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Management, the secondary process of service production, plays an indispensable role on efficient delivery of effective direct services in the front line (Taylor & Weinbach, 2011). In the recent years, service quality management, one of the management functions that prevent efficiency trap, becomes the crucial issue for welfare service unit, especially for non-

governmental welfare service organizations (Borgave & Koranne, 2012). However, most of the organizations in Hong Kong gradually pay little attention to it owing to the fact that distinct challenges in defining and measuring service quality exist (Davidow & Sharabi, 2010). In order to facilitate the achievement of ultimate social work mission of enhancing the well-being of service users in Hong Kong effectively, a welfare service unit has been identified to explore their service quality management function and related problems it encounters, thus to investigate possible strategies for alleviating the problems in order to improve their service quality. With reference to the information obtained in the exploration process, this essay will first briefly describe the definition of service quality management and therefore introduce the significances and ways of managing service quality of the service unit. Finally, the essay will conclude with the analysis of the issues about service quality management of the service unit and the proposal of the management practice in tackling the related issues.

The welfare service unit identified for exploration is a non-governmental organization in Tai Po, which provides integrated and professional services aiming at facilitating the rehabilitation of children with special education needs and enhancing their overall development with a caring and people-oriented approach. Unlike most of the social welfare organizations in Hong Kong, the service unit generates its operation capitals from its own income instead of acquiring them from external sources such as government or investors, which is known as a non-subvented and self-financed welfare service organization. Under the self-financing mode of operation, service quality plays a significant role in facilitating the organizational development. The service unit makes the quality of the services a focus of attention to enhance their competitiveness. Thus, bargaining power for gaining cooperation opportunities with different organizations and loyalty of the existing service users can be established, ensuring that sufficient capitals for maintaining its development can be obtained. Besides, the service unit strives for excellence in managing service quality and thus providing quality professional

services to attract service users in families of higher financial affordability or those with compelling needs to consider and enjoy its services instead of waiting for the subvented services, which require a prolonged period of waiting time. Hence, its mission of providing timely treatments for promoting the rehabilitation and growth of service users can be achieved, resulting in an effective fulfillment of the needs and thus enhancement of the well-being of service users.

To practice quality management for ensuring service quality, an understanding on the definition of quality management should be obtained. Quality management is a discipline for ensuring that the processes and outputs meet service users' requirements of and are fit for purpose (Tripartite Liaison Committee, 2009). It focuses not only on the service quality as a result but also the means to achieve it. It encompasses 4 components: quality planning, quality assurance, quality control and continual improvement (Fernandez & Malley, 2010). To ensure high quality service delivery for facilitating sustainable development of the organization and the achievement of its service mission, the identified service unit has developed a quality management system with all dimensions of quality planning, quality assurance, quality control, and quality improvement.

Quality planning involves the activities determining which quality attributes are necessary and providing guidance to stakeholders on how quality standards can be fulfilled. Establishing standards and indicators of standard achievement is a case in point (Albert, 2017). To practice quality planning, a management team of 6 staff, including the general manager, an in-charge and social service coordinators etc., has been developed since the establishment of the service unit in 2011. As the service unit is a non-subvented organization that is not regulated by the Social Welfare Department, it is not required to adopt the Service Quality Standards (SQS) for quality management (Social Welfare Department, 2018). Therefore, the management team had identified several quality attributes from the Integrated Model of Service Quality, which

classifies quality attributes into "structure" and "process" that are indispensable for promising good outcomes. Quality attributes in the "structure" category - (1) acceptability, (2) legitimacy and (3) competency- and that in the "process" category - (1) empathy, (2) courtesy, (3) humaneness - have been identified, which have been therefore translated into specific characteristics of service as quality standards, according to social work principles and values and service unit's perceptions towards service users' principal concerns. Based on the established quality standards, indicators of standard achievement had simultaneously been developed, which are therefore generated into guidelines as references for staff for the actual implementation of quality standards.

