Assessing a Quality Model for the Social Sector: An Empirical Study of the EQUASS Model

Abstract: It is widely recognised that there is a shortage of empirical studies on quality management about the social sector. This research contributes to address this gap by (i) empirically analysing the fitness of the model underlying European Quality in Social Services (EQUASS), a quality management and excellence programme for social services across Europe, and (ii) proposing a model with an improved fit. It uses a structural equation modelling approach on a sample of 339 external audits from 32 European organisations that were awarded an EQUASS recognition or certification between 2012 and 2015. Results reveal that the EQUASS model (2012 version) does not fit with the sample collected. An improved model with seven constructs is proposed, which shows excellent psychometric properties and good fit indexes. Leadership and result orientation play a significant role as antecedents of the orientation to persons, while staff plays a mediator role. This research provides a better understanding of the causal relationships between quality management practices embedded in the EQUASS model, as well as a simpler alternative model that is especially suited to small and medium-sized social service providers, which represent the majority of the organisations in social sector.

Keywords: EQUASS; quality model; excellence; certification; social services; third sector

1. Introduction

Quality Management (QM) has been defined as a management philosophy that emphasises the continuous improvement of organisational processes, culture, products and services to meet or exceed customer expectations (Evans and Lindsay, 2017). To assist organisations implementing QM, several quality models have been used worldwide by organisations of all sizes and activity sectors. Among the most popular quality models are the Malcolm Baldrige National Quality Award (MBNQA) and European Foundation for Quality Management (EFQM) Excellence Models. Although not entirely consistent, empirical evidence suggests that the implementation of these models leads to higher financial and non-financial performance (Boulter et al., 2013; Hendricks and Singhal, 1997).

Previous studies in this field have dedicated particular attention to examining the causal relationships represented within Excellence Models, specifically those referring to cross-sectoral models like MBNQA (e.g. Karimi et al., 2014) and EFQM (e.g. Heras-Saizarbitoria et al., 2012). Such relationships usually indicate the path towards achieving excellent performance within a given model and, thus, it is important, both for theoretical and practical reasons, to verify whether they are actually consistent with reality. However, to date no studies were found that analyse the causal relationships embedded in sector-specific quality models requiring an external assessment from an independent third party. Despite the existence of several studies that analyse the internal relationships of Excellence Models in healthcare (e.g. van Schoten et al., 2016), higher education (e.g. Badri et al., 2006), and local government (e.g. Peng and Prybutok, 2015) sectors, they are all based in cross-sectoral Excellence Models. Unlike cross-sectoral quality models which advocate a set of universal QM practices, sector-specific ones are aligned with the contingency perspective, proposing a customized set of QM practices according to the activity sector.

European Quality in Social Services (EQUASS) is a programme to certify/recognise quality and excellence achievements in the social sector across Europe (EQUASS, 2017). Its emergence in the early 2000s overlaps with three macro-level trends: (i) growing contribution of the third sector to society and economy (Moxham, 2009); (ii) growing global consciousness that organisations have the responsibility to make an impact on the quality of life of society (Battilana and Dorado, 2010); (iii) growing pressures for non-profits to become more business-like, more accountable so as to deal with rising competition, decreased funding and heightened customer expectations (Dart, 2004). These challenges along with an internal motivation to improve have propelled many social service providers to adopt QM and

benchmark best practices. According to EQUASS (2017), more than one thousand EQUASS certifications were awarded, between 2012 and 2016, across several European countries (including re-certifications). To the best of the readers' knowledge, EQUASS is the only quality model specifically tailored to the social sector that involves a third party audit. Nevertheless, research has lagged behind practice, as scholarly research remains very limited. Specifically, the underlying model of EQUASS and its causal relationships have never assessed with empirical data.

This article will contribute to the analysis of the causal relationships in quality models in social services sector. This topic is relevant because there is a lack of research on quality sector-specific models in the literature. As it is explained above, several studies based on other activity sectors were found, but there are no previous studies in the social services sector. Moreover, this article is using actual independent assessment scores to analyse the causal relationships and overall fit of the EQUASS model, which will enforce the results and findings. EQUASS previous studies highlighted the necessity to use third party data to obtain more robust results (Melao, et al, 2016). This study is also relevant because social businesses have been growing a lot in the last years, in a context of economic cutbacks. Therefore, quality certifications will help these organizations to be more effective and efficient. In that sense, our findings will give further information to academics and practitioners about the implementation of the EQUASS quality model.

This paper aims to (i) analyse the fit of the EQUASS model with empirical data, and (ii) propose a model with an improved fit. This is the first work to empirically assess a quality model that was created to address the unique needs of the social sector. Thus, it contributes to the existing knowledge by providing in-depth insights about the causal relationships between QM practices in the social sector.

The rest of the paper is structured as follows. The next section reviews the current state of organisational excellence. In Section 3, the EQUASS model is described in detail. Next, the methodology is explained, followed by a presentation of results in Section 5, and by a discussion of the implications in Section 6. The paper ends with concluding remarks, including the limitations and possible avenues for future research.

2. Literature review

Quality models can be defined as a set of interrelated principles, criteria and approaches that assist organisations to implement QM. Among the most popular quality models are those involving a third party audit, such as Excellence Models. As suggested by Sampaio et al. (2012) and Boulter et al. (2013), these are quality models aiming to achieve superior long-term performance. Most Excellence Models are country- (e.g. MBNQA Excellence Model) or region-specific (e.g. EFQM Excellence Model); they also tend to be cross-sectoral (e.g. EFQM Excellence Model), but there are also Excellence Models tailored to specific sectors (e.g. EQUASS Excellence). Overall, they share three core features. Firstly, they are made of interrelated concepts, practices, or criteria that usually provide a path to improve performance (Goméz et al., 2011). Thus, Excellence Models are holistic management frameworks, i.e. all interrelationships within the models should be considered to attain excellent performance. Secondly, they are non-prescriptive, acknowledging that there is no single best way of achieving excellence (Dahlgaard et al., 2013). Thirdly, they typically include a scoring system which can be used for self-evaluation purposes, i.e. to identify strengths and improvement opportunities (Bou-Llusar et al., 2009).

