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Quality matters: re-formatting the boundaries of care in Czech social care policy

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by

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Contents

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Abstract

This thesis deals with knowledge about the mechanics and effects of quality reforms in public service as advanced by critical policy studies. Critical policy studies have identified managerialism and marketization of public services as key conditions in introducing quality reforms. The argument has been built in opposition to proponents of quality who argue that marketization, when introduced to services, enhances their quality. In contrast, critical studies have shown that quality reforms have restructured organizational contexts of public services where quality acted mainly as a rhetorical figure, and where improvements remain dubious. The real effects of quality reforms, they argue, are increased control over practitioners' labour process and de-professionalization.

This thesis is a case study of a recent Czech social care reform. The Czech case is a case of a quality reform without marketization and managerialism, yet with a similar outcome in the form of managerialised care. As such, the Czech case offers an opportunity to further our knowledge about the mechanics of quality reforms provided we make a methodological step outside the analytics of managerialism. The thesis undertakes this methodological shift by drawing on Actor Network Theory. The question this thesis asks is how could managerialised care be achieved without either marketization or managerialism? Methodologically, the thesis argues that mapping social alliances among policy actors is necessary but in itself not sufficient to explain the outcome.

The thesis traces the Czech quality reform from its inception as a policy project at the Ministry of Labour and Social Affairs to its circulation in social care sector. The Czech case shows how articulating quality service in quality standards re-organised care by extending (both conceptually and practically) its boundaries. Care traditionally understood as interactional bodywork was extended horizontally to include practices and forms outside the practitioner-client interaction (such as support planning), and it was extended vertically shifting the agency in care from an equipped practitioner to an equipped service.

The contribution of the thesis is twofold. It shows that quality has gained a life in its own outside the managerialist causation model and may not necessarily follow in the footsteps of marketization and managerialism. Mainly, the thesis shows that quality is a complex shibboleth able to re-format the content of practitioner work rather than merely re-structure organizational contexts of public service provision.

Chapter 1

Quality and public services reforms

What is a quality service?

In recent years, the question what is a quality service has been asked many times in the Czech social care. Let me re-visit a recent meeting which provides a glimpse into the complexity of quality debates and the composition of social care after a quality reform. In September 2012 in Kutna Hora, a small medieval mining town near Prague, a workshop was organized by the Czech Ministry of Labour and Social Affairs (MOLSA). The audience consisted of a dozen or so social care quality inspectors. And the workshop facilitator, a civil servant from MOLSA's Section 22, was keen to find out more about some of the seemingly simple and taken for granted aspects of a social care reform which has been going on since the fall of state-socialism in November 1989. Since the year 2000, the reform has been associated mainly with the word 'quality'. Around it, a whole new governance structure has been built evolving around the 2006 Social Services Act. The civil servant running the workshop opened the day by asking the audience "what is a quality service"? And, as if to explicate herself, she immediately asked a supplementary question: "what is a good practice of care which may need to be further fed into the existing quality standards"? Both her questions and the answers that followed are worth detailed attention.[1]

The first answer came almost immediately. Someone in the audience called out: "quality service is a service which is community-based". In this call, the inspector portrayed quality as a feature of care itself. And better yet, quality as something to do with a particular kind of care – care which is not provided by large residential institutions. Community-based care is an antonym to institutional care, a yang to a yin, a project which is equally political as it is practice oriented. Its twin notion is deinstitutionalization which echoes radical projects decades old: 1950s humanist psychology, and 1960s anti-psychiatric movements, fuelled with the then insights of sociologists of institutions such as Goffman and Becker, calling for old residential institutions to be closed down for institutional care was identified disabling rather than healing: such care became seen as undignified, "reducing"

[1] Details about this meeting were obtained through minutes and personal communication with one of the workshop participants.

people to simple categories of disability, and making them dependant on institutional care. Czech social care has had more than twenty years of experience with the project of deinstitutionalisation (Pfeiffer 2010, Palecek 2007, MOLSA 2007). The core argument about community reforms dates back to an era when large residential institutions were the norm and is, therefore, a partisan argument with a sharp ethical edge. Good care cannot be provided in a residential institution – this is the first (and only) law of deinstitutionalization. But here, at the Kutna Hora workshop, the inspector's answer was not about good care as such. Rather, it linked deinstitutionalization to a more recent notion of quality service which only started circulating in Czech social care around the year 1999. In this definition, the inspector associated an older reform project with a new arrival to the social care scene. Defining quality service first and foremost in terms of its community-ness is an effect of a successful entanglement between quality and deinstitutionalization in the Czech practitioner community.

Soon, someone shouted a second answer. Quality service, they said, is "a service which does individual planning with users". Yes, individual planning. Individual planning was introduced universally in Czech personal social services by the 2006 Social Services Act. For many, as for the speaker in Kutna Hora, individual planning is not only part of care – it is its "core building block" (Hanus 2008), and its wide practice has become a marker of a successful reform: quality service is characterised mainly by care delivered as a result of careful planning. Individual planning is not a mere due process; it is a method of professional work. Yet individual planning in social care is also associated with tensions brought about by quality reforms. Not all practitioners in Czech social care consider planning part of care "itself". In debates and in critical commentaries, individual planning is not regarded as more than an administrative practice with dubious impacts *on* care.

Back in Kutna Hora, a third answer followed; and with it a third definition of quality service. This time someone said that "quality service provides care according to users' needs". In this definition, quality was yet again framed as a practitioner-oriented notion directly concerned with the work with users. User needs or individual needs were also codified in 2006 as a new object of care intervention, and their assessment and planning as key practices of care. If assessment and planning became part of care itself, user needs became its *object*. As one of the Czech social care quality gurus, Matuska (2008), argued:

> "Service delivery based on assessment of needs and of personal circumstances of users and their families – services that support autonomy, independence and self-management – is indeed more effective." (Matuska 2008: 65)

By equipping care with individual needs and individual planning, the organization of Czech social care practice got on par with the organization of English and other European social

care. They now share the same the conceptual orientation and contain the same ways of working enacted in a shared labour process marked by actions such as needs assessment and individual planning. Expert knowledge and skills associated with individual needs and their assessment can now be disseminated through Europe-wide professional networks.

Finally, a fourth definition of quality service was raised at the Kutna Hora workshop. It suggested a simple equation: "quality services are those that meet existing standards of quality". Quality standards were created between 2000 and 2002, and in 2006 they became part of the new legislation. As the Kutna Hora participant suggested, whatever quality is, it is defined in standards. Meeting quality standards then, in turn, means that quality service has been achieved. This is a long-standing formula of scientific management and its brand, Quality Assurance (QA). Czech quality standards are of a similar breed as care standards in England (DoH 2001). They set out elements of a social care process rather than individual care practices. Work on quality standards also saw the introduction of a new vocabulary and imagination. The term 'quality service' was coined during this time. Quality-as-meeting-standards is a concept associated with a population view of the social care system as a whole. Like other cases of social care standardisation, quality standards have become a focal point of experimentation bringing together practitioner concerns about good practice and industrial concerns about lean production.

The Kutna Hora workshop gives a sense of what has been achieved and what has been at stake in more than a decade of making quality services. Improving care has been on everyone's mind. Although, how to go about it has varied. A range of notions of quality has brought in a range of concerns and aims – from closing down residential institutions, through introducing individual planning and needs based provision, to meeting quality standards. A brief overview of local literature confirms this variation. According to Pogodová (2006), quality is about a set of issues: effective use of resources, the ability to meet individual needs of service users, effective social inclusion and independence building. Kalvach and Hrabetova (2005) understand quality as a shared idea about how a good work of a practitioner should look like. Karaffova (2004) too associates quality with care rather than with the organization of a care service, and allocates the central role in achieving it to qualified practitioners who operate adequate equipment and meet the needs of users. Such quality care improves health and quality of life; and is properly documented and evidenced. Knorova (2003) argues that there are several dimensions of quality such as accessibility, effectivity, adequacy, complexity, acceptability, integration, evaluability. In 2010 MOLSA organized several workshops where participants listed a wide range of different aims related to "social services today." Among them were deinstitutionalisation, personalisation, professionalization, standardisation, equitable access to services, better funding, support rather than care, human rights, better quality

of life, dignity for users, inter-agency working, universalization of support planning as basis for service provision, and good governance.

What is important is that only 15 years ago, the bundle of articulations associating quality and social care did not exist in the state welfare policy nor was it in such dense circulation across the social care sector. The very term 'quality service' was hardly used. At the same time, today's debates suggest that quality service is not singularized. Shifts in meaning and practice are part of the social care provision and, as the Kutna Hora workshop indicates, divergences and overlaps are ripe even when it comes to those responsible for overseeing and regulating the system. With the range of aims comes a range of evaluative frameworks: what matters in deinstitutionalisation (i.e. whether large institutions exist and to what extent community care has been developed) is not the same as in personalisation (i.e. to what extent services provide care and support attuned to individual needs of users) – even though the two might have been amalgamated into a single articulation of the modernisation agenda in the past (MOLSA 2002). The same goes for the other concerns and their specific measures (and measurements) of what counts as achievement and a positive outcome or as underachievement. To put it simply quality debate in Czech social care has not been settled.

Quality debates and European public service reforms

An unsettled state of quality is not unique to Czech social care. For the past three decades, quality has been at the forefront of public sector reforms across Europe. The pace of circulation has been rapid so that by mid-1990s Pollitt and Bouckaert (1996) opened their comparative volume on quality improvements in European public services with an observation arguing that:

> "quality has become an immensely popular term where the organization of public services is concerned. It is on the lips of politicians, managers, professional and citizens themselves. In health care, education, personal social services, fire services, the police, and many other subsectors, commitments are being made to improve quality and increase responsiveness to the customers (clients/patients/students/users). Brochures and booklets are being issued, reports are being written, training courses are being delivered; quality has become a central term in our contemporary rhetoric. It is scarcely conceivable that anyone would wish to argue against it: like virtue, it seems unopposable." (Pollitt and Bouckaert 1996: 3)

At the heart of quality debates has been a constant interaction between two ways of understanding and practicing quality – professional and organizational (Pollitt and

Bouckaert 1996, Berg et al 2005, Noordegraaf 2011). According to Ozga et al (2011), the professional notion of quality has a pre-industrial meaning of "something fine, sublime and rare", while the latter notion of quality is of industrial heritage which associates quality with the control of mass-produced goods. The core of this industrial legacy is quality's appeal to assure production to be everywhere the same. This quality is "statistical" and comes down to "conformity with standards" (Ozga et al 2011: 2) where stabilisation of production would lead to stabilisation of the product. The social history of quality initiatives in European public service policies is a history of blending the two notions of quality together. Health care, social care, education, and other public service policies of European countries in the era of New Public Management (Pollitt 1993, Clarke and Newman 1997, Clarke et al 2000, Pollitt and Bouckaert 2000) have engaged in what could be seen as *practical experiments* where the latter quality would be deployed to supposedly enhance the former, both incorporated in a governance structure called the New Public Management (Pollitt 1993), or the new managerialism (Clarke et al 2000). Quality improvement, as proponents put it, complements the professionally defined concerns by sets of ideas and tools adopted from business fields that enable participants to better deliver planned aims. Managerial knowledge is taken as a means to achieve substantively defined aims (Walsh 1995). The reformers who crafted the Czech social care quality service too thought of social care specific elements such as good care and its qualities, and they equally wished to use promises of quality as controlled production. Hanus (2008) summarised this local experiment in hybridity in the following way:

> "Quality standards reflect a good practice of social care providers, and they also reflect British experience and some elements of frequently used systems of quality management such as ISO, TQM and EFQM." (Hanus 2008: 6)

Sociologists, on the other hand, have repeatedly pursued a critical argument stressing that the two notions of quality (professional and organizational) may not be easily brought together. Critical scholarship has mainly suggested that the two approaches do not participate in public service reforms on equal terms. Ozga et al (2011) argued that the pre-industrial notion of quality has effectively been "organizationalised":

> "[quality] becomes a question of how well the organization and its processes are managed and integrated. It is no longer a property of the things produced. In this way both the abstraction of the concept of quality and a huge expansion of quality work are made possible. … The concept of quality travels through time and space and is connected to every conceivable action. It is applied to service management, and later to services delivered by the public sector. Schools, universities and

> hospitals become organizations in the abstract, and in that capacity they are expected to perform with quality." (Ozga et al 2011: 2)

Tuckman adds that quality improvement in industrial terms is in fact not at all about a product or a service itself but about the practices and procedures of manufacture and provision (Tuckman 1995: 56). In relation to the unequal terms between the two notions of quality, Gray and Jenkins (2007: 144) suggest that there is an irresolvable tension in quality initiatives. On the one hand, professionals are largely trusted to deliver good care, on the other hand, the new regulation is primarily oriented to checking service delivery in relation to set directives. Berg et al (2005) call this tension between professional and organizational approaches to quality a schism. Beckmann et al (2007) summarized it as:

> "whereas one side hopes for greater transparency and a better fit between services and need, the other side fears that the introduction of quality management measures borrowed predominantly from the industrial sector will lead to a standardization and Taylorization of professional practice and thus to a loss of professional autonomy and self-control." (Beckmann et al 2007: 1.1)

The same tension was debated in 1996 at a conference Developing quality in personal social services held in Helsinki. Phillpot reported from the conference that "definitions of quality and the way to assure it cause problems throughout Europe" (Phillpot 1996). Quality may have had a Europe-wide appearance but, according to the author, what was evident was "the extent to which quality is far from settled" (ibid.). Within this wider context, the Czech variation of aims, eclectic use of means, and uncertainty about outcomes is not unique and neither it suggests that the reform is a case of a "failed policy".

Managerialism and quality

Because of its increased (and unopposed) ubiquity, quality offers insights into the dynamics of change in public service reforms. In this respect, critical policy studies have advanced understanding of quality as a discourse of change developed as part of a rise of New Public Management (NPM) and the new managerialism. Managerialism has been understood in critical policy studies as a (1) normative system, a set of beliefs, values and expectations; and as (2) new forms of organizational coordination (Clarke et al 2000: 6). According to Ward (2011), managerialism is a

> "set of ideas and practices that, under the direction of managers, arranges a group's activities in efficiency-minded ways and a doxa that legitimises the need for this control in all settings." (Ward 2011: 205)

Critical scholars have argued that as a political agenda, managerialism allowed an ideological and organizational attack on the post-war bureau-professional settlement of the welfare state (Clarke 1998). After managerialism, professionals no longer know best, and bureaucrats no longer administer best. Managerialism is constitutively anti-professional as well as anti-bureaucratic (Clarke and Newman 1997, Clarke 1998, Harris 1998, 2009). Having been pioneered in British public services, quality appeared as part of this attack during late 1980s as an effective means to impose business-like knowledge and industrial organizational practices onto the core of public services where it has led to increased surveillance and de-professionalization (Pollitt 1993, Shaw 1995, Wilkinson and Wilmott 1996, Walsh 1995, Clarke and Newman 1997, Clarke 1998, Hugman 1998, Clarke et al 2000, Shore and Wright 1997, 1999).

Critical analysis has focused on the effects of the new organizational changes in practices of those working in public sector organizations (Shore and Wright 1997, 1999, 2000, Strathern 2000, Miller 2003, Dahl 2011, Rostgaard 2012). This analytical separation of the concerns with quality and the concerns of professionals, and often implicit standing by the professionals, allowed critical analysts to resist the amalgamation politics implicit in quality agendas where Total Quality is, according to quality proponents, shared by practitioners and managers alike and requires working along the managerially prescribed formula. As Kirkpatrick and Lucio (1995) declared in their critical programme of analysis:

> "we concern ourselves less with what quality is and how it should be implemented and concentrate more on the politics of how quality has been socially constructed and used by different interest groups." (Kirkpatrick and Lucio 1995: 8)

For example, Pollitt (1996) studied changes in organizational contexts to infer what they *imply* for practice and what *impact* they have *on* professional work in health care. In an evaluation of quality reforms in British higher education, Shore and Wright (1997, 1999) identified the actual aim and an effect of the reform as the creation of a "culture of compliance and climate of fear" (Shore and Wright 1997: 568). For Shore and Wright, debunking the British higher education policy has brought into light an important issue of neo-liberal organization and audit culture. Quality in their analysis is identified as a mere phrase and an ideological tool. For John Clarke, the epidemic of quality most obviously refers to "managerialist attempts to colonize the terrain of professional discourse, constructing articulations between professional concerns and languages, and those of management" (Clarke 1998: 243). Similarly, Daniel Miller (2003) concluded his study of the Best Value scheme in English local authorities that the policy has not delivered what it promised. At the level of practice he could not find any "real change". What was more, the changes that had been brought on the public sector by what he called abstract models

were merely ideological. Miller warned: we should not mistake this culture of representation for changes in actual practice.

Critical analysis has adopted a position which is at the same time analytical and political. Such a position is careful to distinguish practices associated with quality assurance from practices at the core of a respective public service. In such a model, change can take place in organisational contexts and from there affect the professional core. Professional model of practice rest on a similar distinction. In care, for example, a separate space of the clinic involves the professional meeting their client. Focus on the professional and the professional model of care deployed by critical analysis have led to a synergic argument about de-professionalization (Hugman 1998, Clark 2005). Annemarie Mol, for example, has shown what is at stake when (what she calls) the logic of choice takes over the older, pre-quality logic of care (Mol 2008). Mol finds the logic of choice, with its market driven requirements for clearly defined entities and with its striving for outcomes, as often inadequate for dealing with the realities of a diseased body or for handling the complexities of caring. Her intervention is a praise of the old doctoring which has been ousted by the rise of the new models of care. Mol's account portrays a vanishing space of clinical practice with its key qualities such as experimental and ad hoc attentiveness to the changing realities it cares for. Mol praises this qualitative attentiveness of doctoring (or nursing for that matter) and shows how in different corners of health care it is being attacked and replaced by marketised, rationalised and standardised features of the logic of choice.

Research problem and question

Using the knowledge about quality as developed in critical policy studies, the Czech case could be told as a story of neoliberal managerialisation of social work and social care (e.g. Pawlasova 2012).[2] Quality could be interpreted as a kind of Trojan horse of the new managerialism which allowed an effective colonisation of the professional domain of care. The principal goal of NPM being increased productivity, or achieving more for less (Hood 1995, Pollitt 1993) could be argued to coincide with limiting the discretion of professionals. Application of this theoretical and analytical framework to the Czech case can be supported by reference to some key similarities shared across quality reforms:

[2] This way, for example, Stockelova (2010, 2009) has interpreted the story of Czech research and development policy; or Koba (2009) Slovak higher education policy. Similar stories can be read about public service reforms Australia and New Zealand (Boston, Martin and Pallot 1996, Christensen and Lægreid 2007, Germov 2005), Scandinavia (Storm Pedersen and Löfgren 2012), Southern Europe (Carvalho 2012), or Canada (Ceci and Purkis 2010).

Czech social care has been under the grip of the discourse of quality, there has been a re-organization of social care through quality standards and quality audit, intensifying surveillance of practitioners, and a strong argument can be made about how Czech post-socialist transition eagerly adopted neoliberal models of governance and marketization. This way, the reform could be linked to other cases of neo-liberal "coercive authoritarian governmentality" (Shore and Wright 1999: 557) such as the British higher education reform (Strathern 2000), or a recent Danish social care reform where, according to Dahl (2011), the introduction of quality standards in 2002 produced a "Danish version of New Public Management" – with quality standards as a tool for governing at a distance. The outcome of quality reforms in Denmark, like in the Czech Republic for that matter, is that,

> "quality is believed to be reached by codifying care; that is, making it visible and measurable through the outlining of standards. Here the neo-liberal quest for competition creates a bureaucratic mastery of care." (Dahl 2012: 140)

However, there is a problem with this kind of application of the dominant critical argument for it does not fit the Czech case. And that is where it starts to be interesting. Upon a careful look, quality was not introduced to Czech social care as part of a process of marketization. In a remarkable twist of the tale, the Czech marketization initiative was both politically and structurally unrelated to later calls for quality. MOLSA developed a market mechanism which was still a part of the old bureau-professional regime where care and its production were not to be marketized. Marketization only targeted care consumption. Also, in Czech social care there was no emerging class of managers who would be nominated by the political elites as the upcoming holders of the right to manage. When the social care reform met quality, there were no technocratic advocates of accountability and management techniques, like the Audit Commission in the UK, who would generate a managerialist agenda. Instead, there were groups of practitioners trying for years to influence national policy with their practice oriented reform ideas of deinstitutionalisation who – when an opportunity arose – associated their fate with a call for quality. What I am trying to say is that it is not easy to link the Czech social care reform to the settled analytics of a New Public Management mentality of governance, and to find a policy coalition pressing for it. The Czech social care reform is a case of a quality reform without marketization or managerialism as its driving forces – and as such it becomes an inconsistent case for critical analysis of public service reforms.

This translates into an analytical question of how to explain the outcome for at the end, one can argue, the reform delivered a managerialised social care. Stemming from this, my research question asks how has social care been re-organised in the making of quality service and what were the intellectual devices a key to this process? Answering this

question by a case study of Czech social care reform should generate insights into the *mechanics* of how quality is crafted as a policy problem and disseminated as a policy solution other than by simply linking it to the larger formations of marketization and New Public Management. Answer to this question will enrich our understanding of quality reforms developed by critical policy studies.

Argument and contribution

To answer my question, I proceed by following the policy and its constructed object, quality service, from its inception to its present day life in social care organizations, debates, and inspection reports. The unit of analysis is thus the reform in the broadest sense. I am specifically interested in the shifting boundaries of care that marked the making of quality service. I focus on what happens to them in policy proposals, as well as various debates after the policy has been implemented. The key challenge is the delineation of my own analytical position in relation to quality. During an early presentation of my project one academic couldn't but ask: so what are you actually studying, the real quality of care or quality assurance systems? What was clear, however, was that maintaining this dualism in my research would only lead to either describing quality as a colonisation of care (as critical studies have done) or having difficulty appreciating tensions and division between pre-quality concerns and quality-devised articulations (as proponents of quality have experienced).

In this text, I articulate an understanding of quality service as a socio-material arrangement of care which was crafted as a policy object and now circulates in Czech social care. As an arrangement, quality service re-organised entities and practices of care itself. Quality reform after all aims to insert changes in the core of the policy domain – in care. However, that does not mean that the policy ought has turned into a practical is. Quality services exist in on-going negotiations about the reality of this arrangement. The policy creation is a partially existing arrangement, an on-going project, a debate which can be observed every time a manager disciplines a practitioner for not writing up a support plan, when an inspector reports on standards not being met, or when a critical piece appears in a social work journal complaining about formalisms associated with the implementation of quality standards.

The articulation of quality service was crucially built as a re-organization of the boundaries of care. This re-organization took the form of two extensions of care traditionally understood as a narrow interactional space between the practitioner and the client:

1) The first extension of care was horizontal whereby a range of forms and practices previously associated with administrative contexts of care were turned into the

matter of care itself. An example of this extension is support planning and its standing in relation to care.

2) The second extension of care was vertical whereby care delivery is no longer a matter of an equipped practitioner but is, instead, a matter of an equipped service. The deployment of procedures in care delivery becomes instrumental in this second extension.

I understand this "extension work" in social care policy as the defining moment of the quality reform. Contrary to the critical argument about colonisation, I propose that quality reform *re-formatted the core* of care as the very possibility of effective management of social care. The reform shows how on-going negotiations centre on the shifting boundaries of care.

My contribution rests on a twist to the popular method of "applying" dominant theoretical knowledge to new cases. The critical analysis of quality has been largely modelled on the British case and then extended to other national reforms.[3] Along the way, it elevated marketization and/or managerialism to the role of "independent variables" that can explain similar cases. In turn, once these "variables" have been identified it stopped searching for further mechanisms of change. In this respect, the Czech case shows how quality may appear as a policy project without either marketization (i.e. as part of a market mechanism) or managerialism (i.e. as part of an ideological and organizational argument for the supremacy of the right to manage). Czech quality was pursued by practitioners and its constitutive parts were adopted through professional journals and collegiate contacts rather than the political agenda of subduing bureau-professional organization of the welfare state (cf Clarke 1998). The specifics of the Czech case thus draw attention to alternative mechanics of change.

My particular take on this task is to propose an approach which pays attention to the performative role of managerial knowledge, or intellectual devices more broadly, in the quality reform. The term 'intellectual' in intellectual devices refers to the *kinds* of materials at work in policy making – concepts, ideas, formulas, and models. Standard

[3] Creating a general theory based on the case of England is not a new phenomenon (cf Guggenheim and Krause 2012 on the working of sociological knowledge more generally). The most famous is probably Marx's interpretation of 'modern industrial labour' and its 'subjection to capital'. Marx used the case of Britain to illustrate the 'capitalist mode of production' and he did so because, according to him, "the country that is more developed industrially only shows, to the less developed, the image of its own future" (Marx 1976: 91). Indeed, for many critics of the spread of managerialism in public services across Europe this has also been the case: Britain was a pioneer of the "managerialist mode of service production" which then repeated itself elsewhere.

representational mode takes intellectual devices as representations, and they are judged primarily as more or less accurate. Critical and discourse oriented analyses, on the other hand, take concepts and models as place holders for larger organizational logics at work – such as New Public Management. Identification of a particular vocabulary and other pieces of discourse may then lead to a conclusion about the presence of a neo-liberal governmental logic (Shore and Wright 1997, 1999). My attempt is to develop a socio-material study of policy which is informed by pragmatic and materialist analyses of contemporary worlds and by the methodology developed in Actor Network Theory. I build on advances in studies of policy networks and issue construction, for these traditions have pioneered the constructionist take on policy. What I add is a more material analysis of concepts and models which aims to be attentive to what intellectual devices *do* in the emerging policy worlds rather than to what they stand for. In other words, this analysis looks at the "machinery of a concept, or rather the processual manner in which a concept enables a number of elements to be ordered in time and space" (Brown 1997: 66). Exploration of specific intellectual devices is thus equally an answer to *what* are the matters of policy as it is an answer to *how* they matter in holding policy worlds together without a particular need to conclude in the direction of a larger discursive formation.

What has taken place in Czech social care is effectively a multiple managerialisation which ran along both extensions of the boundaries of care. At the story unfolds, I describe the work of four intellectual devices: process, individual planning, procedure, and service. The intellectual devices of *process* and *individual planning* have close links to management knowledge and were mobilised during the reform as already settled cornerstones of social care practice internationally. They were followed by the devices of *procedure* and *service* as the pillars of new care delivery. The latter too, and perhaps more readily, can be associated with management knowledge. Their role was not so much related to internal matters of care as it was related to ensuring a lean and consistent production of care. Managerialised care was an effect rather than an aim of the Czech reform; and it was an effect closely linked to the qualities inscribed into care by the four intellectual devices as they formatted the new arrangement of quality service. Without them, or with some other devices, the arrangement would turn out differently.

The rise of quality management as a body of ideas on lean production was subsequent rather than foundational to associating care and quality. It was mainly aided by the deployment of the procedure as an important mediator of the new care delivery. More specifically, it was an effect of changes to quality standards criteria that took place in 2006. In an earlier articulation of quality standards in 2002, social care organizations were not required to take a strict route via procedures when implementing standards. Quality management knowledge at that time did not have the gravity it gained after 2006 when

"having a procedure and following it" was stabilised as the first of the criteria in quality standards. Since then various local quality gurus started circulating an argument about procedures being a part of a wider quality management framework which helped them to firmly associate quality management with the reform as its most suitable conceptual and practical knowledge. This has led to a looping effect (Hacking 1999) whereby Czech social care reform as a whole became *embedded* as if from the start in a quality management agenda.

In relation to critical policy studies of quality, the Czech case shows that understanding a quality reform does not need to be limited to mere rhetorical changes in practitioner work and to organizational dominance over professional domain. The empirical material shows how the Czech reform first re-formatted the content of care, its boundaries and agencies, and introduced a new object of care intervention (individual need). Rather than a rhetorical smokescreen for the acting forces of marketization and managerialisation, quality was the key mechanism which rendered practitioners amenable to a new mode of governance through formatting a new *mode of care*. Even though today the new care is not settled and often resisted, for the present point it is important that such re-formatting has taken place and that it has been practiced widely in social care organizations.

My thesis finally contributes to the methodological issues of studying policy as a reality making project. In the introduction to *Policy Worlds*, Cris Shore and Sue Wright remind the readers that the key issue in policy analysis and in public debates respectively refers to the simple question when can a policy be said to exist? When does it become reality? (Shore and Wright 2011: 13). After all, policy is a realist predicament modelled to be responsive to social and other problems out there. Its effects, the realist argument goes, can thus be best read off from the particular domain of social reality. That is how the arrangement between publics, politicians and policy makers regarding future policy making has been arranged at least since the coming of age of scientific evaluation in the 1960s.[4] This is also why realist ethnography (Atkinson 1990) was able to establish itself as immersing into micro-realities of implementation. Translated to the Czech context, the question of a reality of quality service becomes closely entangled with the question of outcomes and real transformation.

[4] As Guba and Lincoln (1989) remind us, the rise of evaluation was part of the story of the Cold War. After 1957, when the Soviets launched the Sputnik, the US "got a kick to refurbish the education system". By mid-1960's the Congress "wanted to evaluate almost every educational reform and program there was". This was the time of debates between Scriven and Cronbach on non-comparativist evaluation followed by Campbell's modeling of non-experimental research design (cf Cook and Campbell 1979, Cronbach et al 1980, Judd et al 1991).

That is why I propose to study policy making *and* implementation as a single unit of analysis framed as controversy; and quality service as an arrangement at the centre of that controversy. Studying policy as controversy works across the stages heuristic developed in policy studies where policy making and policy implementation have been theorised separately – the former often associated with constructedness, the latter with real-ness. When moving from policy making to implementation, a set of dualisms operates along the implementation gap (Zuiderent-Jerak 2007) such as ideas/practice, and discourse/reality. Today, not many analytical paradigms have a difficulty acknowledging a constructed nature of policy making. Even policy studies of a positivist stream have long accepted the notion of muddling through (Lindblom 1959) as a useful descriptive term. The trouble seems to be with extending constructivist attention to policy implementation. Many constructivist policy studies may simply switch to a realist mode when it comes to establishing success or failure of a policy (cf Mosse 2005, Li 2007). This thesis deploys the notion of controversy which opens up a possibility of a symmetrical approach to the study of policy objects in policy making and in implementation. I follow the two extensions of care and how they were articulated in the ongoing making of quality service: contested and eventually stabilised in quality standards only to be translated by care provider organisations.

Quality service is best described as an arrangement of care in the making. And the process of making is understood in pragmatic rather than phenomenological terms. The notion of arrangement is similar to the increasingly popular notion of assemblage (Ong and Collier 2008, Sassen 2008, de Landa 2006). Assemblage builds on a constructivist sensitivity only without necessarily incorporating the politics of deconstruction which, according to Ian Hacking, marks much of constructivist writing (Hacking 1999). Newman and Clarke (2009) mobilised the concept of assemblage to attend to the question of policy success. Their aim was to think anew about how to account for the instability and the lack of singularisation of policy innovations. And their proposal was an analysis which accounts for "the incomplete and contested character of dominant or hegemonic projects and practices". They searched for analytics which

> "offers some conceptual leverage by pointing to both the work of assembling (the building of assemblages) and their vulnerability to coming apart (under the strain of maintaining their internal connectedness and under pressure from counter-movements)." (Newman and Clarke 2009: 21)

Understanding quality service as an arrangement which is being enacted in a controversy does better justice to the modes of its existence. Looking at quality service *in action* shows that the innovation is a matter of concern rather than a matter of fact (Latour 2004).

Quality service becomes more real in situations when, for example, individual planning is practiced as part of care rather than a bureaucratic burden, and as a precondition to individualisation of care; and it becomes less real when, for example, rewriting organizational procedures is contested as the only legitimate way of ensuring good practice.

Structure of the thesis

In this opening chapter one, I have outlined my research problem in relation to sociological knowledge of quality in public sector reforms. The case of Czech social care reform does not fit the dominant understanding of quality in critical policy studies as a function of marketization and managerialism. What we know from critical policy studies about quality cannot explain the emergence of quality in Czech social care because it cannot explain managerialisation of care in the absence of managerialism. Yet in the Czech case the quality agenda was introduced without the market and without managerialism.

Therefore, in chapter two, I argue for a methodological move which would allow me to look for other agencies at work in the reform. The chapter communicates mainly with constructivist and critical policy studies, and their methodological propositions. It suggests that concerns with larger ideological and discursive formations (such as neoliberalism, new managerialism or New Public Management) show their analytical limits in cases like the Czech one, and that mapping social alliances in policy making (as in the analysis of policy networks) is necessary but not sufficient to explain the current case. The chapter then calls for developing a socio-material analysis of policy, an approach built on constructivist achievements in policy studies enriched by methodological propositions adopted from Science and Technology Studies, and mainly from the Actor Network Theory (ANT). It makes the case for reviving constructivist policy studies by two of ANTs sensitivities – socio-material approach to policy, and studying policy as controversy.

Chapters three, four and five are substantive chapters that work with the data from my case study. Each deals with a specific theoretical and methodological problem. Chapter three deals with the making of policy problems, chapter four with the composition of policy arrangements, and chapter five with reality making in translating policy arrangements into social care sector. Across these chapters I follow the making of quality service from its inception in 1999 to present day debates. In chapter three, I look at how a market mechanism was first introduced to social care without a simultaneous call for quality, and how quality was later problematized by a group of practitioners-turned-policy-makers in an attempt to radically change social care from care mainly based on institutional care to care in the community. Interested in better care for the clients, the

new policy makers crafted quality service as a means of improving it. The Czech trajectory in which quality was problematized as a practice-oriented notion indicates the extent to which managerialised care had already been inscribed into professional concepts of social care and social work circulating in a global knowledge arena.

Chapter four takes a new look at the composition of quality service. It starts with a review of the role of standards in social care reform. Drawing on the early work of pragmatist and science and technology sociologists it notes that standards create equivalences among elements within, and biases in relation to elements left outside the standards. However, specific answers about the re-composition of care can be found when looking inside the standards – at "standards within standards" (Lampland and Star 2009). In addition to social and political agencies described in chapter three, the chapter proceeds by identifying four intellectual devices and describes their role in constituting managerialised care. It argues that it was through these particles of management knowledge, rather than through the forces of marketization and/or managerialism that were absent in the debates about social care production, that the conceptual as well as practical tinkering with the boundaries of care could be achieved.

Chapter five follows the extended care into social care organizations. It attempts to move beyond the implementation framework and maps the processes and actors of translating the intellectual devices introduced by the quality reform. Translations of quality service from quality standards into provider sector have been tightly coupled with the creation and continuous growth of quality infrastructures constituted by educational, training, inspection and consultation institutions and practices. The role of quality inspection can thus be seen as ironic: rather than drawing organizational uncertainty to a closure, inspections are the key agents in multiplying the negotiations about how best to practice individual care planning and how best to deliver care by services equipped with procedures.

Chapter six summarizes the whole argument and reflects upon and speculates about the analytical value of intellectual devices in comparative studies of public sector reforms. It also proposes a further question to be asked about different quality arrangements across states and across public sector domains: how different are quality reforms in teaching, health care and social care in terms of their respective objects and labour processes rather than (merely) their organizational fields?

Chapter 2

Methodology: re-working constructivist and critical policy studies

Introduction

In this chapter I first review the varied research literature into governmental reforms with respect to three focal points: how studies account for the issues and problems dealt with by policy makers; how they account for policy process in relation to knowledge spheres; and how they account for the reform outcomes. Second, I propose an argument for the re-working of constructivist analysis of public sector reforms by deploying the analytical approach of Actor Network Theory (ANT). I summarise ANTs key strengths and discuss how it can contribute to the study of policy. I define two analytical devices I have developed in this project: focus on the role of intellectual devices in policy innovation, and the heuristic of controversy as the unit of analysis. The third part is a method section in which I outline the mechanics of actually doing my research.

For the purpose of the literature review I distinguish four research approaches to public sector reforms that fall within two larger epistemological families (positivist and constructivist). The first one accounts for external causal factors and rational policy process. The other approaches are built on rejection of this approach in favour of more historical or processual accounts of policy. However, the initial gesture of methodological opposition to functional analysis of external causal factors shared by the other three approaches does not lead to an equally shared analytical program. The second approach pays attention to the contingencies of policy processes. Policy process loses its transparency (as if simply responding to problems out there) and becomes historicized and materialized. No longer is policy taken as a rational process by description (although it might retain rationalist aspirations). The weight of analysis relies on accounts of social institutions and social actors. What happens inside a governmental reform becomes important for understanding the reform outcomes. Various social approaches in social science and political science register here such as network approaches or various

institutionalisms. The third approach is a critical analysis of various kinds – in sociology, in anthropology, in management studies, in social policy. Here the external world collapses analytically into the sticky processes of reforms. The main task of critical approaches is to unmask the grip the social has over the reform processes and the reform outcomes. Finally, the fourth approach I distinguish is the post-foucauldian governmentality studies. I distinguish it from the critical approach although the two are often put together under the umbrella of post-structuralist opposition to the approaches accused of essentialism. In this review, I recognise the distinct feature of the foucauldian approach in its post-humanism which sets it apart from both liberal and critical (Marxist) approaches (cf Hunter 1996).

Based on the review and critical summary of limitations, I then argue for the analytical utility of Actor Network Theory in taking the achievements of constructivist approaches to policy reforms a step further. The argument is that the worlds of social care are made by various agencies. Many of them we know (and know how to analyse them) from the other approaches: we have an idea about the role of political preferences, policy coalitions and networks, individual and group powers, institutional practices and lock-ins, as well as social and economic factors. However, very little is known about the matter of public policy making which helps to hold *objects* of policy making together. The methodological advancement lies in adding the material to the well-developed social account of the construction of policy worlds. Specifically, I argue for a focus on the role of "intellectual devices" – various pieces of knowledge used in policy that have effects on the composition and the social life of a policy. I do not picture intellectual devices as independent agents – there is no determinism involved in this kind of analysis. Socio-material analysis of the making of policy worlds still attends to all those social actors involved, their interests, aspirations, politics, associations with other policy developments, strategy building, as well as the issues that are problematized about the old ways of working, about conditions that need intervention and improvement, and that steer the reform in its own right once settled as outside problems linked to policy responses. All these are somehow intertwined in the reform trajectory which I re-compose in this case study.

The third section of this chapter is dedicated to the outline of the method of data collection and analysis. Here I describe how I have worked with textual data and interviews, and how this work fits within the general framework of studying a controversy.

Literature review

External causal factors and rational policy process

The first approach to studying public policy reforms seeks explanation through reliance on external causal variables and treating policy as a rational process. As such it is an extreme

combination of an externalist approach which accentuates social or economic factors and ascribes them the ability to steer to a great extent the decision making process and thus to explain the reform outcomes. The measure of success or failure is also to be found in this external (social) context. Literacy levels are a measure of an education reform, macroeconomic indicators are measures of an economic reform, levels of crime, poverty, or social inclusion are measures of social policy reforms. Policy issues do not have the same historicity as institutions that deal with them. This also translates into accounting for reform outcomes. What matters are changes in indicators, their levels, and their relationships. The reform process is not as important, and in much evaluation research it remains to a large extent black boxed (cf Clarke with Dawson 1999, Pawson and Tilley 1997).

An example of a functionalist analysis is Muller (2001) who studied pension reforms in Central and Eastern Europe. Governmental and other institutional actors in her account react to structural factors such as foreign debt or macroeconomic stability. Muller specifically asked why the Czech reform, unlike that of Hungary and Poland, did not opt for partial privatization of the pension system. The answer pointed to the overall financial situation of the Czech Republic as comparatively better thus not *forcing* the Czech government to negotiate with the World Bank who would have made privatization a condition of their loan.

Institutional and comparative approaches

In the second approach the reform process itself becomes important in respect to reform outcomes. Various social approaches in social research and political science register here such as historical institutionalism and policy networks analysis. What gets compared in these approaches are historical processes – often against the background of the external factors and indicators. Pollitt and Bouckaert (2004: 24) call their analytical approach to public sector reforms "mildly constructivist historical institutionalism". Mild constructivism refers to the rather unsurprising proposition that *social* entities are somehow all manmade rather than simply given (cf Hacking 1999). Indeed, within this social ontology a variety of specific positions has evolved ranging from *sui generis* social facts to more contingent analyses of interactions. At the same time, it is precisely the question of how are social entities created within the social that delineates methodological affiliations and oppositions.

What I regard as shared across these approaches is the hierarchical model of a social world where external factors are located out there with their own objectivity and historicity; in this ontology they are part of the so called macro level. Apart from them, historical processes are located on a meso level where much of institutional and

comparative approaches have focused. The third stratum is the micro level left for the micro sociologists to operate, looking at individuals in organizations and their practices. Institutional analysis is at home at the meso level. According to Pollitt and Bouckaert (2004), historical analysis of institutions as mediators of change in the modern state has taken up the "middle level analytical ground" between "big political ideas and macroeconomic pressures on the one hand, and the micro flow of interaction between specific individuals, units and organizations" (Pollitt and Bouckaert 2004: 23). In recent years, it has also been engaging with the relationships among institutions and the social actors within and around them.

What stems from taking up the meso analytical approach is a degree of "constativity" about the definition of (macro) problems. As in the macro approaches, external factors that define social problems tend to be seen as merely stimulating policy responses. Critics have called it a realist position. Policy problems are merely taken as embedded in macro processes. Social and economic pressures are identified as if they themselves were without contingency and as if they followed their own historical trajectories and time frames. Macro processes are bracketed out and attention is instead paid to policy responses, to how policy deals with these problems. Economic pressures and social problems are placed outside the contingent processes of a reform. That is why Joel Best (1989) called these analytical approaches contextual constructivisms. With policy issues as measures for outcomes left outside their scope, analysts have focused their analyses on illuminating a range of influences on the policy making process that interfere and obstruct the ostensibly rational practice (Alaszewski and Brown 2012, Kingdon 1984, Best and Loseke 2003). Reform measures are also held stable in thrit prescriptive normativity (Scheffler and Potucek 2008, Haskova and Uhde 2009, Loeffler and Vitar 2004).

Within this family of approaches a particular taste has developed for network analysis as a way how to map the contingent dynamics of change (Hudson and Lowe 2004, Hay 1998, Marsh and Rhodes 1992). Following Heclo and Wildavsky's (1974) seminal work which introduced British policy making as a communitarian and elitist (club like) practice working along tight social networks, networks have been theorized in various ways as formal or informal (cf. Hay 1998, Borzel 1998), anti-hierarchical webs of social contacts and bonds. Three key analytical advances of network approaches have gathered authority in recent years. First is a contention that policy issues and problems are relational matters. Second is an assumption that the subject matters are no longer exclusively in the domain of governments and vertical governance, but that the issue resides in horizontal relations. And third, that these movements have widened the agency within a policy process where, as de Leon and Vogenbeck summarize, whoever plays a role in a policy development is to be accounted for as an actor (de Leon and Vogenbeck 2006: 11). Where network analysis

moves beyond the reconstruction of social networks of people and institutions is in the model devised by Marsh and Rhodes (1992). Here policy networks themselves are theorized as having the capacity to affect policy outcomes (Marsh 1998: 10). On the other hand, Dowding criticised Marsh and Rhodes's model for not being a model at all in that it lacks any explanatory power. Instead, Dowding wants the network approach to re-orientate itself towards more interactional mode. Being not more than a metaphor, says Dowding, network structures per se yield no causal powers; rather they reflect patterns of interaction. The explanation should actually lie in the characteristics of interactions of the social actors within networks, and mainly bargaining (Dowding 1995: 142). Andersons analysis of Czech social assistance reform is an attempt to apply the Marsh and Rhodes model to a particular empirical case (Anderson 2003). Anderson identified delays in Czech social assistance reforms, and using the Marsh and Rhodes model argued the delays to have been caused by the absence of a cooperative and consensual policy community. Instead, Anderson argued, the Czech reform has been fragmented due to a lack of internal coherence associated with issue networks (Anderson 2003: 637).