Quality assurance, which is a proactive process and is preventive in nature, is a series of activities or measures conducted before service delivery to support the implementation of quality standards and prevent mistakes, providing confidence and ensuring that all of the approaches are implemented without deviations from the quality requirements to satisfy the needs of services users (Albert, 2017; Jones, Russell & Storey, 2000). It consists of service planning, including strategies selection and division of labor, reviews, audits and trainings concerning quality indicators (Borgave & Koranne, 2012; Publications Office of the European Union, 2010). Aiming at exercising quality assurance, the service unit has developed an Internal Audit Team, which is composed of 3 social service coordinators, to offer "Service Quality Standards" orientations for the new staff to strengthen their understanding on the concept of service quality and the guidelines for the implementation of the service quality standards in their service settings.

In addition, quality control, which is a reactive approach to manage quality and is detective in nature, involves a series of activities to check whether the quality standards are met at three different phases: before its release, at a particular stage of service delivery or at the end of the services (Albert, 2017; Fernandex & Malley, 2012). It is therefore used to isolate

and provide feedback on the causes of quality problems (Arthur, 2012). Quality measurements, inspection and testing are components of quality control (Albert, 2017). To practice quality control for the services, the service unit has adopted a trial scheme for services, indicating that services will have been tested before their actual delivery. Questionnaires with five-point Likert scale questions will therefore be distributed to service users at the middle stage of service delivery and also at the end of the service for measuring their "perception" towards the identified attributes of the delivered services and thus checking whether quality standards are met. The above practices will not only be conducted in the trial scheme, but also during the process of the existing services for continuous quality control. With reference to the results of quality control measurements, in-process issues will have been identified in a timely manner, thus appropriate modifications can be done to tackle the current problems for improving the quality of the services being tested. Updates and changes will also be introduced to the service planning and implementation of upcoming services, thus service quality can be enhanced.

The last component, continual improvement, is an ongoing effort to improve service quality (Wang, 2011). It allows services to uncover problems and discover ways to fix them (Johnson, 2015). To perform continual service improvement, the management team of the identified service unit takes the responsibility to formulate appropriate solutions in their monthly meeting responding to the service quality management issues, especially those identified from the processes of quality control. This indicates that management problems which influence service quality could be fixed in a continuing and timely manner.

Reviewing the actual operation of the service unit's management system for managing service quality, it is obvious that issues on three dimensions of quality management - quality planning, quality assurance and quality control - can be identified.

For quality planning, an inappropriate and unstructured method of selecting quality attributes and establishing standards has been observed under the service quality management

system of the service unit, resulting in an inaccurate focus of quality assurance. In general, service quality has been defined as "conformance to standards" or "fitness for service users' needs", which means a high-quality service is service users actually receive what they want for the service (Davidow & Sharabi, 2010). This indicates that assessment of the needs of service users should be conducted before identifying quality attributes, which help generate the operational definition of service quality. With the information gathered from the assessments, an accurate identification of quality attributes and thus formulation of quality standards can be conducted in an evidence-based approach, ensuring that activities for quality assurance, including service planning and training, can be practiced in the correct direction (Davidow & Sharabi, 2010). However, during the interview with the in-charge of the service unit, it is understood that quality attributes were selected and thus translated into quality standards as well as specific indicators of standard achievement solely by the management team, which is composed by department executives (部門主管) in the service unit, in accordance with their own perceptions towards the needs and concerns of the service users without collecting and comprehending the opinions of the service users. In addition, those quality attributes have been selected eight years ago, which implies that they may not be updated enough and consistent with the constantly changing needs of service users. In light of this, it is obvious that quality attributes have been selected under customer information gap, which refers to the difference between service users' expectations and service providers' perceptions of those expectations. Quality attributes, which service users actually express deep concerns on, may be neglected and not taken into consideration and paid proper attention during service planning. Even though the quality attributes that service user expresses concern on have been considered, quality standards may still not be established according to the standards that service users prefer. Meanwhile, trainings on how to implement the corresponding quality standards are not provided. Therefore, mistakes may not be prevented and the needs of the service users cannot

be fulfilled during the service delivery processes. A failure in the achievement of the perceived quality in quality assurance can be resulted.