There is a growing body of literature on Excellence Models, including conceptual papers (e.g. Talwar, 2011), literature reviews (e.g. Doeleman et al., 2014), case studies about implementation issues (e.g. Araújo and Sampaio, 2014), quantitative studies measuring the impacts of Excellence Models on financial performance (e.g. Hendricks and Singhal, 1997), research evaluating Excellence Models as QM frameworks (e.g. Bou-Llusar et al., 2009), and studies aiming to analyse the internal structure of Excellence Models (e.g. Heras-Saizarbitoria et al., 2012). Of these, the latter category of studies has received particular attention, as it is important to verify whether the causality relationships embodied in the models are actually reflected in the real world, and, thus, to legitimise the models themselves. For example, using 242 independent assessments of Basque organisations, Heras-Saizarbitoria et al. (2012) conclude that the internal relationships between the criteria of the EFQM Excellence Model are generally valid. Similarly, Karimi et al. (2014) provide empirical cross-sectoral evidence on the validity of the MBNQA Excellence Model, corroborating previous studies.

Despite the interest, the literature on the analysis of causal relationships within Excellence Models is still limited. This is largely explained by the difficulty in obtaining access to real world data, namely the independent assessment scores, which are not usually disclosed by recognition bodies due to confidentiality reasons (Jayamaha et al., 2009). Furthermore, most of the literature focus on cross-sectoral Excellence Models like the MBNQA and the EFQM

models. There are a few studies that investigate the internal consistency of Excellence Models in healthcare (Meyer and Collier, 2001; Sabella et al., 2014; van Schoten et al., 2016), higher education (Badri et al., 2006; Calvo-Mora et al., 2005; Winn and Cameron, 1998) and local government (Peng and Prybutok, 2015; Prybutok et al., 2011), but they are based on survey data (a proxy to independent assessment scores) and/or on cross-sectoral Excellence Models. Studies that investigate the internal relationships of sector-specific quality models involving a third party audit are practically absent.

Rather than using a one-size-fits-all design, sector-specific quality models, which take insights from contingency theory (Donaldson, 2001; Sousa and Voss, 2008), are based on the premise that organisations from different activity sectors may require a custom set of QM practices. This view is consistent with empirical research that strongly suggests that the successful implementation of QM practices is dependent on contextual factors like size, age, activity sector, environmental features (e.g. Zhang et al., 2012; Escrig and Menezes, 2016).

Furthermore, in the context of the social sector, Al-Tabbaa et al. (2013) conclude that EFQM is suitable to non-profit organisations, but suggest a few adjustments to tackle the unique features of this sector. Nikolaidis and Terpos (2010) describe the quality journey of a Greek SSO, which began with the implementation of some requirements of ISO 9001 due to poor quality levels. ISO 9001 was seen as too restrictive and with an excessive number of requirements, and, thus, the journey moved on to EFQM Commitment to Excellence. The authors report that EFQM led to a reduction in the number of complaints, improvements in internal and external communication, and enhanced public image. The institution wished to reach higher levels of the excellence ladder, but the process was seen as too expensive.

Some existing sector-specific approaches are also reported in Cairns et al. (2005), who examine the adoption and implementation of the Practical Quality Assurance System for Small Organisations Quality Mark in UK non-profits, suggesting that while it leads to improved processes, service outcome benefits are more elusive. Likewise, Heras, Cilleruelo, and Iradi (2008) analyse the impacts of the UNE 158001 standard in Spanish care homes to conclude that it improves administrative and management processes, but the impacts on quality of care are less obvious. Most of these standards or models tend to be, however, country specific, and for this reason they usually incorporate contextual factors and legal requirements of a given country.

In 2008, the European Platform for Rehabilitation (EPR) started a project funded by the European Commission leading to the development of two quality frameworks in association with European stakeholders in social services: (i) Common Quality Framework (CQF) for Social Services of General Interest (EPR, 2010); and (ii) Voluntary European Quality Framework (VEQF) for Social Services of General Interest (SPC, 2010). These frameworks define quality principles and criteria to assure, improve and evaluate quality in social services and constitute the pillars of the EQUASS model (EQUASS, 2012a).

Given that EQUASS is an emerging quality model for the social sector, only a few works have been produced so far. Melão et al. (2017) reports on a multiple case study of four social service providers with the aim to investigate the benefits, pitfalls, and the impacts on professional practice of the implementation of EQUASS Assurance and Excellence certifications. Melão et al. (2016) survey EQUASS Assurance certified organisations to analyse the motives, internalisation, impacts, satisfaction, and renew intentions of this standard. Although this research contributes to understanding the impacts of EQUASS, it is mainly descriptive and does not examine the causal relationships between QM practices.

Overall, the literature review shows that there is a scarce number of studies that analyse the causal relationships within quality models. The few existing works in this area only examine cross-sectoral Excellence Models like MBNQA and EFQM, while the study of the internal relationships of sector-specific quality models remains largely unaddressed. The latter models are created to tackle the particulars of a given sector as opposed to using a one-size-fits-all approach. Thus, this study fills these gaps in the literature by using actual independent assessment scores to analyse the causal relationships and overall fit of the EQUASS model.

3. EQUASS model

EQUASS is a QM and excellence certification/recognition programme for the social sector in Europe. Its developers were motivated by the absence of a QM framework adapted to the particular aspects of social service organisations. The 2012 version of EQUASS consists of a two-level certification programme. The first level – EQUASS Assurance – certifies that a social service provider meets the fundamental requirements of a QM system in social services. The second level – EQUASS Excellence – is a non-prescriptive framework certifying that a social service provider achieved substantial performance and continuous improvement in 50 criteria from three perspectives: (i) Approach – the extent to which there

is a good and systematic approach to assure performance with EQUASS criteria; (ii) Deployment – the extent to which EQUASS criteria is well deployed all over the organisation; (iii) Results – the extent to which EQUASS criteria show positive, sustainable, and best practice trends in results over the last five years. EQUASS Assurance is usually considered as the first step to reach EQUASS Excellence. The model underlying EQUASS consists of 10 principles, composed of a total of 24 dimensions, which, in turn, are made up of a total of 50 criteria (see a full list of these elements in Appendix). Recently, the 2018 version of EQUASS has been launched, but only the 2012 version will be the focus of this work.

<< Figure 1 >>

Figure 1 shows the EQUASS model. As can be seen, some principles are grouped into a single construct, namely 'Rights & Ethics', 'Partnership & Participation', and 'Person centred & Comprehensiveness'. It should be stressed that these aggregations are visually suggested in the original model (EQUASS, 2012b). Furthermore, gathering these principles together makes sense, given their conceptual similarities; it also makes the model friendlier. Henceforth, seven constructs (four of them are original principles and three are composed as the addition of a couple of original principles) are referred instead of the ten original principles. Figure 1 also displays the causal relationships among constructs proposed in the EQUASS model. It should be noted that this model is common to both certification levels, but their purposes and demands are different. Furthermore, EQUASS Assurance has no scoring system.

Further information about the EQUASS characteristics can be found in EQUASS website (https://www.equass.be/).