The contribution of these analyses relates mainly to what goes on in the policy process. Here, it has now long been accepted that muddling through (Lindblom 1959) is generally a better description of policy making, and that the rational process model against which incrementalists so forcefully argued remains a somewhat unachievable prescription (Smith and May 1993). Social analysts have accepted that the process of a reform is a dynamic arena of various negotiations and that Lasswells (1951) project of rational policy process largely remains a fiction.

Critical policy studies

Critical analysis of public sector reforms has developed strongly in disciplines such as anthropology of policy (Shore and Wright 1997, 1999), accounting (Miller and OLeary 1987), management studies (Fournier and Grey 2000, making quality critical 1995, the other volume from labour process 1996?), information systems research (Doolin and Lowe 2002, Mitev 2003), as well as in social policy (Clarke and Newman 1997, McKee 2009).

The aim of critical analysis tends to make visible the concrete activities involved in policy *making*, and to unravel the messiness, complexity and unintended consequences involved in the process (McKee 2009: 465). The external world is collapsed analytically into the sticky processes that reforms are made of. External factors and pressing (social) issues themselves are turned into what is being crucially staged during the contingent reform processes. For critical analysts, the issues do not speak for themselves. Instead, reforms are often related to larger ideological and discursive practices. Analytical interventions aim to destabilize the taken for granted definitions and especially the seemingly technical

apparatuses and knowledges involved in reforms. This way, critical studies advanced our understanding of the role of technologies and tools involved in reform processes. Various scholarly traditions look at how changes in practice are linked to new forms of knowledge and practice. The point of reference has again been the seeming instrumentality and rationality of the policy process.

Within an emerging anthropology of policy (Shore and Wright 1997, 1999, Strathern 2000a, 2000b, Wedel 2001, Shore, Wright and Perro 2011), anthropologists have focused on the rise of audit in higher education (having a particular stake in this policy domain) and in other public service reform (cf Miller 2003, Korteweg 2006). They followed these forms of new governance around the OECD world (Shore 2008) as well as to other parts of the world: in Central and Eastern Europe (Dunn 2005), Asia and Africa (Ong 2005, Ferguson and Gupta 2002, Scott 1998). Powers work on the rise of audit has had formative impact here (Power 1997). An ethnography based, critical, and outcomes oriented polemic with the new audit culture in the British public services was delivered in Millers (2003) study of Best Value scheme introduced in local authority services in 2001. Miller followed a normative evaluation scheme in which he was asking whether the stated aims of the scheme were being met at the outcomes end. He used ethnography to feed data on the outcomes end. Miller followed inspectors on their audit tours in local government services, observing and interviewing the participants. He found that the Best Value scheme produced opaque results relative to what it aimed to produce. For example, instead of promoting clearer language it delivered an increased abstraction. Language of Best Value, argued Miller, was "essentially empty", "retreating to the banality of tautologies" (Miller 2003: 72). Instead of less bureaucracy and more outcomes, Miller found that the scheme pours more resources into processes and bureaucracy. Instead of bringing the best services, Miller argues, outsourcing relies on discounting of externalities where "value is reduced to equation in which most factors have been abstracted to appear outside the evaluation process" (Miller 2003: 73). And finally, instead of real consultation with local users, Miller observed that much of the effort is to demonstrate awareness of the public's preoccupations rather than to take it into consideration. Miller concludes that such an outcome is problematic. Best Value can be reduced to mere exercise in representation – and as such it may only serve as a way of demonstrating that the audited local authorities are fulfilling their audit requirements.

Where Shore and Wright (1997, 1999) link the empirical to the dynamics of neo-liberalism, Miller explains audit applying his own theory of Virtualism (Miller 1998). Theory of Virtualism refers to what he calls a shift "towards debilitating abstraction": expert models and requirements are more and more abstract representations without direct relation to practice. They are, however, being imposed onto the service level – such as in the case of

audit. Audit requirements in Millers account thus take the form of an "increasingly abstract version of the aims that eventually work against the more grounded and specific pursuit of the original intentions" (Miller 2005: 10). Such representation, Miller points out in a sway of Habermasian concerns, "suppresses and supplants what it ought to represent" (ibid.).

Strathern (2000a) makes a step further in the direction of exploring how audits actually bring new realities into life. The key device for making this happen is, according to Strathern, when the system of measurement is turned into a device which sets the ideal levels attainment. In other words, when audit *measures* become *targets.* They collapse the is and the ought. For Strathern, this is constitutive for the effects of audit culture. She also sees it as a continuation of a long process that began "when examination results became aims, when a high score is not simply how you measure up but is a level you have aimed and striven for" (ibid.). This *is* the mechanism of change introduced by audits in public services. For Strathern it lies in the "focus on outcome: by bypassing descriptive observation, or rather by restricting the output (results) of observation to data suitable for constructing indicators" (ibid.). And in turn, Strathern concludes, indicators "come to have a life or efficacy of their own".

Pointing our attention to the stickiness of audit has been an important achievement of anthropology of policy in terms of subverting the separation of knowledge and policy making as a social process. Audit as a quality tool forms a part of the policy response to a particular problem and is normally thought of in merely technical (representational) terms. Anthropologists, on the other hand, have shown audit as a producer of (virtual) realities Strathern (2000a). This point refers back to Powers seminal work (1997) and has been further developed in critical analyses of the new forms of governance. If issue constructivists managed to bring under the same analytical register social problems (normally held as part of the house of knowledge) and reform process (normally held as part of the house of politics where rational policy acts as a device to tame politics), anthropology of policy focused its intervention on the policy making process. Like in other constructivist approaches, the rational policy model has been a popular target.

Governmentality studies

In some respects, the approach of governmentality studies is strikingly close to the third approach of critical studies. Both understand technologies of governing as co-constitutive elements of the reform process and both have (to an extent) utilized Foucault's intellectual legacy. Instead of separating policy decision making from the technical knowledge practices, both approaches see them as interconnected and in need of a single analytical register. There is, however, a difference between the two approaches in what

role they attribute to human agency. Critical analysts attempt to reconstitute human agency and the primacy of the lifeworld (Shore and Wright 1997, Miller 2005). Their political concerns are Habermasian rather than Foucauldian. They are anti-essentialists in some respects while primordialists in others. Their appropriation of *some* Foucauldian intellectual apparatus suits well to this particular critique of political rationality which sees the lived social world as colonized by the world of audit and standards. To them this needs to be resisted by turning the analytical attention to how audit technologies operate as essentially political technologies. Critical analysts are humanists after all. Governmentality approach, on the other hand, resists building on the humanist bedrock. For the purpose of this project I regard the differences between critical and Foucauldian projects more important than their similarities (see McKee 2009 for a similar distinction).

In line with structuralist thinking of the day (mid 1960s), Foucault attempted to shift away from the traditions of phenomenology and existentialism and their concepts of Man and Subject, and from the canons of writing histories of Man and Subject. Unlike Marxist tradition (and its Althusserian appropriation), however, Foucauldian analysis also unsettles the social in the same way it has unsettled and historicized the Subject. Phenomena no longer emerge as realizations of aspirations of the Man, or of self-realizing classes, nor do they follow underlying principles or developmental laws. Instead, they begin to be analysed as emergent historical assemblages put together in specific historical circumstances (cf Foucault 1972, Rose 1998, Hunter 1996). In *Inventing Ourselves* Niklas Rose (1998) follows this analytical tradition and problematizes the contemporary regime of the self by opening it up to historical and critical investigation. Rose examines some of the processes through which this regulative ideal has been invented (1998: 2). For Rose the regime of the self – as a variety of ways in which human beings have come to understand themselves and to do things to themselves – is a historical rather than individual phenomenon.

The concept of discourse is arguably one of Foucault's key analytical achievements. At the same time it seems to have largely obfuscated his intellectual legacy. As Keith Tribe (2009) pointed out, when *Discipline and Punish* (Foucault 1978) was published in English, it was rather puzzling to English readers since Foucault's reputation had by then been "cemented … as the historian of discourse" (Tribe 2009: 683). Yet the new publication seemed rather too closely related to an established English body of writing on prison reform and social administration that was a "far cry from the study of discursive formations with which Foucault was by then associated" (ibid). Indeed, if the Foucauldian method calls for focusing on events and on the conditions that constitute the events, these conditions of possibility might take various formats. In his later works Foucault develops the concept of dispositif, which gets translated as assemblage, and which

designates ideational as well as material conditions of possibility. The same oscillation between discourse and materiality has been later translated into the work of "the LSE governmentalists" Peter Miller and Niklas Rose (cf Miller and Rose 1990, 1996, 2008). They have in various ways teased governmentality in two distinct aspects: the rationalities of government as styles of thinking, ways of rendering reality thinkable, and the technologies of government as assemblages of persons, techniques, instruments, institutions, for the conducting of conduct (Miller and Rose 2008:16). The authors stress that these are not to be thought as separate or distinct domains of reality. Rather there are intrinsic links between the ways of representing and knowing a phenomenon, and the ways of acting upon it. Miller and Rose argue that to be operable, "rationalities had to find some way of realizing themselves" (ibid.).

The problem of government in this tradition widens to include all attempts to manage the conduct of human individuals (Foucault 2007, Rose 2004). Methodologically, governmentality scholars proposed to leave the question who governs aside and, instead, discuss how governing takes place (Dean 1999). In fact, as Miller and OLeary (1987) heralded in an early paper, it is the technologies of governing rather than who governs that are to be put at the heart of any analysis of government. In terms of the canonical separation of knowledge and decision making, Miller and Rose have advanced drawing their elements into the same analytical register. As for policy problem the reforms are to address, Miller and Rose (1990: 28) take up a constructionist position where policy problems are not self-evident. The emergence of unemployment, crime, disease, poverty as problems that can be identified and construed as in need of improvement is itself something to be explained (ibid.). For them, institutionalist answers to the problem of governmental reform are not sufficient. Analysis of policy cannot be confined to "studying administrative agencies, interests, funding, and administrative organization." Instead, Miller and Rose point out that objects of policy are problematized through complex and heterogeneous assemblage of conditions (ibid.). This is a line of analysis coined by Foucault who too deemed most approaches to studying the state "reactive" in the sense that they simply see policies as reactions to (self-evident) problems at large. Instead, Foucault proposed that policy problems are always products of particular problematizations – active ways of positing and experiencing problems. Policy, then, cannot get to work without first problematizing its territory which in turn means that policy is fundamentally a creative rather than a reactive endeavour (Osborne 1997: 174).

Critics have argued that the preoccupation of governmentality studies with the rationalities of government have led to the point of a "disregard for the empirical" (McKee 2009: 467). In the effort to explore the liberal project, governmentality studies are seen as displaying a tendency to epochal analysis of micro processes (Clarke 2007: 838, 2004:

115). McKinlay and Pezet (2010) argue that there is too much focus on programs of rule and the ways in which systems of thought and practice cohere.

> **"**The London governmentalists never refer to individual decisions-makers, specific decisions or how these constitute strategies. (…) By concentrating on the programmatic, the governmentalists ignore how those individuals, groups, and organizations effected by these systems of power and knowledge, conform, resist and adapt." (McKinlay and Pezet 2010: 493, 488)

Here I take up the critical point referring to the extent to which Miller and Rose limit themselves to accounts of mentalities of organization. At times, there may be a tension between the focus on historical big blocks, on the one hand, and the programme of tracing specific assemblages of heterogeneous elements and practices on the other hand. Miller and Rose (1990, 1996, 2008) have worked through historical layers to identify formative regimes that are large and distant and that, although in need of technologies to materialise themselves, are still presented as the grounding forces. Technologies of government then appear as mere tools for making specific mentalities maintain their presence. A more modest analytical frame may be proposed instead. As John Law puts it, here ANT works like a "small scale Foucault" (Law 2004: 35). Traceable conditions of possibility that become an analysts focus are, unlike in Foucault, not distant, embedded in an episteme that was formed in the early modern times, but they are present in the here and now of every controversy, in debates, in nodes and links established in reform trajectories.

Actor Network Theory: methodology not a theory

In this project I want to retain the basic constructivist distrust towards the there is no other way of issue politics. Yet at the same time, I want to take the matters of quality reform as more than a playfield of larger rationalities of government. And that entails moving beyond the fascination with discourse, ideology and meaning. That is also why I turn to the methodological advances in Science and Technology Studies, and particularly in Actor Network Theory.

Actor Network Theory (ANT) has become a household name across social sciences over the past thirty years. ANT was born in laboratory studies as the analysis of how scientific facts are established. It was developed as a way to explain power of science which would overcome the limitations of both epistemologists and social constructivists (Latour and Woolgar 1986, Latour 1986, 1987). Extending attention from scientific facts to technological artefacts followed soon (Pinch and Bijker 1984). Today we can find ANT-inspired studies in a range of disciplines such as organization studies, social studies of finance, management studies, or education (Callon 1998, Law 1994, Czarniawska and

Hernes 2005, Alcadipani and Hassard 2010, Arnaboldi and Azzone 2010, Vinnari and Skærbæk 2010, Fenwick and Edwards 2010).

In one of the most entertaining methodological accounts I know, Latour (2005: 141ff.) provides a condensed argument of what is ANT in the format of a dialogue between a professor and a PhD student keen on applying ANT in his (sic) project. Most of the debate evolves around the professor trying to argue why it is a bad idea. I summarise Latour's proposition of ANT in the following three points:

1) ANT is *anti-theoretical*. It does not provide a model or a framework or a specific theory of the object of study. In a theory, most of the entities and relations we are to study have already been outlined and allocated particular agencies and their effects. Thanks to that, theories can be tested and applied to specific cases. In a theory the model is ready, argues Latour, you just take a bit of data here or there and apply it to the model to verify or falsify it. However, what is being verified or falsified is not the model itself but in fact only the relationship between the model and the data at hand. The outcome is a statement on whether there is a fit of some sort or is not. ANT, on the contrary, insists on being more empirical than this. It wants to study the actual composition of the world (or rather a specific segment of it) and how is this evolving.[5]
2) ANT is *anti-explanatory*. Latour's argument is waged against structuralisms of all kinds where structuralism is understood more widely as any argument which operates an overarching and absent entity capable to actualise itself in specific instances. It is a structuralist argument because it builds on a model where a stratum or an element exists separately (no matter how connected, say, via a dialectical movement it may be) to the specific issue under investigation. This stratum or element (e.g. a causal factor or an underlying concept) can then act (like Providence) onto the observed issues as if from above, from within, from below, or from behind – depending on the particular theoretical model deployed. The phenomenon under study is structured by its specifically defined context and the relationship between the two is a relationship between a structure and an event. For Latour, any such explanation is in fact explaining the issue *away*. Against this, Latour proposed an alternative programme of study: once the links between elements collected in a study have been traced through all folds, and once agencies have been uncovered and described, then we get the

[5] Tara Fenwick and Richard Edwards stress this as the key feature of ANT: "ANT is not 'applied' like a theoretical technology, but is more like a sensibility, an interruption or intervention, a way to sense and draw nearer to the phenomenon" (Fenwick and Edwards 2010: ix).

description *and* an explanation on top.[6] Only this way the composition of the human-technical world can be studied.

3) ANT is *anti-critical*. For Latour, the problem with critical analysis is that when it adds a political stance to analysis, which aims to uncover, it also adds a structuralist position. Such critical edge, rather than epistemological difference, is what differentiates critical analysis from other structuralist positions in positivist and post-positivist traditions that aspire to politically neutral science. The critical will to debunk and empower (and indeed to educate) is closely associated with an ontological model where absent (hidden) forces operate.

In these three theses, ANT positions itself against a century of social thought in that it dissolves the social as the key explanatory framework of sociology. ANT started to wonder how can social position, social role, social tie, motivation, discursive practice, routine, tradition and many more concepts used by sociologists play the main part in how reality is composed and held together.

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[6] Latour returned to this point in his essay on 'quantification' in Gabriel Tarde's methodology (Latour 2009, Latour and Lepinay 2009). Latour opens the argument by stating that "given the immense privilege of having proximity to their objects of study, sociologists should not be (mis)led into imagining that there could be a strict distinction between structural features and individual or sub-individual components" (Latour 2009). Latour stressed a crucial Tardian point: the big is a product of the numerous small. The relationship of the element to the aggregate, then, is not the same as that of an ingredient to a structure. The composite is not more than its individual components; it is not a law of behavior to which they should submit, minus individual variations. The challenge, for Latour, is thus to try to obtain aggregation without either shifting attention at any point to a whole, or changing modes of inquiry. He helps himself with a metaphor: when there is a map of a river catchment, there is no need to leap from the individual rivulets to the River, with a capital 'R', because we can simply follow, one by one, each individual rivulet until they become a river — with a small 'r'. In new terms this is a programme Latour has outlined before: deploy all the actors and the relationships between them and you'll get the aggregate. The main message of this programme is that the Structure is there really only to help us shed some light on the "rivulets", on the individual cases, and this is called a predictive power of a theory. In social research we are expected to test theories of Structures in individual cases, and within them we are expected to apply the Structures to the individual happenings. The utility of this research tool is what Latour puts in doubt. Human scientists are able, he insists, to get the information needed to follow how a river is composed out of its individual rivulets. "Structure is what is imagined to fill the gaps when there is a deficit of information as to the ways any entity inherits from its predecessors and successors" (ibid.). Such a deficit of data may be defensible in astronomy but not in human sciences, argues Latour. This position is Deleuzian too. As Deleuze and Guattari observed (1987: 216) on the events of 1968 and the reductive macro-sociology of the orthodox Left: "those who evaluated things in macropolitical terms understood nothing of the event because something unaccountable was escaping. The politicians, the parties, the unions, many leftists, were utterly vexed; they kept repeating over and over again that 'conditions' were not ripe".

An important point to stress: the argument is staged not only to counter macro-sociological explanations but their micro-sociological counterparts too. Here, Latour proposed a provocative argument which alludes to recent advances in primatology. Primatologists studying baboon societies (Strum 1987) have described how hierarchy and social order are achieved and maintained. Although there may have been a debate whether ordering involves reciprocity rather than aggression, strategies, or force, the main sociologically relevant point was that nothing lasts too long in these societies. Their social structure is in constant decay and hence in the need of constant repair. Latour puts it this way:

> "[i]f sociologists had the privilege to watch baboons more carefully […] they would have witnessed what incredible cost has been paid when the job is to maintain, for instance, social dominance with no *thing* at all, just social skills." (Latour 2005: 70, emphasis original)

This indeed resembles some bottom up approaches to sociality in human collectivities such as ethnomethodology where, too, the argument is about the lack of an overarching organizational force stemming from a social aggregate and its ascribed inner powers. Both ethnomethodologists and primatologists notice how once you turn your back or do not do anything your world starts falling apart due to social interactions and coalition building of others.

The point though is not that ethnomethodology (only) works perfectly in baboon societies; the key lesson for Latour is rather that people are *not* like baboons. Social worlds last longer, they do not need constant repair, not all of them at least, and lots of activity goes on even when everyone goes to sleep. This – claims ANT – is allowed not by a sui generis social order but by a myriad of *material* ties actively involved in the organization of human worlds. Social action, Latour points out, is delegated to different types of actors which are able to transport it further through other modes of action and other types of forces (Latour 2005: 70). To put the ANT position bluntly, "for any construction to take place, non-human entities have to play the major role" (ibid: 92). The social on its own is too mysterious and too weak to hold anything together, not to mention that it is often assumed to do so in a linear way *ex potentia*. Social explanation in this way proves unrealistic and frustrating an exercise. ANT has been in the business of "bringing constructivism back to its feet" which practically means doing without this mysterious "social stuff" – or without the "language stuff" in the works of critical and interpretative analysts.

Bringing objects back into the Western metaphysics and into sociological methodology is possibly the most significant achievement of ANT (Marres 2008, Law 2008). It has done so

with an explosive force. On the one hand, there is *nothing new* about saying that objects are part of our world. Of course, as Latour himself put it, kettle boils water, hammer hits a nail, basket holds provisions (Latour 2005: 71). Objects are here and have always been. However, although objects have been part of human world, the standard Western ontology at the same time holds that things are not part of this collective. They are marginal or liminal (Preda 1999). Searle's account of social construction of the world is a good example: objects are subjected to the imposition of collective agentive functions by human actors, as in the case where people agree to use a bench for sitting on (Searle 1995: 38). Importantly, these agentive functions of objects can "be performed only in virtue of collective agreement of acceptance" (ibid: 39). Action is reserved only to human intentional actors. Such is the standard metaphysics where, of course, it is difficult to appreciate the role of objects as active organizers in human worlds.

ANT alters the way composition of issues is understood through valorisation of the role played by the "missing masses" (Latour 1992). ANTs early argument about symmetry penetrates the very definition of action and agency; and has caused much refusal among sociological (and beyond) audience. Yet all ANTers have been saying is an extension of an old semiotic argument (cf Greimas 1987) that "anything that does modify a state of affairs by making a difference is an actor – or if it has no figuration yet, an actant" (Latour 2005: 71). From the early laboratory studies, ANTers have been delivering trademark accounts of various facets of modernity as *socio-material* practice. Instruments, settings and substances have been accounted for as playing a *constitutive* role (Latour and Woolgar 1986). During the 1980s, stories of techno-science as a device for the re-organization of society by material means were produced (Latour 1988, Law 1986). Later, ANT further travelled into explorations of how other areas such as organization (Law 1994), disability (Law and Moser 1999), markets (Callon 1998), or musical taste (Hennion 1998) hold together through various socio-material means. The aim is to make a methodological point. Along the way of this ontological work, ANT redefined the cause and effect, and the micro and macro debates in relation to our analytics applicable to these realities.

An exemplary case study should be illustrative. It is a story of a human actor and its *composite* nature, so to speak. A top manager, called Andrew, is surely a powerful agent in his organization. Michel Callon and John Law tell a story of the powers of Andrew (Callon and Law 1995, cf. Law 2000b). Andrew makes decisions, can see whether the company falls behind its targets, can negotiate new contracts for the company. There is his office, fax, PC, PA, spread sheets, business trips to London, and many other things that Andrew has and that are part of *him* as manager. Then Callon and Law do a thought experiment: lets imagine, they suggest, that all these things suddenly disappear – there is no PC or PA, no spread sheets, no railway trips, no strategic meetings; and that people in

his company start ignoring him, that they might think that he is a messenger delivering mail. Authors ask an important question: is this still the same active, knowledgeable and powerful manager Andrew? The point, as we may already have guessed, is to show that Andrew *as an actor* is an emerging effect, a collective of bits and parts. This has to do with the person Andrew and with a wide array of things beyond the minded body. Action here is illustrated as a *possible outcome* that is not embedded or inherent. Being an agent, an active manager in this case, is a form of agency – an effect of a specific *arrangement*. It is not about things in themselves or subjects in themselves acting. There are no things or subjects in themselves, say Callon and Law, only *relations* and things that sometimes emerge out of them. Only then can Andrew act as a strategist of his company. Callon and Law introduce here the concept of a hybrid *collectif* – and Andrew is one such arrangement.

In their paper, Callon and Law take this logic further and offer a symmetrical relational treatment to the objects that make up Andrew. The argument goes both against intentionalist or discursive determinism as well as against materialist determinism. Objects that matter in making Andrew a powerful manager are assembled into an *actor-network* – they are composed of people, languages, practices, and other materials. At the same time, observe the authors, we cannot really say that the tables on Andrew's desk act as the strategist of a firm. Our metaphysics *ascribes* agency in a particular way where only people can enjoy this privilege. People here are essentially different to non-humans, say Callon and Law, and we all know this very well. Actors in many parts of Western culture are required to pass two classes of requirements: they must be endowed with intentionality (where actors are able to make choices and attach meaning to his (sic) choices, has goals and is able to assess what is going on), and they must be able to *use language* (an agent uses symbols and able to orientate himself at the intersection of langue and parole). Such is our standard metaphysics. Humans and non-humans are essentially different. And that is why it is non-sensical to say that tools such as tables on Andrew's desk are able to act. Yet at the same time the tables matter to Andrew's ability to see what is happening in the firm. They are one of the processes, say Callon and Law, that allow us to say that Andrew sees the internal workings of his company. They participate in creating this place of visibility, this act of seeing.

And this is where ANT is so powerful in doing without the dualisms of the Western metaphysics. The problem is not whether papers make people or whether people make papers – and dialectics helps here neither because although it animates the two poles, it does so without ever destabilising them. ANT has dealt with the dualism of material vs social determinism (and the associated issues of agency and causation) in a way which resembles a reversal. The distribution of roles among materials is symmetrical. There is,

however, nothing symmetrical about the outcomes – peoples and things. To be *symmetrical* in ANT simply means "not to impose a priori some spurious asymmetry among human intentional action and a material world of causal relations", says Latour (2005: 76).[7]

In another empirical study, Michel Callon followed writing devices as tools for managing complexity through collective and organised action – this time in a study of a couple of small tourist firms in France (Callon 2002). Again Callon paid attention to the silent work done by various management tools devised to develop customer loyalty. For Callon, firms can only function as effects of these writing devices that lie at the heart of the "organization in action". And they help to craft both the consumer in their specific qualities as well as the demand itself. As in other ANT accounts, consumer and demand are both constructed and real – real because they are relatively stable and robust; constructed because they cannot be dissociated from the way they are produced (Callon 2002: 210). As with Andrew the manager earlier, people with intentions and competencies are gatherings of heterogeneous materials such as adequate paperwork. At the same time, the paperwork is projected as small pieces of paper, as conclusions or as simplified summaries that are here to aid the ability to act. Hybrid collectives, point out Callon and Law, generate some places as places of voluntary decision making while others as papers (Callon and Law 1995).

The argument about the impossibility of purely social ontology of the social world is also why Actor Network Theory is so problematic for many sociologists and social philosophers. The main criticism of ANT problematises its use of the concept of actor/actant in non-human entities (cf Whittle and Spicer 2008, Collins and Yearly 1992).[8] Critics stress that *behind* every non-human action there must be a human actor involved

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[7] Of course there are divisions, says Latour with reference to developmental psychology, even a small child can recognize a ball from a man. His point is that "a difference is not a divide" in the way social scientists practice it. Toddlers to Latour are thus "much more reasonable than humanists: although they recognize the many differences between a billiard ball and people, this does not preclude them to follow how their actions are woven into the same stories" (Latour 2005: 76). However, based on a years of misunderstanding Latour concludes that he's recently abandoned the geometrical metaphor about the principle of symmetry. He says: "I realized that readers concluded from it that the nature and society had to be 'maintained together' so as to study symmetrically 'objects' and 'subjects'. … But what I had in mind was … joint dissolution of both collectors" (ibid: 76).

[8] ANTers have long been aware of the unhelpful associations of the words 'actor' and 'network' (cf. Latour 1998, 2005). One suggestion was to change the 'Actor Network Theory' to 'actant-rhizome ontology' (Lynch 1993). Although this might be a more precise caption of the actual research programme, in terms of its user friendliness the term doesn't offer a much better deal.

and identified no matter the gap between them or no matter the mystery about how an oscillation between the local and global actually happened. These arguments are enactments of the social where all hints of autonomy of non-human entities need to be dismissed. The argument thus distinguishes two *incommensurable* realms – the Real and the Social (see Latour 1993). Objects entering human worlds always need a human to interpret them and thus fill them with *social* meaning. People animate technologies and take responsibility – it is never enough to say that this or that technological part made things happen, people will still be looking further for the nearest human actor to revise whether ascribing them responsibility is feasible. The lesson from ANT is thus both ontological and methodological. With its analytical take on socio-material arrangements, ANT aspires to study realities of the modern world which are heterogeneous in composition. It moves beyond versions of *perspectivism* which is a key aspect of social constructivist analysis.

From ANT to socio-material policy studies

First, let me summarise once again the ability of the four approaches to public service reform to answer my research question and relate this to what a methodological strategy informed by ANT can offer instead. My research question asks how has social care been re-organised in the making of quality service and what were the intellectual devices key to this process? As with other research questions, my one also to a great extent frames the ways in which it can be answered. It suggests, for example, that to know something important about innovation and reform of government we want to look at the inside of a reform effort rather than to external factors. It also suggests looking for answers that are process oriented rather than variable oriented. And it assumes that the answers take into account the devices of knowing and handling policy issues as well as processes of the construction of policy problems.

None of the four reviewed approaches, with the exception of governmentality studies, offers to answer *all* of these facets of the research question. What I called the functional approach, deployed in evaluation research or in factor analytical studies, does not really cross paths with the research question. Accounts in institutionalist analysis make a great resource of historical detail, yet they tend to follow the emergence of policy responses, leaving policy issues merely to stimulate reform as historical givens or as inaccessible through this kind of analysis. Reforms (let alone particular devices) are not regarded constitutive for the specific issues to take specific shapes. Critical studies, on the other hand, focus on the emergence of issues and problems as part of the reform and they include the active role of various technologies of representation (famously of audit). However, interest in these technologies tends to go hand in hand with a critical intent to

link them to larger strata of ideology, discourse or episteme. The effect is a difficulty in accounting for a more serious role the technologies of representation play in organising new policy worlds. Post-foucauldian governmentality studies reconcile materiality and rationality in building on Foucault as well as on Latour (Miller and Rose 2008). It calls for tracing small histories and their intersecting trajectories, and for studying events and practices that define them, and the conditions that make them possible (ibid: 6). Contrary to accusations of disregarding the material for the discursive (McKee 2009, Stenton 2005, Clarke 2004), Miller and Rose have always recognized that realities emerge as arrangements both material and discursive. The material is not missing in their analyses. Rather, there is a constant play of resolving the problem of the relationship between rationalities and technologies of government – partly irresolvable because Miller and Rose keep them distinct and allow them to mingle in a dialectical way. When it comes to it, Miller and Rose say that rationalities cannot operate without technologies and that they are made of practices. The problem of governmentality analysis can be outlined through the question of how do rationalities of government operate? Here Miller and Rose, rather than escaping from the material world to the world of discourse, tend to introduce rationality as a script under which we live, yet one which is without expiration date and without necessarily *relying* on its mechanics (on the notion of script see Latour 2008). Historical conditions of possibility are located (decades and centuries) far away, and they somehow hold in place ever since (cf. Law 2004: 36).

Over the years, ANT has generated methodological propositions that seem to offer solutions to the difficulties in critical and constructivist scholarship. Since its laboratory days, ANT keeps following variable geometries of scientific facts, technological artefacts, diseases, or religious expressions. The point is that what is being encountered is a composition and re-composition of the thing itself in various places rather than changing facades of meaning. This is part of ANTs performativity thesis (cf Callon 2007, Latour 2005). ANT is no less than an inquiry into the *makings of reality*. Such is the aim of many schools of inquiry. ANT differs in its valorisation of heterogeneous agencies and in the associated reworking of scale. In effect it might be better to say that ANT is an inquiry into the making and coordination of non-coherent realities; realities that have their specific conditions of possibility inscribed in them. This is something Foucault has taught us. Yet ANT is more modest in terms of distance and causation. The traceable conditions of possibility that become analysts focus are, unlike in Foucault, not distant, embedded in an episteme that was formed in the early modern times. Such distant-tracing genealogies might then too often resemble the old diffusionist accounts with huge gaps in causation and with forces dissociated from the contexts through which they merely transport agencies at distance. Contrary to this, conditions of possibility according to ANT are very present, part of the realities to be accounted for.

In the 1980s, ANT imported concepts from political studies such as "spokesperson" or "representation" in order to better understand the dynamics of science and technology (Muniesa and Linhardt 2009). Symmetrically, the analysis of governing and policy making has registered ANT as a potentially promising methodology. Miller and Rose (2008) made the link between their governmentality approach and the work of Callon and Latour explicit. Critical policy scholars have also started experimenting with analytical developments in ANT. A particular attention has been paid to the notions translation and intermediaries (Herbert-Cheshire 2003, Lendvai and Stubbs 2007, 2009, Cowan, Morgan and Mcdermont 2009, Mcdermont 2013). It has been argued that ANT as the sociology of translations (Callon 1986) offers an analytical tool in the concerted (and perpetual) attack of constructivist scholars on the rational-legal policy models and the linear notion of policy process. Some of the work on adapting ANT for the purposes of critical policy studies produced frustrating results for the authors. Cowan et al (2009) in their analysis of English social housing nominations concluded that,

> "[a]t the end of the project, the researchers (some more than others) were skeptical about the value of ANT. Other theoretical explanations, such as risk and trust and implementation, seemed to have a better fit with the data" (Cowan et al 2009: 296).

These researchers discovered a lack of "explanatory power" in ANT. Critical students in other fields of public governance have made a similar route in and out of ANT. Natalie Mitev (2009), for example, tried to "apply" ANT to her project on information systems governance only to end up searching for a (proper) theory which would take her "more to the core of the matter, bringing a deeper understanding of the discourses and rhetorics drawn upon by actors" (Mitev 2009: 21, for further elaboration on ANTs inability to provide structural explanations see Elder-Vas 2008, and Latour 2005 arguing why not doing so is ANTs founding quality). Elsewhere in critical policy studies, authors have joined fellow critical scholars in a debate whether ANT is a friend of a foe to the critical intent (cf. Whittley 1999, Doolin and Lowe 2002 in information systems research, Whittle and Spicer 2008 in organization studies). Lendvai and Stubbs (2007, 2009) proposed that ANT be a useful methodology to deliver policy analysis with a clear critical intent. The authors deployed ANT to reveal constructedness of a particular policy process, exposing its historical specificity, and implying that things may have been otherwise. In doing so, however, they stretched ANT to near emptying: in their papers agencies are allocated exclusively to social actors, and policy process is predominantly engaged with the creation of meaning – features fiercely resisted by Latour and others as having anything to do with ANT (Latour 2005, 1999). My suggestion is that one does not need ANT do deliver what

turns out to be an analysis of policy networks within an interpretivist framework (cf Yanow 1996).

A socio-material approach to policy making which goes beyond the dualism of looking at the substantive content of policies, on the one hand, and critically examining the language of policies, on the other hand, can be found in a collection of papers on the practice of policy making (Freeman, Griggs and Boaz 2011). Looking at policy documents as artefacts, Freeman and Moybin (2011) develop a conception of the document as a thing – "of its being as well as its meaning, and of its meaning at least in part through its being" (Freeman and Moybin 2011: 159). Bueger (2011) studied controversies in the UN Peacekeeping Commission. He drew on ANT in distinguishing several forms of political *agencements*, or socio-material arrangements with the power to affect things. In a similar way, Lascoumes and Le Gales (2007) referred to ANT in their proposal for a study of public policy instruments which would move beyond a functionalist approach. The authors argued that instrumentation in public policy be understood as

> "a means of orienting relations between political society (via the administrative executive) and civil society (via its administered subjects), through intermediaries in the form of devices that mix technical components (measuring, calculating, the rule of law, procedure) and social components (representation, symbol)." (Lascoumes and Le Gales 2007: 7)

A final example in this brief overview of ANT influences in public policy studies is a study of implementation of performance indicators in French budgetary process (Muniesa and Linhardt 2009). The authors formulate pragmatist sociology of the state building methodologically on the work of Boltanski and Thévenot on the practical use of moral, critical and political capacities (Boltanski and Thévenot 2006) and on Latours work on a materialist approach to the semiotics of agency (Latour 2005).

In my own experimentation with the socio-material study of social care policy innovation, I build on two methodological sensitivities developed by ANT: analytical inclusion of materiality in social worlds, and attentiveness to variable ontology of these worlds. I develop the former into a concept of intellectual devices. The analytical focus is pragmatic. I ask what is the role of intellectual devices in a public service reform? I develop the latter into a way of following policy as controversy. I deploy both analytics in chapters 3, 4, and 5. First, in chapter 3, I study the genealogy of a problematization. I look at how quality was turned into a policy problem. This is a broadly constructivist strategy which is shared across a range of approaches including ANT. In chapter 4, I attend to the extension of the boundaries of care in the composition of quality service, and the role of four intellectual devices in this process. Finally, in chapter 5, I look at the implementation

of national policy. Instead of switching from a constructivist to a realist mode of analysis to establish the real effects, I follow quality service and its re-structured boundaries of care through a set of debates. I observe what are the reality effects of negotiating quality service in these debates. Before moving on to the empirical chapters, in the next section I elaborate on the two analytical notions of intellectual devices and controversy in a more detail.

Role of intellectual devices in policy

Matters that matter in social policy may not be of the same *kind* as those in science and engineering. They may be composed of arrays of different entities that have different gradients of resistance: the process of enrolling scallops (Callon 1986), aerodynamic wings (Law 2002), and planning cycles (this study) poses different issues related to the materiality of those elements and their relations with other elements in an arrangement under construction. However, what may be shared across science, engineering as well as in social policy is that their respective outputs (facts, technologies, policies) are heterogeneous composites. ANTs concern with what sorts of things participate in the making of common worlds has become transferable as ANT-like approaches began to examine empirical fields outside scientific laboratories such as art, economy, or law. In an argument for the extension of constructivist analysis of non-human agencies to the analysis of the state, Peter Miller and Niklas Rose explicitly built their analysis on a "combination of Latour and Foucault" (Miller and Rose 1990, 2008). Miller and Rose formatted a materialist analysis of governing arguing that,

> "mundane technologies … make government possible. To understand modern forms of rule … requires an investigation not merely of grand political schemata, or economic ambitions, or even of general slogans such as state control, nationalization, the free market, and the like, but of apparently humble and mundane mechanisms which appear to make it possible to govern: techniques of notation, computation and calculation, procedures of examination and assessment, the invention of devices such as surveys and presentational forms such as tables, the standardisation of systems of training and the inculcation of habits, the inauguration of professional specialisms and vocabularies, building design and architectural forms – the list is heterogeneous." (Miller and Rose 1990: 8)

In this study, I propose the notion of intellectual devices. It relates directly to this early outline of socio-material study of government. Miller and Rose discussed the role of "intellectual technologies" as a "mechanism for rendering reality amenable to certain kinds of action" (ibid: 7). It is important to distinguish my interest in intellectual devices

from analysis of discourse. That way it should become clearer why interest in materiality of intellectual devices does not need to be a contradiction in terms. Karen Barad (2003), playfully teasing the notions of matter and materiality, suggested that in today's social sciences

> "[l]anguage matters. Discourse matters. Culture matters. There is an important sense in which the only thing which doesn't seem to matter anymore is matter. How did language come to be more trustworthy than matter? Why are language and culture granted their own agency and historicity while matter is figured as passive and immutable, or at best inherits a potential for change derivatively from language and culture?" (Barad 2003: 801)

Barad's question is particularly suitable for critical and interpretive policy studies. In a field of analysis crowded by social networks and discourse analysis, notion of materiality beyond the matters of language is a challenging idea. When I propose to look at the materiality of models and other pieces of knowledge, I am at the same time proposing to do so in a specific way: I am interested in what the models and concepts do rather what they stand for. I do not wish to conclude my analysis by pointing to the agency of larger epistemic formations (such as NPM). Equally, I abstain from notions such as interpretive flexibility which would lead to the agency of various social groupings and epistemic networks. Instead, my question about intellectual devices as a "formatting matter" allows me to argue that identification of their role in policy making can be seen as materialist analysis. I am building on a tradition of similarly framed approaches to concepts, formulas and models which is attentive to "the processual manner in which a concept enables a number of elements to be ordered in time and space" (Brown 1997: 64). A prominent example is the recent wave of social studies of finance characterised by interest in the materiality of various calculation devices (Callon 1998, MacKenzie, Muniesa and Siu 2007, Callon and Muniesa 2003, Muniesa, Millo and Callon 2007). An exemplary account within this field has looked at the role of the Black-Scholes formula in the functioning of financial markets (MacKenzie 2003, Callon 2007). Another way of looking at the powers of devices is represented by a recent sociological reflection of its own methods (Law and Urry 2004, Law 2009). A similar point has long been made about the power of statistics in the making of modern state and society (Hacking 1990, Dodier 2010, Saetnam, Rudinow and Hammer 2011).

What analytical difference does the concept of intellectual devices make compared to a more classical social analysis, on the one hand, and to more critically oriented analysis of discourse, on the other hand? Both Mertonian and social constructionist approaches would have it that intellectual devices can have effects because humans rely on beliefs

and expectations. And there is no doubt about the effectiveness of conventions no matter how arbitrary in themselves they may be. But because it is the conventions and beliefs what has been inscribed into these devices, they and not the devices ought to be the main object of study. On the contrary, ANT-inspired analysis argues that the devices are more interesting than mere placeholders. As Callon (2007) argued in relation to the Black-Scholes formula: imagine that the formula was replaced with a different formula. Would it have the same effect? As we know from the analysis of the 1987 financial crash, the formula had a hugely important role to play. Therefore, for Callon "it cannot … be considered an (arbitrary) convention. The content of the formula matters" to the object it refers to and to our effort to understand both (Callon 2007: 323). ANT-inspired studies thus take a pragmatist or material approach where intellectual devices matter: they are not mere empty signifiers of the social or the ideological which in turn should be the true object of inquiry. They matter to the worlds they inhabit and should matter analytically as more than a mere gateway to social processes behind them. How exactly they matter is an analytical task at hand. In this study I understand intellectual devices as co-constitutive to the continuous and dispersed processes of the making of quality services. I explore how the intellectual devices matter in holding things together. They have a role to play together with many other kinds and types of agencies – people, politics, alliances, interests, or organizational routines to name a few.

In other words, mapping the role of intellectual devices in policy worlds differs from the analysis of discourse even though, at the first sight, there may be remarkable similarities. Looking at models and concepts is the first similarity. Working with various texts and articulations is the second. Working with texts and articulations might suggest that what is at stake are proclamatory ideas and rationalities. However, looking at discourse (or rhetoric strategies) works primarily as a means to analyse mentalities of governing behind or above the discourse and *their* agency is felt in organizational practice. In critical discourse analysis (Fairclough 2003, van Dijk 1998), the main analytical effort concentrates on finding underlying structures of meaning, and sources of persuasiveness and referentiality. In a more anthropologically oriented research, much of the realities and practices encountered in fieldwork, even though constantly fetishized through ethnographic commitment, are also identified in order to get to the higher echelons of the social. In both, discursive elements (the old Saussurean *parole*) are seen primarily as place holders for structural agencies, and the identification (and critique) of *langue* is understood as the very task of an analyst. Contrary to this, analytical focus on intellectual devices does not lead to the world imploding into language where reality becomes a swear word. Instead, the attention is reverse: how is the world built in heterogeneous arrangements, and what is the role of intellectual devices in this world building – without the Providence of the structure (as Latour would put it)? With this distinction in mind, I

look at what intellectual devices *do* in relation to other agencies and arrangements in policy making and policy implementation rather than as the means of large ideological blocks imprinting themselves onto a segment of the life world. Centre stage is the practical use and effects of intellectual devices, not how they relate to some larger formations which in turn would allow us to say something about the specific instances. Instead, I look at *instances* and *debates* as enactments (Law 2004) of realities that are somehow held together by the work done (among others) by intellectual devices. The task is to enlist these elements, to see what they are and to trace how they relate to one another, and to other gathering and their elements (cf. Latour 2005). The specific question to answer is then what these devices are and what they allow policy worlds in the making to be?