Quality assurance in welfare service should be guaranteed by the development of "operational" controls to ensure that service outcomes are consistent with the desired outcomes (Markgraf, 2019). This indicates that the welfare service unit should take the responsibilities not only for ensuring that their staff have developed comprehensive understandings on the operational definition of service quality defined by the identified attributes and that on the guidelines and procedures for implementation of the quality standards in their service settings, but also developing and assuring their competences with the actual application of those guidelines and procedures (Department of Social Development, 2012; Markgraf, 2019). However, it is distinct that the identified service unit has only planned and thus provided an introductory meeting to help the new staff develop comprehensive understandings. Measures for developing their abilities of fulfilling the quality standards and also developing and continuously enhancing the corresponding abilities of the existing staff, who are service providers, have not been considered and implemented. Therefore, operational mistakes may be resulted during the process of service delivery owing to the limited competence or a decline in proficiency of the staff, resulting in a failure to achieve the perceived quality in quality assurance. This clearly indicates that measures for achieving quality assurance are incomprehensive.

Apart from the above issue on quality assurance, issue on quality control has also been identified. Fernandez and Malley (2010) revealed that the most common definition of service quality refers to how well a delivered service conforms to the expectations of the service users. Additionally, Selber and Streeter (2000) posit that service quality can be viewed as the difference between perceptions of the service received and service users' expectations, which is defined as "customer-side gap" under the Gap Model. This implies that service quality is

very subjective and should be determined by service users. However, the identified welfare service unit has adopted "Client Satisfaction Approach" to assess service quality through questionnaire survey that focuses generally on gathering information about how service users perceive the actual experience of acquiring services (perceptions), without understanding what they actually expect from service provision (expectations). This indicates that measurement on service users' expectations from service provision has been neglected, bringing about an inaccurate measurement of service quality. Simultaneously, actual existing quality problems may not be detected and corresponding modifications for existing services and updates for upcoming services cannot be timely conducted. In light of this, it is evident that an inappropriate approach to quality control has been selected and utilized, thus demonstrates that a failure in quality control exists.

Under the above circumstances, it is manifest that common core issues on quality planning, assurance and control are entirely contributed by the incomprehensive understandings and concerns on the definition of each component of quality management. In order to obtain an expected service quality as perceived by service users, a management practice proposal has been generated and described in the following in order to address the above issues in service quality management.

To solve the problem identified in performing quality planning, it is suggested that the involvement of service users in quality planning should be seriously considered. Kosar and Raseta (2005) suggested that the definition of quality must be determined by the demand of service users. This denotes that quality attributes, which are used to define quality, should be accurately selected on the basis of information about the actual needs and concerns that are gathered from the service users instead of the service providers' perceptions and interpretation on their needs. Therefore, collection of information about the needs and concerns of service users by questionnaire, which the items included have been selected based on the Integrated

Model of Service Quality, should be conducted before the evidence-based identification of quality attributes (Donabedian, 1988). Besides, service users could be invited and involved to conduct oral discussions with service providers, especially the management team in the service unit. More detailed and accurate information could therefore be collected under the service users' clarification. With the collected information, a systematic guideline for quality planning could be established for the service unit. Thus, quality standards, as well as indicators of standard achievement, could be formulated in a more accurate manner followed by the establishment of precise and useful guideline for quality assurance.