3.1 Certification and recognition process of EQUASS Excellence

The certification process of EQUASS Excellence is based on a self-evaluation report and an external audit. The former describes the achievements of the social service provider on the 50 criteria from the three aforementioned perspectives, and includes several annexes, one of which is information about the QM system. The latter is performed by a team of two or more auditors in three steps. First, the auditors individually score the self-evaluation report against the criteria and perspectives, and they also identify strengths and areas for improvement. The auditors meet to give consensus scores and, if a minimum score is achieved, prepare the site visit by identifying priority issues. Finally, the auditors collect information during the site visit and based on the evidence gathered they may revise the consensus scoring. The

certification is awarded if the final score reaches at least 65 points and is valid for three years. When the final score is between 55 and 65 points and the provider achieves certain minimum scores per principle and perspective, the 'Stairway to Excellence' recognition may be awarded, being valid for 18 months. Between 2012 and 2016, a total of 1000 EQUASS Assurance certifications, 34 EQUASS Excellence certifications, and 18 'Stairway to Excellence' recognitions were awarded (EQUASS, 2017).

4. Methodology

In light of the above, this study addresses the following research questions:

RQ1 – How well does empirical data support the causal relationships proposed by the EQUASS model and overall model fit?

RQ2 – What different model configuration, if any, could improve the model fitness of the EQUASS model?

This section includes two subsections. The first explains the data collection process along with the sample features. The second provides details about the assessment of the research model and the subsequent analysis leading to an improved model.

4.1 Data collection and sampling

The sample consists of the official audit scores on 50 criteria from 32 organisations, of which 18 obtained the EQUASS Excellence certification and 14 received the 'Stairway to Excellence' recognition; these audits took place between 2012 and 2015. Four different sets of audit scores are available for each organisation: two sets consist of the scores given by two independent auditors to the self-evaluation reports; another set entails the consensus scores of the two previous auditors; the fourth set contains the final scores provided by the auditors after the site-visit. Moreover, each of these four sets disaggregate into three perspectives (approach, deployment and results), resulting in a total of 384 sets of scores for the entire sample. However, only 339 were usable for the analysis. The scale of each score ranges from 0 to 10. Table 1 shows the features of the organisations included in the sample.

<< Table 1 >>

4.2 Analysis procedure

As a first step, an array of Exploratory Factor Analysis (EFA) through principal component analysis was conducted to confirm the dimensionality of each of the seven constructs included in the model. Once the constructs were clearly identified and characterized, their reliability, internal consistency and construct validity were assessed. Next, it was intended to conduct a confirmatory factor analysis (CFA), under the condition that all constructs displayed correct psychometric properties, to test the relationships between the different constructs in the model. Unfortunately, discriminant validity was not confirmed; therefore, this CFA was unnecessary.

A second step was taken to correct the lack of discriminant validity. A reduced set of items were considered for each of the seven constructs, selecting the three items that loaded higher on their respective construct. It should be pointed out that each construct is considered as reflective, composed by what in the original EQUASS model is referred as 'criteria'. Note that there is no use of the dimensions of the EQUASS model as they are labelled. In order to adjust the terminology to the most usual in these models, from now on these EQUASS 'criteria' will be referred as 'items'. Consequently, only 21 criteria (or items) were retained. Obviously, a great deal of information was dropped and lost, but on the other hand, these new reduced constructs improved their psychometric characteristics, vouching for the subsequent EFA. The reliability and validity analysis were conducted again in the same way that it was performed with the entire data. At this point, it was convenient and wise to conduct a CFA, confirming the cause-effect relationships among constructs.

The third and last step of the analysis was refining the model through Lagrange and Wald tests. The multiplier Lagrange test focuses on the effect of freeing up parameters that are currently fixed in a given model, while the Wald test focuses on the effect of fixing parameters that are currently free in a given model. Thus, the original EQUASS model was modified, following the suggestions of these tests, and an improved model is proposed, which shows even better fit indices.

5. Results

This section is structured in three subsections that refer to the three steps mentioned in the methodology section: (i) assessing the reliability and validity of the seven constructs using the entire set of items proposed by the original model; (ii) repeating the previous step taking the

reduced constructs and proceeding with the CFA; and (iii) improving the previous model providing a 'Proposed EQUASS model'.

5.1 Reliability and validity analysis of the constructs

To examine the unidimensionality of the constructs, seven CFAs were run – one for each construct – using EQS 6.3 software. The Kaiser-Meier-Olkin (KMO) statistic and the Bartlett test for the seven cases forecasted a good result. The KMO test results were above 0.50 (De Vaus, 2001) and the p-value of the Bartlett's sphericity tests were less than 0.05. These results suggested that these constructs were suitable for factor analysis.

The internal consistency of the constructs was verified through the Cronbach's alpha coefficient and composite reliability (CR), whose values exceeded the recommended threshold of 0.7 (De Vaus, 2001; Hair et al., 2010). The average variance extracted (AVE) also surpassed the cut-off point of 0.5 (Nunnally and Bernstein, 1994), confirming convergent validity. Table 2 summarizes the reliability analysis of the seven constructs.

<< Table 2 >>

To further confirm the suitability of the items included, several tests were conducted by removing the items with a lower loading. Results revealed that the Cronbach's alpha value did not improve. This was only performed to check the convergent validity of the seven constructs as they are proposed in the original model. The aim here was not to change the structure of these constructs, but just to analyse the constructs as they are shown in the official EQUASS website, without any modification.

The analysis of discriminant validity was performed using linear correlations or standardized covariances between latent factors by examining whether the inter-factor correlations were less than the square root of the AVE (Fornell and Larcker, 1981). The values in the off-diagonal elements were higher than the square roots for each AVE. Thus, discriminant validity could not be verified.

5.2 Assessing the EQUASS model using short constructs

As a consequence of this result, internal consistency and discriminant validity analysis were reassessed using only the three items of each construct with the higher loadings. Before doing the analysis, a confirmation was made that each of the constructs was correctly represented by

the three chosen items. To examine the unidimensionality of the constructs, seven CFAs were run again. The KMO statistic and Bartlett tests for the seven cases forecasted a good result. The KMO test results were above 0.50 (De Vaus, 2001) and the p-values for the Bartlett's tests of sphericity were less than 0.05, suggesting to proceed with the factor analysis and that its results would be sound.

The internal consistency of the seven constructs reaffirmed our approach, obtaining values that exceeded the recommended threshold of 0.7 for both the Cronbach's alpha coefficient and CR (De Vaus, 2001; Hair et al., 2010). The AVE also surpassed the cut-off point of 0.5 (Nunnally and Bernstein, 1994). Table 3 summarizes the previous analysis but now using the short constructs.