Controversy and unsettled realities

The second analytical move, which ANT allows me to do, stems from framing innovations as controversies (Venturini 2009, 2010, Latour 2005). The key analytical achievement of this second move is a reframing of the issue of implementation gap and reality effects of a policy. Understanding a reform as controversy allows me to extend the constructivist analysis of "making quality services" beyond the stage of policy making, and into policy implementation. The concept of controversy is used in a technical sense as the debate which has not yet been determined. According to the EU funded consortium MACOSPOL (Mapping COntroversies on Science for POLitics),

> "[t]he word "controversy" refers … to every bit of science and technology which is not yet stabilized, closed or "black boxed" ... We use it as a general term to describe shared uncertainty." (Venturini 2009: 258)

Framing policy making and implementation as controversy allows me to take up the analytical position of constructivist symmetry in relation to both policy making and policy implementation of quality service in Czech social care. This is important because a set of dualisms such as ideas/practice, and discourse/reality operates along the implementation gap in policy: policy making is depicted as a world of ideas and discourses; policy implementation as a world of reality and practice. Constructivist approaches to policy reproduce this gap. They tend to deploy constructivist analysis when studying policy making. When it comes to policy implementation, even constructivist writers turn realists.

This analytical asymmetry is understandable when we consider that the political and epistemological enemy of constructivist analysis is the rational-legal model of policy making. As an analytical programme, constructivism has been formulated to counter the rational model of policy-making and its portrayal of policy as a problem solving process which is rational, balanced, objective and analytical. Sometimes it is referred to as

instrumental rationality which essentially offers achieving certain aims through certain means in the most effective way (cf. Nozick 1994). In the model, decisions are made in a series of sequential phases, starting with identification of a problem or issue, and ending with a set of activities to solve or deal with it (Sutton 1999: 9). Its prescriptive focus results in a methodological approach. According to Pfeffer, the critical distinguishing feature of "organization theories taking the rationalist perspective is the element of conscious, foresightful action, reasonably autonomously constructed to achieve some goal or value" (Pfeffer 1982: 7). Since Lasswell's proposal, the framework is intended to remove politics (associated with bias, negotiations, subjectivity, unpredictability) from the art of policy making.

A constructivist challenge to the realist project proposed a double critique. Mobilizing such analytical packages as interpretive turn, linguistic turn, crisis of representation, and crisis of legitimacy, it defined as problematic the realism *and* the rationalism of their colleagues in policy sciences. An example of contextual constructivism is Alaszewski and Brown (2012) who illuminate a "range of influences on the policy making process that interfere and obstruct the ostensibly rational practice" (Alaszewski and Brown 2012: 62). In a sense, this is an account in standard social analysis relying on the social processes and dynamics to explain particular facets of social life. Still, to the authors this is a radical project in relation to the rational thesis in policy studies. It "proves that, in opposition to claims of many, policy process is not a rational enterprise" (ibid.). The authors engage in an investigative work of exposing the discrepancy between an ideal of rational-legal administration and the actual practice. Following Heclo and Wildavsky (1974), the authors introduce policy making in Britain as a communitarian and elitist (club like) practice. Mass media pressures and distortions are explored and, following Kingdon (1984), they also pay a lengthy attention to the role of interest groups and claims-makers in policy formulation. Alaszewski and Brown also show their "essential constructivist approach" to policy making in the lengthy interest in claims-making an integral part of a policy process. As an intellectual relative to the labelling theory it draws attention to the attribution of qualities to specific issues. Best and Loseke (2003) followed this path in their study of how issues become recognized as social problems. The claims-makers are portrayed here as trying to convince audience members both that a social problem is at hand and that something must be done to resolve it (Best and Loseke 2003: 143).

When it comes to policy implementation, however, constructivist authors turn realists. In that act they also deliver the reality gap between policy and practice. Policy outcomes become the focal point and they are conceptualised as detectable "on the ground" in a kind of *reality test*, increasingly with the support of ethnography (cf. Clarke 2004, Li 2007). David Mosses (2005) inspirational ethnography of aid and development in India is an

example of an analysis which follows a policy from making to implementation, and contains both the epistemological shift from constructivism to realism, and an enactment of the policy gap. For Mosse, policy is not a rational process but functions primarily as a means to mobilise and maintain political support – to legitimise rather than orientate a programme. Mosse shows that policy formulations are technically expressed but politically shaped by interests and priorities. The design of policy tools builds on the art of making a convincing argument and developing a causal model as part of successful problematisation (i.e. making issues policy problems). Policy ideas are less important for what they say than for who they bring together, i.e. what alliances and coalitions they allow, both within and between organizations (Mosse 2005: 15). Mosse deconstructs the notion of rational policy making. However, he claims different ontological frames depending on whether he looks at policy making or policy practice. He argues that contrary to formal evaluations and further policy decisions, the project under study was in fact a success. To be able to say so, Mosse goes to the sites of implementation where he does not apply the same analytical register of interpretive flexibility and representational techniques he used when studying policy making. Instead, he applies the register of practice and of "any change that was *actually going on*" (ibid: 191, my emphasis). As an effect, Mosse is able to provide a powerful critique at the cost of actively maintaining the wedge between policy making with its *rhetorics* on the one side, and implementation with its *real* effects on the other.

My point is that this kind analysis is very good in switching from constructivist to realist mode when it comes to reality effects and to evaluation; especially when a critical intent is part of the analytical programme. Without this switch it would be difficult to talk about real effects of policy ideologies. With the heuristic of controversy, however, I do not need the switch to the realist register of analysis (ideally fed by the power of an *in situ* ethnography) to say something about re-organizations of care in action. This is because, first, in controversy such radical shifts are hard to find. And second, I follow re-organization of care from a ministry to the organizational realities where along the way arrangements are more or less stable and always debated and contested. Consequently, I dont seek a privileged analytical location somewhere in practice (on the shop floor or on the street level) which would need to constitute the bottom ground allowing me to say how things really are, or how they actually are not turning out. In controversy the debates continue on many levels – in organizations, in journals, in ministerial meetings, in published evaluations. And in those debates the object of policy – quality service and the two extensions of care it articulates – is continuously enacted as more or less real, and with a range of effects that themselves are a matter of controversy and negotiation. When the focus of analytical mapping continues to be on the object of policy, its reality (as we

dont leave the realm of the Real) can be illuminated as an on-going process of becoming more or less real, helpful, durable, improving, etc.[9]

Method of analysis

Let me start by stating that ANT provides very little guidance on the method. ANT is difficult to use in analytical work where the expectation is to *apply* a theory to a problem, use a sound method, and receive (sic) an outcome which can then be discussed. ANT is an ontological statement which in itself does not provide a technical apparatus for *doing* analysis. As Latour has stressed repeatedly, it is a negative argument first and foremost (Latour 1999, 2005). Throughout its 25 years, there has been no specific analytical method associated with ANT (CBS 2010). ANT writers have conducted diachronic, historiographical studies of innovations (Latour 1988, 1996, Law 2002) and synchronic, mainly ethnographic studies of practices (Law 1994, Latour 2009b).

Following from the research question, this study is a historiographical narrative of a particular policy. It has been put together through a blend of elements of qualitative data analysis that are known and systematized in grounded theory (Glazer 1978). My work also followed the line of a pragmatic qualitative method described by Howard Becker (2009). Muniesa and Linhardt (2009), who are among those drawing on it, summarise this approach as open-ended, redefining what is analytically interesting based on the empirical material and, at the same time, redefining empirical attention in the sight of the interest generated in previous findings.

The first stage of my analysis was to reconstruct the trajectory of the reform. Much of the reform is described in various textual sources and narrated by the actors in interviews. Especially in interviews, narrators accentuated power relations and policy networks and coalitions. Interview partners today tell the reform 10 years ago as a stage full of cliques and interests. I also asked, what were the key aims and frameworks? I tried not to pick any of them as simply the true ones that would serve as a benchmark for discussion on distortions and inconsistencies in the policy. The analytical (and political) premise in following a controversy does not allow for such "closure" of the case before the actors themselves (Latour 1996) would do so. That is also why ANT has been under attack by critical studies for coming across as too complicit (Collins and Yearly 1992, Miller 2002, 2005, Whitter and Spicer 2008). This stage of analysis is mainly linked to chapters 3 and 5.

[9] George Marcus (1998) adopted this methodological point from science and technology studies in his outline of 'multi-sited ethnography'. One of its analytical streams was to "follow the thing" through its social life.

In the second stage, I focused on identifying the specific intellectual devices and their role in the making of quality services. Mainly chapter 4 benefited from this stage of analysis. The focus has been channelled by the then guiding research question which was asking about the role of standards and inspection methods. Initially, when looking at the reform, and the role of standards, I was being constantly reminded to look at the reform in the context of attempts to deinstitutionalise Czech social care – battles of ideas throughout. However, soon, quality standards as well as the inspection process started to look as gatherings themselves that needed to be further de-composed and inspected. Only gradually, applying more stringent materialist criteria (i.e. to look at what things do rather than what they stand for, and what these things actually are), I developed a *sense* of what the intellectual devices could be, what is their size and how to re-construct them analytically. Here the search for standards within standards (Lampland and Star 2009) took place. I also made sure that no social aggregate was given the last say in the story – such as political affiliation, interest, ideology, socio-political status, or other social factors. Social aggregates have their place in the sociologies of the social rather than in a socio-technical, semiotic account (Latour 2005).

I generated the first set of categories such as the market or the person that were later critiqued and found too blurry. The list was tested against the empirical material and re-drawn. This cycle was continuously repeated for approximately two years until I was able to dissect four intellectual devices I explore in the following chapters. None of the intellectual devices was directly identified by the interview partners or other actors as an agent in its own right; nor had any of them a name, shape, or composition defined in a previous research which I could simply use and test in the Czech case. As Muniesa and Linhardt (2009) proposed about constructionist analysis more generally, all I knew at the start was that I will be paying attention to how things hold; and that I was going to be moving along a highly discursive landscape of social policy.

In both stages, the analytical movement took place between empirical data and a newly emerging set of analytical memos. Memos and their utility in qualitative research have been well described in the outline of the grounded theory. According to Glazer,

> "[a] memo is the theorizing write-up of ideas about codes and their relationships as they strike the analyst while coding (..) it can be a sentence, a paragraph or a few pages (..) it exhausts the analysts momentary ideation based on data with perhaps a little conceptual elaboration." (Glazer 1978: 83-4)

This analytical tool allows fixation of ideas and thoughts, and relating them to other ideas and thoughts and back to the empirical material.

Data collection

I have developed this project using two key sources of data: interviews and textual data of a range of kinds. A third source is para-ethnographic data.

Textual data

In debates with other students of policy inspired by ANT I have encountered the proposition that policy documents, such as various (more or less binding) policy documents, are to be understood as the non-human actors in policy worlds to be registered and treated analytically. However, I have understood this to be a weak appropriation of ANT which, on the one hand, merely repeats what policy studies have always known – that policies and legislative acts are important nodes in the policy development – and, on the other hand, stops short of actually entering the plethora of associations and arrangements that make up policy worlds. In this project I follow a different line. Policy documents, like other texts (or interviews for that matter), are treated as *sites of controversy*. They are treated as spaces of articulation of issues, relationships and arrangements between subjects and objects of the controversy. One implication is that I do not distinguish between primary data (e.g. policy documents or interviews with participants) and secondary data (e.g. papers published *on* the particular quality reform in professional or in research oriented journals). Once a representation (textual or verbal) is about quality and Czech social care I consider it somehow as contributing to the controversy on the making and unmaking of quality services. Making distinctions between primary and secondary data, useful as it may be in other research contexts, may be counterproductive here. It may pose a barrier to tracing and mapping the controversy. Especially, when the same people may have, over the years, authored a policy document (regarded as a primary datum), provided an interview (also regarded as a primary datum), published a research or polemical text in a social work or a social policy journal (regarded as a secondary datum), and presented an account of quality at a regional conference (also regarded perhaps as a secondary datum).

There is a varied list of texts I have collected and analysed. Policy documents are one of the textual kinds. They include policy papers prepared by the Czech Ministry of Labour and Social Affairs (MOLSA) as well as various other outputs of ministerial communication. Then there are various analytical texts ordinarily understood as secondary data. They too are treated as sites where the quality debates take place rather than as somehow independent analytical reflections. These may have been published in professional social policy and public administration journals such as *Prace a mzdy* [Work and Salaries], *Socialni politika* [Social Policy], *Verejna sprava* [Public Administration], and in academic social work journals such as *Socialni prace/Socialna praca* [Journal of Czech and Slovak Social Work]. Third, I have collected texts in edited collections, conference proceedings

and information and PR texts published by policy actors such as MOLSA or National Educational Fund (NVF), professional bodies such as Association of residential services, and SKOK, an association of community based, non-governmental service providers; and think-tanks such as the Prague based QUIP. The fourth textual kind consists of discussion papers published by a variety of authors from public administration to practitioners and managers in a range of periodicals such as *Residencni pece* [Residential Care], *Socialni sluzby* [Social Services], and *SKOK bulletin*.

In terms of access, much of the textual data is publically accessible via internet or via the library of the Research Institute of Labour and Social Affairs in Prague. I also obtained data from personal archives of some of my interview partners. It consists of a wide range of texts: from email and circulars, through drafts and further drafts of analytical materials as well as personal notes exchanged between project workers and their partners, within MOLSA and outside of it.

Most of the textual data is in Czech. Some of it, however, is in English and either comes from, or was directed to, the British consultants and partners working on the project between 2000 and 2003.

Interviews

I have collected 21 interviews with professionals who directly contributed to the policy making and implementation. They were of varied kinds and rankings: heads of projects at MOLSA, heads of MOLSA departments, a deputy minister, service managers some of whom who were at the time of the Czech-British twinning project members of its working groups, a couple of British consultants, former civil servants, and several social care inspectors.

***Table 1**: Details of interview partners*

Civil servants	7
Service managers	5
Inspectors	3
Deputy ministers	2
Consultants	2
UK Consultants	2
TOTAL	21

Recruitment of interview partners started with a few key names and gradually snowballed into a longer list of people who were part of a project team working on quality standards and quality audit, or who were significant in the course of the reform. This initial selection

later widened to include provider sector managers as well as inspectors. In line with the ethical approval, I provided each potential interview partner with a project outline and a consent form. Interviews were recorded where appropriate. Where no recording was feasible at the time, I took notes during the interview and expanded those shortly after the interview had ended. During the interviews, partners were invited to provide their personal accounts of how they met the reform, of the reform progress and dynamics, and of any comments on the outcomes they felt relevant or that they were surprised to see happening. I also organised, together with a colleague in Prague, Jan Palecek, a group interview with four (seven people were initially invited) of the reform participants, some of whom I had interviewed before.

Interviews form a complementary rather than a primary data source. They work alongside textual data to provide richer reconstruction of the policy trajectories as well as commentaries on issues and concerns that have arisen during the fieldwork.

Para-ethnographic knowledge

The term para-ethnographic was coined by Douglas Holmes and George Marcus (2005) in their anthropological accounts of cultures of expertise. Among others, they studied the governance methods of Allan Greenspan, former head of the Fed, whom they called a para-ethnographer extraordinaire for his (in his circles) unconventional reliance on data collected through a network of personal friends-informants who would provide him with weekly economic feedback from the ground. Greenspan and the whole Fed's policy would, to an extent, be based on this sort of anecdotal data.

For this project I have not conducted ethnographic, in situ observations – mainly because observations were not part of the initial project plan and were not covered by the ethics approval. However, since 2002 I have been in close contact with the social care field, both in the Czech Republic and in Britain. First, I was a participating observant in a longitudinal ethnographic study of institutional and community care in Prague, later in several studies of deinstitutionalisation and transformation of services for people with mental health needs and learning disabilities. My latest contact with Czech social care was in the capacity of a researcher on two longitudinal projects: a study of formalistic practices in quality inspections (Kocman and Palecek 2013), and a review of what works in implementing quality standards (Kocman and Palecek 2012).

My observations, notes from diaries, and records of debates and discussions from the past ten years of "being there" form a para-ethnographic collection in its own right. I draw on the collection throughout the thesis in the form of ethnographic snippets. The para-ethnographic collection and my personal experience are also inscribed in what anthropologists call local knowledge (Geertz 1983). This local knowledge is particularly

relevant to understanding the everyday workings of social care organizations and the complexities of providing care and support in environments with multiple logics that operate simultaneously (cf Palecek and Kocman 2004). In the end, this is why anthropologists developed the notion of a long-term, in situ fieldwork – to learn the language and customs of the tribe under study; in other words to acquire the local knowledge which enables them, as Keith Hart (2011) put it in a tongue-in-cheek manner, to understand the world around them at a level of an indigenous 8-year-old. Local knowledge of social care I have acquired over the ten or so years is not the prime source of data, yet it cannot be discounted either. My effort is to critically harness it where appropriate for the benefit of this project.

Terminology

All prime data used in this research are in Czech. I have worked with them in original and translated into English only those excerpts that appear on these pages. This applies to both textual data and interviews. Wherever the material was produced in English, I note it in a reference.

Translation between Czech and English is not a technical matter which could be simply dealt with on the margin. Translation in broader terms (Latour 1996, Lendvai and Stubbs 2007, 2009) is part of the whole issue of quality on the move in social care policy where majority of the imagination and innovation comes from English-speaking contexts. The Czech reform itself had a particular period of English connection in the Czech-British twinning programme between 2000 and 2003. Saying that, I do not wish to imply a linear movement from English (language and context), where quality sits well, to Czech, where it may be new and not quite fitting. Such West-East model has been practiced in many studies of post-socialist reforms. Kuti (1999), for example, observed that arm's length and subsidiarity principles are not rooted in the East European political culture. Rather, according to Kuti, they are imported into the political vocabulary of the region, yet not the "behavioural patterns of East Europeans" where informal social networks continue to play an important part in the distribution of public funds (Kuti 1999, cit in Munday 2003). Similar East-West dichotomy is integral to Elisabeth Dunn's (2005) analysis of standardisation in Polish meat industry. Dunn argued that Western style of organization does not fit with the Eastern European, post-socialist context. Dunn pointed out that standards developed for western Europe sit uneasily with Poland's different agricultural infrastructure, and they also fit uncomfortably with Polish views of personhood and social relations.

I oppose insights of this kind, however didactic, for they ignore the struggles and difficulties experienced by Western workers and practitioners when quality initiatives and other technologies of New Public Management were introduced in Western public services several decades ago (see Wilkinson and Willmott 1995, Kirkpatrick and Lucio 1996, Clarke and Newman 1997, Clarke 1998, Clarke et al 2000). Sociologists have produced robust enough evidence which indicates clear *parallels* in how both "western" and "eastern" practitioners understand and struggle with "western" quality initiatives, and how these initiatives understand the workforce and the workplace irrespective of their political or cultural background. It only recognizes environments that have been already converted to quality and those yet to be converted. Quality vocabulary and its Western rationality (Dunn 2005) were once new and strange to the English in the same way it was later new and strange to the Czechs.

In terms of terminological geographies of care, the 2006 Social Services Act codified a single term *socialni sluzba* which would translate literally as 'social service'. However, in the context of English social care policy the term social service has been associated with statutory social work which, since the 1970s, found its base at the local government Social Services Departments (formally abolished in 2007). A better translation of s*ocialni sluzba* in the UK context is therefore 'personal social service' which covers a wider range of care services and has found institutional expression in the Personal Social Services Research Unit at Universities of Kent, LSE, and Manchester. This translation is more in line with the Czech 2006 Act, where,

> "Social service [is understood as] as activity or a cluster of activities … of help and support to people aiming to ensure their social inclusion or prevent their social exclusion." (MOLSA 2006, para 3)

Together with this broad definition, the Act also codified a systematic taxonomy of social services. Any question about what is meant by social care services can now receive a precise answer. In line with a range of client groups, the taxonomy contains a long list of services (both residential and community) for the elderly, for people with mental health problems, learning disabilities, dual diagnoses, addiction problems, and others.

Throughout this text I use an analytically more convenient term social care to refer to both the occupational activities and the organization of the social care sector more widely. The notion of social care also allows me not to confuse the reader when I include the notion of service as part of the research problem to investigate. The definition of social care used in Munday (2003) is wide enough and I adopt it here. According to Munday, social care,

> "is increasingly used internationally to refer to services typically provided by social workers and other professional groups for groups of citizens with social needs and problems such as: elderly people, people with disabilities of different kinds, children and families, people who abuse drugs and alcohol. Services may be provided in residential homes/institutions, in day care centres, or in peoples own homes. (…) Social care services may be provided by state agencies, not-for-profit agencies (NGOs), and commercial for-profit enterprises. The respective roles and contributions of the different sectors vary from country to country depending on factors such as culture, political ideology, economic conditions and religion. It is very important to recognise that social care is also provided informally by family, friends, neighbours and other community personnel such as unpaid volunteers. This informal, normally unpaid form of social care is the main source of social support for citizens in need in any society." (Munday 2003: 4)

Social care may be generic enough a term. However, it is far from an innocent descriptive. In chapter two I discuss how the notion social care has been challenged throughout the past two decades by various ways. Both marketisers and deinstitutionalisers critiqued it for being associated with a paternalistic care model. In social work theory especially, the term 'care' has been replaced by the term 'support' which is deemed to reflect more the idea of user participation and agency (e.g. a range of person-led support programmes has been introduced into Czech social care).

Chapter 3

Quality without the market: Problematizing quality in personal social services

Introduction

In this chapter I map the trajectories of change in the 1990s Czech social care. I ask how quality became a policy problem and, at the same time, the correct reform action promising to improve social care nationally. The dominant theoretical framework tells us that the new managerialism (or the New Public Management) and quality assurance are closely related (Pollitt 1993). The creation of (quasi) markets, the organizational importance of audit bodies, and the political critique of social welfare were identified as constitutive elements in quality agendas. This theoretical framework has been developed using the case of the UK, and repeatedly confirmed by applying it to studies of other welfare reforms (Dahl 2011, Rostgaard 2012, Koba 2009).

By following the Czech reform, I show how quality was introduced as a practitioner concern rather than a strategy of marketization of social care, and that managerialisation of care was an outcome of collateral learning rather than a policy aim. By the mid 1990's, the Czech the welfare reform introduced the idea of marketization of social care as a means of improvement. However, it did not introduce quality assurance as its technological apparatus or ideological grounding. Instead, marketization and quality developed and evolved as two structurally unrelated projects: the former improving care consumption, the latter governing care production. The year 1999 was the year when "social care met quality". Soon after, quality was crafted into the new umbrella term for the whole social care reform through a successful problematisation of the old care; the problematisation also (already) implied proposals for the new (quality) reform to come. Its success was a combined effect of several dynamics, within the Ministry of Labour and Social Affairs (MOLSA) and outside, that were mobilised in the name of improving quality. Quality was articulated by a group of practitioners-turned-policy-makers who deployed their concerns about care practices and environments to replace issues of funding associated with previous reform efforts. The pursuit of a practice-oriented reform aimed to accelerate deinstitutionalisation of the care system and to promote good care defined

through a civic model of care and support which argues that patients are first and foremost citizen adults and their care should respond to it.

Until the emergence of quality, MOLSA had been focused on administration of the domain and disinterested in the matters of care content – a separation known as constitutive of the bureau-professional regime (Clarke 1998) of organising. Quality with its blend of organizational and practice elements introduced managerialised care amenable to inspection and intervention. A new policy arrangement, quality service, was assembled from pieces of managerial knowledge already settled in the arena of international social work and social care. More specifically, the new settlement of social care practice was crafted on the blueprint of case management (Payne 2000).

The becoming of policy problems

Reforms and their participants write their own histories. After the fact, these histories become extensions of the narrative which established itself in the winning policy. The logic of the reform in such accounts tends to stem from the gravity of a policy problem and the process of its resolving relates to the discourse of rational policy making. Messiness and uncertainty often associated with policy making tend to be erased from the narratives of victorious policy innovations (cf. Latour and Woolgar 1986). What is left to account for are mere facts that can be assembled in a linear sequence of the unique problem and its solution. Such histories too have been written by participants of the Czech reform. Jana Hrda, for example, summarised the Czech making of quality in the following way:

> "Work on quality standards was mainly influenced by experiences from the UK. Staff from the British inspectorate were part of the work on inspection methodology. They also participated in training of the first quality inspectors in the Czech Republic. Quality standards were also influenced by standardisation in health care which had had an established patient focus. (…) Work on standards started in 1999 at MOLSA. The following year, 20 working groups were established in line with the newly pronounced classification of social care services (e.g. sheltered housing, half-way houses, etc.). These services at the time were almost exclusively provided by NGOs. Representatives of all types of services were encouraged to form type-specific working groups and start working on standards. This way, MOLSA kick started the process of creating a practice norm which involved hundreds of practitioners from the field. Rather than describing environmental norms, standards articulate processes that take place in a service.

> Criteria [indicators] of standards are measurable so as to allow an objective evaluation whether services meet these criteria." (Hrda 2006: 3)

There it is – the whole of reform apparently in a nutshell. Writing in 2006, four years after MOLSA published the quality standards and in the year the Czech Parliament passed the Social Services Act, Hrda's account does not involve (does not need to) any justification of the policy. Herself a proponent of the goodness brought by the quality standards, the author already builds on their necessity. Concerns with quality and solutions involving quality standards and quality inspection for improving social care are taken for granted. The effect is a simple idiographic account describing the steps and general features of the process of making quality standards. However, when a policy problem is seen as given in the socio-historical landscape of post-socialist social care, it is hard to establish how quality emerged as a problem, and how it "re-collected" government reform efforts to date together with professional concerns and management methods for crafting quality service. Thus the first question to ask about a policy is the question of becoming of the policy problem – or of problematisation.

The notion of problematisation implies that policy problems are not taken as existing out there in the society with their own historicity and conditionality, ontologically separate from the policy process (Best and Loseke 2003). Policy problems are understood as being established at the time they are being raised, often together with their solutions (Foucault 1973). In this respect, Actor Network Theory and other post-structuralist streams of analysis follow Foucault's mode of inquiry (Kendall and Wickham 1999) which starts with a simple proposition that things might have been different (cf. Law 1999). It tackles the often embedded logic of necessity which grows strong together with the rise of a particular reform. Such approach looks at how elements of justification are, together with particular problems and their solutions, proposed and made stronger or weaker in relation to alternative programmes.

In this chapter, I am mapping how one group of policy makers came to successfully dominate the policy making process, and to define the policy problem in terms of quality and the action to take in terms of setting quality standards and introducing quality inspection. ANT helps me to build on the work of issue constructionists (Best and Loseke 2003) and policy networks analysts (Marsh and Rhodes 1992) in applying constructivist sensitivity to the policy content as well as policy contexts. I pay attention to policy proposals populated by policy mechanisms and analytical methods. And in doing so, I trace how a new policy object was starting to take shape when quality standards and inspection started to address issues in the production of care.

Post-socialist transformation and the market

A lot has been written about post-socialist transition in Central and Eastern Europe and in the Czech Republic in particular (Hann 2002, Kolodko 2000, Balcerowicz 1994, Kornai and Eggleston 2001, 2007, Pickles 2008, Bull and Ingham 1998, Kornai, Haggard and Kaufman 2001). The transition story prefers to talk about a total socio-economic-political change after the political demise of state socialism in 1989. This epochalist (Du Gay 2003) re-making of dis/continuities is convened by western advisors, new local elites, OECD reports, re-organisers of national histories and auto-biographical narratives (Eyal, Szelenyi and Townsley 1998, Wedel 2001). To start this chapter with a larger canvass of the transition, I build on critical anthropological analyses such as Don Kalb's who noted how in Central and Eastern Europe more generally the building of civil society after 1989 "was wedded even more firmly to monetarism than was the case in the West" (Kalb 2002: 320). Transition from Communism to Capitalism was a project of moral recovery which relied most profoundly on the connection with the common good of the market. According to Kalb, markets and their worth were "consciously imposed by local elites on subject populations as a way to teach them civilisation, to help them unlearn the corrupted ways of socialism" (ibid.). Similarly, Gil Eyal's earlier (2000) work shows how stressing private property in post-socialist transitions was almost an eschatological manoeuvre. Here neoliberal morality of market transition was as much about purification and post hoc punishment as it was about efficiency. The Czech finance minister, turned the Prime Minister, turned the president, Vaclav Klaus (cf Klaus 1996), articulated this morality ever most strongly when he (in Kalb's terms) collapsed civil society themes into monetarist vocabulary (Kalb 2001: 320, cf Hirsch and Rao 1999). Or as Klaus himself put it,

> "personal freedom, political pluralism and market are … the best one can do for a just, decent and solidary society." (Klaus 1996: 288)

Vaclav Havel later noted how although Klaus was "not entirely the direct author of the reforms – they were created by people like Tomas Jezek, Dusan Triska, Vaclav Vales, and several others – he really was their most energetic defender" (Havel 2008: 202).[10]

[10] Kalb further reminds the reader how the monetarist agenda "trumpets the triplet of liberalization, stabilization and privatization and sells this package in the name of civil society and development known as the 'Washington consensus'" (Kalb 2002: 321). As such, it identifies five crucial propositions: if (1) commodities are freely exchanged, then (2) people would learn individual self-interest and abandon their collective passions, which would (3) help them form into civic communities of independent middle class citizens, who would (4) demand further civil rights from their states and vote against inefficiencies, which would (5) facilitate more trade, prosperity, freedom and growth (ibid).

For the conservative governments of 1992 – 1997, private property was the key policy concept and privatisation the key program to deliver it.[11] Other issues, and social issues such as labour relations and social assistance in particular, were to resolve themselves once private owners were able to restore order in their companies (Myant 2008: 271). For some observers, the work on the practical compromise between market neoliberalism and social democratic concerns represent the main dynamic in the making of Czech capitalism in the 1990s (Myant 2003, 2008, Rys 2003).[12] For a good deal of the decade, social reform was regarded as a bumper to economic reforms and was busy dealing with social effects of the economic reform (FMOLSA 1990) inventing new and reforming old mechanisms in the areas of employment, minimum wage, social security, and old age pension valorisation (Prusa 1999).[13]

One of the policy areas where Ministry of Labour and Social Affairs (MOLSA) developed new policies that were not directly to serve economic reforms was the reform of social

[11] The infamous 'coupon privatization' was a way to create the 'Czech capitalism' as capitalism where the main part of the economy was to be owned by 'locals' and not by foreign investors (Myant 2008). Key barrier to this aim was seen in low levels of deposits in the population. To overcome this barrier and to achieve the nation-state framed capitalism, a privatization was devised which would allow any adult citizen to purchase a 'coupon book' with 10 'investment coupons' worth 100 points each, and to invest these coupons into shares of selected companies. This way, a new population of small shareholders was to be created without foreign investors (cf Federal Ministry of Finance 1992). An alternative conception of de-etatisation sought to find strategic foreign companies, as in the case of VW who rebuilt the car maker Skoda. This way of privatization was promoted by the then Czech Ministry of Industry (note that Czechoslovakia at the time was a federal state with two republic governments and a federal government), however, it was opposed by and finally dismissed by the Federal Ministry of Finance which had already started preparations for the coupon way of privatization (cf. Zak and Vrba 2004). On the rise of the new class of Czech managers, closely linked to the rise and fall of the coupon privatization, see Eyal, Szelenyi and Townsley (1998).

[12] Holy (1992) notes that there was a reform continuity in terms of the recognized problems with the macroeconomic indicators. State-socialist Czechoslovakia in the late 1980's delivered a reform program called the 'restructuring the economic mechanism' which involved strengthening of the market relations. However, it did not aim to abolish central planning and the public ownership of property. Instead, it focused on better planning, tighter central control and more effective sanctions, and managing work discipline (Holy 1992, cf Zak and Vrba 2002).

[13] Haggard and Kaufman (2001: 8) identify pension reform and health care reform as being at the core of the new efforts to redesign social contract in the 'New Europe' post 1989. Prusa in several evaluative papers suggests similar dynamics in the Czech case. Reorganization of financial streams was an activity pursued under various names such as social security, social assistance, pension, social relief, etc. (cf. Prusa 1999, 2002).

assistance (*socialni pomoc*) of which social care services were classed as a specific tool.[14] However, as MOLSA was more preoccupied with "minimising the effects" of the macroeconomic transition, social care services received relatively little attention throughout the first half of the decade (Prusa 1999). Another reason for the insignificance of social care policy was conceptual. Until 1999, social care services formed only a part of the complex of social assistance which in itself was handled as a problem of funding and of social benefits concerned with the conditions for cash entitlements of individual citizens. The key dynamic of this reform was re-qualification of the state and the individual. It followed the generalized arrangement where alliances of markets and civil societies were being positioned against the state. Such "anti-etatism" was not a new common good. Ladislav Holy identified strong anti-etatism reaching as far as the 19th century Czech nationalist project. The then stateless (ethnic) Czech nation was articulated parallel to and *against* the (German) Habsburg state. Holy points to the repetition of the national opposition to the state in the successive political projects – the Czechs against the Nazi protectorate of 1939 to 1945, and eventually the Czechs against the Communist state after 1948 (Holy 1991, 1996). After 1989, the elimination of the state monopoly was proposed to be the "necessary condition for democratic functioning of the society" (Federal Ministry of Finance 1992: 6).

Reforming welfare

MOLSA's project of social assistance reform was similarly moral a task as the one under way at other government bureaux. Here too, the state was rearticulated as a suspicious actor with dubious history. "Etatised social care" was defined as a burden inherited from the state-socialist past which "deprived citizens and their organizations of any motivation to self-help; it only taught them to rely on social security" (Tomes 1991: 5). Igor Tomes was a key architect of the de-etatisation project which he proposed as early as 1990 (cf Prusa 1999, 2002). Tomes crafted the policy problematisation out of a set of social policy concepts circulating internationally at the time and put them to action in the emerging reform of social assistance (Tomes 1991). These were the projects of "demonopolization, decentralization, democratisation, pluralisation of funding, changing the position of the user, pluralisation of forms, personalization, and professionalization".[15] Interestingly,

[14] Tomes (1991) translates the term *socialni pomoc* as 'social relief'. Potucek (1999) prefers translating it as 'social assistance'. For purely aesthetic reasons I opt for the latter term social assistance. It allows me to better incorporate social care services alongside financial benefits.

[15] Tomes and colleagues located the first attempts to re-think social care to 1983 when an informal group was set up at the Academy of Sciences and at universities. The group started to work on

Tomes' critique of the state-socialist arrangement is built as an argument about the iron cage of bureaucratization which "alienates services from the needs of citizens." In his composition, Tomes re-enacts a well-rehearsed neoliberal critique of the 1970's welfare state (cf. Clarke and Newman 1997), only now it was not re-formatting the Keynesian welfare state but the post-socialist, early 1990's Czech social welfare services (cf. Koldinska and Tomes 2004).

The public good proposed in the project of de-etatisation was articulated as training in citizenship. Newly created support systems held the individual and the family as key units of welfare policy. Individuals (and their families) were to be radically disconnected from the state in order to undo the older unit of the state-socialist welfare: the worker qua the state employee (Tomes 1991, Prusa 1994, Niederle and Visek 1995, MOLSA 1998, Konopasek 1998, Visek and Prusa 2012). Social assistance was to meet basic living needs of people "in the state of absolute lack of both material and social means" who could not mobilize any financial resources nor social contacts through family and friends. Citizens actively participating in "resolving their difficult situation" were to be differentiated from citizens who "intentionally do not make an effort" (Niederle and Visek 1995: 10). An active citizen was to be favoured, passive one to be sanctioned (Prusa 1994: 3).

The reform aimed to bring an *expansion* of the state's ability to target, know, distribute, and provide. Ironically, the neoliberal policy making thought of the state as *retreating* into a secondary provider role who would step forward only after active citizens and their family relationships were tested (cf. Clarke 2004). This incentivisation of the actively participating was an example of the aim to make social assistance more precise in targeting only those who "really need it". Redirection of services and withdrawal of benefits were articulated as technologies of creating a self-relying citizenship.

Discontinuity with state socialism was also devised at other levels of the social reform. The policy used a new term 'social assistance' which replaced an old term 'social care'. Care was denounced as too paternalistic; it implied citizens as passive objects of interventions when the re-qualified social assistance was to participate in the making of new, active citizens (MOLSA 1995, 1998, cf. Prusa 1994, 1999). This process was far from a mere rhetoric. As Thevenot (2002) notes in an analogous case, it was not a matter of simple meaning making, even though what we see are indeed changes in associations of ideas and knowledge. The newly defined common goods were directly linked to practical effects

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what was to become known as the social reform "in secret, informally, led by their shared interest in the issue" (Rys 2003: 25).

and real consequences such as the benefit tiers, and the practical ability or inability of individuals to access services.

Throughout the 1990's, methodologically, the reform focused mainly on reorganization of the financial networks and funding streams. Personal social services were but one tool of social security, together with welfare benefits and tax reliefs. For the reformers, key matters of concern were: spending, redistribution of tax burden, and incentives and tax rates. From the perspective of critical policy studies, in 1994 MOLSA was still performing what Clarke (1998) called the bureau-professional regime. Like good administrators, MOLSA's civil servants limited their reform efforts to the contexts of care such as funding. Policy intervention in the front-line social care (or what is normally understood as the content of care) was largely outside the scope of the reform, left to professionals to govern (cf. MOLSA 1995).

Improvement through marketization

By early 1997, MOLSA's two years old initial draft of the Social Assistance Act (MOLSA 1995) had been under a sustained scrutiny and criticism by many professionals and user groups who had argued that its proposed funding arrangements were discriminating against non-governmental providers. In April, the government tasked MOLSA to rewrite it (cf Prusa 1999, 2002, Hruby et al 1999). The matter of concern was how to administer funds to a growing number of organizations not directly governed by the state. MOLSA developed a new proposal for social care services which introduced the idea of marketization. As an improvement project, it deployed the ethics of a common good associated with the market. The "laws of the market" were to become the sole mechanism of governing social care which was to be re-organised along the formula of supply and demand (*poptavka/nabidka*). As MOLSA postulated,

> "where the market operates, there is no need to organize, plan, nor manage; only effectively steer." (Prusa 1999a: IV)

For the policy makers this meant that they only needed a single intervention: to increase the buying power of users-turned-consumers. Once the demand would have increased, it was suggested, consumption of care will drive (and improve) the production side of social care.

> "what was supposed to appear was demand; where is demand, there is competition, and where is competition, there is also control of quality. We thought it would be this simple." (interview, former civil servant 4)

Putting the market formula this way, there was supposedly no need for further governing. MOLSA's civil servant started to engineer a policy tool of direct payments. This tool was to transform grants awarded to provider organizations into cash for care distributed directly to users. At the time, Prusa summarised this proposal as follows:

> "direct payments for care would allow clients to decide independently how to coordinate their services" (Prusa 1999b: 51)

MOLSA's civil servants deployed the model of "market without compromises" (*trh bez privlastku*) which had been pursued in other policy domains. This way, MOSLA developed a market mechanism which effectively meant marketization without managerialism. Unlike personal social services reforms in the UK and their quasi-market mechanisms in social care provision (Le Grand and Bartlett 1993; Bartlett, Roberts and Le Grand 1998), the unit of MOLSA's policy intervention was not social care *production*, but its *consumption*. Rise of managerialisation of public services is linked to governing the production of services. Leaving production to be governed by the laws of demand rather than by regulatory arrangements radically simplified the reform project which in turn did not need to bother with issues such as purchaser/provider split, the rise of managerial class, targets and indicators, or the funding intricacies of internal markets (Prusa 1997, 1999, 2002). MOLSA's focus on regulating funding streams of assistance sat well with what was effectively another monetary intervention: the creation of consumers out of patients. The specifics of the new proposal were inspired by Germany's social care insurance system which had been introduced only a few years earlier along a similar aim of increasing the buying power of service users. In case of MOLSA's 1997 market-oriented proposal, direct payments were the only intervention scheduled to improve social care delivery.

Marketization also offered an elegant and coherent conceptual solution to the problem of optimisation. MOLSA's analysts had been working on what they called the optimisation of the density of service provision since the late 1980's (cf. Prusa 1987). This work concerned adequate levels of service provision expressed as numbers of beds available over numbers of beds demanded (Prusa 1999a: III). Here demographic data and structural modelling were the necessary analytical tools. The aim, as Prusa put it, was to "identify the optimum structure of the forms of social care" (ibid). The problem with social care was defined in systemic terms rather than as a problem at the level of care delivery. It was located at the intersection of funding and the needs of service provision which could be calculated regionally and which indicated the levels of provision to be low and unevenly distributed. Existing funding arrangements were defined as barriers maintaining and conserving the

uneven (and inadequate) levels of service provision. MOLSA's policy makers concluded that,

> "the existing funding mechanisms maintain old differences in provision [because] it subsidises existing services, i.e. beds, and not its need [in the sense of demand], through subsidies per head." (Prusa 1999a: III, cf. Visek and Prusa 2012)[16]

The existing system of funding and service distribution, MOLSA knew, did not support development of an optimum network of services. Marketization, on the other hand, seemed to promise that once the laws of the market started operating, optimisation too would follow. Reframing the problem of optimisation of service provision as a problem of supply and demand (governed by the market laws) provided a much needed assurance of both dynamicising the status quo in social care services and of resolving the problem of optimisation of service provision.

Conceptual simplicity of this kind of marketization, however, turned almost immediately into a practical difficulty. Full marketization through transforming the grants system into a cash for care system proved impossible. Alongside market proposals, MOLSA always maintained its responsibility for the availability of social care services. Planned for the year 2000 was a re-organization of local government structures. A new system of locally elected regional governments was to replace the existing system of the state apparatus. As the social assistance reform was taking years to negotiate, it was becoming clear that the new regions (*kraje*) will also take over the main bulk of devolved responsibilities for social care provision. With the prospect of handing responsibility for care provision to the regions, and not being able to delegate steering power to the market without compromises, MOLSA found itself fearing that the devolution

> "could affect other budgetary domains such as prison service, health care, and welfare benefits. The state cannot leave the funding of personal social care to the discretion of local government. Possible closures of social care services may result in increase of socially pathological problems which could lead to much higher aggregate costs for the state." (MOLSA 1998: 50)

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[16] In 1994, when they appeared in the Green Paper on Social Assistance, direct payments were only designed for voluntary sector services where "instead of flat-rate grants 'per project' it will contribute 'per head' of persons who really need the service" (Prusa 1994: 3). In 1998, after a pressure from the provider sector for equalization of all types of service providers, the direct payment was reformulated as a universal direct payment turning all users into customers (Prusa 1999a: VIII). "Through these means the state ensures that a basic network of services is created" (Prusa 1999b: 51).

MOLSA began to think of additional solutions to the problem of governing social care at a distance – and it came up with the notion of accreditation which was to work alongside the market mechanism of direct payments. MOLSA toyed with the idea that, on the one hand, service users would hold their cash for care to shop for their services, and, on the other hand, a network of organizations that have passed minimum criteria of accreditation would seek contracts with prospective service users. The proposal also stated that the minimum criteria would be summed up in standards of some kind. What kind, however, was yet to be explored.

Care sector development in the wild

Reform efforts described so far were all taking place within the walls of MOLSA. This should be stressed. For the whole of 1990s, there was only one "significant change to the operation of social care" delivered by the state – the 1990 overhaul of the 1988 Social Care Act to introduce a mixed provision of care. It allowed voluntary and private service providers to step into the landscape of (up to then) predominantly state care provision (Anderson 2003). After this there was no other major regulatory intervention in social care until 2006.

During the decade, social care sector was growing rapidly and new approaches to care delivery were developing in the wild.[17] Improvement concerns were marked by the rise of a particular concept of care: care in the community tailored to individual needs of service users (Pfeiffer 2011, Zamykalova 2003, Stuchlik 2001, Koldinska and Tomes 2004, MOLSA 2007, Chab 2004). Proponents of community care related the ills of the existing system to the existence of large (state funded) residential institutions and the care provided in them. Their improvement strategy was that of deinstitutionalisation – or the closure of large residential services. The following excerpt is illustrative of the kind of critique of the old model of care.