In addition, regular reviews should be conducted for improving quality planning. Investigations by J. DeLayne Stroud (2010) reported that the needs and concerns of the service users are ever-changing due to a multitude of different external factors, for examples, daily personal experience and changes in age, consciousness, socio-economic status etc. This indicates that the phenomenon of lacking regular inspection for the established quality standards and the corresponding guidelines for fulfilling them since the establishment of the identified welfare service unit will decrease the quality level of service quality planning, thus the quality of the delivered services. Consequently, it is proposed that the definition of quality, formulation of quality standards and corresponding indicators as well as the guidelines relating to the implementation of service quality standards should be regularly reviewed to assure an up-to-date service quality planning. This helps ensure that activities for quality assurance, control and improvement can be practiced in the correct direction, indicating that the quality of services will be properly managed.

Besides, it is recommended that intensive quality assurance trainings should be provided to the staff for achieving quality assurance. Frederiks, Weber and Zwiessler (2012) suggested that quality assurance trainings could be classified into two types: (1) trainings for staff members who are part of panels in Internal Audit Team and (2) trainings for all staff members

of the welfare service unit. To act in concert with the division of labor in the service unit for enhancing the efficiency of service delivery, qualified trainings, which are conducted by the external organizations with quality assurance experts, could be first provided to the staff members of the management team or Internal Audit Team of the service unit (Frederiks, Weber & Zwiessler, 2012; Tripartite Liaison Committee, 2009). During the trainings, trained, knowledgeable and internationally experienced experts are better equipped as facilitators (Borgave & Koranne, 2012; Frederiks, Weber & Zwiessler, 2012). Demonstrations and thus role-play will also be initiated to ensure that the participants are familiar with the framework and practical skills for quality assurance. Certifications will be issued to the staff members if participants fulfill the specific requirements during the trainings, which guarantees that the staff members who participate in the trainings are well acquainted with the standards and guidelines to be applied for quality assurance, practical skills for performing quality assurance and also skills for providing quality assurance trainings to their colleagues (Borgave & Koranne, 2012; Frederiks, Weber & Zwiessler, 2012). With the certification, the staff members become qualified in providing regular trainings to all colleagues, which therefore not only help prevent decline in proficiency of their colleagues but enhance and most importantly safeguard their practical capabilities in implementing quality standards without deviations during service delivery. Thus, the prevention of quality problems can be guaranteed and the perceived quality could be achieved, indicating that service quality can be successfully managed and assured.

To address the issue related to quality control, it is advocated that SERVQUAL methodology should be implemented. Grinnell (2001) claimed that selecting measurement tools with good validity could help reduce measurement errors, which reflect a false picture about the phenomenon and thus influence the design of our remedial and follow-up plans. Therefore, it is obvious that a validated measurement instrument, which could systematically measure the concept we actually intended to measure, should be implemented for generating

data that we attempt to obtain for quality control (Borgave & Koranne, 2012). As SERVQUAL instrument consists of a set of structured and paired questions designed to measure both the expectations of services users on particular quality attributes during service provision and their perceptions on the services they actually received, it has been recognized as a validated measurement tool owing to that fact that it accurately measures the service quality we attempt to measure, which has been defined as the comparison between service users' expectations and their perceptions on the actual experience of receiving services (Borgave & Koranne, 2012; Davidow & Sharabi, 2010; Berry, Parasuraman & Zeithamal, 1985). With the application of SERVQUAL instrument, customer-side gap, which defines service quality, can be precisely measured, ensuring that the investigation of existing quality problems can be favorably conducted. Existing services can therefore be modified and upcoming services could also be updated in response to the identified problems. Quality control and subsequently perceived service quality could hence be successfully achieved.

In conclusion, the phenomenon of welfare service unit encountering service quality management problems become prevalent in Hong Kong in recent years. Under these circumstances, welfare service organizations in Hong Kong should be expeditious to identify their own service quality management problems and take possible management practices into consideration in alleviating the disadvantageous consequences of management problems on service quality. Therefore, perceived service quality can be successfully achieved, facilitating the sustainable development of the service unit and also facilitating the whole-person development and enhancing the well-being of service users in an effective and efficient manner.

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