<< Table 3 >>

Table 4 provides the results for the analysis of discriminant validity, showing values in the off-diagonal elements lower than the square roots for each AVE. Thus, discriminant validity could be verified.

<< Table 4 >>

Once the discriminant validity issue was solved, the original EQUASS model with seven constructs, each one with three items, was assessed, and, in a subsequent step, it was revised and improved. This was done by either constraining or relaxing certain parameters, and moving toward a model that better fits the empirical data (Anderson & Gerbing, 1988; Joreskog, 1978; Medsker, Williams, & Holohan, 1994). Constrained-parameter models assist detecting potential errors of commission, i.e. including unnecessary relationships, while relaxed-parameter models reveal errors of omission, i.e. excluding relationships that might have theoretical and practical significance (McAllister, 1995). However, the structural model was only modified in ways that were theoretically relevant (Marcoulides & Hick, 1993).

The original EQUASS model was estimated using the robust maximum likelihood method from the asymptotic variance-covariance matrix. The fit was assessed through the statistic χ^2 Satorra-Bentler, which was 380.58, with 174 degrees of freedom; χ^2/df was 2.19, which was below the acceptable limit of 5; RMSEA was 0.059, and CFI was 0.940. Taking the significance of the robust χ^2 statistic with caution, and noting the global indicators, it is apparent that the global fit was acceptable. The standardized coefficients for the relationships established by the model and its t-values are presented in Table 5 (original model column).

Note that some standardized coefficients are surpassing one. Although it is not a common situation, theses coefficients are not numerically bounded by ± 1 (Deegan, 1978). It can be due to the presence of multicollinearity between the pair of constructs implied in the path. In fact, Table 4 satisfies the discriminant validity test (Fornell and Larcker, 1981), although showing high correlations between constructs and similar to the square roots of the AVEs.

<< Table 5 >>

5.3 Assessing the 'Proposed EQUASS model'

A second research model is proposed (see Figure 2). It is based on the original EQUASS model, but several modifications were introduced to find out a new model with better fit indices. Lagrange and Wald tests were used for this purpose. The fit indices obtained in this measurement model estimation were satisfactory: χ^2 Satorra-Bentler was 371.53, with 181 degrees of freedom; χ^2/df was 2.05, RMSEA was 0.056, and the CFI was 0.944. As can be observed, the global fit of the proposed model was robust enough (Hair et al., 2010), and fit indices were better than in the original model. In spite of the increase of 7 degrees of freedom, this proposed model shows a decrease in the robust χ^2 of 9.05 (380.58 - 371.53), vouching for a significant fitness increment. This model, referred as 'Proposed EQUASS model', removes some relationships, while it introduces a new one, from 'Result orientation' to 'Partnership & Participation'. Their standardized solutions are also presented in Table 5 (last column). Figure 2 depicts and shows how the central constructs of the model are affected by two antecedents: (i) 'Leadership' from the left side (through the mediation of 'Staff') and (ii) 'Result orientation' from the right side. These central constructs collect information related mainly to the customers, showing how all the model is designed to enhance the performance of these customer-related constructs. It is consistent with the definition provided in the official EQUASS website (EQUASS, 2012a): 'EQUASS aims to enhance the social services sector by engaging service providers in quality and continuous improvement and by guaranteeing service users quality of services throughout Europe'.

<< Figure 2 >>

6. Discussion

The principles and aggregated principles proposed by the EQUASS model did not show discriminant validity. Hence, a new configuration of these principles has been proposed, consisting of three items with the highest loadings on each principle or construct. These shorter constructs are reliable and show convergent and divergent validity. The EQUASS model fitness was analysed and improved, resulting in a new model.

The results confirm that 'Leadership' plays a key role in the EQUASS model as the antecedent of several constructs. Furthermore, 'Leadership' has a significant causal relationship with 'Staff', and, thus, improvements in 'Leadership' cause a positive change in the management, competencies and engagement of 'Staff'. These findings are in alignment with other quality models, although not focusing on the social sector. For instance, Calvo-Mora et al. (2005), Gómez et al. (2011), and Heras-Saizarbitoria et al. (2012) found that, in the EFQM model, the leadership criterion is the driver of the model and is related with the people criterion. Badri et al. (2006), Meyer and Collier (2001), and Peng and Prybutok (2015) also empirically validated these findings for the MBNQA model.

Another finding is that 'Staff' has a significant causal influence on 'Rights & Ethics', 'Partnership & Participation', and 'Person centered & Comprehensiveness'. Thus, improvements in 'Staff' cause a positive impact in protecting customers' rights and respecting customers' dignity ('Rights & Ethics'), working in partnership with stakeholders and promoting the involvement and empowerment of customers ('Partnership & Participation'), and addressing the needs of each individual customer and providing a holistic service ('Person centered & Comprehensiveness'). Note that the 'Staff' construct plays a mediation role between 'Leadership' and the three latter constructs. There are similarities between these findings and those of other studies about the EFQM (Calvo-Mora et al., 2005; Heras-Saizarbitoria et al., 2012) and MBNQA (Peng and Prybutok, 2015) models, indicating that there are causal influences between the people/human resources, partnerships, and processes criteria.

In addition, the empirical results corroborate that 'Rights & Ethics', 'Partnership & Participation', and 'Person centered & Comprehensiveness' are three central constructs of the EQUASS model. In fact, the original model was designed to impact these central constructs as they have only arrows pointing to them. These results are in harmony with those of EFQM studies (Gomez et al., 2011; Heras-Saizarbitoria et al., 2012), where customer results are influenced by enablers. Of these three constructs, 'Person centred & Comprehensiveness' is the most relevant dimension in the research model. This combined construct assesses that the

services provided are focused on the individual needs of beneficiaries, and that service delivery processes are correctly planned and implemented. This is in accordance with best practices in social work, which put persons at the core of care, looking at them as individuals, being compassionate and respectful to them, and working with them to improve their physical, emotional and psychological well-being (Kirkley et al., 2011; Kitson et al., 2013).

The study showed that 'Results orientation' has a significant causal relationship with 'Partnership & Participation' (proposed model), 'Person centred & Comprehensiveness', and 'Continuous improvement'; there is also a significant causal relationship between 'Continuous improvement' and 'Leadership'. Hence, enhancements in measuring, evaluating and reporting results cause a positive influence in the aforementioned constructs. It can be inferred that 'Results orientation' provides a feedback loop of continuous improvement to 'Partnership & Participation', 'Person centred & Comprehensiveness', as well as to 'Leadership', the latter via the 'Continuous improvement' construct, which plays a moderator role. These findings are consistent with that of van Schoten et al. (2015), who found evidence supporting a feedback loop between the results and enablers criteria in the EFQM model.