> "The old caring model places people with mental disabilities in residential institutions. These people are stripped of their civic rights and subjectivities, their

[17] As Zamykalova (2003) reported, in the middle of the 1990s, the proportion of employees in the voluntary sector was 1.7% of all employees, and within the service sector it was 3.4%. In the personal social services sector only 11.2% of all employees were in non-state organizations. Within the voluntary sector, the proportion of those specializing in personal social services was about 15%. In social care, voluntary providers focused mainly on 'intervention services' and 'home care' services for people with disabilities (to a lesser extent for the elderly). In 2001, voluntary social care providers represented 40% of all providers, employing 18% of workers in the field and working with more than 90% of users (Zamykalova 2003: 50, see also Fric 1998).

> legal matters are transferred to attorneys. These two dynamics – living in a residential institution and stripping of civic rights – have led to exclusion of people with mental disabilities from society and from normal, everyday life. Their effect was the secondary syndrome of institutionalisation. People living in residential institutions without the possibility to make choices about their lives were losing, and could hardly regain, abilities they may have acquired or maintained had they lived in the community (*bežné prostředí*). A paternalistic care model regarded the provision of safety and meeting basic human needs its main task. It did not allow people to live lives according to their own plans and wishes, in the community, and consistent with the lives of their peers without a disability. However, this loss [of ordinary lives] was not something the people with disabilities opted for. Paternalistic care model (*pečovatelský model*) was up to a certain time simply the best option our society had to offer." (Korinkova et al 2012: 8)

Those working in residential care opposed the idea of radical closures and, instead, aimed to take the path of what they called modernisation of residential sector. Old residential services were moved to new buildings, dormitories were turned into two to three bed rooms, nursing staff were gradually replaced by social care staff, home rules and regimes were eased, and residents started to be encouraged to re-enter education, look for work, and spend more time in the community. Tensions between residential care modernisation and deinstitutionalisation framed the stage of many debates (cf. Hruby 1999, Hanzl 2009, 2013, Pfeiffer 2010, Mach 2013).[18] Regardless of their differences, concerns of both the proponents of deinstitutionalisation and modernisation related to front-line care (and its environments). In both deinstitutionalisation and modernisation camps, improvement was delineated in terms of care practice. A popular and widely read textbook at the time on residential care (Matousek 1999) provides an insight here. It talked about a model of good care which resides in the therapeutic input and professional competencies, and called for adopting new styles of multidisciplinary care, for shifting focus on the needs of clients rather than their pathologies, and for using psycho-social models of therapeutic work rather than medical ones. Good care, the textbook suggested, can be delivered as a result

[18] Accounts of changes in residential care are available mainly as case studies in conference proceedings (kol. 2008), BA and MA theses in social work and special pedagogy (Hruba 2011), and profile vignettes in professional journals such as *Social Care* and *Social Services*. The theoretical ground is now occupied by the deinstitutionalisation thesis which produces accounts of 'barriers' to transformation (Johnova 2005, 2008, Pfeiffer 2011, cf. European Commission2008). In 2007, the Czech government passed a strategy of 'support of transformation of residential services into other types of personal social services provided in the community' (MOLSA 2007). Since 2008, MOLSA has been distributing approx. 1.45bn CZK from the European Social Fund (2007-2013) to support this strategy (see www.trass.cz).

of “flexible therapeutic and care doctrines” (Matousek 1999: 124-125). A whole inventory of what can be called the professional model of care is laid out here. At its core, within or without a residential facility, improvement of care takes the path of improving individual skills of practitioners. The equipped practitioner is the key agent of good care.

Unlike MOLSA, who were at the time predominantly concerned with structural aspects of care provision where the unit of intervention was defined in terms of regions and populations, practitioner-led innovations in the wild focused on what was seen as the content of care. This parallelism of governance between the care sector and the state administration was later critiqued by proponents of quality reforms and called neglect on the side of the state.

> “until recently the quality of care … had been managed only based on meeting technical specifications such as fire regulations, health and safety norms, or accounting rules and procedures. There had been no controls of the real delivery of care, its personal and process related aspects.” (Jaburkova and Matl 2007: 20-21)

John Clarke, on the other hand, understands this separation of the spheres of governing as part of the bureau-professional regime (Clarke and Langan 1993, Clarke 1998, Harris 1998) which “combined two key aspects of the organization of state welfare: the rational administration of bureaucratic systems, and professional expertise in control over the content of services” (Clarke and Langan 1993: 67).[19] The bureau-professional regime is thus built on a division of labour between administrators and practitioners, where the former may affect the work of the latter through, for example, budgetary constraints. However, in this regime administration will also restrict itself when it comes to governing the subject of professional knowledge – as MOLSA was doing during the 1990s.[20] As such,

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[19] John Clarke and colleagues translated into critical policy studies Henry Mintzberg’s theory of organizational configurations (Mintzberg 1981). Mintzberg identified ‘Professional organization’ as a distinctive type of organization where professionals demand control and autonomy over knowledge relates tasks. They form the operational core. Senior executives run the organization understood as the context or the environment, and they lack control over matters related to the ‘core’, or ‘the content’ controlled by professionals.

[20] Historiographies of totalitarian states best document systematic breaches of this separation of roles. Cases from the Nazi Germany or Soviet Russia show how the Party through its control of the state bureaucracy intervened in professional matters or how it was able to mobilize professional knowledge for the elimination of various ‘others’. Nonetheless, precisely because professionals back then, and even more today, understand these cases as *breaches* of their autonomy indicates that the bureau-professional division of labour may have been as old as the existence of professions within the modern organization.

the bureau-professional regime belongs to a "pre-quality" era. The quality agenda brought a focus on governing the heart of care together with its contexts.

During the 1990s, practitioners in the growing voluntary sector were eager to engage with ideas and methods of doing good care which closely linked to their ideas about reforming residential services (Pfeiffer 2010, Jarolimek 2010). Mental health and learning disability services were at the forefront of this learning.[21] New research and educational organizations were set up such as the Prague based Centre for Mental Health Care Development; and new provider organizations emerged; some directly initiated others supported through international development aid funds and expertise. In mental health care, Fokus benefited from a Dutch international development programme. In services for people with learning difficulties, the American Jewish Joint Distribution Committee (JDC) organised seminars on care in the community. They were constitutive for many of those who later played a role in developing quality standards at MOLSA. As one of the participants recalls,[22]

> "from 1991 until about 1992, JDC were bringing to us the methods of how to work with people – for example individual planning – starting from what the people really need. They would teach us that we need to have a plan and work along with it; although we didnt call it this way back then. So they were bringing these kinds of information. They also taught us how important it is to have aims and objectives, and how to set up services along this new ways of working – that is services provided in the community (*v beznem prostredi*)." (interview, former civil servant 2)

In this excerpt, there is no trace of a managerialist will to subdue professionals (Walsh 1995) or to make organizations work more effectively and efficiently. This excerpt shows

[21] One remarkable project should be mentioned at this point: Milan Chab's bottom-up attempt to dissolve (deinstitutionalise) a residential care facility in Horni Poustevna, a small village in the former Sudetenland, of which he was the director. From 1981 until his premature death in 2001, Chab tried to transform the residential institution into a network of supported housing projects. As with many bottom-up innovative projects that are dependent on their charismatic leaders, the transformation of Horni Poustevna was a near success which has proved to be short-lived. After Chab's death in 2001, the institution started slowly to "re-consolidate". Horni Poustevna was at the time the only attempt to full scale deinstitutionalisation nationwide, and up to today it remains one of the few.

[22] During my fieldwork in Prague, I was once participant at a meeting of practitioners about social care reform. That day they had a guest from the Union of towns and municipalities of the Czech Republic. She introduced herself as a bureaucrat of late. But a committed one: 'I went through the JDC courses in the 90's', she stressed in her introduction. Everyone in the room nodded in approval (fieldnotes, November 2010).

how the prime driver of practitioners in the early 1990s was related to learning about good care in the community. At its centre were new definitions of the client and the web of support around them. The simultaneous take up of tools and knowledge associated with managerialism was a collateral learning. The so called community legislation of 1990 in the UK introduced case management as the blueprint for social work and social care practice (DoH 1990). Community services in the US and in the UK had been "managerialised" (Payne 2000, Kirkpatrick 2006) when Czech practitioners started translating best practice examples. With them also travelled social work practice entangled with management knowledge. An example indicating the dominance of Anglophone theory and practice-modelling in Czech community care literature is Palecek's textbook on community mental health care (Palecek 2006). Even though the textbook had been developed in a Czech-Dutch partnership project, the model and theory of community care itself was largely Anglo-American. As Palecek says in a footnote:

> "I build mainly on British and American examples. Contrary to this, in the book To err is human by German authors Dorner and Plog (1999) one can find a reflection of community care which may have been inspired by Czech psychiatric system – left as it used to be, only re-named community care. Their three pillars of the basic community care do not but conserve the status quo." (Palecek 2006: 2)

In other words, unlike the US or the UK social care, Czech as well as German contexts were largely institution-bound. In term of learning how to deinstitutionalise care, the German system had nothing to offer – except perhaps how to instil a fictional image of change. One of the first textbooks on social work methods published after 1989 (Reznicek 1997) also problematized Czech social care in relation to Anglo-American model of individualised work. It was written by an émigré to the US who took part in "building the educational model of social work at the university level where Czechoslovak (sic) social work has returned after forty years of forced absence" (Reznicek 1997: 7). Funded by the Fulbright Commission, Reznicek taught Individual work with clients at Masaryk University in Brno between 1991 and 1993. The textbook aims to

> "mediate American tradition of social work (…) to awake and enhance here [in the Czech republic] social works systematized nature (*systematicnost*), personal bias, respect to individuality of clients, and creative adaptability." (Reznicek 1997: 13)

The "systematic" provision of social work is outlined as "phases of a work relationship", from initial contact and diagnostics, through intervention to review and termination. Another example of how managerialised care was being translated as practitioner knowledge of good care is provided in Stuchlik's (2001) manual for mental health care practitioners. Out of 195 references, majority are English articles and manuals on case

management and care in the community published in the US and the UK. The manual introduces the idea of assertive community treatment, an innovation in the English mental health services rolled out during Labour's first term in government (Rankin 2004). At that time case management had already been firmly inscribed into the working of English adult social care. Stuchlik starts with summarising why did case management emerge? He provides a list of problems that had supported the claims-making of British policy makers a decade earlier: the list refers to imbalances between services and needs of clients, fragmented and dis-connected services, neglect of basic user needs, lack of reaching out to families and communities, and problems with responsibilities for care provision (Stuchlik 2001: 9). The same set of arguments was to be used by the Czech reformers: what practitioners call modern service provision aims to build a seamless web of support tailored to individual needs of people (Stuchlik 2001, cf. DoH 1998). Stuchlik's textbook outlines the working principles and good practice in professional work with clients. Good practitioners, according to Stuchlik, build relationships through respect to individualities and privacy of clients, and liaison with families and friends; they then assess needs, set up plans and review them after some time. The accent of the textbook is on practitioner skills and values. However, in doing so, Stuchlik could not but include management knowledge, mainly the planning cycle, which had been inscribed into case management. Since the early 1990's, case management may have been critiqued in England for misplacing core social work values (Lymbery 1998, 2000, Payne 2000). Yet for the reform-oriented practitioners in the Czech context it conveyed the best example of the ethics of personalisation.

The problem of quality

Social care reform met quality as a result of a series of opportunities that opened up *ad hoc* in the course of the social reform. In late 1997, MOLSA was still working on a new draft of the social assistance bill. It suggested accreditation of social care providers as a new tool to overcome the threat of local variation it envisaged to be the outcome of social care devolution. The notion of standards appeared as a tool to enable the accreditation process (MOLSA 1998). As a future project, standards possessed only one humble feature, they had a name: the minimum standards. They were a mere idea of setting a common benchmark for all accreditation applicants. MOLSA contracted two teams to explore and develop the idea of minimum standards further. All parties, MOLSA as well as the two teams, had little idea about which direction to take this line of work (interview, former civil servant 2). The first team consisted of residential care practitioners and statisticians. It came up with the idea which became known as quantitative standards. The other team came up with the idea of more qualitative standards (Prusa 2002). As one of the then civil servants put it,

> "The first standards were focused on the optimisation of inputs; there were sizes of bedrooms, staff/user ratios, even a theatre with a cloakroom. The second standards were looked at the outcomes of services in the lives of users." (interview, former civil servant 1)

The story of the two sets of standards is a story of a shift in policy coalitions from administrators to practitioners-turned-policy makers. It is also a story of competing notions of care and its governance. Quantitative standards were in line with the existing bureau-professional arrangement between MOLSA and professionals in the care sector. Qualitative standards, on the other hand, were a novelty at MOLSA. They started as an experiment of a small group of newly hired civil servants who had come from social work postgraduate programmes and had practical experience from care services. Their initial outputs appealed to the director of Section 22, responsible for social care, or, perhaps, he did not mind. As one of the civil servants recalled,

> "the head of Section 22 at the time was very kind, and even though [what we started] was not his cup of tea he let us work on it. And I was pushy enough, I suppose, to get my way. We were able to continue even though the work soon started to dissociate from the original task – and mainly from the understanding, approaches, and expertise of the rest of MOLSA." (interview, former civil servant 1)

During 1999, more people were hired to support the work on qualitative standards. Through hiring of new staff, Section 22 was gradually turning into an anomaly at MOLSA – a department with high concentration of civil servants with little policy making and years of service provider experience, often from the voluntary sector. As one of the participants described it at a conference in 2011,

> "A small, partisan group of people then appeared at MOLSA. We were educated in social work and were allowed to get engaged full of ideas about change. It was our chance to influence something." (conference presentation, former civil servant 3)

"Quali" and "quanti" teams, and their respective standards, articulated different policy problems and therefore also different evaluative frameworks. On behalf of the quantiative team, an old MOLSA civil servant reflected this change critically. In 2003, he described the policy as

> "an experiment where the reconstruction of an important macro-social system full of political, economic, and legislative problems was handed over to a group of novice civil servants with a social work degree and no macro-social, macro-economic , or policy making experience, whose incorrect proposals have been uncritically supported and defended. This experiment has led to years of delay in

> dealing with issues in social care policy. The outcome is helplessness in introducing optimization necessary in relation to reforms in local government." (excerpt, manuscript, 2003)

The group of practitioners turned policy makers had specific visions and problematised issues related to the content of care – issues unrelated to those of the older MOLSA administrators and their problematisation of social care funding and the optimum provision. Both old and new policy makers shared an interest in improving the state of social care. Where they differed was what constituted the key set of problems, and how to go about them. Qualitative standardisers were practitioners of a specific sort. One way or another they came from voluntary sector backgrounds and their practice-related ideas had been formed by the ideas of deinstitutionalisation. This group was complemented by a small number of practitioners from residential care institutions who had been involved in reforming psychiatric and learning disability residential care from "within", mobilising the ideas of anti-psychiatry and normalisation movements from 1960s and 1970s (cf. Pfeiffer 2010, Chab 2004).

> "[I belong to those] for whom quality standards were mainly about deinstitutionalization. Maybe it wasn't as clearly written as this, but we understood it that way, and clearly those from residential sector understood it that way too. That is why they opposed it so much. The idea was simple – residential institutions cannot make it through inspection which will evaluate how services link people up with a local community, how they personalise care, how they respect rights of users-citizens." (interview, former civil servant 3)

Differences between "quanti" and "quali" standards and their makers were not simply ideological. The differences were also of *technical* kind. Where the older MOLSA civil servants used socio-demographic methods to establish what is an optimum provision and the preferred financial tools of intervention in the context of care, the newly hired practitioners brought with them a focus on direct work with users as a unit of intervention, and normative definitions of what is and what is not good care. Different formulations of policy problems related to the differences in method. For the old civil servants, quality proposals

> "focused on secondary problems such as quality standards, community negotiations and community planning, instead of dealing with primary issues that were social services funding and rights and responsibilities of stakeholders, their competencies and roles … [Their effort] was based on two misconceptions. First, that social services are a priority, something specific and separate from other activities of the state. Second misconception was in the assessment of the existing

> levels of social care. From the start, all documents related to the services reform voiced sharp critique of existing care. The truth is that social care services have been of high quality and complexity, fully comparable to that of other European countries." (Visek and Prusa 2012: 13)

This excerpt repeats again the argument: older policy makers were not primarily concerned with what they had seen as internal issues of care. Their focus was on other problems and they used other methods of dealing with them. On the other hand, the new policy makers were keen to intervene in the front-line care:

> "[Our aims were]: equal standing of care providers, modernisation of services and improvement of quality of practitioners, and mainly improvement of the standing of clients." (conference presentation, former civil servant 3)

Soon the key aim of the work on "qualitative", or "quality standards" as they also started to be known, became:

> "assessing the content of a service" (Jaburkova et al 2000a: 7)

Due to the lack of literature and limited internet access, the new civil servants used library at the American Centre in Prague as a resource. "They had internet there", one of them said in an interview. And the new civil servants could search for information about quality of care:

> "anything we could find. I remember reading about standards used by Medicaid or Medicare, it was all new to us … Either way, the point was to focus on outcomes of services, so that they improve people's lives" (Interview, former civil servant 1).

> "In those days we had not known anything about quality and its management. We were simply catching themes we had heard that we thought might be useful." (Interview, former civil servant 3)

Interviews with the new reformers also suggest that as a group they were probably deemed more homogeneous by their critics than should be merited. Not all of them, for example, were strict on the closure of residential institutions (interview, former civil servant 2). It may be argued that it was their shared focus on the content of care and the tools for its reorganization, mainly a set of quality standards, which in turn gave the reformers a singular identity.

The new reformers problematized quality in two ways. On the one hand, through the quality agenda they problematized the inside of care rather than its optimum provision

and funding. On the other hand, through quality they raised concerns with the focus and the scope of the reform (or rather the lack of it) up to then.[23] The reformers argued that

> "systems of control over quality of personal social services do not exist" (MOLSA 2006: 1)

> "At the moment, it is not quite clear to what extent are services of good quality, how are user needs being met, if there are any professional requirements for staff, if there are any defined features to recognise quality providers and if there is any knowledge of whether public funds are being spent effectively" (excerpt, Social conference presentation, November 2000)

Here, the problem of quality consisted of defining the problem and its solution at the same time. The solution was already present in the problem definition: non-existent quality control implies the need to introduce it, and the same non-presence-to-be-turned-into-presence scheme applies to other constituents of quality: mainly user needs that ought to be assessed prior to setting up any support work with a user, and a set of standards that would allow comparability and evaluation of quality. At the same time, the reformers problematized MOLSA's own activity so far. Its involvement in regulating front line care was re-told as inadequate, resulting in the sector not being supported in a systematic and structured way (Hejna 2000, Jaburkova et al 2000a). As Jaburkova et al (2000b) communicated to the public at the time,

> "care practice has not been dealt with in a complex and strategic way (*koncepcne a komplexne*)." (Jaburkova et al 2000b: 6)

From early on, the group of practice-oriented civil servants and their set of qualitative standards grew together through mobilisation of heterogeneous sources of support. First, the general elections in 1998 led to the first Labour government since the fall of state socialism in 1989. The new minister at MOLSA had had himself an extensive practitioner experience in welfare services. His deputy minister was also a practitioner (psychologist) by training. As one of the former civil servants recalls, shared (practitioner) concerns and alliances were deemed important throughout the work on qualitative standards:

[23] Rostgaard's analysis of Danish social care reforms, although she is not making this point directly, suggests similar 'appearance' of quality: "[q]uality terminology has gained visibility in reforms of elder care, which emphasize the development of quality provision, quality assurance, quality standards, indicators of quality and a quality reform" (Rostgaard 2011: 249).

> "Crucially, we had support from the Deputy Minister and the [new] Minister. We managed to bring in many practitioners from the provider sector [she names a few], and also some service users." (Interview, former civil servant 1)

Second, there was a package of the EU accession policies that the Czech Republic was keen to implement. In early May 2000, the Czech government passed the national policy of quality (*jakosti*) as a transversal strategy and all ministries were called upon to start actively developing it in their specific domains. At the next government meeting at the end of May 2000, MOLSA promptly responded by listing the improvement of social care quality as one of its "strategic and priority tasks" (MOLSA 2000). The work on quality standards could be aligned with all-governmental priorities and establish itself by a notch. Another source of support arose in the form of a three year Czech-British twinning programme agreement between Department for International Development (DfID) and MOLSA which was launched in the autumn 2000. In fact, the inter-governmental agreement introduced a range of twinning programmes in the areas of trade and investment, financial regulation and corporate governance, environment, police and judicial reform, and social security reform. British government expressed a

> "strong commit[ment] to the early accession of the Czech Republic to the EU and to supporting the Czech Republic in the associated process of reform" (Stationery Office 2001).

Individual projects were mainly funded by European Social Fund and Phare programmes, and overseen by departments and ministries on both sides. In the case of social care reform, the Select Committee on Foreign Affairs minutes further read that,

> "the DfID Know How Fund's main activity in the Czech Republic is a major project with the Ministry of Labour and Social Affairs. This will include a root-and-branch review of the delivery of social services, introduce standardisation in these services, and an institutional review of the Ministry of Labour and Social Affairs. Deputy Prime Minister Spidla's visit to Britain in 1999 and the visit of Angela Eagle from the Department of Social Security to Prague provided impetus for this work in June 2000, when the project was officially launched." (DfID 2001)

What is commonly referred to as the Czech-British project lasted for three years, between 2000 and 2003. On the British side, it involved a small group of senior social care academics and inspectors who were contracted by DfID to provide consultation support to the Czech partners – the new civil servants at MOLSA working on qualitative standards. The Czech-British cooperation does not quite fit the idea of a policy transfer in the classic sense of a linear movement of policy tools through dedicated policy means (cf. Dolowitz

and March 1996, Hulme 2005). Rather, as I have been indicating in this chapter, travels of ideas and influences could be seen as a multi-channelled, dispersed process of "translation" (Czarniawska and Sevon 2005) where pieces of knowledge (and I will look into them in detail in the next chapter) circulating in a range of domains and formats from international academic social work literature, to foreign aid projects and study trips, were registered and tinkered with. Some elements of the social care arrangement which was being crafted in standards, such as the focus on individual needs or support planning, were "British made" (or "US made" for that matter) but had already entered Czech social care during the 1990's through inter-personal and other mediated liaisons with Western colleagues and their practice.[24] Other elements were brought in during the Czech-British twinning project:

> "a group of people from MOLSA who went on a trip to England. It was even before the twinning project officially started. They showed us some service providers, but mainly we travelled to a couple of municipalities where they showed us the system of quality inspection and what control mechanisms they were using. There for the first time, we came across this idea of inspection in social care services. And there we were also shown for the first time, how standards are used in this process. They wanted to persuade us that this is the best way to do things. Well, they didn't need to persuade us, but in the group before us there was a couple of the old MOLSA administrators and directors of residential facilities that MOLSA had been still in charge of at that time. And they started saying that we were implementing an English model which is not close to Czech mentality. Instead we were supposed to look across the border to Germany and Austria – how they are running their cosy, well maintained residential institutions. (…) The Brits steered us in the way to realize that there were these parts to quality, and that the parts were related; that there were standards, and then there was their control, and how they worked together." (Interview, former civil servant 6)

Standards not in the hands of practitioners but as an inspection tool, and the idea of social care inspectorate were new to Czech reformers who had been acquainted with, and who strived for, the values and principles of (British) community care. This excerpt shows how, perhaps, the reformers were getting more than what they were looking for. At the same time, as with British practitioners a decade earlier, they were quick to adopt the "quality

[24] The list of various liaison partners in community care learning includes the Centre for Independent Living in Berkley, British Centre for Mental Health Service Development, Dutch RINO, Noord-Holland, and international organizations such as International Mental Health Collaboration Network.

link" between social care values and quality assurance tools – mainly the idea that standards were supposedly able to transport values and practices into the workings of provider organizations (*nastroj prosazeni hodnot*) (Interview, inspector 7), and that inspection was the tool to control and measure whether this was happening.

One of the pieces of joint work between Czech and British partners was the move from eighteen sets of standards to a single, universal set of standards in 2000 (interview, former civil servant 6).[25] Eighteen sets of standards had been in development prior to the start of the twinning programme. They were to match eighteen "types" of services drafted in 1998 (such as sheltered housing, residential services for the elderly, supported employment services, etc.). However, as one of the civil servants recalls, there was a marked discrepancy between what residential care standards were proposing compared to the content of community services standards:

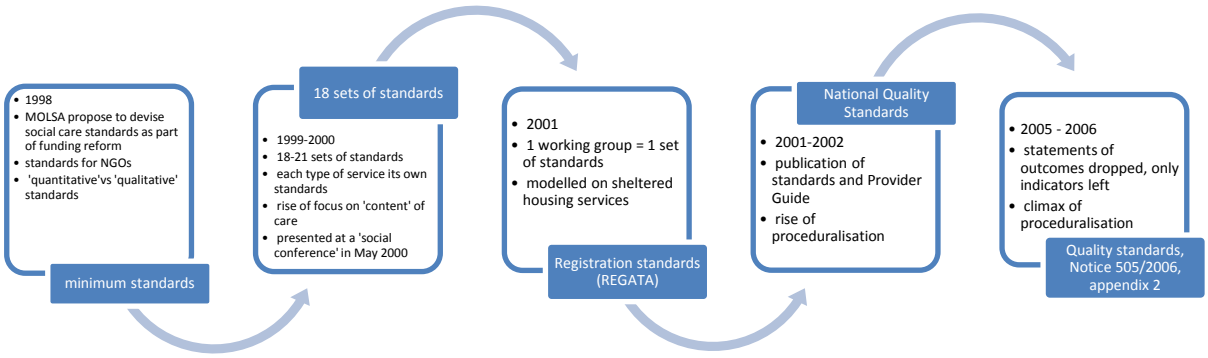
> „it was apparent that care described in standards developed by the residential group, run by the directors of residential services, was a very different care to that described by the sheltered housing group. One could not see how rights of users were cared for. This led us to make a decision to push for a single set of standards in line with the values of community care services where rights of users had been known and worked with." (interview, former civil servant 2)

A small group of five people from across the eighteen working groups took up the task of articulating a single set of standards. This singularisation of work delivered a draft of the so called Registration standards (REGATA) in 2001. Through further consultations and re-writing, REGATA standards were eventually turned into National Quality Standards in 2002

[25] An important British inspiration that the Czech civil servants were fondly participating in was a project-oriented 'style of work': "The [Brits] brought this style of work, perhaps it was about politeness which certainly wasn't the norm at MOSLA – for instance that you thank to all people who come to a meeting that you organize. Or this openness such as sending drafts to others for comments so that most people who could have a say actually had a say. I remember PERSON GB1 always reminding me that whenever I open an email I should think who else should know about whatever was being communicated in that email" (interview, former civil servant 2). Another civil servant described the environment at MOLSA as a "military HQ culture": "when you needed to communicate with someone from another department, you had to file a request via a dedicated administrative staff, *referatniks*, who were maintaining this 'military HQ culture' and hierarchy. As a Head of Section I was battling this bureaucracy whenever I wanted to speak to another Head of Section. So linking things together was difficult in these circumstances." (interview, former civil servant 6). In this respect, the twinning project "allowed a real project work in the sense of work across institutions and departments that do not communicate with the one another within MOLSA's hierarchies" (interview, former civil servant 1).

(MOLSA 2002). Diagram 1 depicts the trajectory and the transformations involved in quality standards development.

***Diagram 1**: The making of standards, 1997-2006*



Another piece of joint work between the Czech and British partners linked standards to inspection. This idea was developed during the twinning project, but it had built on an earlier work by a MOLSA-based group working on an audit tool of residential facilities directly managed by MOLSA. At the time, MOSLA was a direct provider of fourteen residential services for people with learning and combined disabilities. And it was this taskforce that started experimenting with "tools allowing assessing and intervening in the quality of care in residential facilities directly managed by MOLSA" (draft audit methodology, December 2000). Soon the strategy altered as development of standards seemed to promise the ability to target provider organizations outside the small group of MOLSA-managed residential services. British experience with social care inspection showed the way how to roll inspection out nationwide. One of the British consultants reported on this development at the time:

> "The Czechs were adamant that they should omit a residential services only stage from their inspection development. There is, commendably, a commitment to the principle of equality, and that all services should be subject to equal scrutiny, whether their organizational basis is public or non-governmental (…) Therefore in planning for new Inspectors the Czech British Team wanted to ensure that: standards used were consistent across NGO and public services." (progress report, British consultant, February 2002)

Over three years, the British consultants helped to complete a single set of national standards and mainly to shape its connection to the system of independent inspection. The first cohort of Czech inspectors was trained as part of the twinning project. The support included study trips to Cheshire and spending time as "lay inspectors" during local

inspection visits, as well as educating Czech organizations in how to "gather evidence of practice against standards" (Olomouc report, British consultant, 2001).

The gradual stabilisation of quality as a policy problem was further supported by partial changes to MOLSA's organization of work. Pre-scheduled work on the social assistance reform was terminated in 2000 and in its place, two new legislative activities were proposed separating the up to then unified package of social assistance into personal social services, on the one hand, and social welfare benefits, on the other hand. The old and the new civil servants were separated this way. The former went on to spend next couple of years drafting the Assistance in Material Need Act [*Zakon o hmotne nouzi*], the latter were to enjoy relative autonomy in pursuing their project of quality standards and inspection as part of the [Personal] Social Services Act. This taskforce was further separated into projects, each focusing on one piece of the quality puzzle: standards, inspection, and community planning. These projects were part funded by the European Social Fund with resources distributed not through MOLSA directly but via the National Educational Fund (NVF), a quango set up to deal with "European projects". According to one of the new civil servants this also led to a degree of independence on "MOLSAs usual ways" of policy making (interview, former civil servant 2).

***Diagram 2**: Social care services as part of social care reform*

As a result of these internal processes at MOLSA, together with the opportunities that had opened as part of MOLSA's external liaisons, quality was being successfully turned into a new "collecting concept" for the main part of the social reform. Quality re-collected the older reform efforts and established itself as the direction to take. At the same time, quality service was shaped and re-shaped in standards as an arrangement of statements on how a personal social service should be organised and how the care provided should look like.

Surviving clinical death

In 2002, MOLSA published National Quality Standards. First as a booklet of standards (MOLSA 2002a), and a few months later as a Guide for social care providers (MOLSA 2002b) which advised how to craft quality services locally by implementing the standards. In 2002, quality standards also became hand in glove with an inspection methodology developed during the Czech-British project. Together they were piloted in the Olomouc region in 2003 (Smekalova and Johnova 2003). However, turning these mechanisms into legislation – which was the strongest projected ally of quality agenda proposed to take quality to every organization in the country – was still far away and the journey to it was uncertain. A draft Act was to be submitted before the government in late 2003 (progress report, internal circular, 2002). However, in 2003 the whole of MOLSA's Section 22 came to a temporary halt. In the winter, the teams working on quality standards left almost as suddenly as they appeared three years earlier. A few months later, the Czech-British twinning project came to an end too. In interviews, the former civil servants refer to personal changes at the post of the deputy minister which affected their ability to continue making the standards and inspection a part of the social care legislation. To them at least it appeared that quality was shelved and removed from MOLSA's schedule of work:

> "When we left, it all fell asleep for two years. I am not sure what exactly was happening there but it only came back two years later. Some of the new people started dusting it off. And there was a pressure from the sector to finally, after all the years, have an Act too." (interview, former civil servant 6)

Some interviews describe a continuous building up of a pressure from below which kept pressing for social care legislation as something that was "terribly missing".

> "Some regional governments took up the idea and used EU money to fund voluntary inspections using the standards published in 2002. If there was an intention at MOLSA to stop the reform, it didnt work out. This spread was outside their control. When MOLSA saw that the reform was continuing without them, they rather took the reins again." (interview, former civil servant 1)

If the work on standards and the legislation seemed like the end of a journey, at MOLSA it did not stop for long. Between 2003 and 2006 MOLSA's Section 22 picked up and further developed the training of quality inspectors. Simultaneously, it kept drafting and re-drafting the body of the Act – this time mainly in conjunction with its legislative department. The 2006 Social Services Act was eventually passed as a diverse piece of legislation. According to one civil servant, it

> "could have been done differently and was not entirely polished, but the pressure from stakeholders to have a new legislation for social care after 15 years in the making – the first one since 1990 – was enormous." (Interview, a former civil servant 4)

Apart from a new taxonomy of social services and the definition of a social worker and a social care worker, the Act also introduced the long composed market tool of cash for care (*Prispevek na peci*) which had remained part of the bill draft since the days of the social assistance reform. The Act also universalised quality by placing a duty on all providers "to meet (*dodrzovat*) standards of quality" (MOLSA 2006: para 88, h). Along with standards, the Act also universalised the inspection of social services provision (ibid: part 4) whose task was to inspect quality of social care services.

Over the years, the narrative of quality became embedded within practitioner concerns of striving for improvement (cf. Kozlova 2005). A variety of actors were part of this process. For example, a popular social work textbook contributed to it by proposing what a few years before would not have been as straightforward. It simply stated that,

> "quality of a service is possible to be guaranteed by checking it against a priori defined and measurable parameters." (Matousek et al 2007: 125)

The textbook was written by the same team of academics who only ten years earlier saw improvement of care as a matter of equipping practitioners. Now the parameters of what is improvement and how to achieve it altered. The social work values that the new policy makers called upon did not change. What changed were the means and the unit of their delivery. After quality, quality service rather than professional competencies became the referent when looking at "the real delivery of care" (Matl and Jaburkova 2007: 20-21).

With the gradual embedding of quality as a wide matter of concern, questions about the beginning of a quest for quality were also altered. For practitioners, it has become increasingly difficult to disentangle their pre-quality notions of good care from the quality narrative of improvement as materialized in meeting the standards and knowing through inspection. Today, practitioners I have spoken to say that they have "always strived for quality" (interview, service manager 5). The traditional notion of good care was successfully superseded by the notion of quality service.

Conclusion

In this chapter, my attention has focused on the emergence of quality within the wider social reform. Theories of quality and managerial reforms have been mainly based on empirical material from public sector reforms in the UK (Clarke et al 2000, Wollmann and

Schroeter 2000, Walsh 1995, Bartlett, Roberts and Le Grand 1998). Here the discourse of quality is understood as part of an attack of the new class of managers which has imploded an earlier division between practitioners and administrators into the new managerial field (Clarke 1998, Noordegraaf 2007). In the Czech case marketization and quality agendas were both pursued but as separate and structurally unrelated projects, the former willing to govern care consumption while the latter targeting care production. The Czech reform first initiated improvement through marketization. This reform pushed forward the idea of the market without a compromise and deployed the formula of supply and demand. In order to boost demand it introduced a form of direct payment mechanism (cash for care) which was to allow users qua consumers to drive improvements in social care. Marketization of care consumption, unlike marketization of care production, did not require resting on the introduction of quality assurance as part of managerialised care provision. The case of Czech social care reform in this respect shows how quality can be dissociated from marketization. The dissociation is even more striking when both quality standards and the cash for care were legislated in the same Act. Their trajectories may have been stumbling over each other, they even became part of an orchestrated social care system after the Act came to force in 2007, but they were not crafted into a co-ordinated arrangement.

After having mapped the trajectory of marketization, I showed how quality was invented at the intersection of practitioners' concerns with good care, radical political projects such as deinstitutionalisation and de-medicalisation, and as an ad hoc mobilisation of an available agenda for a wider government reform. Quality agenda in social care was crafted as an opportunity seized by a number of social care practitioners turned civil servants who under specific circumstances managed to successfully establish quality as a policy problem and quality service as its future remedy. Their main interest was to achieve changes in the content of social care, commonly understood as a relationship between the practitioner and the user called practice. For MOLSA itself, thinking content of care as a policy arena was a new territory. Until then MOLSA had practiced what John Clarke (1998) called a bureau-professional arrangement. This shift of a governance focus also required a new team of people, new ideologies, and new technical skills. The older administrative knowledge, reliant on the socio-demographic analysis, was replaced by knowledge based in international social work which at the time had already been "managerialised". In pursuing their project, the new policy makers learned to link values and practices of care to tools such as standards and inspection – and they learned to take this arrangement of social care for granted.

In this chapter, I have traced the social care policy making as a heterogeneous process of problematization. Various policy coalitions were part of the story of quality. However, the

notion of policy coalitions which refers to social alliances cannot alone explain changes in the policy object. That is why I have paid equal attention to the technical aspects of social care policy: methods of analysis, concepts, and models, and their relationship to the problem definition. So far I have been merely hinting at the new object of policy, quality service. In the next chapter I will focus on how this new policy object was composed incorporating elements of care and pieces of management knowledge.

Chapter 4

Quality service and intellectual devices: Extending the boundaries of care

Introduction

In chapter three I was tracing the battles between various social actors who were pursuing their respective reform aims. Practitioners-turned-policy-makers who called for reforms of residential institutions and for adopting principles of community care were negotiating their aims with practitioners trying to "humanise" residential care on the one hand, and administrators focused on reforming funding arrangements on the other hand. I showed how in the context of these debates quality was articulated as a policy problem. The argument which I am pursuing further in this chapter is that policy networks and wider contexts of policy formulation are important for understanding the changes in public services. However, on their own they lack the explanatory power to account for the nature of tensions in, and the outcomes of social care reforms. Policy debates and new proposals had contents: they challenged older ways of working with people in care, and proposed new care. The counter-programmes called problematizations of quality secondary and argued that real problems lie elsewhere – in the re-organization of funding streams and regional provision of services. Both sides were proposing substantive arguments and argued passionately about what may be seen as (technical) details. That is why, in this chapter, I focus on the work of re-composition involved in the calls for quality. It takes me from mapping the social coalitions outlined in previous chapter to mapping the boundaries of care and how they were re-structured in the process of setting quality standards, and expressed in the notion of quality service. In other words, I pay attention to the *content* of policy debates for further answers to the question on the mechanics of managerialisation of care. This chapter places the art of composition at the centre of analytical stage, and unpacks the making of quality service as an important process in the quality reform.

More specifically, this chapter provides an analysis of how managerialised care was formatted through the adoption of four intellectual devices that were built into quality standards. As outlined in chapter two, the attention to intellectual devices is a

methodological movement which builds on the promise of Actor Network Theory that the material analysis of a reform alongside its social processes enhances understanding of how change and innovation take place. When I propose to pay attention to intellectual devices as the *matter* in Czech social care reform, one may remain puzzled. It may sound counter-intuitive because we tend to think about concepts and models as pieces of discourse; the notion of materiality is normally reserved for more solid matters. However, as I argued in chapter two, by attending to the materiality of intellectual devices I mean a specific attention to "what they do" in the composition of the new policy worlds rather than "what they stand for" – which tends to be the focus in the analyses of discourse. Alluding to Donald MacKenzie, I understand these pieces of knowledge as engines rather than cameras in the course of the reform (cf. MacKenzie 2006). Attention to "what the devices do" in the re-organization of care allows me to trace how managerialised care could become the unanticipated policy outcome in the Czech case, where neither market mechanisms in care production (marketization) nor the rise of managers endowed with the right to manage (managerialisation) were present as the acting forces.

In this chapter, I first summarise what is understood as the model of old care and how critical studies of social policy analyse the shift to managerialised care. Second, I focus on the role of standards in the process of reforming public services. According to some authors, standardisation (Banks 2004, 2007) and the rise of audit and inspection (Power 1997, Strathern 2000, Malin 2000) are key factors in the de-professionalization of previously autonomous spheres of occupational practice. I accept the basic proposition of critical policy studies that standards-setting and other quality assurance mechanisms effectively re-frame practitioners, in cases like the Czech one perhaps unintentionally, as structured industrial labour. I am interested in quality standards as the space where quality service was formatted. In standards new equivalences (Thevenot 1984) were created among the features of care. However, the specifics of formatting quality service are to be found at the level of “standards within standards” (Lampland and Star 2009). That is why I move on to analyse four intellectual devices: process, individual planning, service, and procedure. These pieces of management-cum-practitioner knowledge allowed re-organization of care by extending the boundaries of care both horizontally and vertically. Through the alignment of process and individual planning with the older notion of care as bodywork (Twigg 2000), care was linked to practices and forms outside the interactions between care practitioners and clients. After the horizontal extension of care, work with clients could no longer be valued as good practice if the other parts of the sequence were absent. Vertical extension of care was achieved through further alignment of care with the notions of service and procedure. They helped to establish new agency in care. Care started to be delivered by services equipped with procedures rather than by equipped practitioners.

Managerialised care

Traditionally, the notion of care is formed by the carer, the person cared for, and by the interaction between them – i.e. caring – often enacted in a form of bodywork (Twigg 2000). This is a pre-quality model of care. Structurally, it is a variation on the classic professional model of doctoring in health care, teaching in education, or advocacy in social work. The agents of care, doctoring, and teaching are the practitioners. An equipped practitioner is at the core of the notion of the professional (Abbott 1988, Stichweh 1997). Medical doctors are a classic example (Patrick and Scambler 1986, Silverman 1987). As professionals they are equipped to govern their practice in an arrangement known as clinical autonomy: they diagnose and treat patients in the clinic. To enhance their autonomy even in complex settings of the hospital, the clinic is a carefully carved space in the larger organization of hospital care. Theories of the bureau-professional regime of the welfare state reflect this arrangement: doctors oversee doctoring, administrators run the organization (Clarke 1998). Similarly, in educational theory Agten (2008: 85) reminds us how, traditionally, "learning was described using three components: the teacher, the student and the content. This was roughly called the didactical triangle." Finally, in social work, Lymbery (2000) reconstructed the nature of social work before case management. According to the author,

> "much of social work practice has therefore been focused on the interaction between social worker and client. This appears to be true whether social work is defined in terms of casework, the combined tasks of linking people to resources while helping them gain insight into their problems, a combination of casework, service provision and relief, or as a combination of direct and indirect tasks." (Lymbery 2000: 124)

The arrangement of formal care can be seen as a "19th century model" which equally applies to the Czech context. In Czech social care, Jarka Sykorova reflects this model as:

> "a tradition of working inherited from charity help which demands that all working time is dedicated to clients and the direct work with them." (Sykorova 2011: 5)

Similarly, according to Alena Heitlinger who studied nursing care in Czechoslovakia in the 1970s and 1980s (Heitlinger 1987, 1998),

> "clinical practice emphasized routine care, such as feeding, bathing or skin care of patients, and the correct performance of specific procedures." (Heitlinger 1998: 128)

Images of care obtained through a simple Google search are indicative of the socio-material set-up of the classic care model: doing care involves low-tech technologies and embodied skills needed for bodily interventions such as washing or feeding (cf Pols 2004, Harbers, Mol and Stollmeyer 2001). There is nothing fancy about either the needs requiring care or the care itself (compared to many of the "20thcentrury" conditions with the technologies required for diagnosis and medical and nursing procedures).[26]

If such care can be seen as "19th century", so are the places of care such as large institutions organized as peaceful environments that aim to provide a safe place, an asylum (Jones 1993). Until critical reflections developed after the Second World War, humanistic ideals and institutional care had not been seen as contradictory. Institutions for "cripples" and the "feeble-minded" were set up across Europe and America to provide "moral treatment" combining medical, physical and educational care and development

[26] I have recently found an old note I made in 2003 during an ethnographic fieldwork in a Prague-based day center for people with severe and enduring (or chronic as they used to say) mental health problems. The note recollects how the interactional space of care was practically enacted in day to day socio-material organization of the center: two practitioners were discussing 'what they were going to do with the clients' today. Clients who had come that day were sitting in the smoking room, sipping coffee and having a cigarette. The activity room was empty, waiting. Clearly, I noted, just being in the building, having a cigarette in the smoking room was not part of 'good care'. The smoking room was small, in fact a corridor where clients could change shoes upon arrival. They would be expected to make their way to the activity room. Only once there, 'good care' could be initiated between clients and practitioners who would facilitate 'doing activities'.

under the auspices of medical practitioners (Foucault 2006, Sacks 2009, Wright 2001, Lachapelle 2007). In the Jedlicka institution in Prague, for example, medical doctors were determined to organise care which would "instil a sense for discipline and responsibility … and lead to accepting one's tragedy and approaching it with a smile". Through an "effort and endurance in work" patients were supported to "defeat one's insufficiency", argued the directors in the early decades of the 20th century (Bartos 1925). Nowadays, we understand this formal care to have been medicalised in the sense that the medical profession and its knowledge provided the diagnosis and co-ordination of care and treatment activities for other occupations such as nurses and other "allied" practitioners (Freidson 1970, Turner 1987, Chambliss 1996, Etzioni 1969). Heitlinger proposed that nursing practices focused heavily on the treatment of patients' medical conditions (Heitlinger 1998). The same organization of formal care reported from Central Europe (Cernousek and Baudis 1990, Matousek 1999) could be found in England.[27] Diana Gittins (1998) described the modern institutional care in the case of the Severall psychiatric hospital in Essex:

> "the whole structure and organization was hierarchical and bureaucratic; the medical superintendent, like a feudal lord, ruled over all other groups in the estate and had his own office, office staff and – a large and extensive – house on the edge of the estate. (…) From 1971 the position of medical superintendent was abolished and medical matters were decided by a committee of psychiatric consultants, ruled by a chairman. This would shift again into a managerial system from the 1980s." (Gittins 1998: 31-32)

The 19th century organization of care was supposedly changing in the Western world after WW2. Critical policy analysts argued that neoliberal reforms, and the processes of standardisation and audit introduced as a means of governing social care at a distance, opened up the old spaces of practice to external scrutiny – by managers, inspectors, and

[27] For reasons that are probably more related to the post-socialist present and its 'obligatory anti-communism' (Krecek and Vochocova 2009, Culik 2000, Fiala 2013) urging people to link ills of the day to the state-socialist past, some Czech authors exercise a time barrier in their texts (cf. Matousek 1999, Chab 2004, Reznicek 1997). Their critical analyses of organization of social care do not reach beyond the year 1948 when the Communist Party took the power in the then Czechoslovakia. The authors link features of care to the 'communist past' bracketing out the longer trajectory of institutional care whose structure pre-dates the Cold War. If anything, institutional care is Victorian and Austro-Habsburg in its make-up. That is also why critical analyses of "total institutions" (Goffman 1961) developed in the Anglo-Saxon context could be successfully applied to the Czech context in the argument of deinstitutionalisation (cf. Chab 2004). At the same time, making links between Czech and British contexts has been argued to be invalid by some policy analysts (Koldinska 2004, Visek and Prusa 2012).

