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RQS – an example of good quality assurance in organizations run by former clients.

In Sweden, organizations that carry out treatment of drug addicts need to have a system for quality assurance, in accordance with the Social Service regulations. The requirements on quality assurance cover all organizations that carry out care of drug addicts. Therefore it also applies to non-profit organizations that are run by former clients, such as, for example, Dianova. However, it is not simple to set the same requirements for quality assurance of activities by non-profit organizations, as it is for activities by municipal and state-run organizations (Lundström, 2004). The question of how drug treatment by non-profit organizations can be assured for quality is important since non-profits account for a large part of the care of drug addicts in Sweden, and there is an interest from the state and municipalities to develop cooperation with non-profit organizations (Johansson, 2005).

Dianova Sweden is a member of Rainbow-Sweden, which is an umbrella organization for organizations run by former clients in the area of addiction care. In recent years, Rainbow-Sweden has become an important actor within the area of care of drug addicts. At present there are about 400 persons that, because of drug abuse, undergo rehabilitation within Rainbow-Sweden, which could be compared with the state care LVM that provides for 327 clients. Besides Dianova there are six organizations within Rainbow-Sweden that are focused on the rehabilitation of drug abusers: *Basta WorkCooperative*, *Basta West*, *Comintegra*, *Krinolinen*, *Rainbows Residence* and *Roo Gård*.

Dianova and the other rehabilitation organizations within Rainbow-Sweden are subject to the same quality assurance requirements that Social Services also applies to, for example, private companies that carry out care for drug addicts. This creates problems, since the prevalent tools for quality assurance within drug abuse care are tailored for organizations that are run by professionals (e.g. social workers and psychologists). The people that are active in organizations run by former clients are mainly recruited from clients that have finished their rehabilitation, and they often lack formal education on treatment. There are also problems with maintaining sophisticated quality assurance systems in organizations run by former clients since within these organizations there is often a high turnover of personnel. To hire outside experts can also be problematic, among other things, since it

can make it difficult to achieve continuity in the quality assurance work. These problems in quality assurance were the basis for why the board of Rainbow-Sweden took contact with me in the beginning of 2004. We applied for and received funding from the Swedish government drug coordinator (“Mobilization Against Narcotics” or MOB) to develop a quality assurance system for organizations run by former clients, The project plan stated that the objective was to create a quality assurance system that:

- would be simple to use in practice
- would be easily accepted by both care giver and client.
- would be applicable in the practical rehabilitation work
- would function in organizations with high staff turnover

The project started in the autumn of 2004 and at the end of 2005 the development of the Rainbow Quality System (RQS) was ready, and it could begin to be used in January 2006.

There are no other equivalent systems to RQS in Sweden. On the other hand, there are examples in other countries of non-profit organizations that have created alternative quality assurance systems. One example is Charities Evaluation Services in Great Britain, who has developed the quality assurance system Practical Quality Assurance System for Small Voluntary Organizations (PQASSO). I have been responsible for the development of RQS, but the work has been carried out in close cooperation with representatives for Rainbow-Sweden. All the parts of RQS have been discussed, tried and approved by Dianova and the other rehabilitation organizations in Rainbow-Sweden. The approach has been inspired by the principles that apply for participatory research (Starrin, 1993) and by user involvement research (Beresford, 2002).

The central parts of RQS are the colleague reviews and the documentation. The colleague reviews occurs continuously and involves that each organization is visited approximately once a year by representatives from the different rehabilitation organizations that use RQS. The colleague reviews follow the guidelines that have been formulated under the project for Rainbows rehabilitation organizations.

These guidelines are:

Empowerment

Positive models

Absence of drugs

Work

Social integration

Development

Openness

As a basis for the documentation there are seven questionnaires. An important purpose of the questionnaires in RQS is that they should be a tool in the rehabilitation work by containing questions that are important to understand the clients' rehabilitation process. Each organization within Rainbow-Sweden decides on their own if they will use parts of or the entire RQS. The questionnaires that are included in RQS are the following:

- RQS01 – Registration form
- RQS02 – Follow-up form
- RQS03 – Organization questionnaire
- RQS04 – Check-out form
- RQS05 – Questions to the commissioning body
- RQS06 – A year after the check-out
- RQS07 – Basis for colleague evaluation

The RQS-questionnaires are gathered in the RQS manual that each rehabilitation unit in Rainbow-Sweden has. The RQS manual contains concrete instructions for how RQS should be used. For example there are instructions about how the questionnaires should be filled out, for secrecy policies, and for how the interviews should be planned and carried out.

There has been a great interest within Dianova and the other rehabilitation organizations in Rainbow-Sweden to build up a quality assurance system. I have also been impressed by the good cooperation between the different organizations, which is the primary reason the work could be completed within the time-frame that was stipulated for the project.

It can be questioned if it is appropriate to create a new type of quality assurance system when there already are established systems. Wouldn't it have been better to invest in training the organizations within Rainbow-Sweden, so that they could have used already established quality assurance systems? After working closely with these organizations for a couple of years, I am doubtful if this would have been successful. The organizations are simply too independent and aware that in many aspects they don't have anything in common with traditional drug addiction care. Therefore I see RQS as an asset, since it increases the possibilities for organizations run by former clients to have a continuous and systematic way to carry out quality assurance.

References

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