6.1 Implications for theory

The results show that seven core causal relationships of the original EQUASS model are empirically supported. However, eight other relationships could not be confirmed, including the following: 'Leadership' and 'Rights & Ethics'; 'Leadership' and 'Person Centered & Comprehensiveness'; 'Partnership & Participation' and 'Rights & Ethics'; 'Partnership & Participation' and 'Person centered & Comprehensiveness'; 'Result orientation' and 'Rights & Ethics'; 'Result orientation' and 'Leadership'; 'Continuous improvement' and 'Rights & Ethics'; 'Continuous improvement' and 'Person centered & Comprehensiveness'. In turn, this may suggest that the causal relationships put forward by the EQUASS model may not work as intended. It may also be that, as Heras-Saizarbitoria et al. (2012) remark, the organisations under study were unable to develop the cause-effect relationships, or that the auditors did not capture the causal relationships due to, for example, misinterpretation of the self-evaluation reports or field data.

The findings support the theory underlying EQUASS model that 'Leadership' and 'Results orientation' are the antecedents of the remaining constructs of the model. 'Leadership' drives three constructs ('Rights & Ethics', 'Partnership & Participation', and 'Person centered &

Comprehensiveness') through the moderator 'Staff' construct; 'Results orientation', on the other hand, completes the continuous improvement cycle by providing a feedback loop to 'Partnership & Participation', 'Person centered & Comprehensiveness' (proposed model), and to 'Leadership' (via 'Continuous improvement'). They also support that 'Rights & Ethics', 'Partnership & Participation', and 'Person centered & Comprehensiveness' are three key constructs in the EQUASS model. They refer to sector-specific quality principles concerned with social service provision that were proposed in the CQF (EPR, 2010) and VEQF (SPC, 2010), on which the model is based.

6.2 Implications for practice

A practical implication is that social service providers need to emphasise the following elements to implement QM: a strong leadership; human resource management practices to promote the required qualification, competencies, development and engagement of staff; service delivery processes and outcomes focused on protecting customers' rights and dignity, operating in partnership with stakeholders, promoting the involvement and empowerment of customers, addressing the needs of each individual customer, and on improving the customers' quality of life; performance measurement, analysis and control to feed the continuous improvement cycle. Another implication is that the social service providers involved in this study and the EQUASS certification body should investigate the reasons why the aforementioned eight causal relationships could not be verified.

In addition, the EQUASS certification body and social service providers might consider the adoption of the proposed model with just 21 items. It is simpler than the original model and it requires less resources for implementation, use and maintenance, making it especially suitable for small and medium-sized organisations wishing to take the first steps in the QM journey. The proposed model also enables benchmarking across organisations, making comparisons feasible and consistent. Finally, it provides a framework, a language to communicate the mission and strategy. Nevertheless, a pilot study should be first conducted before its eventual adoption.

7. Conclusion

This work examined the causal relationships embedded in a quality model specifically tailored to the social sector. The first aim was to investigate the fitness of the EQUASS model

based on 339 independent audits of 32 organisations. Results indicated an acceptable model fitness for the original EQUASS model, but 8 out of 15 causal relationships were non-significant. The second aim was to identify an alternative model configuration that could improve overall model fitness. The proposed EQUASS model, which eliminates the non-significant relationships of the original model and adds a new one, consists of 7 constructs, 21 items, and 8 causal relationships.

This research contributes to the body of literature on QM by studying the cause and effect associations between criteria of a sector-specific quality model. In doing so, it fills a gap in the literature as it is the first work to assess the fit of a sector-specific quality model, namely the EQUASS model, based on external audit scores. It provides useful insights about the QM practices represented in this model, and suggests a model particularly suited to small and medium social service providers, which represent the majority of organisations in social sector, wanting to pursue the QM pathway.

Some limitations of the study should be pointed out. As a result of lack of discriminant validation of the original principles or aggregated principles of the EQUASS model, this study used a shorter version of the constructs (three items with the highest loadings in each construct). Therefore, the findings reported herein should be seen as exploratory. A second limitation refers to the sample size, which was restricted to 32 organisations. This size reflects the number of organisations, whose data, provided by the EQUASS central offices, could be used for the purposes of this study (i.e. convenience sampling). Future studies should be conducted with larger samples and cover a wider geographical area. It would also be valuable to undertake a longitudinal study so as to provide a more thorough analysis of the causal relationships embedded in the EQUASS model.

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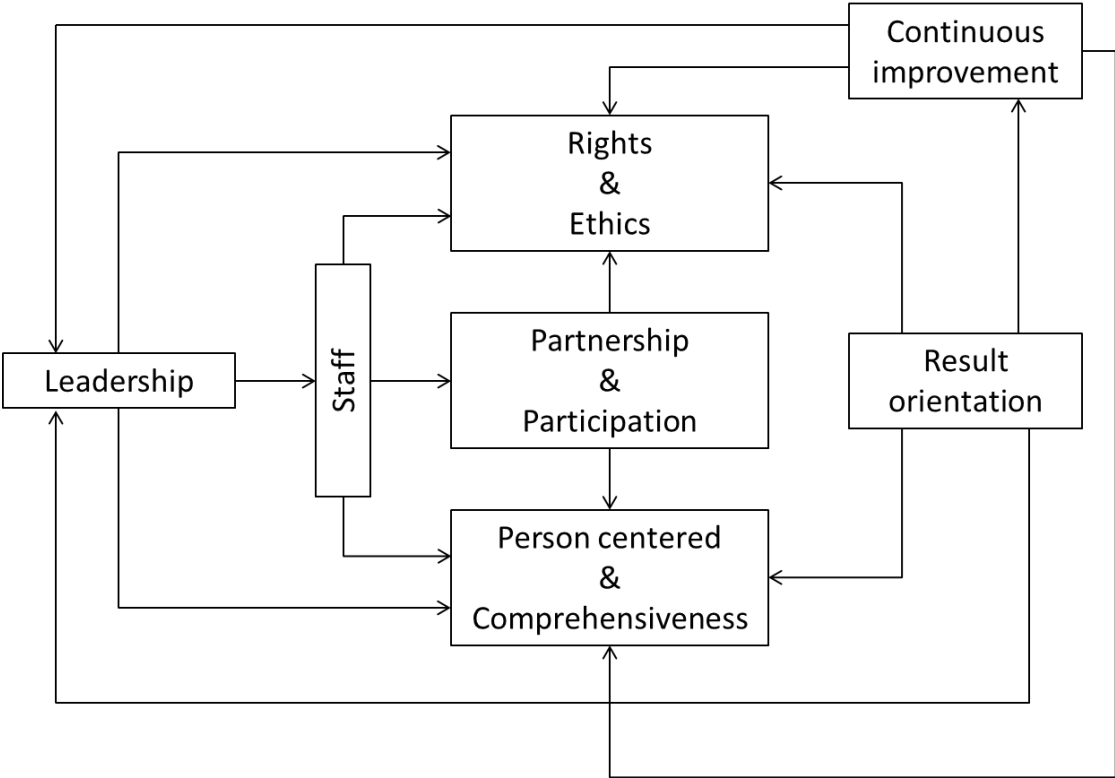
Figure 1. Original EQUASS model