(in principle at least) by anyone else (Lymbery 2000, Fournier 2000, Banks 2004, Clark 2005). This also involved the establishment of managerial discretion and authority, introduction of management-derived calculative frameworks, and creation of new forms of managing and of types of managers (Clarke 1998: 240). The process of managerialisation is understood to have been driven by an ideological and organizational force – managerialism (Jones 1999, Kirkpatrick 1996, 2008, Lymbery 1998). Critical analysis is especially attentive to changes in occupations. When Harlow (2004) summarised the impact of the new managerialism on social work, she argued that:

> "Scientific management removes the decision-making on how to perform a role from the worker. Instead, the manager analyses the workers task and breaks it down into its component parts. By means of this analysis, the workers extraneous effort can be eliminated and goals achieved with greater speed and efficiency." (Harlow 2004: 169)

As a result, the day-to-day practice of social workers is said to have been "increasingly dictated" (Harlow 2004: 169). Managerialised care is an effect of the introduction of external modes of regulation such as standards, and has been associated with de-professionalisation of practitioners (Hugman 1998, Clark 2005). Ceci and Purkis (2010) argued specifically about case management and its rational process which, according to them, aims to "eliminate the humanness in decision making" (Ceci and Purkis 2010: 33). In effect, Ceci and Purkis say, home care "is treated as made not of people and needs but of the guidelines, standards, and rules used to configure and shape the boundaries of both people and needs" (ibid: 34). The Czech case allows us to shift attention to a different feature of managerialised public services, perhaps not so visible in the English case with a strong presence of managerialism aiming to establish the right to manage for the emerging managerial elite. In the Czech case, quality reform of 1999 – 2006 was not simply about assuring an increased control over the workforce. The making of quality service mainly introduced a new model of care. It created an extended inside of care which was, at the same time, amenable to external intervention. Closely linked to the creation of a new unit of care delivery, the service, managerialisation was linked to the shifting boundaries of the content of care. Here the notion of need which Ceci and Purkis (ibid.) associate implicitly with care was a part of the extension work induced by the quality reform. Quality in the Czech case acted as more than a rhetorical smokescreen for marketization and managerialisation of social care. It can be identified as the key mechanism which rendered practitioners amenable to a new mode of governance through formatting a new mode of care.

Standards and public service reforms

Introduction of quality into Czech social care took the form of developing quality standards and an inspection model. A generic common denominator of sociological interest in standards and standardization is the acknowledgement that standardization acts as a powerful means of organizing modern life (Lampland and Star 2009, Timmermans and Epstein 2010, Scott 1998). Bowker and Star (1999) defined standardization as a process of constructing uniformities across time and space, through the generation of agreed-upon rules. Standardization understood more widely as a process of homogenisation of social forms, as Timmermans and Epstein (2010) point out, is a classic concern of sociology. For a wider public as well as for many academics, this process has gained derogatory connotation well captured, for example, in Ritzer's (1992) McDonaldization-of-society thesis. As Timmermans and Epstein note,

> "a dominant thrust of much of the work from social theory and sociology that we have described as being relevant to the study of standards is a tendency within it to emphasize the link between standardization and the homogenization or flattening of social life in modernity." (Timmermans and Epstein 2010: 74)

And further, "the most consistent complaint about standardization is that it leads to a world of grey sameness, a technical dehumanization exemplified by Taylorism" (ibid: 83). Indeed, this argument can be traced back to Weber's seminal analysis of the iron cage of modern bureaucratization and rationalization (Weber 1946). Students of standardisation have portrayed standards in two modes: first as simplifications of the realities they relate to (Scott 1998, Hammer 2008). Second, because of their seemingly non-political make-up, standards have been understood as instrumental in masking the imposition of a specific political order in technical terms (Strathern 2000, Shore and Wright 1999). When standards are created, the proponents emphasise their *technical* nature. Standards "have a way of sinking below the level of social visibility, eventually becoming part of the taken-for-granted technical and moral infrastructure of modern life" (Timmermans and Epstein 2010: 71). For Bowker and Star, it is this relative invisibility of standards which gives them their inertia (Bowker and Star 1999: 14). And critical analysis wants to expose standards as tools of a particular narrative. Timmermans and Epstein (in the latest instance) urge social scientists to ask persistently about the politics of standardisation: how do we hold the standard makers accountable? Whose benefits are served by standards? When standards conflict, which ones should prevail? Standardization, for the authors, also raises questions about the role of science and expertise in regulation: what evidence is sufficient or necessary to implement standards? (Timmermans and Epstein 2010: 70).

On the other hand, some Science and Technology Studies (STS) scholars have objected to the commonplace parlance where standards are simply "associated with the introduction of uniformity and portrayed as mechanisms for imposition of a homogenous template" (Lampland 2009: 124). Such portrayal, though not incorrect, argued Martha Lampland, "misrepresents or underestimates the degree to which standardisation entails complex techniques of differentiation" (ibid.). The role of standards may, therefore, apart from simplifying and homogenising involve articulation of realities. Either way, for standards to do standardizing, they need to become part of robust associations of other mechanisms – as regulators know all too well. Legislation is but one of them, various means of translating forms and practices gathered in standards into micro-realities of organizations is another. Following Lampland (and contrary to the simplification thesis) standards may be studied for their role in what Isabel Stengers called cosmopolitics (Stengers 2010), or socio-technical processes of crafting realities. Standards can become active elements in the processes of complexification involved in organization and coordination alongside simplifications (Callon 2002, 2005). In the case of Czech social care, quality standards articulated and stabilised a new landscape of care which complexified the existing care.

When published in 2002 (MOLSA 2002), the standards followed the path of similar care standards in England (DoH 2001) – they were first of all statements on how a social care service should work, second they were a tool in the new inspection process. MOLSA stated in the introduction that "the standards describe what a quality social service should look like" (MOLSA 2002: 4). The first eight standards were known as procedural standards and brought together a range of practices to form the new care. This way, quality standards were creating new equivalences (Thevenot 1984) among elements of care. All (eight) standards were *equally* part of care and all that was deemed important in the new care was specified in the standards. As one manager exclaimed during our interview, "what is quality if not the standards?" Thevenot (2009) calls such formula a "substantivist reduction" which

> "tends to inspire the belief that the good being sought has been made real once the correct elements with the right properties have been assembled, good need not signify anything more than conformity to the formulation of the standard and its measurement." (Thevenot 2009: 809)

However, the equivalences created among elements of care have been problematized in an on-going debate. Practitioners and inspectors are no reductionists in Thevenot's sense. The question of what is being left out in quality standards has gained gravity mainly in relation to the evaluation of care in inspections. As part of the emerging mechanism of social care inspection, quality standards were set up as levels of attainment. The wording

of individual standards was accompanied by a set of indicators – as is exemplified here using standard 5, Individual planning (MOLSA 2002: 10, English original)

Standard 5: PLANNING AND ACTUAL IMPLEMENTATION OF SERVICES PROVISION (2002)

The provision of services respects the personal goals and needs of the user and is based above all on his/her abilities. The implementation (the course) of the service is adequately planned.

CRITERIA

5.1 The implementation of the service is based predominately on internal resources and the potential of the user, follows the achieving of agreed personal goals and is planned together with the user.
5.2 The fulfilment of the user's personal goals is re-assessed during the course of the service. The user has a possibility to change his/her personal goals.
5.3 The facility has its written internal rules which govern the planning of the process of service delivery. The facility sets these rules depending on the nature of services. Depending on the nature of the services the way of recording the implementation of services provision is settled (including the deadlines and the way how the service delivery can be re-assessed).
5.4 Individual (specific) employees of the facility are responsible for planning and the implementation of the service provided to individual users.
5.5 A system of sharing essential information about the services which are provided to individual users is applied in the facility.
5.6 The facility has the criteria for the evaluation whether the personal goals of services users are being met.

MOLSA argued that

> "when judging individual standards one starts with the predefined criteria that indicate whether standards are being met." (Jaburkova 2000a: 7)

The role of standards attached to inspection magnified the relative devaluation of those aspects of care that have not been included in the standards. As one manager reflected in an interview,

> "the inspection process somehow focuses our attention on some parts of care provision. When we are preparing for an inspection visit, it makes us "forget" about other aspects. In my view this is a risk. We are being told that this is important, this isn't. And we focus on what is required from us. I am not talking about how high the benchmark is set. What I mean is that in some areas there is a

> benchmark while in others there is none. As if those areas didn‘t matter.“ (Interview, service manager 18)

In this respect, Czech standards do not act unpredictably. Students of audit in public services noted that indicators have the tendency to become aims rather than means of measurement (Hammer 2006, Muniesa and Linhardt 2009). Marilyn Strathern (2000) described this dynamic as follows:

> “You turn the system of measurement into a device that also sets the ideal levels attainment. In short, audit measures become targets. They collapse the is and the ought (…) when a high score is not simply how you measure up but is a level you have aimed and striven for.” (Strathern 2000a).

This line of analysis appears to confirm that quality standards can be understood mainly as part of a forming audit culture in the Czech social care. However, that is also where the analysis of the role of standards *as standards* ends. I could ask further, for example, where the Czech standards fit within Timmermans and Berg’s (2003) classification of standards. Staying too long with the classification, however, would lead to more confusion than clarification. Timmermans and Berg distinguish four types of standards: design standards that define the properties and features of tools and products; terminological standards that ensure stability of meaning over different sites and times; performance standards that set outcome specifications; and procedural standards that specify how processes are to be performed. Czech standards are not procedures (or procedural standards) in Timmermans and Berg’s terms yet, like the procedural standards, they delineate steps that are to be taken at the level of processing users through social care services. Like design standards, they specify properties and features of social care services. Like terminological standards, they stabilise new vocabulary. And like performance standards, they set out what impact or effect on the lives of service users – also known as outcomes – (Qureshi 2001, Hanwood and Waddington 2002) should social care services achieve. To account for the re-drawing of the boundaries of care, I instead need to turn to the stuff within standards.

When Star and Lampland (2009) describe standards as being layered, containing other standards, they refer to what I see as the role of smaller particles in the processes of change – intellectual devices. Studying the role of similar devices, Lampland (2010) accounted for the use of false numbers in governing Stalinist Hungary, and Millo and MacKenzie (2009) studied what do risk management models do in the organization of contemporary financial worlds. Adopting a pragmatic (or a materialist) approach to the role of numbers as intellectual devices, Lampland argued that false numbers can still make stability and fixity in representations possible. In a similar way, Millo and MacKenzie

focused on risk management methods and their communicative and organizational usefulness rather than their accuracy. They argued that this usefulness is what contributed to changes in financial worlds over the last decades (Millo and MacKenzie 2009). As I argued in chapter two, intellectual devices promise to further the insight into the mechanics of crafting managerialised care without marketization and managerialism. In the case of Czech social care reform they often were pieces of management knowledge entangled with practitioner knowledge and practices. The intellectual devices extended the boundaries of care and allowed articulation and subsequent translation of a new entity, quality service.

Care process

When released in 2002, National Quality Standards (MOLSA 2002) were divided into three areas, procedural, personal, and organizational standards. The three-part structure led to talking and thinking about three areas of quality in social care: quality of work with users, quality of staff, and quality of organization (Jezek 2010: 43). Although no formal differences were devised across the three sections, nor did the inspection methodology include weighting to recognise any differences, procedural standards enjoyed a somewhat special status. These were seen as "key standards" (NVF 2001, MOLSA 2002b, Synkova 2011) because it was here that the content of care was newly articulated. That is also why I am focusing on these standards in my analysis. The remaining standards, as an early proposal put it, were designed to articulate the more contextual features of care provision:

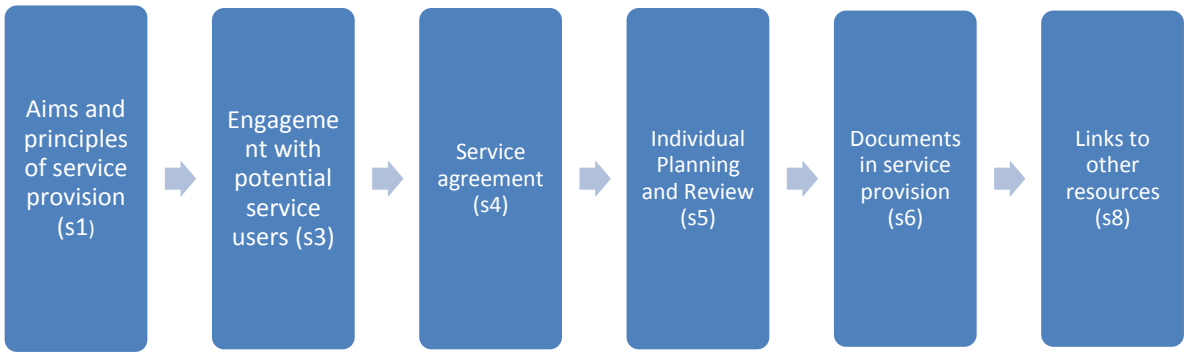
> "Procedural standards are the most important [of the three]. They spell out how a service should look like; what to pay attention to when dealing with prospective users; how to deliver service according to persons' needs. Large part of these standards refers to safeguarding persons' rights and setting up safeguarding mechanisms such as complaints procedures and ways to deal with conflict of interests." (MOLSA 2002b: 6)

> "We claim that procedural characteristics [of care] are directly related to quality of care while administration and HR characteristics are only related to quality of care in a mediated way. […] A residential institution may require minimum material equipment and certain level of staff working, however, the key [for quality] is what care it is able to provide." (NVF 2001: 3)

The second excerpt highlights how boundaries of the care content were being re-drawn rather than erased. The new model of care also differentiated between content and contexts of care, it only extended the boundary of care to include a range of practices

formerly understood as part of "administrative" context of care. The following diagram shows how new care was articulated in the eight standards:

Diagram 3: *New care process*



The role in holding the new content of care together was allocated to the intellectual device of process. Practices assembled as part of care were ordered as steps in a systematic sequence of care – we may remember from chapter three how Reznicek's (1997) textbook praised US social work model for its systematized quality. If some elements of the process were to be found missing in social care providers, or not delivered properly, the provider could not be evaluated as providing good care – or, as the new model put it, as a quality service. The scheme shows how the care articulated in standards extended beyond the practitioner-user interaction. It now started much earlier, when the service "communicates its spectrum of support through the aims and objectives" (standard 1). It then proceeded to "finding about the needs and wants of potential users" (standard 3), "agreeing the specifics of support in a service agreement" (standard 4), setting up individualised support plan and reviewing it regularly (standard 5). Care also included confidential maintenance of users files and documents (standard 6), and it placed equal weighting on actively signposting users to other sources of support in the community (standard 8). Practitioner-user interaction, the old core space of personal care and support which in broad terms refers to "giving personal care, teaching skills of everyday living, or tackling a problem with someone in distress" (Taylor and Devine 1993: 1), was turned into but one segment of a longer sequence, now embedded somewhere between planning and reviewing support in standard 5, and known in the terms of management vocabulary as 'implementation' (of individual planning).

Policy makers at MOLSA argued that these elements of care, together with their processual character, merely *reflected* best practice in social care organizations. The

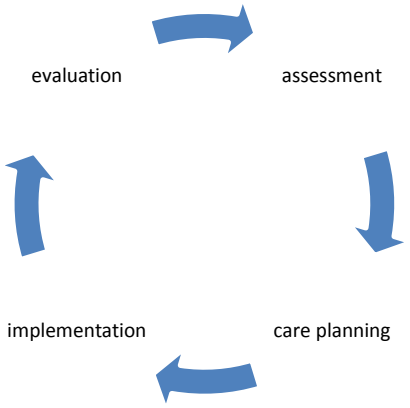
reform posed as a simple description (and collection) of best practice rather than its invention. MOLSA claimed in an introduction to the published standards that

> "the presented standards correspond to the current state of knowledge and requirements placed on good social services" (MOLSA 2002a: 4)

In the Czech social care at large, however, individual aspects of the care stages as well as its process-like character were new to the majority of social care providers. During the 1990s, mainly voluntary service providers became familiar with elements of what was now articulated as a coherent unity of the quality service. However, even the supposedly state of the art (community based) providers found quality new (interview, service manager 18).

As I argued in the previous chapter, new social care and social work knowledge was making its way to Czech social care through a range of international liaisons during the 1990s. International partners were many, yet influences were dominated by the Anglo-American practitioner knowledge which by that time had been managerialised – it had been entangled with management derived planning cycle and processual character of working with users. The extension of care beyond the practitioner-user interaction thus took place before Czech practitioners started working on the first drafts of quality standards in 1999. Case management moved from the US to the UK during 1980's in a series of local pilot initiatives (Challis and Davies 1990). After the Griffiths review of 1988 it was incorporated into the 1990 NHS and Community Care Act (DoH 1990). Through the legislation it entered English social care as a universal arrangement, part of emerging quasi-markets, and articulated a new persona of the care manager who would specialise in contracting services rather than their direct provision (Lymbery 1998, 2000). The process of care was communicated to the widest practitioner polity in a guidance published by the Department of Health soon after the 1990 legislation (DoH, SSI 1991). It visualised the process of case management drawing on a basic planning cycle:

Diagram 4: *The basic planning cycle*



Despite critical debates at the time (cf. Walker 1997), the process-framed organization of statutory social work settled quickly, and its take up by the voluntary sector as a generic model for all social care provision followed (Banks 2007). When Taylor and Devine published their social work textbook in 1993, the planning cycle appeared re-named as the "basic helping cycle", and the authors argued that it was "fundamental to many professions" representing a "systematic way of looking at social work practice in a value-based context" (Tylor and Devine 1993: 2). During the same period, The Central Council for Education and Training in Social Work produced training materials for social workers on such topics as purchasing and contracting (CCETSW 1992). Importantly, the new professional training also articulated competencies of social workers closely aligned to the stages of the management-cum-helping process: from establishing contact, and assessing needs, through planning support, to reviewing. By the time the Czech social care standards re-formatted care using the same model, process-oriented support had been firmly settled in English social work and social care as part of new professionalism (Clark 2005). The Czech reformers did not theorize managerial aspects of social care practice. They were simply adopting what had been circulating as best practice in (internationalised) social care.

All nodes in the care process were linked by what is known as user-orientation. In their wording, standards think users as prime objects of quality service, and this way they articulate care practices. In the same articulation, practices of extended care were mattered with various material formats. The following table extracts the eight procedural standards and provides a summary of what material formats were to support care.

***Table 2**: Overview of eight procedural standards*

Written aims of service	… allow people to use local institutions and stay part of their everyday environment
Safeguarding user rights	… **has defined areas** in which breach of users rights could occur
Communication with potential user	… the prospective services user is acquainted with all the conditions of services delivery (…) together they formulate how the provided service will meet the agreed goals (i.e. **needs assessment**)
Agreement	… to safeguard the rights of users
Individual planning	… respects personal goals and needs of the user (…) The implementation (the course) of the service is planned (i.e. **individual plan**)
Documents	… handled so that sensitive personal information is protected
Complaints	… so that users may file a complaint
Links to services	… users use other community resources

Most of the material formats of care specified in standards were literally written forms: written service aims and objectives, needs assessment and individual planning tools, personal files with records of activities undertaken on behalf of service users, and complaints procedures. In them, the extended care was equipped with new tools.[28]

These material formats deserve more attention in their own right. They constitute what may be called the other extension of the mainly interactional relationship between practitioner and user – one of profound importance as the debates about accountability in

[28] Standard 4 in 2002 was called the Agreement (MOLSA 2002a), in 2006 it became called Contract. It is the node in the helping process where marketization (of consumption which I introduced in previous chapter) and 'quality' meet. It refers to setting up contracts with users. In the 2002 version of standards, Standard 4 contained a mixture of consumer but mainly human rights concerns. Services were told in criteria to "make sure that the prospective user / user understands the content and purpose of the Agreement", and that "the user can withdraw from/terminate the Agreement any time" (MOLSA 2002a: 9). In 2006 the wording of criteria changed to align with generic framework of contracts specified in civic law. Even today, however, not having an agreement set up with users is still reflected by many practitioners as a potential breach of human rather than consumer rights.

care and as the cries of practitioners about "too much paperwork" suggest (Newman 2004, Annandale 1996, Banks 2007). Compared to the role of bodywork (Twigg 2000) in the old care, new care is constituted by a great deal of writing, and situationally also by talking about care with others but the user. In effect, writing an individual support plan (and having a signed support plan) is as important as spending the time with a user to implement it. Many practitioners will in fact argue that for inspection purposes having a written plan may end up being more important than the contact time with users (Kocman and Palecek 2012). I will return to this issue in chapter 5 when I focus on the extent to which the extended boundaries of care have been situationally unsettled and repeatedly rejected.

Individual planning

An intellectual device closely related to care process was individual planning and its twin associate, individual need. Together they formatted care which is needs attentive, or based in real needs. For many practitioners and activists this is the key feature of the new care (Hrda 2006, SKOK 2007, MOLSA 2002) which is currently being developed into an independent marker of change (Stegmannova 2010). If process provided care with rationalised sequence of nodes of care, individual need provided care with a new *object* of intervention and care practitioners with new expert knowledge around which their skills could be developed. The role of individual planning and individual need at the same time involved articulation of new service users. In the new care, users became defined in terms of their individual needs rather than medical diagnoses or categories of social pathology. Needs became amenable to goals-oriented individual planning which in turn has been involved in the articulation of new social care practitioners as someone who does not require medical professionals to diagnose and plan their work.[29]

It has been repeated on many occasions that the new politics of a service user is one of the key aims of the reform. According to Hubikova and Havlikova (2011),

> "a specific conception of the client is inherently present in the National Quality Standards, involving provisions concerning support for the clients independence, respect for his/her rights and setting up a symmetrical and partnership relation between workers and clients." (Hubikova and Havlikova 2011: 221)

[29] At this point I wish to repeat that my analysis is not a celebratory account of the reform. However, it should be apparent that it is not a 'debunking' account of the reform either. I position myself in the line of analysis pioneered by Foucault's take on power, which he tried to study in terms of its restrictive effects and its *potential*. This is the line of analysis later intensified by ANT's study of the construction of modern worlds (cf. Kendall and Wickham 1999).

What was so appealing to practitioners-turned-policy-makers participating in the British-Czech project about the notion of individual need was its radical politics of the subject which in effect also promised to open new horizons of care. It goes like this: once the user was inscribed with individual needs (now amenable to assessment and planning), it also opened up the way to replacing the older ways of person-making and older ways of care. Traditionally, social care users were articulated through medical (and medicine derived) categories of disability, e.g. severe mental retardation (Rican 2010). Such categories articulated qualities of a person and to a large extent also defined the kind of life their holders were to live together with the kind of care they were to receive. This often implied whether they would "require" institutional care rather than living at home. When individual needs were aligned with quality standards in 2002, and made universal in the national legislation in 2006, this long established way of user-making was changing. Normatively, the composition of quality service could not be sustained without re-formatting users and the potential of their care. As one quality educator put it,

> "personal social service meets the condition of quality once the support is in line with the needs and requirements of a user." (Matuska 2008: 64)

When the notion of individual need was articulated in Czech social care reform, it amalgamated a wider and longer chain of associations of the individual circulating in the Czech Republic and beyond. Notion of the individual, and derivative individualisation agendas, have been at the forefront of social care reforms across Europe (Mol 2006, Needham 2011, Rostgaard 2012). Needham (2011) who analysed the onset and rise of the personalisation narrative in English public services noticed how personalisation (or individualisation) has been able to gain support across the political spectrum. The individual provided a node for interlocking narratives of improvement, saving money, respect to ways in which people live their lives, universal applicability, and the rise of lay-experts (Needham 2011: 7). This way personalization

> "could accommodate the managerialism and commodification of the Rights political reforms, while also containing elements of the anti-elitism of the Left. In social care specifically this has meant that personalization has been promoted by both the Westminster government and the service user movement" (Lymbery 2010: 783).

In the Czech post-socialist transformation, the individual rose to prominence in the early 1990s. Individual rights, individual property, and individual freedoms were celebrated and enacted throughout the post-socialist reforms. In the Czech case, the notion of individualisation, has also acted as sticky glue which sat well with marketization, social democratic values as well as more radical, user-oriented movements. Czech social reform

participated in the grand individualisation project by equipping social affairs with an amalgam of rational agency and individual hardship as gateways to the individualized, means tested welfare. Thanks to the wide range of individualisation projects in action, such as the return of property to its pre-1948 owners, introduction of the right-to-buy housing policies, or re-categorisation of welfare recipients from workers to citizens, deployment of the individual and their needs at the centre of social care provision made the reform proposals intelligible to a range of interests. It allowed social work practitioners interested in closing down long term institutions to rebuild care provision around the needs of services users despite being in direct contrast, and an often conflict (as I evidenced in the previous chapter), with the interests of, on the one hand, older civil servants interested in increasing the buying power of social care users and, on the other hand, the interests of social democratic policy makers aiming to ensure equitable access for all citizens. For example, the Minister responsible for social care stated in 1999 that the new reform will provide individualized care for all *and* against radical closures of large care institutions:

> "Individualisation is what I had in mind. The main target of our policy is the citizen, service to the citizen, or support to the citizen, not care services in themselves. At the centre of our approach is not support for just any organization but the individual citizen. (…) If we wish to utilise the principle of individualisation, we also need to ensure that services exist and that they are of adequate quality. (…) We are going to individualise the system so that it meets the client [needs] better, however, we must also stress that (…) it is not possible to move to a state where institutions cease to exist." (Spidla 1999: 10-12)

The concept of need itself appeared in the Czech social reform before the problematization of quality in 1999. It was part of the earlier social protection reform (Prusa 2002, 2008, MOLSA 1998). However, this need was articulated as a social need with the attributes of a population of individuals with shared qualities, such as the homeless or the elderly. These needs were detectable through a socio-demographic analysis (Visek 2009, Visek and Prusa 2012). With the introduction of an individual need in quality standards, the need (and the reform itself) changed. Individual needs could only be established through individual needs assessment as a specific technique; and care could only be effectively (and individually) responded to through individual planning – the new "founding element of social care provision" (Hanus 2008).

Individual planning based on individual needs can be regarded as the second engine in the formatting of managerialised care. Payne (2000) argued that case management is distinguished from the older social work tradition by modelling support as being needs-

led. Assessment of individual needs is the first step in the helping process. According to Payne, a pre-case management social work was to a large extent "based on the social workers theoretical system or the agency's practices and procedures" (Payne 2000: 83).[30] When Ceci and Purkis (2010) studied the effects of case management in Canadian social care, they critiqued individual planning for being merely a way of making people amenable to intervention. The question is, what difference does individual need make to the new care in the making? My argument is rather that the planning cycle and the centrality of individual planning within it, critiqued by the Ceci and Purkis for creating tensions in social care, also opened up new ways of imagining therapeutic work with, and personal futures of, users. In an ironic way, perhaps, individual planning reframed the problem of qualities *within* the person as a problem of planning *with* the person and *around* the person. And that is precisely what was appealing about it to the Czech reformers. It offered a means of articulating social care which could navigate its way out of the conceptual and institutional dominance of medical knowledge.

> "When a person entered institutional care, they could be certain that they will not be seen as a unified personality but as a bearer of more or less negative label behind which their person will be disappearing. A person would turn at once into a psychopath, deviant, alcoholic, encephalopath, psychotic. These terms that may have a place in expert forums where they make communication easier would diminish the person in the eyes of everyone they come across in institutional care, from the cleaner to the director." (Matousek 1999: 38)

In the classical model of care, of which institutional care was an integral part, medical (or social) diagnosis acted as a predictor of adequate support by drawing upon qualities embedded within a person. For example, users with severe learning disability were often deemed unable to live without a long term institutional care (cf. Oliver 1990, Chab 2004). With the notion of individual need, and the associated goals-oriented approach to care planning, qualities embedded within a person ceased to matter (to an extent!). What instead started to matter were the individual needs and individual goals of the person, such as finding work or being able to go to cinema, and the practical supports required to achieve them. This way, individual needs, their assessment and planning allowed the strong link between the medicalized disability and the associated care approaches to be

[30] An anonymous social worker recently expressed her nostalgia in a debate on the web pages of the journal 'Community Care'. Writing about how she trained in the 1970's, the social worker recalled how back then "all we needed to understand about the lives of our clients was included in the concepts of self-determination, poverty, class, and economic injustice. These were the tools we as social workers used if we wanted to achieve change" (excerpt from a debate, Community Care, 8 June 2010).

bypassed. And together they supported the horizontal extension of care through the stages of a care process.

Service

So far, I have been talking about the extension of the boundaries of care to include practices formerly outside the practitioner-user interaction such as planning of care. In this extension, the user was inscribed with aims and needs that, in order to be dealt with effectively, required assessment and planning. I have called this the horizontal extension of care. The arrangement of quality service also extended care in a vertical way. The word vertical here refers to the ways of ensuring that good care takes place – or as the managerial vocabulary puts it is delivered. Here another intellectual device coming from management knowledge had a constitutive role to play: the notion of service itself.

Czech quality standards use the term service in a dual way. It refers to organizations providing care (*sluzby*) and, at the same time, it is a term used for care itself (*sluzba*). This dual use of the term service has become common in social care sector and in academic writing (Matl and Jaburkova 2007). In the first meaning, it is common to talk about "social service managers and practitioners"; when inspectors come, they "visit a service"; or one can hear complaints about how badly "services need financial resources". This seemingly banal linguistic feature of the reform may be understood as a state of "confusion". Therefore, it may be argued that it ought to be "clarified". For example, Axford (2010) found the same use of the term service for a care product and care production in the English child protection literature. For Axford, this amounts to confusing two separate entities. He argued that,

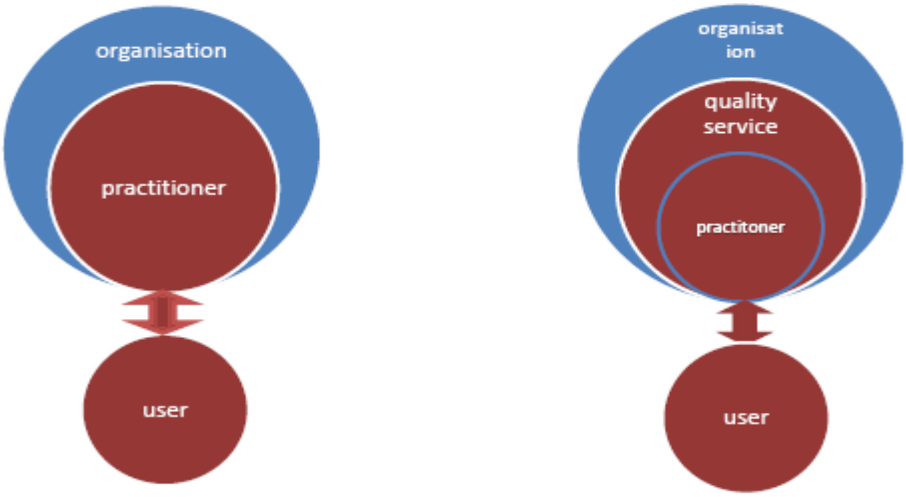
> "a service should not be confused with the provider of that service. The provider usually refers to one or more professionals … representing one or more agencies ... Again, the distinction is often muddied, as when youth worker or family centre are described as services; a family could conceivably receive exactly the same thing from both of these providers. Our concern here is with what the provider provides."(Axford 2010: 474)

In this argument Axford also decided which is the correct meaning of the term service. According to him, service refers to "something that an agency or professional delivers and a [user] receives" (Axford 2010: 473). The same meaning of care (as provided service) circulates in the Czech context. The following statement on evaluation of care, for example, says that

> "the most important indicator (…) is how a service projects itself into the lives of people who receive it". (Matuska 2008: 64)

In this section, my aim is not to decide upon the seeming confusion. I am more interested in how the dual use of the term service as provider and service provided was instrumental in the vertical extension of the boundaries of care. What I suggest is that the term service, coming from management vocabulary, enabled the re-organization of the older bureau-professional division between content and context of care. It allowed care to be disentangled from individual practitioners of the older model of care and re-entangled with services. When MOLSA stated in 2002 that "[t]he standards describe what a quality social service should look like" (MOLSA 2002a: 4), the term service referred to *both* the new agent of care delivery *and* the care delivered. In service, social care organizations were provided with a unified space of governing care. The following diagram shows how service was articulated as a new agent of care delivery between the organization and the practitioner.

***Diagram 5**: Professional and quality models of care*



In this articulation, service is more than a team of practitioners and less than an organization. Variations among services are permitted, variations among practitioners within a service are not. To ensure good practice services started to be inscribed with barrages of procedures describing the practices that were to be consistently delivered by the practitioners. Procedures specify how a service minds users rights, or how do all practitioners conduct their conduct. That way, care is delivered by an equipped service

rather than an equipped practitioner. The very term delivery is spilling with optimism about the new way of governing care production. Linguistically, the extension of the care boundary deployed a shared root for the producer (services) and the product (service) which imitates an older connection between carer and care. The connection, however, has changed from what it used to be in the bureau-professional arrangement of care. In service, the extended boundary of care has turned parts of the bureaucratic contexts of care into integral parts of service provision. The reform responsibilized services to *do* care by fitting them with the helping process as I discussed earlier. One organization may be providing several services, each designed as a separate unit of care and support with its care process which starts once the service has a defined commitment to users and to the society at large (MOLSA 2006, para 2) in the form of its aims and objectives; and it ends with services parting with users after support has been terminated. Note the allocation of care agency in the criteria of standard 1:

> "service has written aims and objectives (*cile a poslani*), target group, and principles of service provision, and understands them as a public obligation." (MOLSA 2002b: 7)

An inspector formulated the allocation of agency to services in a similar way:

> "A service should express clearly why it exists, for whom, what it offers, what are its aims, and how will it change the situation of clients who will use it." (Kaslikova 2004: 12)

Through this move towards articulating a new agent of care, Czech social care reform joined the by then widely disseminated distrust towards professionals common in neoliberal public service reforms (Clarke 1998, Power 1997). Only the reformers at MOLSA were practitioners themselves who initially had a specific concern about residential care rather than care in general. They built their hopes of dismantling the old set-up of social care on the problematisation of competence of institutional care to meet user needs. Practitioners working in institutional care were framed as part of the problem. With a single set of quality standards devised for all types of social care services, however, this previously targeted concern about competence in residential care was widened to include all practitioners in social care. Management knowledge bearing its industrial heritage offered the means of assuring stability of care delivery and promoted a generic distrust towards excellence in individual practitioners regardless of their community or institutional service affiliation. As one reform participant put it, "a practitioner was never to work alone again" (interview, service manager 7). Protection from incompetent care became one of MOLSAs main tasks:

> "The main tasks for the Ministry of Labour and Social Affairs in social services is the prevention of social exclusion of persons, support of life in their natural community, protection of vulnerable groups of citizens against breaches of their civic rights, and against incompetent provision of services. In order to secure these tasks, the Ministry of Labour and Social Affairs has decided to define the requirements placed on the quality of social services delivery in the form of standards for quality." (MOLSA 2002a: 4, English original)

Sarah Banks (2004) reminds us about a similar link between the rise of standardisation and proceduralisation in English social care and the "well-publicised incidents of individual and systemic poor practice, malpractice, and unethical practice [which has led] to the response that the only way to ensure good practice is to prescribe how it should be done and to measure it and monitor it in order to improve performance" (Banks 2007: 2). Slightly different beginnings are traceable in the quality movement in American health care. The movement goes back to the study of Wennberg and Gittelson (1973) who analysed high variation in treatment patterns (Zuiderent-Jerak and Berg 2010). Individual malpractice would not be detectable without a "population thinking" inscribed in statistical analysis. American quality and safety movement, and scandals in English social care may have different trajectories, yet the resulting quests for quality soon aligned them with tools of quality management as a way to ensure consistency in care delivery. Czech social care reform started with its own set of concerns – mainly related to deinstitutionalization and promoting community care. However, it soon joined the other reforms through the adoption of the same management devices and their inbuilt scripts (Latour 2008). The extension of agency in governing care to the service opened the door for future rise of quality management which was not part of the initial problematisation of quality in 1999. The dual model of service was among the powering elements of this rise. Quality managers were able to talk about having theoretical and practical means of improving quality of services – an intervening in services as agents of care production (Bednar 2010, 2011, Cupka et al 2010a, 2010b). Promises of improving quality of services, at the same time, register with practitioners and their new vocabulary who, however, still think about improving service mainly as doing better care (Kocman and Palecek 2012).

Procedure

Compared to English social care, the Czech reform did not organise the relationship between various standards and their implementation in social care by hailing the right to manage (Clarke 1998, Shaw 1996) as the best way to get things done (cf. Clarke and Newman 1997, Pollitt 1993). Vertical extension of the boundaries of care crafted services as the new agents in social care delivery. In this arrangement, the main role in governing

everyday practices of care was allocated to the procedure. I have shown earlier how services were fitted with care process. In all its nodes such as dealing with potential users, individual planning, or setting up an agreement with users, the care process was to be detailed in procedures. That way services could be equipped with good practice which, then, practitioners could deliver.

I use the term procedure as an equivalent to the Czech term *metodika*. *Metodika* was a term which appeared in the 2002 quality standards (MOLSA 2002a) and in the subsequent MOLSA guidance for practitioners (MOLSA 2002b). It is a generic term for "internal rules that contain work protocols and provide a lead to an expected outcome" (MOLSA 2002b: 9). Since 2006, social care vocabulary has used two terms: *pravidla* (rules) and *pracovni postupy* (protocols) (MOLSA 2006). However, their semantics have not been differentiated. *Pravidla* are said to "set rules for practitioners (…) how to proceed and what is expected from them in given areas" (MOLSA 2008: 101); *pracovni postupy* are "sets of protocols for dealing with situations that arise (or may arise) during the delivery of a personal social service" (MOLSA 2008: 102). The same guidance also at times argues that "internal rules also set protocols" (MOLSA 2008: 118). Holkova and Gabrysz (2011: 18) reproduce similar level of overlap when they argue that *pravidla* and *pracovni postupy* set what should practitioners do in different situations.

Procedures are a well-known organizational device. In the early 1980s, the Department for Trade and Industry introduced regulation through procedures to the British industrial policy (Tuckman 1995). In health care it is increasingly frequent for the regulators to define clinical procedures or protocols (Timmermans and Berg 2003, Spyridonidis and Calnan 2010). The rise of proceduralisation in social welfare services has also been documented (Banks 2004, Thedvall 2012, Rostgaard 2012). Ethnographic studies of micro-organizational level have repeatedly shown it to be a powerful myth of managerialised organising. They have argued that the practice of practice (Ceci and Purkis 2010) is too complex to ever be effectively prescribed and then enforced in every detail (Timmermans and Berg 1997, 2003). Similarly, research in systems safety and ergonomics has suggested that complexity of functioning systems in aviation or in health care cannot rely on prescription. It should instead rely on human expertise and experience to mitigate small system failures (Woods et al 2011, Dekker 2011). Others, looking at the changing nature of identities of practitioners have pointed to changes in terms of increased surveillance and decreased autonomy (Shaw 1996, Shore and Wright 1999, Clarke 1998, Strathern 2000).

In the story of Czech social care, procedures have built, together with the other three intellectual devices, convergences with other social care reforms, mainly in the UK. Regardless of the term used, procedures enact the idea of equitable treatment.

Practitioners may differ in their individual approaches to delivering care. Services, on the other hand, are to provide the same care to all users. The role of the procedure in formatting quality service was to stabilise activities regardless of which practitioner was currently performing them.

> "only written procedures ensure that social care services offer the same treatment to all users." (Bednar 2010: 7)

The other idea of having a procedure relates to an industrial tradition of preventing a production of faulty products. As Sykorova put it,

> "work outputs of staff are not subjected to control, and social care cannot be recalled for a repair. What we can do instead is prevent production faults by having written procedures that tell us what to do in a range of situations." (Sykorova 2011: 5)

Prevention of faults in the production thinks a population of activities with a user rather than an individualy provided activity. In this logic, ensuring stability and consistency is a prime concern. As one quality educator insisted in a recent debate,

> "outcomes may be positive, however, if they are not achieved through well developed (*kvalitními*) procedures they tend not to be lasting." (comment, standards revision, April 2013)

The requirement for services to have procedures for many aspects of the care process has supported the vertical extension of care from the early versions of quality standards in 2001. Service-centred debates about ensuring quality (Matl and Jaburkova 2007) opened the door for an increasing presence of quality management knowledge in the social care reform. To implement the helping cycle and social work values in organizations, various teachings of quality management started to be disseminated. In 2002, MOLSAs guidance argued that "system of quality is based on the existence of detailed procedures in all facets of service provision" (MOLSA 2002b: 103). However, the rise of quality management in social care was enhanced by another dynamic – by the rise of the procedure in inspection.

