

## BEST PRACTICE IN CONSUMER PARTICIPATION

We now know a good deal about participation in welfare services — what works and what doesn't — based on service and research experience. Below is a tentative summary to assist debate.

- The primary aim of service provision is to meet people's needs: who better to define those needs than users?
- In assessing quality of service, success means people getting from the service what they need. The way to find out is to ask them. Services should have this type of monitoring on a regular basis, organised internally and with access to external assistance when needed.
- Consultation with people who use a service should be an integral part of that service. Service providers need to develop greater informal contacts with users in order to receive genuine feedback, so that users are comfortable giving their opinions.
- It is difficult for consumers to participate on the same basis as staff who have specialist knowledge. Working with groups of users over an extended period can allow them to feel sufficiently comfortable, both to gain further knowledge and to express opinions.
- Users may feel that criticising the service will jeopardise their future use of the service, particularly where service provision is on a discretionary basis. In such cases an external person can be more valuable in mobilising consumer input than a staff member.
- User representation on advisory or management committees can be a valuable way of gaining consumer input, but should not be confused with consumer control. Nor should it be assumed that individuals can represent all the interests of the consumers of the service. Representation requires that sufficient resources are provided to ensure that user representatives have knowledge, confidence and the ability to provide input.
- Consumer participation requires a cultural shift. Professional staff, both in service delivery and in management, need to acknowledge that they do not have all the answers. Staff need to have greater informal contact with users in order to undercut past power relations.

Developing effective consumer input should be a major focus of services. Such input has the potential to be a liberating force in service provision. It can provide greater clarity of purpose, improved outcomes and an effective basis for future planning.

Tim Gilley

# Benchmarking in the Community Services Sector

*The Industry Commission favours benchmarking as a tool to measure the performance of community organisations. But is it really suitable?*

*Michelle Keenan looks at the issue.*

In 1994, the Industry Commission conducted an inquiry into social welfare organisations. With the final report due this month, service providers wait expectantly for a range of recommendations that are likely to have a significant influence on the debate over the future of service delivery in the community service area. The proposed use of benchmarking as a tool for assessment and monitoring, in order to achieve best practice in community service, features prominently in the report.

In its draft report, *Charitable Organisations in Australia: An Inquiry Into Community Social Welfare Organisations*, the Industry Commission defines benchmarking as:

*setting reference standards with a view to raising the overall performance of the sector. This is done by establishing a reference point of best practice from which the performance of each organisation can be compared. A benchmark can be a theoretical standard or an observed best practice achievement against which organisations can continuously judge themselves. (Industry Commission 1994, p.306)*

Benchmarking originated in the manufacturing sector, and is frequently applied in circumstances where companies are facing increased competition. However the suitability of benchmarking in the human services field is a point of conjecture, both in terms of its appropriateness and its ability to improve performance. It is possible that some activities, such as the commercial side of operations, are well suited to benchmarking, while others are not. The experience of the manufacturing industry indicates that benchmarking does not come cheap or fast; it is, in fact, a time-consuming and expensive process (Walleck et al 1991).

In the course of its inquiry, the Industry Commission contracted a consultancy firm, London Economics, to undertake a benchmarking study of emergency welfare relief, youth accommodation and in-home respite and personal care services across a range of welfare organisations. The Brotherhood's emergency relief and non-residential respite services were examined in the course of this research.

The methodology of the study was limited to an assessment of the *economic efficiency* of services. Although it was acknowledged that the quality of service delivery accounted for some variation between services, this was not examined in the course of the exercise. As the 'bottom line' for service delivery in the welfare sector is improved outcomes for service users, a benchmarking model that so narrowly defines a desirable industry standard does not reflect the objectives of service, nor the complexity and unpredictability of human service delivery.

The narrowness of the benchmarking indicator was raised and discussed with the commission at a public hearing held in March. The commissioners were eager to have it on record that the benchmarking research undertaken was exploratory, and did not represent what they would endorse for adoption within the community services sector. Although this might be the case, community agencies negotiating service contracts in a climate of budget reduction know they cannot afford to underestimate the influence of fiscal constraint in shaping the desirable standards and nature of service delivery.

Salvaris (1994) suggests we should consider some fundamental questions which enhance our critical thinking on the issue of benchmarking. These include: "what overall policy or purpose is this benchmark designed to bring about? Whose interests does it serve? Why is that policy desirable, or more desirable than

others which are not benchmarked?" (p.53).

Perhaps there needs to be greater regard to the issue of what distinguishes the delivery of community services from other industries. Tonti-Filippini (1995), in an article examining the restructuring of public hospitals, suggests that:

*health care is not like any other industry. It is not an industry at all. It has no product, and those who speak of it in terms of product and outcome misunderstand the reality: that care of the sick is a matter of human relationships, not of production. (Tonti-Filippini 1995, p.23)*

It could be argued that the exercise of examining the economic efficiency of services is useful for decisions of management and resource allocation. But the untold story — that is, the experience of the individual using the service — is equally important. The way in which users are treated by service providers, and the degree to which their options increase after their contact with the service, are of vital importance.

In an examination of the use of benchmarking in the planning of community services, researchers from the Social Policy Research Centre found that:

*true cost effectiveness benchmarks are exceedingly difficult to develop precisely because defining and measuring effectiveness is so problematic. Many attempts to measure and compare the cost-effectiveness of different forms of service have been forced to make assumptions about comparative effectiveness — not least the assumption that effectiveness does not vary greatly and that unit costs can therefore be directly compared. (Fine, Graham and Webb 1991, p.97)*

**Could the desired outcome be achieved using other methods which have the potential to produce greater change?**

The question needs to be posed: given the resources and extended time required for a benchmarking exercise, could the desired outcome be achieved using other methods which have the potential to produce greater change? For instance, would the community sector respond more readily to support and training to assist in service (and efficiency) improvement?

There has been considerable discussion about benchmarking in the welfare sector. The concerns raised are not based on an opposition to intra-organisational

comparison, but rather, relate to the application of narrowly conceptualised benchmarking techniques. If the techniques used to evaluate services, and to determine the allocation of resources, are not well-grounded in an assessment of the quality of service delivery and the issues of access and equity for those most significantly disadvantaged, there must be serious questions about their appropriateness.

**References**

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# Life after Jobskills

*Helen MacDonald examines the factors affecting success in the labour market for Jobskills participants.*

Jobskills is a labour market program combining supervised work experience (including on-the-job training), with structured off-the-job training. During a six-month placement, the Jobskills program seeks to equip long-term unemployed participants with new vocational and personal skills and to broaden their employment experience.

The Brotherhood has been a Jobskills employer, trainer and broker since 1992, assisting some 1300 job seekers. A recent evaluation sought to examine the value of the program in employment terms, taking a slightly longer view than usual (MacDonald forthcoming, Grieves & Taylor forthcoming). It has assessed the labour market and other benefits for participants and identified some of the factors that have affected these outcomes.

A sample of 116 participants in city and

country Victoria were interviewed 6 to 12 months after completion of the program. They had worked through Jobskills in three major areas: in clerical work, in child care and in outdoor work such as gardening.

**Employment outcomes**

- At the time of interview:
- 56 per cent of participants were working (more than six hours per week);
  - 36 per cent were looking for work (including some in marginal work and studying); and