Figure 2. Proposed EQUASS model
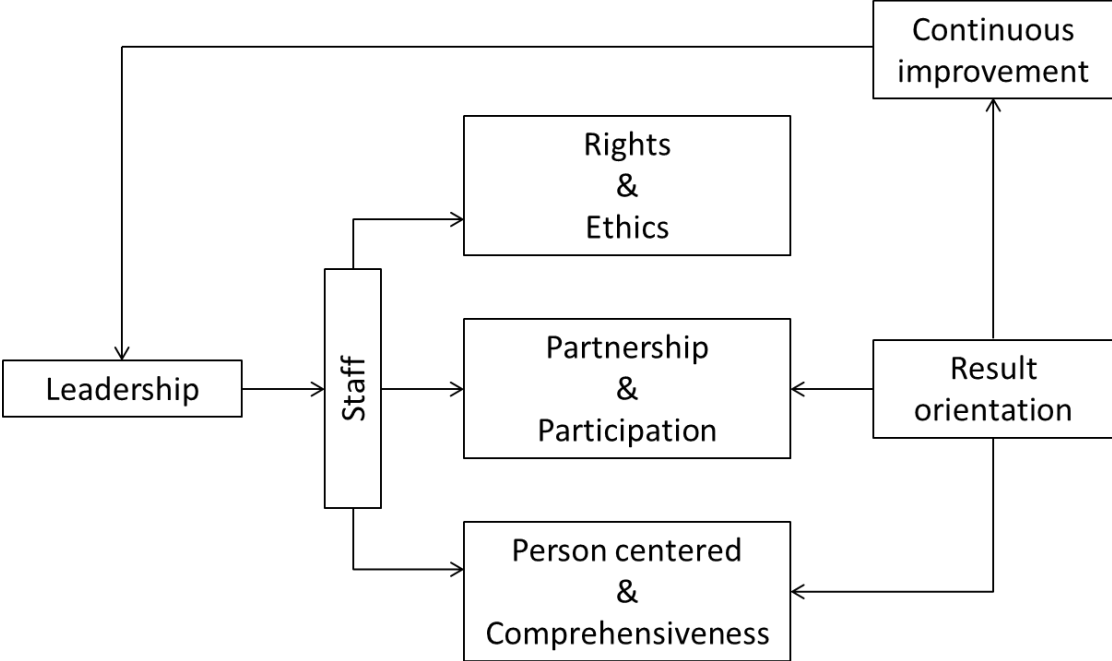
Table 1. Sample characteristics

	EQUASS Excellence			'Stairway to Excellence'			Total		
	Org.	Sco.	%	Org.	Sco.	%	Org.	Sco.	%
Countries									
Portugal	14	168	77.7	14	168	100	28	336	87.5
Germany	2	24	11.1				2	28	6.3
Greece	1	12	5.6				1	12	3.1
Ireland	1	12	5.6				1	12	3.1
Total	18	216	100	14	168	100	32	384	100
Size									
Small organisations	5	60	27.8	8	96	57.1	13	156	40.1
Medium-sized organisations	9	108	50.0	5	60	35.7	14	168	43.8
Large organisations	4	48	22.2	1	12	7.1	5	60	15.6
Total	18	216	100	14	168	100	32	384	100
Services provided									
Occupational activities	12	144	16.0	12	144	25.5	24	288	19.7
Residential homes	14	168	18.7	10	120	21.3	24	288	19.7
Home care services	6	72	8.0		0		6	72	4.9
Early intervention	6	72	8.0	3	36	6.4	9	108	7.4
Training and employment services	14	168	18.7	8	96	17.0	22	264	18.0
Educational services	8	96	10.7	3	36	6.4	11	132	9.0
Rehabilitation	7	84	9.3	4	48	8.5	11	132	9.0
Nursery and kindergarten	3	36	4.0	3	36	6.4	6	72	4.9
Other services	5	60	6.7	4	48	8.5	9	108	7.4

Table 2. Dimensionality and reliability analysis

	Leadership		Staff		Rights & Ethics		Partnership & Participation		Person centred & Comprehensiveness		Result orientation		Continuous improvement	
	LEA1	0.844	STA10	0.844	RIG20	0.841	PAR28	0.808	PER38	0.795	RES46	0.801	CON50	0.862
	LEA2	0.814	STA12	0.794	RIG21	0.794	PAR29	0.770	PER33	0.781	RES47	0.774	CON49	0.836
	LEA5	0.801	STA9	0.780	RIG23	0.779	PAR27	0.765	PER39	0.750	RES44	0.738	CON48	0.791
	LEA3	0.785	STA11	0.728	RIG22	0.774	PAR31	0.736	PER41	0.742	RES43	0.706		
	LEA6	0.782	STA13	0.654	RIG15	0.771	PAR26	0.733	PER34	0.742	RES45	0.704		
	LEA4	0.780	STA14	0.653	RIG24	0.763	PAR30	0.702	PER35	0.730	RES42	0.673		
	LEA7	0.706			RIG17	0.749			PER36	0.709				
	LEA8	0.686			RIG16	0.738			PER40	0.698				
					RIG19	0.719			PER37	0.695				
					RIG18	0.671			PER32	0.646				
					RIG25	0.642								
Alpha Cronbach	0.905		0.838		0.922		0.847		0.901		0.828		0.769	
Range of Cronbach's alpha if one item is removed	0.885-0.901		0.786-0.831		0.909-0.920		0.808-0.832		0.886-0.897		0.722-0.750		0.759-0.811	
Range of correlations between items and total corrected scale	0.381-0.722		0.352-0.575		0.325-0.686		0.373-0.604		0.334-0.636		0.383-0.604		0.413-0.636	
Composite Reliability	0.924		0.882		0.934		0.887		0.919		0.875		0.869	
Average Variance Extracted	0.603		0.556		0.564		0.567		0.533		0.539		0.689	

Codes and loads in the cells bellow the label for each construct

Table 3. Dimensionality and reliability analysis (taking 3 items for each construct)