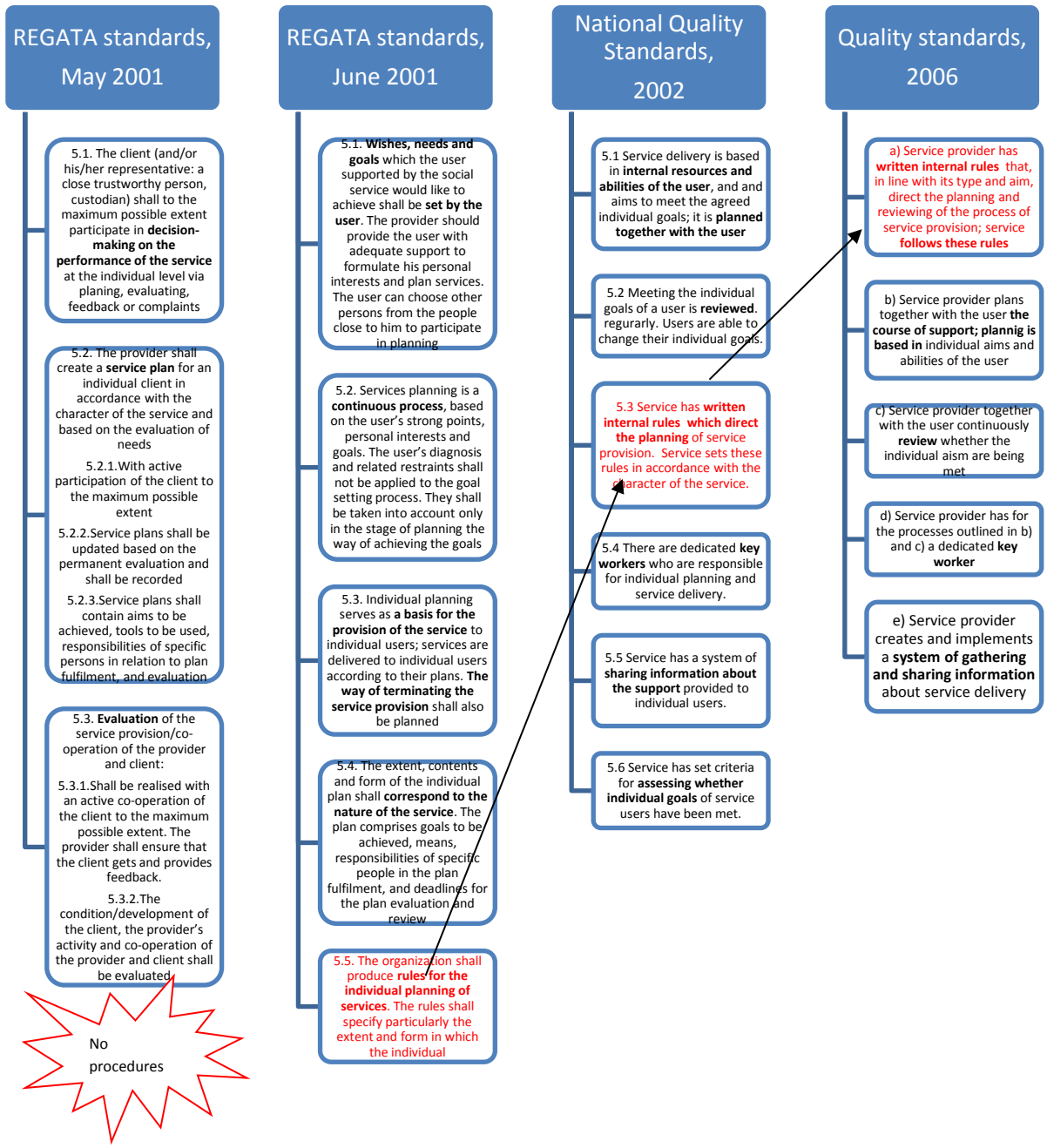
From the early days, standards were theorised as made of two parts, each to be used by different audience: the wording of standards was meant for care providers, the criteria were meant for inspectors. Ministerial guidance in 2002 put it as follows,

> "both parts [introductory statements of standards and numbered criteria] have their meaning. They relate to the purpose of standards. Standards say how a

service should look like. And they provide [in criteria] a measure of the extent to which practice meets the standard." (MOLSA 2002b: 107)

In 2006, the Decree 505 appended the list of standards as part of the Social Services Act legislation (MOLSA 2006). Compared to the national standards of 2002, requirements to have a written procedure had been redistributed. What is apparent is a "rise of the procedure." This rise can be visualised in the following scheme. Again, I am using standard 5, Individual Planning, as an example. The scheme places next to each other the criteria of the standard 5, Individual planning, in their successive versions from 2001 to 2006. It shows how in the early versions, standards criteria did not necessarily equip services with procedures as a means of ensuring good practice – certainly not in standard 5.

Diagram 6: *Proceduralisation of standards criteria*



The importance of the procedure (literally) rose with every subsequent version of quality standards, and came to prominence in 2006. In the May 2001 version of standard 5, there was no requirement for services to have written procedures for individual planning. The procedure only appeared in the second version of standards in June later that year. To have a written rule became the last of criteria in standard 5. Also, compared to the 2006 version of standards, its relationship to practice delivery was not specified. In 2002, having

a written procedure moved up the list of criteria. Finally, in 2006, to have a written procedure has risen to the first among the criteria of standard 5. And an additional requirement was formulated in relation to it: services not only have a written procedure for Individual planning, they also follow it.

Unlike in other countries, such as in the UK or in the Netherlands, new reformers at MOLSA who were working on quality standards were not proposing quality management as a governmental technology (Reed 1995) to deliver changes in care. For example, according to Nies et al (2010), central to the Dutch 2001 Quality Act was "the principle that health care organizations are responsible for implementing quality management systems to ensure and improve quality of care" (Nies et al 2010: 7). As I have been arguing throughout these chapters, managerialism was not a founding driver of managerialisation of Czech social care. The rise of quality management in Czech social care was incremental. Its key boost can be traced to the changes in the criteria of standards that were the key tool of inspection. The "rise of the procedure" in 2006 brought to prominence a model of lean care production and the knowledge of quality management through which quality service could be articulated as a fully equipped production unit of care delivery. The agency of quality service had for some time been mattered with care process which could now be turned into a matter of consistent delivery:

> "Variability of services is the reason why a customer may not always receive the same quality of service. The number of providers and service users makes it difficult to standardise services. (…) Organizations attempt to deal with variability by implementing programmes of quality management – an approach which aims to involve all employees into a continuous process of improving quality of a service." (Molek 2011: 11)

Once the problem was defined as a problem of variability it could also be answered in managerial terms as those were the terms that had articulated the problem in first place. After 2006, the rise of the procedure also meant that when inspectors come they would need to be looking for evidence of a full fit between procedures and everyday practice. Conceptually, the procedure was turned into the condition of care. And practice had to follow. In quality management, the "broader aim should be to improve the current quality level by installing a continuous improvement process" (Nies et al 2010: 7).

> "For a long period of time, quality assurance has been the most common approach in social care, with public authorities setting minimum (structural) standards for the adequacy of care provided (OECD, 2005; MISSOC, 2009), thus keeping the most inadequate providers out of the field. Quality management with broader objectives in terms of quality improvement is focusing on care processes,

> implying that desired outcomes derive from the defined quality of care production processes" (Nies et al 2010: 9)

The rise of quality management in Czech social care has also been supported by stressing the intelligibility of agendas between what practitioners were bringing in care, newly centred around individual needs, and the teachings of quality management and its mantra of client orientation. Czech quality gurus translated Deming (1986) into Czech social care as a fruitful knowledge for improvement. Such improvement should start with "management (evaluation) of quality". The coupling of having a procedure and following it and criteria used by inspectors allowed the knowledge of quality management to assert its authority more effectively over improvement in provider organizations. Standing on the shoulders of inspection, so to speak, quality management started to be installed in the very heart of the new system. The key concern of quality management with continuous improvement of production could be made a matter of concern for everyone.

> "Processes of quality management have been, slowly but steadily, penetrating social care services (…) It will lead to a system of social care provision based more and more on quality and oriented to clients." (Matuska 2008: 66)

A tighter fit between procedures and practice linked service-as-producer and service-as-product. Unlike in English social care, where an active part in making change happen was ascribed to managers and their right to manage (Clarke 1998), the Czech reform allocated this active part as if unmediated to the procedure:

> "[as] words determine (…) behaviours, (…) values are represented in thoughts, thoughts are represented in writings, and the written is represented in the enacted." (Haicl 2008: 10)[31]

Quality service equipped with procedures completed the vertical extension of care delivery. Services could be referred to as agents in care delivery provided they had their processes in place.

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[31] Haicl may be referring to Deming and other 'quality gurus' but this excerpt could have been written by another arch-taylorist of his time, Tomas Bata, the founder of the first global shoe producing company (*Bata*) and an engineer of the system of lean production which included housing and social welfare as an extension of the industrial production (cf Sevcik and Jemelka 2013). The following excerpt comes from Tomas' brother and heir, Jan Bata: "The basis of every production, every business, every enterprise is an idea turned into reality. Between an idea and its realization stands the word – explaining, communicating, ordering, managing. The sooner this word is transported to its intended place the better for everyone." (Bata 1938: 115)

> "Service providers need to show nowadays that they have implemented functional protocols that assure quality." (Matuska 2008: 66)
>
> "If a provider wants to provide quality service, they must make their staff oblige to, and teach how to, follow the protocols developed for particular activities." (service manager, email communication)

For the development of the symbiotic/parasitic association between quality management and the new care articulated in standards the dual use of the notion of service and mainly the rise of procedure were instrumental. I will show in the next chapter how the onset of quality management and its priorities brought tensions to the everyday making of quality services.

Conclusion

In this chapter I have focused on the underexplored work of intellectual devices in the making of policy worlds. I argued that the role of intellectual devices in the emerging policy worlds, such as the Czech social care reform, is twofold. They should be listed among the *matters* of policy as they had a constitutive role to play alongside many other kinds of agencies, e.g. people, politics, alliances, interests, or organizational routines to name a few. Second, they mattered in the sense that they had effects on the working (or not) of the policy arrangements such as the quality service. That is also why, analytically, they should matter more than mere place holders for larger organizational logics at work. Staying with the devices and understanding where they come from and what they do in the composition of policy worlds rather than what they stand for may harness greater understanding of how policies come to being.

I have focused on a four intellectual devices that allowed the reorganization of boundaries of care in the process of articulating the quality service. Process and individual planning extended the boundaries of care horizontally adding new practices and formats of care. Service and procedure extended care vertically replacing an equipped practitioner as the new agent of care delivery with a service equipped with procedures. Saying this, however, is not the same as saying that the extended boundaries of care hold across their local enactments. On the contrary, as the next chapter shows by the way of following translations of these extensions of care, "boundary work" (Gieryn 1983) continues across the provider sector. The extended boundaries are situationally adopted or retrieved back to their pre-quality shape. The work of intellectual devices can thus be mainly seen in opening up new arrangements and allowing new trials of what is (or is not) care to take place.

Chapter 5

Policy in action: translating the extended care

Introduction

It should be clear by now that my exploration is not a simple inquiry into how social care was improved by the quality reform. Quality in this thesis does not simply refer to making care better – mainly because that is not the main change introduced in the course of the quality reform. The story of quality is a story of re-organization of the boundaries of care that consequently made care amenable to managerial ways of improvement, and to assessment of that change through quality inspection.

So far, I have argued that the theory of managerialism in public services developed in critical policy studies finds it difficult to explain the Czech case of quality reform because its key explanatory factors, managerialism and marketization, cannot be located as forces pushing for the quality reform in Czech social care. Instead, I identified four pieces of managerial knowledge in the hands of practitioners-turned-policy-makers that allowed Czech reformers to extend the boundaries of care and create a new agent of welfare – the quality service.

If chapter four conveyed a sense of *composition* of quality service, the aim of this chapter is to convey a sense of its *existence* as the arrangement of quality service moved from pages of quality standards, and corridors of the responsible ministry, into the wild of social care sector. In this chapter I ask how the extended boundaries of care were actively translated into organizational lives – and with what effects. To achieve this, the chapter explicates the changing and unsettled relationship between care and writing introduced by the quality reform. As a research theme, writing in care has received increased attention. On the one hand, proponents of quality produce technical accounts of formal tools and best practices of clinical recording and governing through procedures (Pfeffer and Coote 1991, McSherry and Pearce 2002). On the other hand, critics have argued that adopting managerial prerogatives in the organization of public services led to bureaucratization of professional practice (Berg 1997, Clarke 1998, Harris 1998, Payne 2000, van der Laan 2006, Kirkpatrick 2006, Nathan and Webber 2010). Bureaucratization of professional practice in this respect refers to an increased "rationalization of work

through procedural guidelines in the form of more rule-based practices. (…) Professionals work is [seen as] made more bureaucratic in content, via the use of codified rules" (Waring and Currie 2009: 756).

In chapter four, I explored the model of extended care which expanded the boundaries of care, traditionally located in interactions between equipped practitioners and users (Mol 2006, Twigg 2000). The extended care specifically demanded that practitioners pay equal attention to processes of care planning, and it prompted creation of equipped services that would replace equipped practitioners as agents of care delivery. This chapter follows the extension work further, and looks at how the devices were translated (Callon 1986) into new material formats, mainly paper-based artefacts such as assessment forms, and related practices of writing (horizontal extension), and how procedures started to be written, used and inspected as a way to create equipped services as accountable providers of good care (vertical extension).

I argue that by bringing writing to the heart of care practice both extensions demanded a profound change in the relationship between care and writing. Effectively, the design was supposed to expand the role of writing far beyond its traditional role in recording care when deemed useful and necessary by practitioners and/or organizations. In its new role writing became an indispensable backbone of care which allows governing of care and its practitioners, and which acts as an aid not only to practitioners and organizations but also to users and those who inspect and evaluate service providers. Traditionally, writing was located mostly outside the boundary of care delineated by a clinical relationship. It had administrative roles and clinically was useful to interacting practitioners in sharing information about their actions (cf. Hardy, Payne and Coleman 2000). Care practices and skills practitioners regarded as central to good care were not tightly coupled with artefacts and practices of writing. Neither was delivery of good care modelled as only possible when following written procedures. In contrast to this, the *extended care* articulated in quality standards was crafted as inseparable from an ordered care process heavily supported by writing.

My second argument follows from the first. The effect of quality reform has been, more than anything else, an introduction and multiplication of negotiations as to how quality services should look like and how they should work. Negotiations about writing in care became central since after quality care without writing is deemed failing to adhere to quality standards, and services associated with such care are valued as having poor quality. At the same time, writing in care became disputed as an administrative burden suffocating the "real" care. Negotiations take place in the form of practical tinkering with various forms and practices of writing in an environment characterised by continuous

building of quality infrastructures that include institutions and practices of evaluation, delegated to quality inspection, education and training, and consultancy. Their collective aim is to support service providers with extending care in line with the prescribed arrangement of quality service. However, quality infrastructures are themselves an undergoing project: quality standards and related guidance have changed and multiple versions can be found in circulation, organization of quality inspections has changed, and in 2012 MOLSA opened a tender to review quality standards. Translations of individual planning and procedures into care organizations take the format of localised implementations, service developments and inspections with variable consensus. The effects are closely linked to the material specificities (Law and Moser 1999) of extended care that are being invented in organisations. The Czech quality reform has been an ongoing construction process: care organizations create new architectures of care aided by a growing quality infrastructure. Together, practitioners, inspectors, educators, and evaluation researchers contribute to the making and unmaking of quality services in discussions, statements and their respective actions. In this chapter, I pay particular attention to the ongoing work on extending the boundaries of care.

Innovation and change is routinely reflected upon by social care participants. Both critics and proponents of the quality reform agree that change has been taking place in Czech social care and that this change can be ascribed to the quality reform. Whether the change is making care better, however, has been a matter of debate about the relationship between quality service and good care. Quality debates, or perhaps quality wars (Dill 2004), in Czech social care tackle issues such as who defines quality, whether the reform brought what it had promised, what should implementation of standards lead to, and who is responsible for an increase of paperwork in social care – locally also known as the problem of formalism (see Kocman and Palecek 2013). Writing in care has become a matter of concern rather than a matter of fact (Latour 2004). This chapter strives to develop a narrative of these concerns, negotiations and how they relate to the shifting boundaries of care. To show how are the boundaries of care in flux requires an expansion of analytical framework beyond programs of rule stabilized in policies and legislations (McKinlay and Pezet 2010, McKee 2009, Clarke 2004, 2007, 2008) and, equally, beyond the linear model of implementation research. The chapter therefore develops the notion of translation coined by Actor-Network Theorists (Callon 1986) and adapted more recently in policy studies (Lendvai and Stubbs 2007, 2009, Freeman 2009). Methodologically, the notion of translation allows to show how service providers and quality infrastructures co-produced specific arrangements of the extended care. Secondly, the notion of translation allows to pay attention to the ways material formats of writing or technical details in inspection criteria co-shaped the care extensions.

The chapter draws on a variety of participant accounts of care. These participant accounts have appeared in various places – various professional journals, six conferences I have attended, five inspection reports I managed to acquire from often reluctant service providers, interviews and personal interactions with practitioners, managers, inspectors, and regulators, and in a series of focus groups I co-organised in 2012 (see Kocman and Palecek 2012).

The chapter is structured as follows. I first provide a brief exposition of the notion of translation developed by Actor Network Theory as an alternative analytical framework to implementation of quality standards in care organizations. This helps situating the chapter methodologically and resists the analytical prescription of much of implementation research. After that I explore how the two extensions of care articulated in quality service were translated in various ways and how the relationship between care and writing has been negotiated and practically tested in interactions between providers, standards, and inspections.

Policy implementation as translation

Ensuring change and effectivity of commands constitutes a common theme in public services. Some may be interested in bringing new knowledge to front-line practice (Langley et al 2009; Moen, Nolan and Provost 2012), others may be interested in ensuring fidelity of practice in quality improvement (Bond et al 2009, Monroe-DeVita, M. et al. 2012). An inquiry which takes these concerns to its hart is, then, mainly preoccupied with implementation. Implementation, however, is more than a pragmatic focus on innovations in practice. It is more akin to a paradigm – an epistemic framework which structures understanding of what goes on when policies and programmes are implemented. To put it crudely, the main task of implementation research is precisely that – a focus on *implementation* of a policy or a programme. In this respect, implementation research is linear in its approach to problem definition and enacts epistemological asymmetry in its definition of a policy success and failure. Policy at the beginning of a reform is understood as a coherent entity endowed with power to instil change. At the end, policy is seen as either implemented well, in which case success is attributable to the policy, or it is implemented badly, in which case failure is attributed to the process of implementation. Bruno Latour noticed this asymmetry in relation to technological innovation when he wrote that,

> "the initial idea emerges fully armed from the head of Zeus. Then, either because its brilliant inventor gives it a boost, or because it was endowed from the start with automatic and autonomous power, it sets out to spread across the world. But the

> world doesnt always take it in. Some groups, blinded by their petty interests or closed-minded when it comes to technological progress, are jealous of this fine idea. They upgrade it, pervert it, compromise it. Sometimes they put it to death. In certain miraculous cases, nevertheless, the idea survives and continues to go its way, a fragile little flame that burns in people's hearts. Finally, with the help of some courageous individuals who are open to technological progress, it ends up triumphing, at the price of a few adjustments, thus covering in shame those who hadn't known enough either to recognize it or welcome it. Such is the heroic narrative of technological innovation, a narrative of light and shadow in which the original object is complete and can only be degraded or maintained intact – allowing, of course, for a few minor adjustments." (Latour 1996: 118-119)

In the case of Czech social care, the innovation seen as endowed with a potential to change, once implemented, is the text of quality standards. Social care participants even call the whole of quality reform "implementation of standards". In a linear model of implementation, quality standards as such are conceptually bracketed out. For majority of participants they stand as if aside; they are the founding spring of goodness and change – provided that they are "implemented well" (Havlikova and Hubikova 2011, Kubalcikova 2011). The analytical focus of academic researchers, consultants and quality inspectors has been set on the processes in provider organizations understood as agents of implementation, and on the factors in the wider contexts of care provision such as finances, political pressures, organizational cultures, and individual heroism as well as group dynamics that can be identified as influences and pressures able to either support or corrupt implementation. A popular aim of evaluation is then to identify the so called 'barriers' to implementation. In turn, implementation research often concludes with a list of inefficiencies and development opportunities in the provider organizations and the wider organizational contexts (Kostecka et al 2010, Musil et al 2009).

Translation, unlike implementation, is not linear. Translation implies that actors do not simply accept or refuse an idea, but that they act by "modifying it, or deflecting it, or betraying it, or adding to it, or appropriating it" (Latour 1986: 267). Furthermore, when there is no easy movement in translation of policy from stage A to stage B, translation research does not need to account for a settled change. As Latour once put it, there is rarely a seventh day in innovation (Latour 1996). Following policy as translation rather than implementation, therefore, allows for more open-ended scope of analysis without suspecting beforehand where to look for barriers and laggards that impede successful innovation. Alluding to Latour again, studying change as translation does not need to inspect the extent to which initial idea is received or rejected, resisted, or accepted (Latour 1991: 116). In translation, shifts, inconsistencies, and appropriations are not

scandalised but form a constitutive environment of innovation and dissemination where practices, tools and people who come in touch with the reform, all co-evolve and are transformed. Analytically, studying translation allows including a range of levels and actors who somehow touch the reform – and are touched by it. No inertia of the original form is counted on.

The notion of translation has itself been translated into a range of fields of analysis. In critical management studies, for example, researchers have looked into the processes of transfer and re-interpretation of management concepts (Czarniawska and Sevon 1996; Sahlin-Andersson and Engwall 2002). The notion of translation helped them to understand shifts and modification that can be found when innovations move from one place to another in a different light – innovation did not need to be told simply as adherence or infidelity to the founding model.

In policy studies, the notion of translation allowed effective critique of understanding transnational circulation and spread of policy ideas and tools in terms of policy transfer (Lendvai and Stubbs 2007, 2009, Clarke 2008, Freeman 2009, McDermont 2013). According to Noemi Lendvai and Paul Stubbs, "an emphasis on policy as translation questions the realist ontology of an orthodox, and influential, policy transfer literature in which policy exists as a kind of package ready and able to be transplanted or transferred from one setting to another" (Lendvai and Stubbs 2009: 677). Instead, researchers were able to start imagining policy making as flows that consist of heterogeneous elements such as people, objects, places, and texts, and policy as practice with performative elements (Freeman 2009, Bainton et al 2013). Within these developments, some literature in policy translation tends to emphasize interpretative focus on policy as sites of contested meanings (Lendvai and Stubbs 2009), other researchers pay more attention to policy as socio-material assemblages (Lascoumes and Le Gales 2007, Freeman and Maybin 2011). Either way, policies conceptualised as translations are seen as always "in the making" and "emergent in the processes of assemblage" (Bainton et al 2013).

Taking policy as translation seriously has profound methodological implications. Translation becomes an ontological feature of a quality reform. One implication of studying policy as translation is the illumination of a range of locations and environments where quality is *enacted*. Quality services can no longer be seen as only taking shape *in* services, as is assumed in a linear model of analysis where service providers create quality of their services and external agencies engaged in evaluation, such as inspectors, researchers, or even practitioners talking at conferences, merely craft ex post representations of quality. In policy translation, negotiations of the extended care are

performative enactments rather than simple representations of quality services – they are part of what *is* a quality service.

When policy implementation is studied as translation, qualities of quality service and of those involved in the reform are performed in discussions, accounts, meetings, plans, and talks where they lose or gain in reality, depending on how are they enacted. The world of a policy project is thus a world of variable ontologies (Latour 1996, 2005). Muniesa and Linhardt (2009) proposed that realities of an innovation together with those involved in their enactments enter on-going and highly situational trials where "[t]he existence, strength or legitimacy of acting entities, their relations, their faculties and the categories they can be referred to with (be they social or otherwise) can thus be analysed as they get put to the test, and hence accomplished, in such situations" (Muniesa and Linhardt 2009: 3).

Individual planning: translating the horizontal extension of care

Care process formulated in quality standards extended the boundaries of care to include a range of practices and material formats that stretch care beyond the traditional interactional spaces of the "bed side" or the "contact time". The term used widely in Czech social care for the care process is individual planning. Individual planning is an umbrella term which is a local equivalent to terms such as care planning, case management, and care management used in English social care. Individual planning refers to a sequence of practices modelled on the basic management cycle of assessment, planning, delivery, and review (see chapter four). Individual or care planning is well rehearsed in social work theory which appropriated it in the early 1990s when a set of new professional skills and competences closely attached to the planning cycle was also developed (cf. Lymbery 2003).

Czech social care reformers met care planning after it had settled as part of internationally circulating social work theory and education. Given their dreams of transforming residential care, the reformers were particularly attracted to promises of "individualisation" of care centred around the so called individual needs of users which they took as a new knowledge and skills base able to overhaul care provision based on medical classification and decision making which marked the traditional care provision. Individual planning was translated into Czech social care as a tight construct where the extended boundaries of care were supported by practices and formal tools of writing. Czech reformers designed individual planning to become "the most basic element in social care delivery" (Hanus 2008: 6) and argued it were "an important tool which helps social workers to clarify what they are doing, and helps clients to clarify what they wish and

need" (Johnova and Cebisova 2012: 6). Both practitioners and users should thus find safety in individual planning and their interests sould be unified in an individual plan.

> "Personally, I see individual planning as a systematic effort to make personal social services useful to their users – to have real impact in users' lives." (Herzog 2011: 8)

New nodes of the care process such as assessment of needs, planning, and review were devised in a way which brought writing to the heart of care. The Czech variant of care process consisted of new practices: informing future users about the service – discussing expectations and individual aims – setting an agreement based on individual aims of a user – individual planning of a service – and continuous review of meeting individual aims. Box 1 shows how this sequence was articulated in the 2002 quality standards. In all nodes, writing artefacts such as an agreement, an individual plan, a needs and risk assessment form, and various records were to act as solidifying agents of the new care.

Box 1 *Stages of care process articulated in the 2002 quality standards (MOLSA 2002, English original)*

Standard 3: Before the conclusion of an agreement, the prospective services user *(i.e. person interested in receiving a service)* is acquainted with all the conditions of services delivery. The facility employee finds out what the person expects from the service and then together they formulate how the provided service will meet the agreed goals.

Standard 4: Social services are provided to the user on the grounds of a concluded Agreement on the provision of service. The agreement will stipulate all important aspects of the service provision including the personal goal which the service should fulfil.

Standard 5: The provision of services respects the personal goals and needs of the user and is based above all on his/her abilities. The implementation (the course) of the service is adequately planned.

In 2004, Musil and his team concluded that individual planning would "enrich practitioners work" but it was "still a rarely practiced activity in social work" (Musil et al 2004: 55). Since 2006, when the extended care was codified in the Social Services Act, active engagement of practitioners with individual planning has increased. No one has counted any aggregate numbers but all providers I have heard or read about have been engaged in *some kind* of individual planning. With it, they have also struggled with translating individual planning, individual needs and the whole care process into their organizations. Participants in a

series of focus groups organised in 2012 confirmed widespread take-up of individual planning. They agreed that "standards set a general framework of care delivery and today all providers need to somehow engage with quality" (Kocman and Palecek 2013: 4). One of the reform matadors argued in an interview that individual planning was a major achievement of the reform because today "organizations engage in support planning, they work with individual needs of users and engage with the matters of user rights" (excerpt, interview with former civil servant 1).

It will do more justice to the process of translation to say that service providers have developed *many kinds* of individual planning. In internal debates, external consultations, practical trials with service users, and during inspection visits, debates and negotiations continue. Some concerns are shared by diverse actors, others have quite opposite implications. Both proponents and critics of the reform, for example, have been concerned about too much paperwork. However, while practitioners and managers may accuse inspectors and the reform as a whole of increased bureaucratisation and "a pressure to do paperwork [because] when it is not on paper, it is considered [by inspectors] to be wrong" (excerpt, notes from an interview with service manager 6), inspectors and various consultants may point at formalistic and ritualistic behaviours of service providers who in their eyes "wrongly interpret quality standards" and "write manuals only for inspectors and do not relate them to their work with service users" (excerpt, interview with quality inspector 3). In turn, providers often argue that "a unified interpretation is missing to say what the requirements actually are" (Kocman and Palecek 2012: 9). Quality inspectors, on the other hand, often argue for strengthening inspection work to make sure "that quality standards implemented in service providers are not a mere formality" (Miksovska 2007: 6).

> "[Inspectors] may at times focus more on the form than the content, and may voice requests beyond the statutory requirement (e.g. that individual plans were signed by services users). [Service providers], on the other hand, may create individual plans simply to meet legal requirements and to satisfy inspectors rather than improve work with users." (Anketa 2010: 21)

Extensions of care supported by writing have been a matter of widespread concern and individual planning has been at the centre of the controversy. Quality infrastructures of education, training, consultation, and inspection have been working with individual service providers crafting individual planning locally as part of care rather than bureaucratic burden. These negotiations have proven to be challenging. The effect has been variability and uncertainty about different aspects of individual planning because negotiations tend to multiply rather than reduce options for translating extensions of

care. In care organizations negotiations also problematize what may not have been problematized before. Inspectors and service providers have commented on how different inspectors focus on different details and suggest different ways of improvement.

> "Two inspectors will not come to the same conclusion."
>
> "Views of inspectors keep changing. We still don't feel we are doing it right. The more audits and consultations, the more there is uncertainty."
>
> "We are left to rely on what inspectors say, we are not sure what to expect." (Kocman and Palecek 2012: 8)

One set of uncertainties organizations practically deal with in translating individual planning into their daily workings is the sequentiality of care process. Planning based on the management cycle enshrines the idea that services are provided as a response to individual needs of users and, even more so, as a response to users' articulated aims. The dictum of Standards 3 and 4 (see above) has it that aims need to be formulated by users and need to precede the start of service provision. In other words, care and support can only be provided once aims and expectations were stated in a formal agreement. Quasi-legal materiality of an agreement strengthens the linearity of the sequence. Agreements were introduced in the 2002 standards as a human rights device to re-shape care as a two-sided arrangement rather than a one-sided, expert intervention, and to provide a form of protection to service users. Some services, however, find sequentiality of the care process practically hard to follow, especially services in assertive mental health that work with users who cannot formulate aims and expectations clearly:

> "Our clients due to their mental illness sometimes don't have a specified task for us to work on. That hampers our work on their behalf. Quality standards make our assertive outreach impossible. When a person barricades themselves at home and don't want to speak to anyone, our hands are tight even though we have competences to do something for them. In those instances, we work against their will. And standards do not make allowances for that. Without planned interventions there is no agreement and without that there should be no service. The requirement to have everything agreed and follow aims and expectations articulated by users is limiting." (Kocman and Palecek 2013: 6)

As a response, some service providers invented a series of temporary agreements that are limited in scope and specify care in smaller steps. Services formulate new agreements (and the associated individual plans) once they feel they can build on an ongoing mapping of needs and wishes and add further needs and support goals. Consequence of this

practical tinkering with conflicting demands is, however, an increase in what may easily be seen as (un)necessary paperwork.

> „Thanks to that we set up several consecutive agreements. A client comes, but I can really inform them about our [therapeutic community] only when they are already here. So first, we set up an agreement about lodging only.“ (Kocman and Palecek 2012: 7)

Intensive debates and negotiations have also opened as part of local translations of individual plans articulated somewhat thinly in Standard 5. Individual planning is imagined as a close bundle of practitioner skills, user needs, the activity of writing, and the artefact of writing. A “good plan” is then articulated as a submissive tool which serves the relationship between practitioners and users.

> “A record of joint planning and reviewing of service, which most often take place as a dialogue between practitioner and user, [should include]: a record of individual aim (or individually determined need), and an agreement about how the service will support [meeting] the aim; a record of how service will be delivered (mainly as specific steps and tasks); and a record of review of support towards individual aims (and individual needs).” (Anketa 2010: 18)

As this excerpt exemplifies, writing in individual planning does not appear alone. It is linked to interactions between practitioners and users. Individual plan is a record of therapeutic conversation where the emphasis is on the interaction among social actors who articulate individual support needs and interventions. Writing in “good” individual planning is purified of traces of “mere formalities” and ritualistic behaviours performed solely for inspections. It relates to users and to activities done with them or on their behalf. Writing is thus not *just writing*, it make care better – and care coupled with practices and artefacts of writing becomes more effective, durable, and individualised.

> “It is necessary that practitioners always support users to take active approach towards individual planning, accept them as partners, and ensure that the process of planning and individual plans reflected the needs of users. Practitioners need to be able to communicate with users effectively and to explain to them the gains of individual planning.” (Anketa 2010: 18)

Local translations in Czech social care have struggled to put these closely coupled qualities of individual planning to work. Some actors were not persuaded by the very cycle of individual planning as encompassing all of care. They compared the weight of individual planning as a situated activity with other activities of care delivery, and concluded that

individual planning is far from an exhaustive synonym for good care; for them it is but one of many activities that make up their everyday work.

> "Individual planning is a mantra of standards. It is the dominant method. We do individual planning in our service for drug users, however, it makes up about a tenth of all our work." (Kocman and Palecek 2012: 7)

Another set of negotiations evolved around what the care extension proposed as a symbiotic relationship among elements within individual planning: practices and artefacts, care and writing were to be arranged in mutually supportive balance for the heterogeneous arrangement to work effectively. However, how this balance would look like was left to local translators (i.e. service providers, inspectors, consultants, and educators) and their practical experiments with material specificities of individual planning. Local translations were aided by various guides, manuals, peer review, and by sharing experiences with other services providers. In these negotiations specific arrangements of individual planning had to be invented and these arrangements had to be set up for every organization.

Some translations appropriated planning as a social practice already present in everyday social interactions of care. As a "naturally" occurring phenomenon such planning did not require formal artefacts. Practitioners and consultants argued that informal planning takes place during any contact time with users where time and space is shared, ad hoc needs are mapped and voiced, and actions agreed and taken. Rather than a novel activity, such individual planning was associated with traditional interactional spaces of a caring relationship, and its material specificity favoured informal actions as part of human interaction (Herzog 2010). In some services, such as outreach services for drug users, informal planning fitted well with short contact time with users who may not wish to talk to practitioners, or who may be only interested in a very specific intervention. In those instances, existing practices of care found it difficult to enrol the more formal elements of individual planning.

> "During each contact with drug users we effectively do [verbal] contracting and individual planning. Contracting and individual planning are performed even when users do not talk (for example because they may have withdrawal symptoms or be rushing to get their next fix). Basic and most frequent individual aims are to take drugs more safely, and our intervention is to provide material to meet those aims." (Herzog 2010: 94)

Practitioners from night shelters for rough sleepers practiced a very similar arrangement of individual planning. Their work took place in social interactions with limited continuity

of care and limited ability to evaluate the effectivity of care. In fact, some argued that they provided shelter rather than care as such. Either way, individual planning in night shelters crafted informal individual planning as thickets of contracting, mapping of individual needs, and interventions, all taking place simultaneously in a short contact time and with a simple outcome: to have somewhere to sleep for the night.

> "People come to a night shelter to stay overnight. They are informed about the service, they pay, and they sleep. Full stop. Their individual aim is met. There is no need to write individual plans. When a person wants anything beyond this, they can see our social worker. But that is something else." (Kocman and Palecek 2012: 8)

Practitioners and managers in those services struggled to translate material artefacts of individual planning into effective arrangements. Some service providers experimented with recording individual planning in personal files of service users. They devised new ways of recording which would also pay attention to instances of individual planning. No individual plans were part of such arrangements. Where providers experimented with recording without formal plans, they soon started to feel the pressure of quality infrastructures. It has become an established inspection practice to treat artefacts involved in planning as having more gravity than other elements, and to require a plan as an indicator of individual planning.

> "Standards don't mention plans but when inspectors come they want to see them" (Kocman and Palecek 2012: 7)

Apart from inspections, other actors of the growing quality infrastructures, mainly consultants and educators, pressed successfully for individual plans as important elements of care in their own right. Concerted efforts of these actors shifted attention to the qualities of an individual plan as a source of rich and coherent information about care. One training material prompted service providers to always ask "does your individual plan describe well a client's situation? What is the problem you deal with?", or "Is an individual aim well defined? Does is link to the situations of your client?" (www.individualniplanovani.cz). Questions like this suggest that individual plans were to be treated as more than tools used by practitioners to aid localised interactions with users. They articulate individual plans as encompassing the whole care process, and inscribe into individual planning the invisible presence of a new actor – *external reader* of care and their need to get to know the care they read about. One implication of pronouncing the individual plan as central to individual planning was that unless the plans described care process "well", care could be rendered of poor quality. The other

implication was that external readers, namely inspectors, could start asking whether the care recorded was good.

> "Inspectors asked, why don't you state [in an individual plan of an elderly lady] that she wants to go to a coffee shop once a week or something like that? Why don't you detail more what is it that you wish to achieve in her case?" (Kocman and Palecek 2012: 8)

Aligning material artefacts of extended care with the needs of external readers led to further struggles and uncertainties about translations of individual planning into care organizations. Artefacts of writing were introduced with the aim to become useful tools in the hands of practitioners, similarly to the older writing device of clinical record which finds an effective use in the communication between practitioners. With the growth of quality infrastructures, however, external readers and their needs became the dominant users of writing devices in care.

Many service providers responded to the heightened attention to artefacts of individual planning by uncoupling what was meant to be a tightly coupled arrangement. When "writing an individual plan" was not closely linked to practices such as therapeutic interview, writing suddenly stood alone, clinically irrelevant. Writing disentangled from care became immediately understood as a bureaucratic nuisance – for practitioners and also for users.

> "Our clients do not want to create and review individual plans. They regard it as a needless exercise. They like talking, but this planning of what they would like to achieve or what they would like to work on is seen as fruitless and overbearing. (Zahradkova 2009: 6)

Similar trajectory which started with an articulation of a principle and ended up with negotiations about the material specificity of putting it to work can be found in another corner of individual planning – partnership with users. In quality standards, Czech reformers articulated the extended care as different when compared to the older, medical model of care. One of the agendas inscribed into quality standards was "individualisation" of care. A related agenda rephrased users as partners in care provision rather than passive recipients of care: care was not only to be relevant to their individual needs, users were also to become, as much as possible, participants in the course of care delivery. Quality standards devised new practices of care such as informing users about what they may expect from a service, and agreements with users. Users were newly encouraged to raise complaints and their personal information was to be handled with due care. In individual

planning, users were to become partners in assessing their needs, articulating support aims and goals, agreeing care interventions, and reviewing care.

Some of these new practices of care started to be recorded in clinical notes, others started to be practiced without written traces. Providers argued that when external agencies come they can establish whether users have been informed, agreed to use a service, or been involved in assessing their needs through other means such as reading notes or talking directly to users. As in the previous case, however, quality infrastructures, mainly inspectors, began asking for more direct material traces amenable to easy checking. The dominant format now required by inspectors as an indicator of the existence of partnership with users is a signature. Signature is a commonly used means of expressing agreement in many social contexts. And as such, it is now widely practiced also in social care. Its general use can be told from critical reflections when practitioners account for what they perceive as negative effects of emphasizing signatures in care. A common reflection is that the requirement to have user signatures on various forms contributes to bureaucratization of care. Individual planning struggles to establish itself as a discrete practice which cherishes the interaction between practitioners and users. Not only practitioners need to use formal individual plans, they also need to request signatures. In some contexts of care, such as in therapeutic communities for mental health users, such formal tools may even be perceived as a barrier to effective therapeutic relationships.

> "with our mental health clients signing papers is often a big problem. [Especially] when they become unwell, paranoid and anxious. We really need to have an alternative option to forcing them to make hundreds of signatures." (Kocman and Palecek 2013: 6)

As with other translations of extended care, signatures or no signatures have become a matter of concern for practitioners but also for quality infrastructures. Actors have tinkered with the composition and practice of what constitutes good evidence about involving users, mobilising quality standards and the Social Services Act. One of the recommendations issued by the ad hoc ministerial committee for quality inspection, for example, suggested that "it is not possible to always require individual plans to be signed by users. There is no statutory requirement for such practice. [The practice] exceed statutory framework and should not be part of inspection" (Rada pro inspekci 2010).

Procedures in care delivery: translating the vertical extension of care

The vertical extension of care was first enacted by the intellectual devices of service and procedure. The extension relates to concerns about how care can be conducted. In this

respect, quality service was formatted as an agent of care, equipped with a care process and with procedures to deliver it. Czech social care services, clustered into thirty three distinct "types" by the 2006 Social Services Act (MOLSA 2006), now strive to have good practice written in procedures and delivered upon in everyday occurrences of care.

Critical analysis has argued that proceduralisation of public services challenges the clinical autonomy of practitioners and leads to de-professionalization (Germov 2005, de Laan 2006, Carvalho 2012). Procedures establish the agency of an equipped service and challenged the agency of equipped practitioners (Banks 2004). On the other hand, students of various "new professionalisms" in nursing (Bludau submitted), social work (Clark 2005) and new medical specialisms (Green et al 2013), have explored how in those respective occupations professionalization projects were intertwined with the ascent of quality and its procedures, evidence-based practice, and clinical governance.

In practical terms, the vertical extension of Czech social care introduced new priorities mainly associated with equipping services with procedures. The most visible and reflected upon feature of the vertical extension is thus (as in the case of horizontal extension) writing, only this time it comes in the form of prescribing practices within the care process. As an instant companion to the need to prescribe care in procedures negotiations and debates emerged as to how this writing should be done and how does it relate to everyday practices of care provision. The debates have been complexified by shifts in the wording of quality standards in 2006 and by the introduction of statutory quality inspections in the same year. In different arenas of Czech social care landscape we find layers of guidance produced by quality infrastructures over the years: the 2002 Guide to providers (MOSLA 2002b), the 2008 manual for inspectors (MOSLA 2008a) together with a new Guidance to providers (MOLSA 2008b), further guidance, textbooks, training programmes, developmental consultations, higher education courses, and various projects to support implementation of quality standards in organizations. These are being mobilised in translations of quality standards. Their main aim is to streamline variability and to reach authoritative settlements about translating the vertical extension of care. Their variability, however, feeds to the variability of extended care translated in care organizations.

In previous chapter I described how the dual meaning of service played active part in enabling social care organizations to craft new arrangements of quality services. Service-as-care and service-as-care-producer created an image of a unified organism which, at the same time, placed the two into a hierarchical relationship: providing good service-as-care presupposed a well operating service-as-organization. This hierarchy was important in relation to another mantra which has become omnipresent in Czech social care since

2006: good products can only be produced by producers equipped with procedures that are adhered to. However, the relationship between Czech social care and procedures goes further back than 2006 and has undergone some important changes.

As I showed in chapter four (see pp. 109 – 115), the procedure was only gradually translated from one version of quality standards to another. Initially, the relationship between practiced and written care – between practitioners as traditional agents of care and quality service as a new agent of care delivery – was far more vague in process related standards. In the 2002 standards, the relationship between prescribing and doing care was less systematized. Some requirements for prescribing care through procedures were articulated in 2001 (NVF 2001) and then in the 2002 National Standards of Quality (MOLSA 2002). For example, Standard 1.3 stated at the time that services were to be "provided in compliance with the methodology which the facility had designed in writing" (MOLSA 2002: 6, English original). Beyond this, no other process related standard mentioned prescribing care.

