty every day and it was a very tiresome and stressful situation for them. Perhaps a pathological model of communication was sometimes generated which was gradually firming on both sides.

As we suggested above, the institute of complaints played an important role in the establishment of the symmetrical relationship between the frontline workers and the clients at the SH. However, according to the statement of the workers, it took a long time in the facility before the use of the institute was set up properly. In the first phase of implementation of the NQS, the manager of the facility in charge of dealing with the clients' complaints had automatically considered every complaint of a client to be a display of a worker's failure. This resulted in uncertainty of the workers on how to act in specific situations. After an external expert drew attention of the management of the SH to the fact that work in such conditions was psychologically very demanding for the

frontline workers as they were permanently exposed to the pressure of a potential complaint of the clients about anything and had no rules of a "proper" dealing with the clients, the management of the SH reconsidered the rules for handling complaints. At the time of the research, every complaint was handled with the participation of both parties, i.e. the client and the worker, and their view of the situation was considered equal by the manager. The position of the workers towards the clients was again gradually levelling. The institute of complaints continued to help balance swings in the symmetry of the relationship between the frontline workers and the clients in the facility as it prevented proliferation of the above-described hidden manipulation methods to the employment of which lower social workers inclined.

## **Conclusion: The Core of Approach to Clients**

It is obvious from the above that the transfer of generally formulated standards to the everyday practice of frontline workers is not an easy and straightforward process. Although the frontline workers at the HfM and the SH generally expressed their consent with the principles of the NQS in the area of respect for clients' uniqueness and rights, promotion of these principles in practice was successful only with difficulty. In both facilities, the implementation of the NQS meant both a change in the position of the frontline workers towards the clients and a significant change in the approaches of these workers to the clients. Their previous practice became disputable and the workers themselves felt threatened in their position. The requirement for new approaches, which are always more demanding than routinely performed activities, was perceived by many frontline workers as an additional load in the already difficult working conditions. According to Heikkilä and Julkunen (2003), this kind of situation represents one of the barriers, most often unrealised by the personnel, to successful implementation of a change.

Meyers, Glaser and Mac Donald (1998) reached a similar conclusion on the basis of their research. Even if the first prerequisite of success of change is met, i.e. most of the frontline workers agree with the reforms, it happens that they fail in their effort to act in accordance with the principles and goals of the reform. In their opinion, this is caused by the frontline workers' working conditions, understanding of their work and the conception of their mission within the given social service. Our research shows that in addition to the aforementioned aspects, another one factor which stands in the way of a coherent implementation of the requirements of the reform needs to be analysed in detail. This factor consists in inertness of the very core of the approach to clients towards changes implemented from outside. We further summarily term our understanding of the core of approach to clients as "conception of the client".

Under the term "conception of the client", we understand what Musil (2004: 27) describes as shared opinion of workers on what the clients of the service are like and where their problems rest. The conception constitutes itself gradually at the level of frontline workers, on the basis of their specific experience with the clients and, in the form of general conclusions, influences the approach to the individual clients, including every new client with whom the workers do not have a unique experience as yet.

It followed from interviews with the frontline workers in the facilities studied by us that these workers had an unconscious tendency to recall uncomfortable experiences with clients. The overall conception of the client was established by drawing general conclusions from partial experience with clients, which the frontline workers perceived as problematic or explicitly negative. However, the workers described these experiences as typical experiences and had no doubts on their own conception of the client. As a result, the conception of the client employed by the frontline workers in these facilities acted on their preconception of the client rather than on a well-considered and consistent basis of the entire intervention work as anticipated by the NQS.

The basic conception of the client on which the frontline workers relied in the provision of the service consisted in a picture of the client as a lax, irresponsible person disoriented with respect to normal social environment. At the HWH, the frontline workers built on a conception of clients as immature, essentially irresponsible and rather unreliable children and the entire essence of the intervention was based on this conception of the client. They had deeply identified themselves with their conception of the client and felt no dilemmas or tension in connection with that conception.

At the SfM, the primary, established conception of the client was very similar to the conception we had noted in the previous case (the HWH). The workers there had also built on a conception of the client as immature, unreliable, with inclination to childish thinking and acting. In addition, they had perceived clients as untrustworthy. When the conception of the client shared by the frontline workers was confronted with the requirements of the NQS the result has been a relatively strong discrepancy between the rooted conception of the client and the newly promoted conception and declarations of correct attitudes and approaches.

In the last of the studied facilities (the SH), they had had a long experience with the NQS and the latter were already a valid legal standard at the time of the research. The management of the facility insisted particularly on employment of the so-called partnership approach. In accordance with this new requirements, the frontline workers at SH extended their rooted conception of the client with a certain respect for the client's own will, without being capable of inner identification with such respect. However, it clearly followed from the interviews with the frontline workers that their original

conception of the client as a person unable to maintain personal hygiene, clean living environment and to accept commitments lived on. It served them as the main starting point for everyday work with the clients also after implementation of the NQS.

It clearly followed from our research that it is very difficult to replace a shared understanding of clients by frontline workers with a different conception or at least modify it. The NQS with the concept of an active client aim directly against the essence of the conception of the client which prevailed in the services studied by us. Frontline workers usually have a strongly established conception of the client and reproduce it day after day, while new requirements usually reach them indirectly, often fragmentarily and out of context. We pointed this out from the very beginning of our research as one of the great pitfalls of the summary and essentially directive introduction of the NQS. Workers at the frontline level will either circumvent the new requirements under the normative pressure of the NQS or, even more often, they will try to selectively comply with them but without inner acceptance.

We believe on the basis of our research that duality in conception of the client is the best result frontline workers are able to achieve under the above-described circumstances of NQS implementation. The frontline workers were to a certain degree able and willing to accept the concept of an active and equal client brought by the NQS but they were simultaneously unable to give up the established conception. They used the new conception of the client as guidance for setting up observable displays of their interactions with clients, but the original conception still served as the actual frame of reference with respect to their dealing with clients. They subjectively felt the greatest success in work when, using a seemingly dialogical relationship, they took clients where they themselves thought it was best for the clients.

Our findings suggest that if frontline workers are not involved in discussions on the implementation of the NQS, the changes taking place do not interfere with their conception of the client. If, in addition, the requirement for a new approach to clients is set only very vaguely, it cannot undermine the original, established conception of and approach to clients at the level of everyday interactions of frontline workers with clients. Neither the workers' goodwill can initiate the mechanisms necessary for a change in the area of "thoughts, decisions and actions of individuals" on which, according to Valkenburg (2007), depends the success of implementation of new standards and measures. Even when the workers were able, at least seemingly, to harmonise some of their decisions and actions with the requirements of the NQS, goodwill in itself was not enough to change "thoughts" – conception of the client. Attitudes – where conception of the client belongs – cannot be changed merely by a conscious decision to accept an outer standard, but instead an inner identification must be achieved. This requires personal

involvement of the relevant workers in thinking of the changes necessary from the view of implementation of the NQS.

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