	Leadership		Staff		Rights & Ethics		Partnership & Participation		Person centred & Comprehensiveness		Result orientation		Continuous improvement	
	LEA1	0.896	STA10	0.874	RIG20	0.881	PAR28	0.856	PER38	0.848	RES46	0.865	CON50	0.862
	LEA2	0.885	STA12	0.868	RIG21	0.879	PAR29	0.840	PER33	0.842	RES47	0.838	CON49	0.836
	LEA5	0.824	STA9	0.826	RIG23	0.835	PAR27	0.777	PER39	0.813	RES44	0.776	CON48	0.791
Alpha Cronbach	0.834		0.814		0.832		0.764		0.779		0.769		0.769	
Range of Cronbach's alpha if one item is removed	0.723-0.836		0.715-0.795		0.738-0.812		0.630-0.753		0.679-0.732		0.616-0.763		0.640-0.750	
Range of correlations between items and total corrected scale	0.572-0.722		0.561-0.660		0.589-0.686		0.460-0.604		0.518-0.585		0.450-0.617		0.471-0.604	
Composite Reliability	0.902		0.892		0.899		0.865		0.873		0.866		0.869	
Average Variance Extracted	0.755		0.733		0.749		0.681		0.696		0.684		0.689	

Codes and loads in the cells bellow the label for each construct

Table 4. Correlations between main constructs, and the square root of Average Variance Extracted (taking three items for each construct)

	Leadership	Staff	Rights & Ethics	Partnership & Participation	Person Centred & Comprehensiveness	Result orientation	Continuous improvement
Leadership	*0.820*						
Staff	0.768[*]	*0.807*					
Rights & Ethics	0.788[*]	0.771[*]	*0.805*				
Partnership & Participation	0.658[*]	0.640[*]	0.677[*]	*0.781*			
Person Centred & Comprehensiveness	0.693[*]	0.684[*]	0.753[*]	0.692[*]	*0.776*		
Result orientation	0.684[*]	0.576[*]	0.636[*]	0.667[*]	0.687[*]	*0.771*	
Continuous improvement	0.678[*]	0.629[*]	0.653[*]	0.655[*]	0.601[*]	0.725[*]	*0.830*

All correlations are significant at 0.01 level (bilateral).
The square roots of AVE are in *italic* on the main diagonal and the correlations between latent variables follow below.

Table 5. Standardized solutions for both EQUASS models (original and proposed).

	Original EQUASS model		Proposed EQUASS model	
	Standardized Coefficient (t-value)	r^2	Standardized Coefficient (t-value)	r^2
Leadership → Staff	0.853(12.89*)	0.943	0.832(12.68*)	0.889
Leadership → Rights & Ethics	-0.238(-0.488)	0.965		
Leadership → Person centred & Comprehensiveness	-0.668(-1.353)	1		
Staff → Rights & Ethics	1.323(2.30*)	0.965	1.030(14.45*)	0.965
Staff → Partnership & Participation	0.663(11.10*)	0.747	0.343(5.09*)	0.811
Staff → Person centred & Comprehensiveness	1.217(2.15*)	1	0.560(6.73*)	0.863
Partnership & Participation → Rights & Ethics	-0.012(-0.066)	0.965		
Partnership & Participation → Person centred & Comprehensiveness	0.334(1.863)	1		
Result orientation→ Leadership	0.413(0.924)	0.759		
Result orientation→ Rights & Ethics	0.057(0.166)	0.965		
Result orientation→ Partnership & Participation			0.531(5.14*)	0.811
Result orientation→ Person centred & Comprehensiveness	1.138(2.70*)	1	0.439(4.11*)	0.863
Result orientation→ Continuous improvement	1.114(8.73*)	0.851	1.095(9.45*)	0.855
Continuous improvement→ Leadership	0.852(2.17*)	0.759	1.174(11.39*)	0.754
Continuous improvement→ Rights & Ethics	-0.069(-0.212)	0.965		
Continuous improvement→ Person centred & Comprehensiveness	-0.710(-1.838)	1		
Goodness of fit summary				
χ^2 Satorra-Bentler	380.578		371.533	
degrees of freedom (df)	174		181	
χ^2/df	2.187		2.052	
RMSEA	0.059		0.056	
CFI	0.940		0.944	

(*) significant at p-value = 0.05

Appendix. EQUASS principles, dimensions and criteria

Principle for quality	Dimensions	Criteria	
1 Leadership	1 Mission, vision and quality policy	LEA1	'The social service provider defines, documents and implements its vision and mission values on service provision' (EQUASS, 2012a:6)
		LEA2	'The social service provider defines, documents, and reviews its quality policy by determining long term quality goals, and its commitment to continuous improvement' (EQUASS, 2012a:6)
	2 Communication	LEA3	'Persons served, family members and service user organizations are able to give feedback on their individual and collective experience of programmes and services' (EQUASS, 2012a:6)
		LEA4	'The social service provider informs all stakeholders about the offered programmes and services provided' (EQUASS, 2012a:6)
	3 Annual planning	LEA5	'The social service provider management establishes, implements and reviews an annual service planning and review process' (EQUASS, 2012a:6)
		LEA6	'The annual plan includes: 1) annual outcomes / targets; 2) the activities to be undertaken in achieving the annual targets; 3) monitoring of the performance of the organisation in meeting its annual targets; 4) time-scales and procedures for review and revision' (EQUASS, 2012a:6)
	4 Contribution to society	LEA7	'The social service provider plans, demonstrates and reviews organisation's results in satisfying the needs and expectations of the society' (EQUASS, 2012a:7)
		LEA8	'The social service provider plans, demonstrates and reviews the organisation's commitment to social responsibility through activities contributing to the society' (EQUASS, 2012a:7)
2 Staff	5 Managing Human Resources	STA9	'The social service provider has a staff recruitment and retention policy that promotes the selection of qualified personnel based on required knowledge, skills and competences' (EQUASS, 2012a:8)
		STA10	'The social service provider operates and reviews its compliance with mandatory national legislation, providing appropriate working conditions, adequate and agreed staff levels and staff ratios, and appropriate rewarding for staff and volunteers' (EQUASS, 2012a:8)
	6	STA11	'The social service trains all staff based on a plan for learning and development and evaluates the effectiveness of the training' (EQUASS, 2012a:8)
		STA12	