Some fit between prescription and practice was thus part of the early articulations of quality. However, its edges were blurred. Vagueness and silences in standards brought "thinness" to the relationship between service as producer and service as product. Filling the gaps required further conceptual and practical work. Reformers together with an emerging body of consultants and educators started to imagine this relationship, and how better to dream a well working service than through the metaphor of "organism" (excerpt, debate with consultant 20). This imagination articulated a harmonious and mutually supportive cycle of knowledge inscription: in 2001 the reformers wanted local processes of implementation of standards to start with the teams of practitioners and managers coming together to collectively produce written records of existing best practices (excerpt, interview with former civil servant 6). In 2002, *Guide to providers* on how to implement the then newly published quality standards (MOLSA 2002b) stated that it would be an error to have procedures written up by managers without a substantive input from practitioners (MOLSA 2002b: 9). Once collectively written, procedures were, in turn, supposed to shape the actions of practitioners. Or better: practitioners were to use procedures as guidance to *inform* their practice rather than to delineate it. A final part of the cycle of inscription would see emerging good practice added to procedures whenever identified and formulated by practitioners.

In 2002, reformers talked about measurability of criteria and they also argued that quality services should work in terms of reflexive cycles involving practitioners who were skilled, educated, and who preferred and enjoyed embedding their practice in procedures (MOSLA 2002b, NVF 2001).

> "I want to work in an organization where a good manager has picked good practitioners; this organization has well written procedures and those good practitioners like referring to them. Because practitioners have to individualise their practice every time, they appreciate that their basic processes are there and they dont have to formulate them every time anew." (excerpt, debate with a consultant 20)

Early articulations of the vertical extension were thus populated by strong practitioners and strong managers who would use procedures as obedient clinical tools. Picturing practitioners who "like to refer" to procedures, as the above quotation put it, implied that practitioners would refer to procedures as and when they felt they needed to. It also implied that at times they may not refer to procedures and rely on other decision support devices such as their skills, embodied competences, and even instincts they have developed through experience. Most of all, it implied being embedded in the specifics of caring relationships. On the one hand, reformers also called for a more accountable care. They sensed that after quality "no practitioner will be left to work on their own" (excerpt, interview with inspector 7). At the same time, reformers also had a strong sense that practitioners should not be ready to do their work according to what the manager or the protocols tell them because, as one of them put it,

> "there are no such people. I only meet people who have their own head and who stress their autonomy." (excerpt, debate with a consultant 20)

The early work on quality services delivering care as "organisms" devised a harmonious and materially unspecific innovation: quality services had to have a unified aim, sufficient equipment of skills and competences, and a dose of rational self-management. Such services were thought to deliver good care – a quality service. This mutual arrangement of prescription and practice also implied that practitioners were to remain in charge of procedures as their tools, and that processes at the everyday level were deemed too complex, dynamic and unpredictable to be *fully* standardised (Berg 1997, Berg and Timmermans 1998, Wiener 2000). Another implication was in that "organisms", "managing quality", if such term was used at all in the early 2000s, would require self-developmental effort of providers organised along the model of a collegium rather than an industrial workhouse.

A relatively flexible approach to prescribing care in procedures became complicated in 2006 by legislating quality inspection and a new set of standards that legitimised a relationship of *full correspondence* between procedures and practice. The 2006 legislation introduced a statutory duty of quality inspectors to "control the extent to which criteria [of standards] are being met" (MOLSA 2006). It also introduced a new wording of quality

standards which changed the existing relationship between procedures and practice in all standards related to the care process. The first of criteria in Standards 2 to 7 were altered to require service providers to "have written procedures, and follow them" (MOLSA 2006).

The story of changes in the 2006 quality standards remains somewhat obscure. According to some interviewees, it was an ad hoc outcome of a series of last minute internal exchanges between departments at MOLSA that were meant merely to polish and systematise standards rather than change their content. Only seemingly minor technical changes were thought to have been made (excerpt, interview with former civil servant 21). These "minor changes" to the wording of quality standards, however, mattered a great deal in years to come. Standards now legitimised only one relationship between procedures and practice: hierarchical linearity of a service delivery which required "proper following of procedures" (Hanus 2008: 6). One effect of this change is that since 2006 it has been much easier for quality management knowledge to exercise authoritative claims over translating procedures into the working of social care providers. Quality management could now easily relate to the ordered production of care inscribed into the first criteria in key standards. The prescribed full adherence to procedures as the only legitimate relationship between procedures and practice resembles the teachings of the Geneva based International Organization for Standardisation about conformity embedded in quality management standards (ISO 9000 series) as well as the writings of global quality gurus such as Deming and Juran (cf. Hanus 2008).

> "If I understand correctly what Quality Management is about, then [having a procedure and following it] is a necessary basis: you set up production procedures in all areas as best as possible, you follow them, you evaluate to what extent this is actually happening, and then update them. That is a way to achieve quality in all areas. (excerpt, email correspondence with inspector 20)

The statutory requirement of full conformity between practice and procedures meant that quality management knowledge has been able to claim the role of a powerful framework for implementing standards. New courses, textbooks and manuals started to emerge explaining how best to use quality management models to implement quality standards (cf. Bednar 2008). Today, even the standards themselves can be reflected upon from the perspective of quality management – as if quality management was the founding benchmark against which quality standards should be assessed. Local quality gurus, who have in the meantime established themselves in social care, continue to tighten up the relationship between quality management and quality standards. For example, one consultant recently suggested that Standard 1, rather than promoting the key values of

social care services such as social inclusion and normalisation, should start promoting strategic management in services (Bednar 2011).

Reports from the provider sector before and after the 2006 legislation refer to variation in equipping services with procedures and in how procedures have been used (Musil 2004, Kocman and Palecek 2012). Many teams routinely come together and spend hours writing and re-writing their procedures (kol. 2008, Kocman and Palecek 2012), at least when it comes to procedures' first drafts. Other providers delegate the task of prescribing care to smaller teams consisting of managers and a new occupational position, quality managers. Another approach is to contract commercial procedure writers from outside the organization (Holkova and Gabrysz 2011).

Practitioners frequently reflect upon how they use procedures once services have been equipped with them (Kocman and Palecek 2012). These reflections suggest a variable degree of fit between practice and prescription. Having and using procedures is often seen positively, mainly when practitioners are able to use procedures as useful tools to induct new colleagues, in events that are rare and may require a specific flow of actions that are not routine to practitioners, or when practitioners challenge practices of other colleagues (fieldnotes, workshop with practitioners, 2012). In practitioner reflections, procedures are often framed as tools. Practitioners continue to act as agents of care who rely of skills, experience, and now also on procedures as supports of their agency.

Reflections and reports of organizational life also suggest that practices of care are often richer than what is prescribed in procedures. For example, quality inspectors routinely come across situations when existing practices of care exceed the care prescribed in procedures. Especially when such situations involve care thought to be good care, they tend not to be seen as problematic by practitioners, users, or managers. However, practice which exceeds prescription is a problem for inspectors. One such instance was described by an inspector and comes from their personal experience:

> "a service provider used surveys and interviews to assess user satisfaction. However, some of these methods were not stated in the procedure as required by the criterion 15.a.a. Inspection report therefore concluded that: service providers procedure for establishing satisfaction among users only partially evidenced in practice. (…) The procedure specifies surveys and group interviews with users once a year. However, during interviews with staff inspectors established that staff commonly check user satisfaction during interviews, during individual planning, or through user observations. None of these methods were specified in the procedure." (Kocman and Palecek 2013: 32)

This excess of practice meant that the inspection decided to deduct points because the service provider was found not to follow the procedure properly and therefore could not meet the inspection criteria in full. The inspection report also recommended expanding the existing procedure to cover all practices used in establishing user satisfaction. When another inspector commented on this particular case, they argued that recommending amendments to the procedure was not the only alternative. A different recommendation, after deducting points of course, might require the opposite: that service provider adjusted their practice (rather than their procedure) so that the practice followed the existing procedure – in this case to stop checking user satisfaction outside the specified surveys and annual interviews.

Since 2006, quality inspectors have had a statutory duty to check that procedures are *followed* by practitioners. As the above example demonstrates, this new duty has created a matter of concern for service providers. However, it also created a tension for inspectors. Many of them have a social care background, both clinical and managerial, and a desire to improve care. When they come across what is regarded as good practice, they also want to value it as such in the inspection report. Yet in situations like the above inspectors cannot value good practice if it does not, at the same time, follow procedures. Since 2006, their role is primarily to ensure that care organizations translate the vertical extension of care by crafting equipped serviced where practitioners follow procedures. Some inspectors reflect this tension by asking questions such as: "how should we assess whether criteria have been met in situations when there are no procedures but care is good?" (Kocman and Palecek 2012: 16). Inspectors in the above example handled their finding of good care which exceeded prescription by deducting points in the inspection report and feeling apologetic about it. When formally reporting to the service provider they downplayed the significance of reducing the inspection score and simply referred to the statutory requirement: "it's a mere formality, however, the criteria say that you have to have it in writing" (Kocman and Palecek 2013: 32).

Similarly to the first extension, elements of the vertical extension such as inspections are an important agent in energizing the negotiations about care delivery extended to equipped services. Practical engagement of service providers with equipping services with procedures became complicated mainly when, by statute, quality inspections had to take the first criteria of process standards seriously and start insisting upon a full correspondence between procedures and practice.

A further complication in translating procedures to care organizations is represented by the demands of an external reader that emerged together with quality infrastructures and started to be inscribed into the organization and the content of formal written tools. I

have described earlier how the needs of external readers were emerging in the translations of individual planning. Similar demands can also be traced in the case of vertical extension of care. Prescribing care in procedures has in itself dramatically increased the amount of writing in care organizations. Every quality service is equipped with over twenty different procedures (Holkova and Gabrysz 2011: 48). Provider organizations are frequently heard crying about being "swamped by papers". To a great degree, these cries relate to writing and following procedures; even more so, when providers try to prescribe "all" practices.

> "When new members of staff start I tell them, remember three procedures, because the rest they will not remember anyway. There is so many of them. This is where quality management is so ineffective." (Kocman and Palecek 2012: 11)

Quality infrastructures typically respond to these cries by stressing that having well written procedures is something the providers do for themselves and for the care they provide. But one can argue that even prescribing "all" nodes in the care process can still be done more or less exhaustively. It is not difficult to imagine procedures that are relatively short and concise, and provide key information which the practitioners develop into effective practices. This is where quality infrastructures intervene yet again as active agents rather than detached observers. In their work, inspectors (and consultants too) use procedures to get to know services. It is an established inspection practice to request piles of procedures beforehand as information resources about a care organization to be inspected. The statutory requirement wants inspectors to check that procedures are followed. It thus makes a good sense to read them beforehand. The inspection practice, again, inscribes the need of an external reader to how organizations translate procedures. Full correspondence and the statutory duty to check it have acted as a formative matter.

Another demand of an external reader has been related to the desire to know the *care*, rather than to simply become familiar with the procedures, and to know whether the care is good. Knowing care through reading procedures has become taken for granted by a majority of inspectors I have spoken to. At a workshop in 2013 I tried to poke the audience consisting mainly of inspectors after they insisted that "having procedures at hand means that you know at least 50% of the service you are going to inspect" (excerpt, notes from workshop 3). I asked whether we can tell if a cake was good without reading the recipe first. One could feel some uncertainty in the room. But eventually, participants agreed that it is useful to know the recipe. Inspectors learned to rely on procedures in getting to know not only the procedures as texts but also the care prescribed in them. Sometimes, due to lack of time or skill, inspections need to do without observations and without talking to staff and users, which the inspectors tend to regard as unreliable

sources of information anyway, and reading procedures may be all inspectors know about a service. Inspectors also rely on procedures simply because their measurement tools, the inspection criteria, do not specify any other textual source of knowing services but the procedures. It is in order to "see well" how services function that the inspectors require procedures to be more than a few sentences long; they need details and well described practices. Without detailed description it is difficult for inspectors to tell what care is provided by a care organization.

Another impetus for more rather than less writing comes with the desire of external readers to improve care which they assessed as not so good. The use of different inspection templates intensified the debates about the role of quality inspection: whether inspectors can at all make judgements about the content of procedures or whether they should simply check that procedures were being met. But for many inspectors a mere checking that procedures were being met makes little sense.

> "A number [of inspectors] are happy to simply check that providers have written procedures and follow them. […] What really matters is whether any procedure meets the aims [of its existence]. However, providers call this overstepping the remit of inspection. I, on the other hand, wish to insist that the purpose of having [procedures] is key, and that we need to find the courage to dig into procedures and into care." (Syslova 2011)

Debates about the tension between a control role and a developmental role of quality inspections have been going on for a decade now. The point to make here is that inspectors who "find the courage" and propose improvement recommendations do so – again – through procedures: they first require that changes were made in procedures, and expect them to be later followed in practice. Often, providers do not mind re-writing procedures as long as they see the gains of these changes (Kocman and Palecek 2013). What they tend to mind is (re)writing practices they feel will not be put to use.

> "Inspectors commented on our procedure on accepting gifts. They didn't like that the procedure only said that gifts can be refused on ethical grounds and not for other reasons, such as that a PC is too old. They asked us to rewrite it, to add other reasons, and we need to do it now. When it is done, I'll put the procedure back on the shelf as we don't use this procedure very often. It won't have a direct impact on the work we do with clients." (excerpt, interview with service manager 18)

Quality inspection, standards, and service providers are intrinsically intertwined in translating the vertical extension of care. As one manager put it, "the main problem of quality standards are inspections" (Kocman and Palecek 2012: 7). The needs of external

readers increased the writing demands and affected the ways service providers organize and conduct writing in care. Uncertainties and negotiations associated with the inspection have led provider organizations to engage with more writing and re-writing of procedures. As one service manager pointed out, “the more consultations and trial audits we do, the more uncertain we are” (Kocman and Palecek 2012: 9). Much of the writing is seen by providers as excessive and serving the needs of quality infrastructures who in turn inscribe the needs of external readers into local translations of the extensions of care. Another manager agreed, “everyone is afraid of inspections and they write four times more than is needed”. A third manager nodded, “anxiety about inspections forces us to produce papers upon papers” (Kocman and Palecek 2012: 10).

Conclusion

In this chapter I mapped the processes and actors of translating the intellectual devices introduced into social care by the quality reform. Translations of quality service from quality standards into provider sector have been tightly coupled with the creation and continuous growth of quality infrastructures constituted by educational, training, inspection and consultation institutions and practices.

The implementation framework understands implementation of standards as a process for which service providers are the responsible agents, and which is either more or less true to its blueprint. Implementations are thought to poses a degree of fidelity which can be assessed. Instead, I proposed the use of translation model which refuses to operate a linear account of how policy is put to action. Translation is a process which better fits the dynamics of Czech social care reform in two respects: translating quality standards has been a process with no “seventh day” (Latour 1996). The process did not simply take place in service organizations that now, after the fact, can be observed, assessed and evaluated by external agencies, mainly by quality inspections. Translations have been an ongoing process of negotiation in which inspections and other elements of the quality infrastructure take as active part as provider organizations. The role of quality inspection can thus be seen as ironic: rather than drawing organizational uncertainty to a closure, inspections are the key agents in multiplying the negotiations about how best to practice individual care planning and how best to deliver care by services equipped with procedures. To use a metaphor developed by Donald Mackenzie, inspections have acted more as an engine than a camera of the social care reform (MacKenzie 2006). In spite of their relative “toothlessness”, compared to the English model, Czech inspectors have powered the debates about the relationship between care and writing more than any other agent of the quality infrastructure. The recommendations of inspection reports are rarely followed upon by inspectors, no incentives such as fines or access to funding are

attached to inspection outcomes, no service provider has ever been closed as a result of inspection, and yet inspections matter to service providers who tend to be eager to find whether theirs is a good care. That is also why service providers consult extensively with inspectors and consultants who have thus become regular agents in formatting the variable geometry (Latour 1996) of quality services in Czech social care.

Translations of intellectual devices were multiple, involving a range of actors, and took various material formats. Neither of the two extensions had a translation pathway inscribed in their articulations in quality standards. The work of translation therefore needed to invent these formats and ways of working. That is also why so much debate and negotiation was needed.

With the need to know what care organizations provide, and to check that they provide good care, quality infrastructures have often shifted the attention of service providers to more writing than may have initially been articulated in quality standards. Some practices of the care process when assembled in quality standards had little material specificity. As I have shown in the case of individual planning, once translated into care organizations, elements of the care process were invented. Many started acquiring more and more material formats through direct or indirect agency of quality infrastructures. Sequential agreements in written format were preferred to verbal agreements, formal individual plans to records of individual planning, and signatures to asking users whether they took part in their care.

The vertical extension of care which introduced procedures to Czech social care has been practiced with variable geometry (Latour 1996). In most care delivery contexts I have studied, practitioners use procedures as tools when they need them rather than following them to the letter and without any overspill. Their use of procedures seems to confirm what the sociologists of standards argued: that protocols require “active (not mindless) support [because] unforeseen contingencies occur, threatening the protocols path, continually, [and practitioners] have to take ad hoc measures to keep [them] functioning” (Timmermans and Berg 1997: 292). This is an articulation of an equipped practitioner who is in control of their supports in order to act as a good agent of care – in care settings these supports were traditionally embodied (Twigg 2000), but can also have external forms as in the case of procedures and formal tools of the care process. In different contexts of Czech social care, however, procedures continue to act as properties of a service provider that need to be simply adhered to. These contexts are located mostly within quality infrastructures where inspectors, consultants and educators have been busy mingling quality management knowledge with the criteria of quality standards in order to solidify the linear model of a protocol compliance which stretches the vertical extension of

care to the full. Collectively, they work hard to translate this arrangement into services – by deducting points during inspection visits, writing recommendations in inspection reports, and in consultations and training. However, going down the quality pathway this way has proven to be difficult. Inspectors and consultants know it and tend to point finger at service providers for not implementing standards properly. They seem to have forgotten the lesson from ethnomethodology which says that a "full control in specifications is impossible. Even if one stipulates in 347 pages how two workers need to change a light bulb in a nuclear plant, the guidelines simply cannot capture the full extent of the requisite work in the finest details. All such attempts are necessarily at once overcomplete and continually indeterminate" (Timmermans and Berg 1997: 292).

Chapter 6

Conclusion

Summary of the argument

This thesis has been a dialogue with, and a comment on, the theoretical knowledge of critical policy studies on quality in public sector reforms. My contribution is primarily oriented in the direction of this knowledge. I have undertaken a somewhat risky job. Instead of heading for an arguably safe strategy of "gap-spotting" in the formulation of my research problem, which would aim to fill in gaps in existing knowledge while maintaining its basic theoretical and ontological assumptions (Alvesson and Sanberg 2013), I have set on a journey into a heavily researched territory of public service reforms and attempted to develop an experimental research strategy to build an alternative understanding of the mechanics of a quality reform. To summarise what this thesis has tried to achieve, I need to go back and highlight the analytical movement which, as I have argued, needs revisiting. This movement takes critical theory of quality reforms in public services, which has been largely developed through case studies of public service reforms in Britain, and applies it to explain other similar cases. Such analytical movement is common in sociological research. Guggenheim and Krause (2012) call it the logic of application where

> "what is found to be true for juvenile delinquents in Chicago is also found to be true with some divergences in Denver, and what is found to hold for doctors is found to hold for priests as well." (Guggenheim and Krause 2012: 108) [32]

Critical policy studies have developed knowledge on quality in public sector reforms which has been applied to explain (or frame research in) other cases such as Danish social care reforms (Dahl 2011), Czech research and development policy (Stockelova 2009), Slovak higher education (Koba 2009), Mexican non-governmental sector (Jones et al 2011), Portuguese nursing (Carvalho 2012), or Australian health care (Germov 2005). At the heart

[32] Guggenheim and Krause (2012) further assert that in the sociology of the city, "[w]hat was explored in Chicago as a specific field site became (…) general knowledge about cities. Whoever worked at the University of Chicago in these first decades of the twentieth century had the advantage of adding to a seemingly cumulative research enterprise that collected knowledge about a specific field site – Chicago – that was a stand in for "city" that was a stand in for "modern city", in a way in which, for example, Heidelberg or Freiburg in Germany were not. This process was further intensified by the canonization of the Chicago school as the founding place for American sociology." (ibid: 112)

of this knowledge is the association between quality and managerialism and marketization. Quality is understood as managerialism's rhetorical and organizational tool. As such it aims to maximise control over the production of services in an expert manner which hides its political pedigree of neoliberal technology of government. In the case of Czech social care, Synkova's (2011) ethnography of legitimation practices in a voluntary sector organization working with Roma families is an example of similar approach. In the best of social science manner the study has used pieces of critical policy studies to interpret changes that have been taking place in a social care organization. Theoretical insights of John Clarke, Michael Power, or Cris Shore together with ethnographic data are used to explain how an organization engaged with quality standards. The analysis points to the force of managerialism:

> "[m]anagerialism brings certain concepts like customer, motivation, needs or quality. In [the provider organization] these concepts and discourses were challenged only selectively. (…) The need to produce some "quality" was not challenged. If we look at how managerialism treats quality it is rather that it tries to systemize it through the production of indicators of quality, because the quality itself is a concept that is hard to "seize". Even though people complained about the rise of administration and spending more money on control, many did not believe in the fact that it can really help their work, still they tried to accommodate to these practices. People in the office said to me ironically that now they have to count the time that they spent chatting with me and write it down to the time sheets. Clarke explains this paradox of "behaviour compliance" and scepticism at the same time (1998: 246-248) through the concept of "no alternatives" and pressure of the organizational and interorganizational field of relationships, that punishes those who fail to comply in the sphere of resources and competition hierarchy." (Synkova 2011, English original)

Synkova's careful observations of tensions in everyday working of an organization are framed by a larger, theoretically sound condition of possibility. Actions and tensions of Czech organizational actors are placed within a transformative agency of managerialism. What makes Synkova's movement analytically appropriate is grounding her analysis in a generic, widely circulated argument according to which,

> "[m]arketization and managerialism have achieved global currency and pervaded [public sector] systems over the last two decades or so, thus shaping the direction of policy reform in otherwise different systems and regions of the world." (Kuhlmann and Annandale 2012: 403)

It is possible to say that Synkova has engaged in what sociology praises as "theoretically sophisticated and empirically rich" application of generalised knowledge to explain a case study. As it happens, theoretical knowledge is used to substitute for a lack of data on a specific genealogy of the Czech quality reform.

Methodological achievement of the present study can thus be situated as an attempt to resist the application of managerialist framework and, instead, and to explain how Czech social care developed a quality reform which turned it into a managerialised care when, empirically, neither marketization nor managerialism acted as forces of change. In other words, my thesis shows by what other means can a quality reform take place. This shift in focus led to a *theoretical* achievement in relation to the dominant knowledge on quality in critical policy studies. I have formulated an alternative account of the mechanics of Czech quality reform. To be able to do so, I also developed an alternative *methodological* approach to studying the reform. I have developed an understanding of the mechanics of the reform by adopting several methodological counter-movements informed by Actor Network Theory:

1) I adopted an approach of not applying a "structuralist" explanation of any kind to the case study. This way I could do away with framing the quality reform by knowledge on marketization and managerialism.
2) I focused on the object of policy making rather than intricacies of policy networks. The policy object in this case was the quality service as the new arrangement of extended care.
3) I attended to the role of knowledge devices in formatting large scale phenomena. I did not limit the study to the role of social groups, their interests, and interpretations.
4) I framed the reform as a controversy. This allowed me to follow the policy object from its inception at the Ministry of Labour and Social Affairs to its circulation in the provider sector.
5) I deployed the analytical notion of translation to counter the normative analytical practices of implementation research. Rather than a linear story of implementing quality standards, I opted for tracing how the two extensions of care were translated into provider sector. This allowed me to show how properties of quality services were emergent in everyday negotiations and how service providers together with quality infrastructures of inspection, consultation and training co-shaped the shifting boundaries of care.

I tried to put these methodological movements to work in three substantive chapters: chapters three, four, and five. In chapter three I showed how quality was turned into a policy problem by community care oriented practitioners who articulated quality service

to resolve concerns about care itself. Marketization of care as a project preceded the quality agenda and was developed as a structurally unrelated mechanism which targeted consumption rather than production of care. Efficiency and effectiveness of care production were not a concern in the first years of the quality reform. A form of managerialism, quality management as a framework for social care reform, was only associated with the reform later and, to an extent, as an effect of the rise of the intellectual device of procedure in quality standards and, consequently, in the system of quality inspection.

In chapter four I showed how in articulating quality services the reform formatted a new "inside" of care by extending the boundaries of care. In chapter five I showed how this extended care was translated into care organizations. This part of my account communicates with a critical argument that quality signifies an imposition of managerialism and/or marketization onto clinical practice through re-forming organizational *contexts*. As a result of such intervention, critical policy students argue, professional work is affected (cf. Shore and Wright 1997, Clarke 1998). Contrary to this assertion, I have shown how quality service was constructed as an extension of the boundaries of care *content*. Extended care was mattered with new forms and practices that were understood as non-clinical in the older model of care. I showed how four pieces of managerial knowledge particularly were deployed to "do" the extension work. They allowed the organization of a new care process ordered along the model of planning cycle. By pairing individual planning with individual need, the reformers also formatted new object of practitioner intervention and could start re-articulating practitioner skills and draw new horizons of care interventions. The extended care does not start and end any more with face to face encounters between a practitioner and a user. The extended care – or quality service – now starts with a service having a commitment in the form of aims and objectives, and includes practices such as being able to file a complaint or having one's individual plan reviewed regularly. I have called this extension "horizontal" extension of care. The arrangement of quality service also brought new ways of delivering care. In place of an equipped practitioner, a new agent of care, an equipped service, was articulated. I have called this extension of care "vertical" extension. Services-as-agents of care became equipped with procedures to guide the actions of practitioners.

In chapter five, I followed the new arrangement of extended care as it was translated into Czech social care sector. One of the most vibrant effects of the quality reform has been the changing and unsettled relationship between care and writing. Horizontal extension of care, apart from new practices such as informing users, structured assessment of needs, and planning and reviewing support, also involved practices and tools of writing attached to them that went beyond the ad hoc, local records of traditional care. Vertical extension

also formatted care entangled with writing, only this time the writing prescribed care practices in procedures that would govern everyday delivery of care.

Practitioners and managers had to learn that spending time with papers was as important for care as spending time with service users – both were now part of the extended care. Quality services, this new arrangement of care, could not become a reality without them. I mapped the dynamics of translating individual planning and procedures into care organizations. I paid attention to the variable and emerging arrangements of writing in care as they have been jointly constructed by service providers and quality infrastructures, as I called the conglomerate of quality inspection, education and training, and consultation bodies and practices which was created to support and guard the implementation of quality standards. However, many practitioners and managers found new arrangements of writing and care uncomfortable. In ANT terms, their versions of care were not enrolled into the program of quality or started to modify and appropriate it. Many of those who accepted and supported the extensions of care articulated in quality standards became gradually "dis-interrested" and uncoupled some of their care from writing and, vice versa, some of their writing from care.

The interesting question to ask is what were the centrifugal powers in the translation of extended care and, equally, what allowed many service providers to practice care without writing when, after quality, the entanglement of care and writing has been proposed inseparable?

In relation to the first question, the role of quality infrastructures was particularly important. Inspection and consultations rather than settling the issues of quality contributed to multiplying the uncertainty about local translations of the extended care. Quality infrastructures were instrumental in shifting the attention and preferences to more material formats – to more writing. I showed how this dynamic was related to their needs as external readers and controllers, and how these needs were forcing care organization to write more and use more formal writing devices. In the case of individual planning, quality inspections started to pay more attention to formal plans over practices of planning that practitioners deemed important. The needs of external readers became also pronounced in training and consultation on best practices of individual planning. Service agreements could not be so easily accepted in verbal form or simply recorded in clinical records but required sometimes elaborate and multiple forms with signatures as the preferred indicator of user involvement. Similar shift to more writing could be mapped in the case of translating the procedures. With the ascent of quality inspection procedures became the prime means for inspectors to know care and to value care production. Inspectors started to focus on care prescribed in procedures and intervene in care by

recommending changes (first) in procedures. With the introduction of statutory control duties, inspectors also began checking compliance with procedures – to the letter and with no practices over spilling – which delegitimised the use of procedures as flexible "tools" in the hands of practitioners.

Translations of the extended care led to more transformations of care and how it could be delivered. At times, they also led to what local actors call "formalistic" effects: when prescribing care in procedures was performed for other reasons, typically to comply with inspection recommendations, than to be used as practical supports of clinical work (Kocman and Palecek 2013). In translating the extended boundaries of care "mere formalities" could emerge when specific instances of writing became no longer clinically useful and when a supposedly tightly coupled, synergic relationship between care and writing was uncoupled. In those instances writing disentangled from the practices of extended care it was meant to support. It could no longer stand as an ally to care provision and was turned into a demanding externality imposing itself on care. Participant accounts suggested that (gradual) disentanglement between practices and formal tools of individual planning may have been an important mechanism which affected many appropriations of individual planning in care organizations. Similar dynamic was found in the case of translating procedures. Procedures that became "mere formalities" were those that became disentangled from care practices, for example, because the care they prescribed in order to meet inspection recommendations did not eventually relate to the care practiced by a service provider.

This exposition may sound like stating the obvious. My point is that the extended care was introduced with positive prospects and high hopes as an entanglement of writing and care. But not all writing managed to withstand practical tests. Whether prescribed care and practiced care worked in tandem or whether they became dissociated depended on negotiations between practitioners, managers, quality standards, inspectors, and specific formats of writing. Dis/entanglements of writing and care were locally emergent effects of these negotiations. What may have started in an organization as a tightly coupled element of extended care, such as a specific format of individual planning or a new procedure (and practice) for setting up service agreements, could be transformed into a "mere formality" – a service agreement that met inspection recommendations but complicated everyday care (an individual plan that took longer to set up than to deliver) or a procedure that after re-writing gained in robustness which, however, dusted on a shelve never needed by the events unfolding outside the manager's office. What I did not find in the processes of translation, however, is what some critical policy analysts see as a "bureaucratic fate" associated from the beginning with the extended care and linked to neoliberal propensity to "virtualism" (Miller 2003), which would *predestine* writing and care to uncouple. In

some arrangements the same elements worked differently and better than in others. If there was a fate to local translations, it must have been an unfolding one. Dis/entanglements of care and writing were the effects of translations of writing rather than a property of writing devices.

In relation to the question of what allowed providers to practice (new) care without writing, practitioners are often reported to resist managerial pressures through negotiating writing and care (White 2009, Newman 2004). Attention to social agency, however, may easily overlook how the organisation of care may actively contribute to the appropriations of writing. Individual planning is a good example. It was introduced as en entanglement of writing in care. It stretched the boundaries of care and layered the inside with a new care process. Social work and social care's professionalising strategy was intimately related to embedding the new care process in skills and competencies of every practitioner. Most practices of individual planning have been accepted as "good professional practice". The struggle and negotiation have centred on its formal tools. This genealogy may be interpreted as a managerial colonization of care and social work (Clarke 1998). But the story of embedding individual planning in social care can also attest to the ability of care to be delivered with little or no writing – and hence its ability to pick and choose which writing works through practical everyday tests. This may be what provides practitioners with a grounding for resistance rather than their will to resist and their negotiation skills. They are able to accompany users to appointments, provide body care, or support users with preparing meals with, but also without formal writing devices. In the end, we have learned how individual planning and contracting also have strong interactive and informal components. This may also differentiate social care from other occupations such as laboratory work, or sociological research for that matter, where records and notes are central to the very ability of practitioners to move from one step of work to another. Laboratory studies have showed brilliantly how laboratory work, for example, is inscription dependent and cannot achieve much without movement *through* inscriptions (Latour and Woolgar 1986).

Re-visiting quality: a speculation

Someone asked me in relation to the Czech social care reform what has happened to the real quality? This question used the word quality but it was in fact asking about care – what happened to care in the traditional sense? The question also implied a divide between care practices, the "real quality", and managerialism. Only now, after I have provided an extensive exposition of the quality reform, I can answer the question what happened to the old, interactive care. Its boundaries were stretched to include practices and material formats practitioners now practice as part of new (extended) care. And it

was disentangled from the sole agency of an equipped practitioner and re-entangled with a service as the new agent of care. These extensions created an arrangement called quality service which was then thrown back to the provider sector where it is being translated (rather than simply implemented) into everyday workings of care organizations.

The question about "real quality" was interesting in yet another aspect: it shows the extent of the trouble with studying quality in public sector reforms. Quality reforms tend to intertwine with the aims and concerns of practitioners about the core areas in their respective domains – in health care, education, or social care. The aspiration of quality initiatives is to offer seemingly technical solutions to tackle problems located at the heart of professional activities. At the same time, they tend to intervene in organizational contexts where they create demands that attract the attention of whole systems, from practitioners to funders (Pollitt et al 1991, Clarke 1998). Critical policy studies have argued convincingly that there is often little evidence for any "real change" in the traditional boundaries of practice. Rather, quality reforms have led to "increased control over the public sector labour process" (Kirkpatrick and Lucio 1995: 9). In this respect, critics have developed a twin image of colonisation and dissociation between quality and the work of practitioners. Quality in the public sector remains dominated by the managerial field and as such it imposes itself onto the interests and values of practitioners (Shaw 1996, Clarke 1998, Shore and Wright 1999, van der Laan 2006). Thatcherite will to subdue both professionals and bureaucrats provided a convincing imagery for the argument (Walsh 1995, Clarke 1998).

Studies of quality are effectively torn between an amalgamating applause of quality proponents who often erase differences and tensions between public service contexts and quality, and critical studies of differences and tensions between incommensurable logics. The story of Czech social care reform could not fully subscribe to either. The making of quality service was a practical experiment in hybridization, and tensions and differences were gradually added to the arrangement of new care as it grew in size and complexity. Managerialised care was a policy effect rather than a policy proposal, and was inscribed into social care in a series of shifts.

The role of intellectual devices in this process is perhaps more visible in the Czech case than in other public sector domains and national contexts. In a speculative manner we may compare the Czech social care reform to quality reforms in health care where the debate over content and context, and who controls what, has been perhaps even more vivid than in social care (Gray and Harrison 2004). Although medical knowledge has been systematised and increasingly governed through clinical guidelines and performance management (Dent 2003, Gabe and Calnan 2009), management knowledge has been used

to a lesser extent to re-format its content which is still dominantly articulated through bio-medical research and clinical trials. As Brunsson and Sahlin-Anderson (2000) argued, calls for transparency and auditability challenged the hegemony of medical knowledge by constructing auditable organisations rather than medical systems. Saying that, managerial knowledge seems to be forging alliances with medical knowledge in areas such as clinical pathways (Allen 2012) and quality improvement (Zuiderent-Jerak and Berg 2010). In contrast, quality standards in the Czech social care reform devised a new care process and by articulating individual needs and aims invented a new *object* of practitioner interventions. This played a constitutive role in emancipation of social care, traditionally understood and practiced as an "allied" medical occupation.

The role of intellectual devices may also be useful in understanding other social care reforms. Ian Shaw (1996) noted how British social work practitioners accepted quality reforms relatively positively. He argued that it was because social work professionals have been taking up positions of managers and this way, compared to other professions, secured a relatively high authority over the social work labour process and legitimacy of their decision making. This has led to a more effective managerialisation of social work. What goes unmentioned in this argument is the role of "scientific managerialism" (Harris 1998) in the community care reforms of 1990. The 1990 reforms established case management as the legitimate social work process to which a new definition of practitioner competences (CCETSW 1992) was attached. Perhaps, similar (if not the same) intellectual devices later deployed in the Czech case – management planning cycle and associated skills adapted to the work environment of social workers, and the rise (rather than invention) of the notion of need as an object of intervention – may have been mobilised in those processes of change. Valorisation of the role of intellectual devices in reforming English social care might contribute to understanding the dynamic of "easier adoption of managerialism" in social work, as identified by Shaw (1996).

Speculating this way about re-reading English social care reform takes me to a concluding note on the potential value of a comparative socio-material analysis of policy which takes into account the role of intellectual devices. I am drawn in this direction by realising how little more than what we already know can critical policy studies say about quality in general – that is, beyond the knowledge about quality with managerialism on the reform input and de-professionalization on its output. This critical knowledge was shaped shortly after the "quality epidemic" in public services in the early 1990's, and has held its shape since. Critical and constructivist analysis has already started to engage with more materialist work on understanding policy through its 'instruments' (Lascoumes and Le Gales 2007, Borraz 2007, Palier 2007). However, instruments such as standards can themselves be arrangements of standards within standards. In this line of inquiry, socio-

material analysis which accounts for various epistemic and policy networks that craft, and are crafted by, 'intellectual devices' deployed in a re-formatting of the policy worlds may contribute to understanding how policies travel and in what specific arrangements. It may also enable insights into the converging trends noted by comparative research on European public services (Mattei 2009). If schools nowadays look very similar to social services, it may not only relate to isomorphism in the organisational field but also to the circulation and translation of similar intellectual devices (such as individual plans) that format the inside of the respective fields of practice.

References

Abbott, A. 1988. *The system of professions: an essay on the division of expert labour*. Chicago: University of Chicago Press

Agten, J. 2009. Bologna as a frame for competence based learning and supervision? In Chytil, O. and Siebel, F. (eds.). *Social Professions for a Social Europe: Review – Insight – Prospects. Conference proceedings*. Ostrava: Ostrava University Press, pp. 77-90.

Ahrens, T. and Chapman, C. 2006. Doing qualitative field research in management accounting.Positioning data to contribute to theory. *Accounting, organizations, and society*. 31, 8, 819-841.

Alaszewski, A. and Brown, P. 2012. *Making Health Policy: A Critical Introduction*. Cambridge: Polity.

Alcadipani, R. and Hassard, J. 2010. Actor-Network Theory, organizations and critique: towards a politics of organizing. *Organization*, 17, 4, 419-435,

Allen, D. 2012. Understanding context for quality improvement: artefacts, affordances and socio-material infrastructure. *Health*, 17, 5, 460-477.

Altshuler, D. 2001. Tunelling towards capitalism in the Czech Republic. *Ethnography*, 2, 1, 115-138.

Alvesson, M. and Sandberg, J. 2013. Has Management Studies Lost Its Way? Ideas for More Imaginative and Innovative Research. *Journal of Management Studies*, 50, 1, 128-152.

Anderson, L. 2003. Constructing policy networks: Social assistance reform in the Czech Republic. *International Journal of Public Administration*, 26, 6, 635-663.

Anketa 2010. Content and form of individual planning [Obsah a forma individualniho planovani.] *Socialni sluzby*, 5, 18-21.

Annandale, E. 1996. Working on the front-line: risk culture and nursing in the new NHS. *The Sociological Review*, 44, 3, 416-451.

Arnaboldi, M. and Azzone, G. 2010. Constructing performance measurement in the public sector. *Critical Perspectives on Accounting*, 21, 266-282.

Axford, N. 2010. What is a service? *Child and Family Social Work*, 15, 473-482.

Bainton, D. et al. 2013. Making policy move: re-thinking travelling policies. Collective statement presented at CCIG Publics Programme workshop, 7 May 2013, Milton Keynes: Open University

Balcerowicz, L. 1994. Understanding post-communist transitions. *Journal of Democracy*, 5, 4, 75-8.

Banks, S. 2004. *Ethics, Accountability and the Social Professions*. Basingstoke: Palgrave

Banks, S. 2007. Between Equity and Empathy: Social Professions and the New Accountability. *Social Work and Society*, 5, 1.

Barad, K. 2003. Posthumanist Performativity: Toward an Understanding of How Matter Comes to Matter. *Signs*, 28, 3, 801-831.

Bartlett, W., Roberts, J. and Le Grand, J. (eds.) 1998. *A revolution in social policy: lessons from developments of quasi-markets in the 1990s*. Bristol: Policy Press.

Bartos, A. 1925. *Feuilletony vychovatelovy: Cestou k zivotu*. [An educator's feuilletons: The way to life]. Prague: Jedlickuv ustav pro zmrzacele.

Barzelay, M. 2001. Origins of the New Public Management. An international view from public administration/political science. In McLaughlin, K., Osborne, S. and Ferlie, E. (eds.) *New Public Management: Current Trends and Future Prospects*. London: Routledge.

Bata, J. 1938. *Budujeme stat pro 40 000 000 lidi*. [We are building a state for 40 million people]. 2nd ed. Zlin: Tisk

Becker, H. 2009. How to find out how to do qualitative research. *International Journal of Communication*, 3, 545–53.

Beckmann, C. et al. 2007. Quality Management and Formalization in Social Service Organizations - A Survey on Home-Based Family Intervention Services. *Social Work and Society*, 2007, 5, 1.

Bednar, M. 2008. Quality according to the 2006 Social Services Act. [Kvalita podle zakona o socialnich sluzbach]. In. *Spravedlnost a sluzba II*. Olomouc: CARITAS – VoSs. pp.5-23.

Bednar, M. 2010. Uvod do kvality v socialnich sluzbach. [Introduction to quality in personal social services]. In Bednar, M. (ed.) *Sbornik Rasinovy vysoke skoly za akademicky rok 2009/2010*. Brno: RaVS, pp. 3-14.

Bednar, M. 2011. Kvalita nejsou jen standardy socialnich sluzeb. [Quality does not mean only quality standards]. Paper presented at 'Soucasnost a perspektiva socialni pece', Litomysl, 8-9 September 2011.

Berg, M. 1997. Problems and promises of the protocol. *Social Science and Medicine*, 44, 8, 1081-1088.

Berg, M. et al. 2005. Bridging the quality chasm: integrating professional and organizational approaches to quality. *International Journal of Quality in Health Care*, 17, 1, 75-82.

Best, J. and Loseke, D. (eds.). 2003. *Social Problems: Constructionist Readings*. Aldine Transactions.

Bijker, W. and Law, J. 1992. General Introduction. In: Bijker, W. and Law, J. (eds.): *Shaping Technology/ Building Society. Studies in Sociotechnical Change*. Cambridge, MA: MIT Press. Pp. 1-14.

Bludau, H. submitted. Protocols of Identity: A case study of Czech healthcare worker migrants. *Cargo: Journal for Social and Cultural Anthropology*.

Boerzel, T. 1998. Organising Babylon: On the different conceptions of policy networks. *Public Administration*, 76, 253-273.

Boltanski, L. and Thévenot, L. 2006. *On justification: economies of worth*. Princeton, NJ: Princeton University Press.

Bond, G. et al. 2009. Individualization and Quality Improvement: Two New Scales to Complement Measurement of Program Fidelity. *Administration and Policy in Mental Health and Mental Health Services Research*, 36, 5, 349-357.

Borgerson, J. and Rehn, A. 2003. On The Unnecessary Agency Of Objects: A Genealogical Ethnographic Approach To Hybridity. Paper presented at 3rdCritical Management Studies Conference, Lancaster University Management School 7-9 July 2003.

Borraz, O. 2007. Governing Standards: The Rise of Standardization Processes in France and in the EU. *Governance*, 20, 1, 57-84.

Boston, J., Martin, J., and Pallot, J. 1996. *New public management: The New Zealand model*. Oxford: Oxford University Press

Bowker, G. and Star, S.L. 1999. *Sorting Things Out: Classification and Its Consequences*. Cambridge, MA: MIT Press.

Brennan, J. and Singh, M. 2011. Playing the Quality Game: Whose Quality and Whose Higher Education? In. Rhoten, D. and Calhoun, C. (eds.). *Knowledge Matters: The Public Mission of the Research University.* New York: Columbia University Press, pp. 397-422.

Brunsson, N. and Sahlin-Anderson, K. 2000. Constructing organizations: The example of public sector reform. *Organization Studies*, 21, 721-746.

Bueger, C. 2011. The clash of practice: political controversy and the United Nations Peacebuilding Commission. *Evidence & Policy*, 2, 171-191.