	Qualification and Development of staff		'The social service provider plans, documents and reviews requirements for competence in the identified roles and functions of staff and evaluates them on an annual basis' (EQUASS, 2012a:8)
	7 Staff engagement	STA13	'The social service provider recognises the staff as a resource for feedback on organisational performance, service development and staff development' (EQUASS, 2012a:8)
		STA14	'The social service provider implements and reviews the methods (mechanism) to enhance staff motivation and satisfaction' (EQUASS, 2012a:9)
3 Rights	8 Rights and duties	RIG15	'The social service provider assures the rights of persons served outlined in a Charter of Rights that is based on the EU Charter of Fundamental Rights, the European Convention for the Protection of Human Rights and Fundamental Freedoms of the Council of Europe and other international human rights conventions, especially those elaborated under the United Nations' (EQUASS, 2012a:10)
		RIG16	'The social service provider informs the person served about his/her rights and duties especially to equal treatment on grounds of age, disability, gender, race, religion or belief and sexual orientation before receiving the services' (EQUASS, 2012a:10)
		RIG17	'The social service provider has accessible complaint management system that registers feedback on performance from persons served, purchasers and other relevant stakeholders' (EQUASS, 2012a:10)
	9 Self determination	RIG18	'The social service provider respects and implements the fundamental right to self-determination of the person served. They freely determine their political status and freely pursue their economic, social and cultural development' (EQUASS, 2012a:10)
		RIG19	'The social service provider facilitates the person served in choosing and having access to advocates and/or supporting persons' (EQUASS, 2012a:11)
4 Ethics	10 Policy on ethics	RIG20	'The social service provider defines, implements and reviews its policy on ethics that respects and assures the dignity of the persons served, protects them from undue risk and promotes social justice' (EQUASS, 2012a:12)
		RIG21	'The social service provider operates and reviews mechanisms that prevent the physical, mental and financial abuse of persons served' (EQUASS, 2012a:12)
		RIG22	'The social service provider provides and reviews services in a safe system of working within a safe environment to ensure the physical security of persons served, their families and caretakers' (EQUASS, 2012a:12)

		RIG23	'The social service provider defines, implements and evaluates a set of principles, values and procedures that govern behaviour in service delivery containing aspects of confidentiality, accuracy, privacy and integrity' (EQUASS, 2012a:12)
		RIG24	'The social service provider defines, implements and evaluates procedures for assuring confidentiality of data regarding the persons served and the service provided to them' (EQUASS, 2012a:12)
	11 Roles and responsibilities	RIG25	'The social service provider defines, implements and reviews the roles and responsibilities, authorities and the interrelation of all personnel who manage, design, deliver, support and evaluate the service provision to person served' (EQUASS, 2012a:12)
5 Partnership	12 Partners in service delivery	PAR26	'The social service provider works in and evaluates its partnership with other organisations in the provision of services' (EQUASS, 2012a:13)
		PAR27	'The social service provider works in and evaluates its partnership with persons served, purchasers and other stakeholders in the development of services' (EQUASS, 2012a:13)
6 Participation	13 Involvement of person served	PAR28	'The social service provider includes persons served as active participants in service planning, have appraisal mechanisms of an on-going structured dialogue process in the management of the service, including the definition of the needs, the definition of the services, as well as of the evaluation of quality' (EQUASS, 2012a:14)
		PAR29	'The social service provider institutes an annual evaluation of participation of persons served both on individual and/or group basis' (EQUASS, 2012a:14)
	14 Empowerment of person served	PAR30	'The social service provider operates specific instruments to support the persons served, improve their personal empowerment, their personal situation and that of their community' (EQUASS, 2012a:14)
		PAR31	'The social service provider operates specific mechanisms for establishing an empowering environment' (EQUASS, 2012a:14)
7 Person Centred	15 Identifying customer demands	PER32	'The social service provider selects and reviews programmes which are based on a needs assessment at the location which is most convenient for the person served, family and care givers' (EQUASS, 2012a:15)
		PER33	'The social service provider offers programmes consistent with the identified needs of its customers and objectives for the programme' (EQUASS, 2012a:15)
	16	PER34	'The social service provider operates and reviews individual processes that are driven by the needs of the person served' (EQUASS, 2012a:15)

	Individual planning	PER35	'The social service provider implements and reviews the planning of services based on the identification of individual needs and expectations of persons served in an Individual Plan' (EQUASS, 2012a:15)
8 Comprehensi veness	17 Delivery process	PER36	'The social service provider identifies, implements and reviews the key service delivery processes to the persons served in line with its vision, mission statement and quality policy' (EQUASS, 2012a:16)
		PER37	'The social service provider reviews this delivery process and maintains control over the quality of the delivery of the service' (EQUASS, 2012a:16)
	18 Continuing service delivery	PER38	'The social service provider ensures that the person served can access a continuum of services that span from early intervention to support and follow up, responding to changing requirements over time' (EQUASS, 2012a:16)
		PER39	'The social service provider develops a seamless continuum of services and reduces barriers in a multi-disciplinary or multi-agency setting' (EQUASS, 2012a:16)
	19 Holistic approach	PER40	'The social service provider operates services from a holistic approach based on the needs and expectations of the person served with the aim of improving the quality of life for the person served' (EQUASS, 2012a:16)
		PER41	'The social service provider monitors and supports staff performance to enhance the quality of life for the person served' (EQUASS, 2012a:16)
9 Result Orientation	20 Measuring results	RES42	'The social service provider identifies its business results and provides formal periodic and independent review and procedures to achieve the targeted results' (EQUASS, 2012a:17)
		RES43	'The social service provider identifies, registers and reviews the outcomes and benefits for person served of the received services on individual and collective basis' (EQUASS, 2012a:17)
	21 Evaluating results	RES44	'The social service provider evaluates its business results in order to determine best value for purchasers and funders ('best value' can also be expressed in relation to quality of life outcomes for the person served)' (EQUASS, 2012a:17)
		RES45	'The social service provider evaluates the individual and collective satisfaction of persons served and other stakeholders by internal and/or external evaluation' (EQUASS, 2012a:17)
	22 Reporting results	RES46	'The social service provider provides and reviews clear and accessible records on outcome, including personal perception and achievements' (EQUASS, 2012a:17)
		RES47	

			'The social service provider actively disseminates organisation performance among its staff, person served and external stakeholders' (EQUASS, 2012a:18)
10 Continuous Improvement	23 Continuous improvement cycle	CON48	'The social service provider defines, implements and reviews the organisation's procedure for continuous improvement on the basis of an improvement cycle' (EQUASS, 2012a:19)
		CON49	'The social service provider identifies and reviews performance indicators for measuring the results of the improvement actions' (EQUASS, 2012a:19)
	24 Innovation	CON50	'The social service provider introduces, manages and reviews innovative ways of working that have been identified based on the needs of all stakeholders' (EQUASS, 2012a:19)