Bull, M.J. and Ingham, M.(eds.) 1998. *Reform of the socialist system in central and eastern Europe*. London: Palgrave Macmillan.

Callon, M. 1986. Some elements of a sociology of translation: domestication of the scallops and the fishermen of St Brieuc Bay. In. Law, J. (ed.). *Power, action and belief: a new sociology of knowledge?* London: Routledge, pp.196-223.

Callon, M. 2002. Writing and (Re)writing Devices as Tools for Managing Complexity. In Law, J. and Mol, A. (eds.). *Complexities: Social Studies of Knowledge Practices*, Durham: Duke University Press, pp.191-217.

Callon, M. 2005. Why virtualism paves the way to political impotence: A reply to Daniel Miller's critique of 'The Laws of the Markets'. *Economic Sociology: European Electronic Newsletter*, 6, 2, 3-20.

Callon, M. 2007. What does it mean to say that economics is performative? In MacKenzie, D., Muniesa, F. and Siu, L. (eds.). *Do Economists Make Markets? On the Performativity of Economics*. Princeton: Princeton UP.

Callon, M. and Law, J. 1995. Agency and the Hybrid Collectif. *South Atlantic Quarterly*, 94, 481-507.

Callon, M. (ed.) 1998.*The Laws of the Markets*. Oxford: Blackwell Publishing.

Callon, M. and Muniesa, F. 2003. Economic markets as calculative collective devices. (Manuscript). [Paper published as 'Les marchés économiques comme dispositifs collectifs de calcul', *Réseaux,* 21, 122, 189-233.]

Carvalho, T. 2012. Managerialism and professional strategies: a case from nurses in Portugal. *Journal of Health Organization and Management*, 26, 4, 524-541.

Castle-Kanerova, M. 1992. Social Policy in Czechoslovakia. In Deacon, B. (ed.) *The New Eastern Europe: Social Policy, Past, Present, Future*. London: Sage. pp. 91-117.

CBS 2010. ANT: From methodological principles to concrete strategies for managing the in-between. PhD workshop, 20-23 September 2010. Copenhagen: Doctoral School in Organisation and Management Studies, Copenhagen Business School.

CCETSW 1992. *Rules and Requirements for the Diploma in Social Work DipSW*, Paper 30, 2nd ed. London: CCETSW

Ceci, C. and Purkis, M.E. 2010. Implications of an epistemological vision: Knowing what to do in home care. In Patton, C. (ed). *Rebirth of the Clinic: Places and Agents in Contemporary Health Care*. Minneapolis: University of Minnesota Press.

Cernousek, M. and Baudis, P. (eds.) 1990. *Prvni stoleti ceskoslovenske psychiatrie (1886 – 1986). Historicke studie a uvahy*. [A centenary of Czechoslovak psychiatry (1886-1986): Historical studies and essays]. Prague: Research Institute of Psychiatry.

Chab, M. 2004. *Svet bez ustavu*. [A world without residential institutions].Prague: QUIP

Chabova, R. 2007. Transforamcia v Horni Poustevne, rozhovor s Relou Chabovou. [Transforamtion of Horni Poustevna, interview with Rela Chabova]. *Integracia*, 3, 12-17.

Challis, D. and Davies, B. 1990. *Case Management in Community Care*. London: Gower / Canterbury: PSSRU.

Chambliss, D. 1996. *Beyond Caring: Hospitals, Nurses, and the Social Organisation of Ethics*. Chicago: University of Chicago Press.

Christensen, M. and Rocher, S. 2010. Accounting for changed accounting: A translation view comparing accrual accounting implementations in France and Australia. Paper presented to 12th Annual Conference of the International Research Society of Public Management, Bern, Switzerland, 7-9 April 2010.

Christensen, T. and Lægreid, P. (eds). 2007. *Transcending New Public Management: The Transformation of Public Sector Reforms*. Aldershot: Ashgate.

Clark, C. 2005. The deprofessionalisation thesis, accountability, and professional character. *Social Work and Society*, 3, 2, 185-190.

Clarke, A. with Dawson, R. 1999. *Evaluation Research: An Introduction to Principles, Methods and Practice*. London: Sage

Clarke, J. 1998. Managerialism and social welfare. In Abbott, P. and Meerabeau, L. (eds.). *The Sociology of the Caring Professions* [2nd]. London: Routledge, pp. 234-254.

Clarke, J. 2004. *Changing Welfare, Changing States: New Directions in Social Policy*. London: Sage

Clarke, J. 2005. New Labour's Citizens: Activated, Empowered, Responsibilized, Abandoned? *Critical Social Policy,* 25, 4, 447–63.

Clarke, J. 2006. Consumerism and the remaking of state-citizenship relations in the UK. In Marston, G. and McDonald, C. (eds.). *Analysing Social Policy: A Governmental Approach*. Cheltenham: Edward Elgar. pp. 89-105.

Clarke, J. 2007. Introduction: Governing the Social. *Cultural Studies*, 21, 6, 837-846.

Clarke, J. and Langan, M. 1993. Restructuring welfare: the British welfare regime in the 1980's. In Cochrane, A. and Clarke, J. (eds.). *Comparing Welfare States: Britain in International Context*. London: Sage.

Clarke, J. and Newman, J. 1997. *The Managerial State. Power, Politics, and Ideology in the Remaking of the Welfare*. London: Sage

Clarke, J. et al. 2000. *New Managerialism, New Welfare?* London: Sage and Open University Press

Collins, H. and Yearly, S. 1992. Epistemological Chicken. In A. Pickering (ed.). *Science as Practice and Culture*. Chicago: University of Chicago Press, pp. 301-26.

Cook, T. and Campbell, D. T. 1979. *Quasi-experimentation: Design and analysis issues for field settings*. Boston, MA: Houghton Mifflin Company

Cowan, D., Morgan, K. and Mcdermont, M. 2009. Nominations: An actor-network approach. *Housing Studies*, 24, 3, 281-300.

Cronbach, L. et al. 1980. *Towards reform of program evaluation.* San Francisco, CA: Jossey-Bass.

Culik, J. 2000. Anti-Communism and Emotional Substitutes. *Central European Review*, 40, 2.

Cupka, J. et al 2010b. *System rizeni kvality socialnich sluzeb: Manual poskytovatele.* [Quality management system in personal social services: provider guide]. Prague: EuroProfis

Cupka, J. et al. 2010a. *System rizeni kvality socialnich sluzeb: Manual hodnocenisystemu QMSS*. [Quality management system in personal social services: assessor's guide] Prague: EuroProfis

Czarniawska, B. and Sevon, G. (eds.) 1996. *Translating organizational change*. Berlin: Walter de Gruyter.

Czarniawska, B. and Sevon, G. (eds.) 2005. *Global ideas: how ideas, objects and practices travel in global economy*. Copenhagen: CBS and LIBER.

Dahl, M. 2012. Who can be against quality? A new story about home-based care: NPM and governmentality. In Ceci, C., Bjørnsdottir, K. And Purkis, M.E. (eds.). *Perspectives on Care at Home for Older People*. London : Routledge. pp. 139-157.

De Laan, G. 2006. Taylorismus a remeslonost v socialni praci. [Taylorism and craft in social work]. *Czech and Slovak Journal of Social Work*, 3, 50-56.

de Laet, M. and Mol, A. 2000. The Zimbabwe Bush Pump: Mechanics of a Fluid Technology. *Social Studies of Science*, 30, 225-263.

de Landa, M. 2006. *A New Philosophy of Society: Assemblage Theory and Social Complexity*. London: Continuum.

de Leon, P. and Vogenbeck, D. 2006. The policy sciences at the crossroads. In. Fischer, F., Miller, G. and Sidney, M. (eds.). *Handbook of Public Policy Analysis: Theory, Politics, and Methods*. Boca Raton, Fl.: Taylor Francis.

Dean, M. 1999. *Governmentality: Power and Rule in Modern Society*. London: Sage.

Dekker, S. 2011. *Drift into failure: From hunting broken components to understanding complex systems*. Farnham: Ashgate

Deleuze, G. and Guattari, F. 1987. *A Thousand Plateaus: Capitalism and Schizophrenia*. Minneapolis: University of Minnesota Press.

Deming, W. 1986. *Out of the Crisis*. Cambridge, MA: MIT, Centre for Advanced Educational Services.

Dent, M. 2003. *Remodelling hospitals and health professions in Europe: medicine, nursing, and the state*. London: Palgrave, Macmillan.

Desrosieres, A. 1991. How to make things which hold together: Social science, statistics and the state, In Wagner, P., Wittrock, B. and Whittley, R. (eds.). *Discourses on Society: The Shaping of the Social Science Disciplines*. Kluwer Academic Publishers, pp. 195-218.

Desrosieres, A. 2011. Words and numbers, for a sociology of statistical argument. In Saetnam, A.R., Lommell, H. and Hammer, S. (eds.). *The Mutual Construction of Statistics and Society*. London: Routledge, pp. 41-63.

Dewe, B. et al. 2006. New Professionalism in Social Work. *Social Work and Society*, 4, 1.

DfID, 2001. *Select Committee on Foreign Affairs, Minutes of Evidence*. Available at http://www.parliament.the-stationery-office.com/pa/cm200001/cmselect/cmfaff/318/1030706.htm [13/02/09]

Dill, D. 2004.The Colonel Bogey March: Roger Brown's History of the UK Quality Wars. Review of Roger Brown, *Quality Assurance in Higher Education: The UK Experience since 1992*.*Higher Education Digest*, 49, 2-3.

DoH 1990. *National Health Service and Community Care Act*. London: Department of Health.

DoH 1998. *Modernising social services promoting independence, improving protection, raising standards*. London: Department of Health.

DoH 2001. *Care Homes for Older People: National Minimum Standards*. London: Department of Health.

DoH 2007. *Putting people first: a shared vision and commitment to the transformation of adult social care.* London: Department of Health.

DoH and SSI 1991. *Care Management and Assessment: Summary of Practice Guidance*. London: HMSO.

Dolowitz, D. and Marsh, D. 1996. Who learns from whom: a review of the policy transfer literature. *Political Studies*, XLIV, 343-357.

Donzelot, J. 1997. *The Policing of Families*. Baltimore, MD: Johns Hopkins UP.

Doolin, B. and Lowe, A. 2002. To reveal is to critique: actor-network theory and critical information systems research. *Journal of Information Technology*, 17, 69-78.

Dowding, K. 1995. Model or a metaphor? A critical review of the policy network approach. *Political Studies*, XLIII, 136-158.

Dreyfus, H. and Rabinow, P. 1982. *Michel Foucault: Beyond Structuralism and Hermeneutics*. Chicago: University of Chicago Press

Du Gay, P. 2000. *In Praise of Bureaucracy: Weber, Organization, Ethics*. London: Sage

Du Gay, P. 2003. The tyranny of the epochal: change, epochalism and organisational reform. *Organization*, 10, 4, 663-684.

Duffy, S., Fulton, K. 2010. *Architecture of Personalisation. A report on care management and community-based support in Yorkshire and Humber*. Sheffield: The Centre for Welfare Reform.

Duivendak, J. and Uitermark, J. 2006. When ideologies bounce back: The problematic translation of post-multicultural ideologies and policies into professional practices. In. Duivendak, J., Knijn, T. and Kremer, M. (eds.) *Policy, People, and the New Professional: De-professionalization and Re-professionalization in Care and Welfare*. Amsterdam: University of Amsterdam Press, pp. 64-80.

Dunn, E. 2005. Standards and person making in East Central Europe. In Ong, A. and Collier, S. (eds.). *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*. Malden, MA: Blackwell, pp. 173-193.

EC 2008. *Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care*. Brussels: European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities.

Elder-Vas, D. 2008. Searching for realism, structure and agency in ANT. *The British Journal of Sociology*, 59, 3, 455-473.

Etzioni. A. 1969. *The semi-professions and their organisation: teachers, nurses, social workers*. New York: The Free Press.

Evetts, J. 2011. A new professionalism? Challenges and opportunities. *Current Sociology*, 59, 4, 406 – 422.

Eyal, G. 2000. Anti-politics and the spirit of capitalism: Dissidents, monetarists, and the Czech transition to capitalism. *Theory & Society*, 29, 1, 49-92.

Eyal, G., Szelenyi, I. and Tonwsley, E. 1998. *Making capitalism without capitalists: The new ruling elites in Eastern Europe*. London: Verso.

Fardon, R. 1997. Obituary: Ladislav Holy. *Anthropology Today,* 13, 3, 21-22.

Federal Ministry of Finance, 1992. Coupon Privatisation: an information handbook. *Eastern European Economics*, 30, 4, 5-38.

Fenwick, T. and Edwards, R. 2010. *Actor Network Theory in Education*. London: Routledge.

Ferguson, J. and Gupta, A. 2002. Spatializing states: toward an ethnography of neoliberal governmentality. *American Ethnologist*, 29, 4, 981-1002.

Fiala, J. 2013. Anti-komunizmus mobilizacni. [Anti-communism mobilising]. *A2 weekly*, 14.

Fischer, F. 2003. *Reframing Public Policy: Discursive Politics and Deliberative Practices*. Oxford: OUP.

FMOLSA 1990. Scenar socialni reform. [Social reform scenario]. *Socialni politika*, 5.

Foucault, M. 1972. *Archaeology of Knowledge*. London: Tavistock Publications.

Foucault, M. 1973. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Pantheon Books.

Foucault, M. 1978. *Discipline and Punish. The Birth of the Prison*. London: Penguin

Foucault, M. 2001. *Fearless Speech*. New York: Semiotext(e).

Foucault, M. 2006. *History of Madness*. New York: Routledge.

Foucault, M. 2007. *Security, Territory, Population: Lectures at the College de France, 1977-1978*. Houndmills, Baskingstoke: Palgrave Macmillan

Fournier, V. 2000. Boundary work and the (un)making of the professions. In. Malin, N. (ed.) *Professionalism, Boundaries and the Workforce*. Florence, KY: Routledge, pp. 67-86.

Fournier, V. and Grey, Ch. 2000. At the critical moment: Conditions and Prospects for critical management studies. *Human Relations*, 53, 1, 7-32.

Freeman, R. 2009. What is translation? *Evidence & Policy*, 5, 4, 429-447.

Freeman, R. and Maybin, J. 2011. Documents, practices, and policy. *Evidence and Policy*, 7, 2, 155-170.

Freeman, R., Griggs, S, and Boaz, A. 2011. The practice of policy making. *Evidence and Policy*, 7, 2, 127-136.

Freidson, E. 1970. *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. Chicago: University of Chicago Press.

Fric, P. 1998. *Activities and Needs of Non-Profit Organizations in the Czech Republic*. Prague: ICN, Agnes.

Gabe, J. and Calnan, M. (eds.) 2009.*The New Sociology of the Health Service*. London: Routledge.

Garfinkel, H. 1984 [1967]. *Studies in ethnomethodology*. Cambridge: Polity Press.

Geertz, C. 1983. *Local knowledge: further essays in interpretive anthropology*. New York: Basic Books.

Germov, J. 2005. Managerialism in the Australian public health sector: towards the hyper-rationalisation of professional bureaucracies. *Sociology of Health & Illness*, 27, 6, 738–758.

Germov, J. 2005. Managerialism in the Australian public health sector: towards the hyper-rationalisation of professional bureaucracies. *Sociology of Health & Illness,* 27, 6.

Gieryn, T.F. 1983. Boundary-work and the demarcation of science from non-science: strains and interests in professional ideologies of scientists. *American Sociological Review*, 48, 781-795.

Gittins, D. 1998. *Madness in its Place*. London: Routledge.

Gjuricova, S. and Kopecek, M. (eds.) 2008. *Kapitoly z dejin ceske demokracie po roce 1989*. [Chapters from the history of the Czech democracy after 1989]. Prague: Argo.

Glazer, B. 1978. *Theoretical sensitivity: advances in the methodology of grounded theory*. Mill Valley : Sociology Press.

Goffman, E. 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor Books.

Gray, A. and Harrison, S. eds. 2004. *Governing medicine: theory and practice.* Maidenhead: Open UP.

Gray, A. and Jenkins, B. 2007. Checking out? Accountability and evaluation in the British regulatory state. In. Bemelmans-Videc, M-L., Lonsdale, J. and Perrin, B. (eds.). *Making Accountability Work: Dilemmas for Evaluation and Audit*.[Comparative Policy Evaluation, no 14]. New Brunswick, NJ: Transaction Publishers,

Green, J. et al. 2013. Modernisation as a professionalising strategy: the case of critical care in England. *Sociology of Health & Illness*, 33, 6, 819-836.

Greimas, A.J. 1987. *On Meaning: Selected Writing in Semiotic Theory*. Minneapolis: University of Minnesota Press.

Guba, E. and Lincoln, Y. 1989. *Fourth generation evaluation*. Newbury Park: Sage

Guggenheim, M. and Krause, M. 2012. How facts travel: The model systems in Sociology. *Poetics*, 40, 2, 101-117.

Hacking, I. 1999. *The Social Construction of What?* Cambridge, MA: Harvard UP.

Hacking, I. 2007. Kinds of people: Moving targets. *Proceedings of the British Academy*, 151, 285-318.

Haggard, S. and Kaufman, R. 2001. Introduction. In Kornai, J., Haggard, S. and Kaufman, R. (eds.). *The Reform of the State: Fiscal and Welfare Reform in Post Socialist Countries*. Cambridge: Cambridge UP, pp. 1-24.

Haicl, M. 2008. Stanovisko inspektora. [Inspector's point of view.] *Residencni pece*, 3, 10-11.

Hammer, S. 2006. Human governing through uncertainty and numbers. Statistics as incitements in dynamic fields of action. Paper presented at the EASST Conference, Lausanne, August 23-26 2006.

Hann, C. (ed.) 2002. *Postsocialism: Ideals, Ideologies and Practices in Eurasia*. London: Routledge.

Hanus, P. 2008. Neni byrokracie v nas? [Isn't bureaucracy in us?]. *Rezidenční Pece*, 4, 1, 6.

Harbers, H., Mol, A. and Stollmeyer, A. 2001. Food Matters: Arguments for an ethnography of daily care. *Theory, Culture, and Society,*19, 207-226.

Hardy, M., Payne, S. and Coleman, P. 2000. 'Scraps': hidden nursing information and its influence on the delivery of care. *Journal of Advanced Nursing*, 32, 1, 208-214.

Harlow, E. 2004. Why don't women want to be social workers anymore? New managerialism, post-feminism and the shortage of social workers in social services departments in England and Wales. *European Journal of* Social Work, 7, 2, 167-179.

Harris, J. 1998. Scientific Management, Bureau-Professionalism, New Managerialism: The Labour Process of State Social Work. *British Journal of Social Work*, 28, 839-862.

Hart, K. 2011. Towards a human economy: reflections on anthropology, informality and economic democracy. Paper presented at the 2nd Biennial Conference of Czech

Association for Social Anthropology and Slovak Association for Social Anthropology, Telc, 2-5 September 2011.

Haskova, H. and Uhde, Z. (eds.) 2009. *Women and Social Citizenship in Czech Society: Continuity and Change*. Prague: Institute of Sociology, Academy of Sciences of the Czech Republic.

Havel, V. 2008. *To the Castle and Back*. London: Portobello Books

Havlikova J., Hubikova, O. 2011. Implementation of Active User Principle: Learning from the Czech Social Services Reform, *Journal of Social Services Research,* 37, 2, 180-196.

Hay, C. 1998. The tangled webs we weave: the discourse, strategy and practice of networking. In. Marsh, D. (ed.) 1998. *Comparing Policy Networks*. Buckingham: Open University Press.

Heclo, H. and Wildavsky, A. 1974. *The Private Government of Public Money*. London: Macmillan

Heitlinger, A. 1987. *Reproduction, Medicine and the Socialist State*. London: Macmillan.

Heitlinger, A. 1998. Czech Nursing During and After Communism. In. Olgiati, V., Orzack, L. and Saks, M. (eds.) *Professions, Identity and Order in Comparative Perspective*. Onati: International Institute of the Sociology of Law, pp. 123–48.

Hejna, B. 2000. Socialni pomoc. [Social Assistance]. *Verejna sprava*, 11, 18, 12.

Henwood, M. and Waddington, E. 2002. *Outcomes of Social Care for Adults*. London: Nuffield Institute for Health.

Herbert-Cheshire, L. 2003. Translating policy: power and action in Australia's country towns. *Sociologia Ruralis*, 43, 4, 454-473.

Herzog, A. 2010. Searching for useful practice of individual planning in outreach work with drug users. [Hledani vhodne praxe pro individualni planovani v ramci prace terennich program na otevrene drogove scene.] In Klima, P. et al. *Kontaktni prace 2010. Antologie textu*. Prague: Ceska asociace streetwork. pp. 85-97.

Herzog, A. 2011. Bez individualniho planovani nezle delat socialni praci. Rozhovor s Alesem Herzogem. [We cannot do social work without individual planning. Interview with Ales Herzog]. *Journal of Czech and Slovak Social Work*, 2, 59-62.

Hirsch, E. and Gellner, D. (eds.) 2001. *Inside Organisation: Anthropologists at Work*. Oxford: Berg

Hirsch, P. and Rao, H. 1999. Downsizing the State through Capital Markets in the Czech Republic: A Study of the Strategic Use of the Discourse of Investor Capitalism. In: Willmot, H. and Grugulis, I. (eds.). *Critical Management Studies Conference, 14-16 July 1999*. Manchester School of Management, Hulme Hall, Manchester, UK.

Hoffman, L. 1997. Professional autonomy revisited: The case of Czech medicine under state socialism. *Comparative Studies in Society and History*, 39, 2, 346-372.

Hoffmaster, B. 1992. Can Ethnography Save Live of Medical Ethics? *Social Science and Medicine*, 35, 1421-1431

Hoggett, P. 1991. A new management in the public sector? *Policy and Politics,* 19, 4, 243-56.

Holkova, I. a Gabrysz, A. 2011. *Manual pro metodiky v socialnich sluzbach*. Prague: INSTAND

Holmes, D. and Marcus, G. 2005. Cultures of expertise and the management of globalisation: towards a re-functioning of ethnography. In. Ong, A. and Collier, S. (eds.). *Global Assemblages: Technology, Politics and Ethics as Anthropological Problems*. Malden, MA: Blackwell, pp. 335-352.

Holy, L. 1991. Freedom, nation and an individual in Czech culture. *Cesky lid*, 78, 2, 73-8.

Holy, L. 1992. Culture, market ideology and economic reform in Czechoslovakia. In Dilley, R. (ed.) *Contesting markets: analyses of ideology, discourse and practice*. Edinburgh: Edinburgh UP, pp. 231-2xx.

Holy, L. 1996. *The little Czech and the great Czech nation: national identity and the post-communist transformation of society*. Cambridge: CUP

Hood, Ch. 1991. A public management for all seasons? *Public Administration*, 69, 3-19.

Hood, Ch. 1995. The 'new public management' in the 1980s: Variations on a theme. *Accounting, Organizations and Society*, 20, 2, 93 – 109.

Hrda, J. 2006. *Osobní asistence, poradenství a zprostředkování*. [Personal assistance, advice and brokerage]. Prague: APZP

Hruba, M. 2011. *Popis integracniho procesu klientu ustavu socialni pece Jinosov*. [Description of clients integration process in the social care home Jinosov.]. [BA Thesis], Olomouc: Department of Sociology and Andragogy, Palacky University.

Hudson, J. and Lowe, S. 2004. *Understanding the Policy Process: Analysing Welfare Policy and Practice.* Bristol: The Policy Press.

Hugman, R. 1998. Social work and de-professionalization. In Abbott, P. and Meerabeau, L. (eds.). *The Sociology of the Caring Professions* [2nd]. London: Routledge, pp. 178-198.

Hulme, R. 2005. Policy transfer and the internationalization of social policy. *Social Policy and Society*, 4, 4, 417-425.

Humphery, J. 2003. New Labour and the regulatory reform of social care. *Critical Social Policy*, 23, 1, 5-24.

Hunter, I. 1996. Reassembling the school In. Barry, A., Osborne, T. and Rose, N. (eds.). *Foucault and Political Reason: Liberalism, Neo-Liberalism, and Rationalities of Government*. Chicago: University of Chicago Press.

Jaburkova, M. 2000. Britsky system socialnich sluzeb a jeho modernizace. [British system of social services and its modernization]. *Socialni politika*, 26, 9, 7.

Jaburkova, M. et al 2000a. K problematice standardu a akreditaci v socialnich sluzbach (1): Principy a vychodiska systemu. [On the problem of standards and accreditation in social services, part 1: Principles and propositions of the system]. *Socialni politika*, 26, 1, 6-7.

Jaburkova, M. et al 2000c. Projekt na podporu reform socialnich sluzeb. [Project to support the reform of social services]. *Socialni politika*, 26, 10, 13-14.

Jaburkova, M. et al. 2000b. K problematice standard a akreditaci v socialnich sluzbach (2): Navrh system socialnich sluzeb. [On the problem of standards and accreditation in social services, part 1: Outline of the system of social services]. *Socialni politika*, 26, 2, 6-7.

Jarolimek, M. 2010. Transformace psychiatricke pece. [Transformation of psychiatric care].In Hejzlar, P. (ed.) *Na ceste ke komunitni psychiatrii. Sbornik k 15ti letum obcanskeho sdruzeni Pece o dusevni zdravi.*Pardubice: Pece o dusevni zdravi & Theo. pp. 90-100.

Jezek, J. 2010. Eticka vychodiska kvality v socialni praci. [Ethical presumptions of quality in social work]. In. Bednar, M. (ed.) *Sbornik Rasinovy vysoke skoly za akademicky rok 2009/2010*. Brno: RaVS, pp. 42-50.

Johnova, M. 2005. *Proc je potreba transformovat ustavni peci?* [Why is it necessary to transform residential institutions?]. Prague: QUIP.

Johnova, M. 2008. *Zkusenosti s transformaci ustavni pece*. [Experiences with transforming residential institutions].Praha: QUIP

Johnova, M. and Cebisova, R. 2012. *Individualni planovani: nastroj transformace socialnich sluzeb*. [Individual planning: tool for transforming personal social services]. (Manuscript).

Jones, C. 1999. Social work: regulation and managerialism. In Exworthy, M. and Halford, S. (eds.) *Professionals and the New Managerialism in the Public Sector*. Buckingham: Open University Press, pp. 37-49.

Jones, C. et al. 2007. A manifesto for a new engaged practice. Available at www.socialworkfuture.org/about-swan/national-organisation/manifesto

Jones, J.P. et al. 2011. Managerialism in motion: Lessons from Oaxaca. *Journal of Latin American Studies*, 43, 633-662.

Jones, K. 1993. *Asylums and after: a revised history of the mental health services from the early 18th century to the 1990s*. London: Athlone Press

Judd, C. et al. 1991. *Research Methods in Social Relations.* Fort Worth: Holt, Rinehart and Winston.

Kalb, D. 2002. Afterword: Globalism and Postsocialist prospects. In Hann, C. (ed.). *Postsocialism: Ideals, ideologies and practices in Eurasia*. London: Routledge, pp. 317-334.

Kalvach, Z. and Hrabětova, E. 2005. *Senior a já … já a senior?* [Senior and me … me and senior?]. Prague: Společnost přátelská všem generacím.

Karaffova, J. 2004. Proč ošetřovatelské standardy? [Why nursing standards?]. *Zpravodaj AÚSP*, 6, 1, 12.

Kaslikova, T. 2004. Audit dava zpravu, jak vidi sluzbu nestranny odbornik. [Audit provides information on how an independent expert perceives a service]. *Journal of Czech and Slovak Social Work*, 1, 10-15.

Kendall, G. and Wickham, G. 1999. *Using Foucault's Methods*. London: Sage.

Kerekety, J. 2007. Systemy kvality a ich hodnotenie. [Quality systems and quality systems evaluation]. *Integracia*, 4, 6-13.

Kingdon, J. 1984. *Agendas, Alternatives and Public Policies*. Boston, Mass: Brown Little

Kirkpatrick, I. 2006. Taking stock of the New Public Management in English Social Services. *Social Work & Society*, 4, 1.

Klaus, V. 1992. *Dismantling Socialism: A Road to Market Economy II*. Prague: Top Agency.

Klaus, V. 1994. *Česká cesta* [The Czech Way]. Prague: Profile.

Klaus, V. 1996. *Mezi minulosti a budoucnosti: Filosoficke a humanologicke uvahy a eseje*. [Between past and future: Philosophical and humanological reflections and essays]. Prague: Nadace Masarykiana, Georgetown and Svoboda.

Klecun, E. 2004. Conducting critical research in Information Systems: can ANT help? In. Kaplan, et al. (eds.). *Information systems research: Relevant Theory, Informed Practice*. Dordrecht: Kluwer. pp. 259-274.

Knorova, R. 2003. *Problematika následné péče z hlediska kvality péče v léčebnách dlouhodobě nemocných*. [Follow-up care and quality of care in long-term mental health hospitals].Praha: IPVZ.

Koba, L. 2009. Akademicky kapitalismus na Slovensku. [Academic capitalism in Slovakia]. In Szapuova (ed.). *Situovaná veda. Podoby a kontexty tvorby poznania*Bratislava: Filozoficka fakulta UK and Centrum rodovych študii, pp. 31-75.

Kocman, D. and Palecek, J. 2012. *Podnety k revizi standardu kvality socialnich sluzeb: Zprava z vyzkumu*. [Suggestions for a review of social services quality standards: Report from focus groups]. Prague: MOLSA.

Kocman, D. and Palecek, J. 2013. *Formalismus a inspekce kvality sociálních služeb: Zpráva z kvalitativního šetření*. [Formalism and quality inspections in personal social services: report from a qualitative research]. Prague: cviss.

kol. 2008. *Zvysovani kvality socialnich sluzeb na uzemi statutarniho mesta Ostrava. Sbornik prispevku zaverecne conference projektu Q Ostrava*.[Improving quality of personal social services in the Ostrava region: Proceedings from a final conference 'Q Ostrava'].Ostrava: Magistrat statutarniho mesta Ostrava

Koldinska, K. 2004. Britska pravni uprava a praxe socialnich sluzeb jako inspirace pro Ceskou republiku? [British legal framework and practice of personal social services as blueprint for the Czech republic?]. *Aplikovane Pravo*, 2, 59-73.

Kolodko, G.W. 2000. *Ten years of post-socialist transition: The lessons for policy reforms*. Washington, DC: World Bank, Development Economics Research Group

Korinkova, D. et al. 2012. *Analýza oblasti právní způsobilosti a opatrovnictví uživatelů sociálních služeb z hlediska transformace sociálních služeb*. [Analysis of legal capacity and powers of attorney in personal social service users in relation to transformation of personal social services]. Prague: Narodni centrum podpory transformace socialnich sluzeb.

Kornai, J., Haggard, S. and Kaufman, R. (eds.) 2001. *The Reform of the State: Fiscal and Welfare Reform in Post Socialist Countries*. Cambridge: Cambridge UP.

Kornai, J. and Eggleston, K. 2007.*Welfare, choice, and solidarity in transition: Reforming the health sector in Eastern Europe*. Cambridge: Cambridge University Press.

Korteweg, A. 2006. The politics of subject formation: welfare-reliant women's response to welfare reform in the United States and the Netherlands. In Marston, G. and McDonald, C. (eds.). *Analysing Social Policy: A Governmental Approach*. Cheltenham: Edward Elgar, pp. 107-126.

Kostecka, J., Furmanikova, L., and Styvarova, D. 2010. Management zmeny v transformujicich se zarizenich socialnich sluzeb. [Management of change in social care providers in transformation] *Ekonomie a Management*, 3, 45-61.

Kozlova, L. 2005. *Socialni sluzby* [Social services]. Prague: Triton.

Krecek, J. and Vochocova, L. 2009. Red danger before elections: trick or treat? *Central European Journal of Communication*, 2, 307-318.

Kubalcikova, K. 2011. Standards for quality as the way to apply active aging principles to social services practice. An example of community care service. *Journal of Gerontological Social Work*, 3, 3, 8-16.

Kucharova, V. and Vesela, J. 2001. *Institucionalni a orgniazacni usporadani inspekce socialnich sluzeb*. [Institutional and organizational arrangement of inspection in personal social services]. Prague: VUPSV

Kuhlman, E. and Annadale, E. 2012. Researching transformations in healthcare services and policy in international prespective: an introduction. *Current Sociology*, 60, 4, 401-414.

Kuti, E. 1999. Different Eastern European countries at the different crossroads. *Voluntas: International Journal of Voluntary and Non-Profit Organisations*, 51-60.

Kvetenska, D. 2005. Promeny socialnich sluzeb. [Changes of social services]. In. Smutek, (ed). *Moznosti socialni prace na pocatku 21.stoleti*. [Possibilities of social work in the 21st century]. Hradec Kralove:

Lachapelle, S. 2007. Educating idiots: Utopian ideals and practical organization regarding idiocy inside 19th French asylums. *Science in Context*, 20, 4, 627-648.

Lampland, M. and Star, S.L. 2009. Reckoning with standards. In Lampland, M. and Star, S. (eds.). *Standards and Their Stories: How Quantifying, Classifying, and Formalizing Practices Shape Everyday Life*. Ithaca: Cornell UP, pp. 3-24.

Langley, G. et al. 2009. *The Improvement Guide: A practical approach to enhancing organisational performance*. (2nd edition) San Francisco: Jossey-Bass.

Lascoumes, P. and Le Gales, P. 2007. Introduction: Understanding Public Policy through Its Instruments – From the Nature of Instruments to the Sociology of Public Policy Instrumentation. *Governance*, 20, 1, 1–21.

Lasswell, H. 1951. The policy orientation. In Lernerand, D. and Lasswell, H. (eds.). *The Policy Sciences: Recent Developments in Scope and Method*. Stanford, Ca.: Stanford UP.

Latour, B. 1988. *The Pasteurization of France.* Cambridge, MA: Harvard University Press.

Latour, B. 1991. Technology is society made durable, in Law, J. (ed.). *A sociology of monsters: Essays on power, technology and domination*, London: Routledge.

Latour, B. 1992. Where Are the Missing Masses? The Sociology of a Few Mundane Artifacts. In Bijker, W. and Law, J. *Shaping Technology / Building Society: Studies in Sociotechnical Change*. Cambridge, MA: MIT Press, pp. 225-258.

Latour, B. 1993. *We Have Never Been Modern*. Cambridge, MA: Harvard UP.

Latour, B. 1996. *Aramis, or the Love of Technology*. Cambridge, MA: Harvard UP.

Latour, B. 1999. On recalling ANT. In Law, J. and Hassard, J. (eds.). *Actor Network and After*. Oxford: Blackwell and the Sociological Review, pp. 15-25.

Latour, B. 2004. Why Has Critique Run out of Steam? From Matters of Fact to Matters of Concern.*Critical Inquiry*, 30, 2, 225-248.

Latour, B. 2005. *Reassembling the Social: An Introduction to Actor-Network-Theory*. Cambridge: CUP.

Latour, B. 2008. What's organizing? A Meditation on the Bust of Emilio Bootme. Paper presented at MAD conference, University of Montreal.

Latour, B. 2009a. On the notion of quantum in Gabriel Tarde. Available at bruno.latour.name [accessed 15 June 2009].

Latour, B. 2009b. *The Making of Law: An Ethnography of the Conseil d'Etat*. London: Polity.

Latour, B. and Woolgar, S. 1986 [1979]. *Laboratory Life: The Construction of Scientific Facts*. Princeton, NJ: Princeton UP.

Latour, B. and Lépinay, V. 2009. *The Science of Passionate Interests: An Introduction to Gabriel Tarde's Economic Anthropology*. Chicago: Prickly Paradigm Press.

Law, J. 1986. On the Methods of Long Distance Control: Vessels, Navigation and the Portuguese Route to India. In Law, J. (ed.). *Power, Action and Belief: a new Sociology of Knowledge?* Sociological Review Monograph. London: Routledge and Kegan Paul, pp. 234-263.

Law, J. 1994. *Organizing Modernity*. Oxford, Blackwell

Law, J. 2000a: Networks, Relations, Cyborgs: On the Social Study of Technology. (draft) published by the Center for Science Studies and the Dpt. of Sociology, Lancaster Univ. Available at: http://www.comp.lancaster.ac.uk./sociology/soc042jl.html [accessed 28.1.2001]

Law, J. 2002a. *Aircraft Stories: Decentering the Object in Technoscience*. Durham, NC: Duke UP.

Law, J. 2000b. Manazer a jeho moci. [The manager and his powers]. *Biograf*, 22.

Law, J. 2004. *After Method: Mess in Social Science Research*. London: Routledge

Law, J. 2008. Actor Network Theory and After. In. Turner, B. (ed.). *The New Blackwell Companion to Social Theory*. [3rd ed]. Oxford: Blackwell.

Law, J. 2009. Seeing like a survey. *Cultural Sociology*, 3, 2, 239-256.

Law, J. and Moser, I. 1999. 'Good Passages, Bad Passages. In Law, J. and Hassard, J. (eds.) *Actor Network Theory and After*. Oxford: Sociological Review and Blackwell, pp. 196-219.

Law, J. and Moser. I. 1999. Good passages, bad passages. In J. Law and J. Hassard (eds.). *The Actor Network Theory and After*. Oxford: Blackwel, pp. 196-219.

Law, J. and Urry, J. 2004. Enacting the Social. *Economy and Society*, 33, 3, 390-410.

Le Grand, J. and Bartlett, W. (eds.). 1993. *Quasi-Markets and Social Policy*. Basingstoke: Macmillan

Lendvai, N. and Stubbs, P. 2007. Policies as Translation: situating trans-national social policies. In Susan M. Hodgson and Zoë Irving (eds.) *Policy Reconsidered: meanings, politics and practices*. Bristol: Policy Press, pp. 173-189.

Lendvai, N. and Stubbs, P. 2009. Assemblages, translation, and intermediaries in South East Europe. *European Societies*, 11, 5, 673-695.

Levova, J. 2008. *Standardizace kvality socialnich sluzeb.Prinosy a rizika procesu zavadeni kvality*. [Standardisation of quality of social services] MA Thesis. Brno: PedF MU, Katedra specialni pedagogiky.

Li, T. 2007. *The Will to Improve: Governmentality, Development, and the Practice of Politics*. Durham: Duke UP.

Lindblom, C. 1959. The Science of Muddling Through. *Public Administration Review,* 19, 78-88

Loeffler, E. and Vintar, M. (eds.) 2004. *Improving Quality of East and West European Public Services*. Aldershot: Ashgate

Lymbery, M. 1998. Care management and professional autonomy: the impact of community care legislation on social work with older people. *British Journal of Social Work*, 28, 863-878.

Lymbery, M. 2000. The retreat from professionalism: from social worker to case manager. In. Malin, N. (ed.) *Professionalism, Boundaries and the Workforce*. Florence, KY: Routledge, pp. 123-138.

Lymbery, M. 2003. Negotiating the Contradictions between Competence and Creativity in Social Work Education.*Journal of Social Work*, 3, 1, 99–117.

Lymbery, M. 2010. Social work and personalization. *The British Journal of Social Work*, 42, 4, 783.

Lynch, M. 1993. *Scientific Practice and Ordinary Action*. Cambridge: CUP.

Mach, J. 2013. Nazory pro a proti transformaci pobytovych zarizeni socialni pece.[Arguments for and against transformation of residential social care institutions].*Socialni pece*, 1, 30-32.

Machkova, M. 2005. *Zavedeni standardu kvality socialnich sluzeb v neziskove organizaci*.[Implementation of social service standards of quality in a non-governmental organization].Diplomova prace. Praha: FHS UK, Katedra rizeni a supervise.

MacKenzie, D. 2003. An Equation and its Worlds: Bricolage, Exemplars, Disunity and Performativity in Financial Economics. *Social Studies of Science*, 33, 6, 831-868.

MacKenzie, D. 2006. *An Engine, Not A Camera: How Financial Models Shape Markets*. Cambridge, MA: MIT Press.

MacKenzie, D., Muniesa, F. and Siu, L. (eds.). 2007. *Do Economists Make Markets?: On the Performativity of Economics*. Princeton: Princeton University Press.

Malin, N. (ed.) 2000. *Professionalism, Boundaries and the Workforce*. Florence, KY: Routledge.

Marcus, G. 1998. *Ethnography through thick and thin*. Princeton, NJ: Princeton UP

Marres, N. 2008. The object turn changes register? Green living experiments, material practices of engagement, or how to handle entanglement in public. Paper presented at the Oxford Ontologies Workshop, Saïd Business School, Oxford University, 25 June 2008.

Marsh, D. 1998. The development of the policy network approach. In Marsh, D. (ed.). *Comparing Policy Networks*. Buckingham: Open University Press. pp.3-17.

Marsh, D. and Rhodes, R.A.W. 1992. *Policy Networks in British Government*. Buckingham: Open UP.

Marx, K. 1976. *Capital: Critique of Political Economy, vol. I*. London: Penguin Classics.

Matl, O. and Jaburkova, M. 2007. *Kvalita pece o seniory: Rizeni kvality dlouodobe pece v CR*. Prague: Galen.

Matousek, O. 1999 [1995]. *Ustavni pece* [Residential care]. Prague: Slon

Matousek, O. 2007. Garance kvality socialnich sluzeb [Guarantee of quality of social services]. In. Matousek, O. et al. *Socialni sluzby: legislative, ekonomika, planovani, hodnoceni* [Social services: legislation, economy, planning, evaluation]. Prague: Portal.

Mattei, P. 2009. *Restructuring Welfare Organisations in Europe: From Democracy to Good Management?* Houndmills: Palgrave Macmillan.

Matuska, P. 2008. Kontrola jako nástroj zajištění kvality sociálních služeb. [Control as a tool in assuring quality of personal social services]. In kol. *Zvysovani kvality socialnich sluzeb na uzemi statutarniho mesta Ostrava. Sbornik prispevku zaverecne conference projektu Q Ostrava*. Ostrava: Magistrat statutarniho mesta Ostrava, pp. 64-69.

Mcdermont, M. 2013. Acts of translation: UK advice agencies and the creation of matters-of-public-concern. *Critical Social Policy*, 33, 2, 218-242.

McDonald, C. 2006. Institutional Transformation: The Impact of Performance Measurement on Professional Practice in Social Work. *Social work and Society*, 4, 2.

McDonald, S. 2001. Ethnography in the Science Museum. In Gellner, D. and Hirsh, E. (eds.). *Ethnography in Organisations: Anthropologists at Work*. Oxford: Berg, pp.77-96.

McKee, K. 2009. Post-foucauldian governmentality: what does it offer to critical social policy. *Critical Social Policy*, 29, 3, 465-486.

McKinlay, A. and Pezet, E. 2010. Accounting for Foucault. *Critical Perspectives on Accounting*, 21, 6, 486-495.

McSherry, R. and Pearce, P. 2002. *Clinical Governance: A guide to implementation for healthcare professionals*. Oxford: Blackwell.

Mertlik, P. 1997. Czech privatization: From public ownership to public ownership in five years? *Eastern European Economics*, 35, 2, 64-83.

Mikšovská, D. 2008. *Zavádění personálních standardů kvality sociálních služeb do praxe v zařízení Zvoneček.* (diplomová práce). [Implementing personal quality standards in everyday practice of the service Zvonecek, MA Thesis]. Praha: Katedra řízení a supervize, FHS UK.

Miller, D. 1997. *Capitalism: An Ethnographic Approach*. Oxford: Berg

Miller, D. 1998. A theory of virtualism. In. Carrier, J. and Miller, D. (eds.). *Virtualism: A New Political Economy.* Oxford: Berg.

Miller, D. 2002. Turning Callon the right way up. *Economy and Society*, 31, 218-233.

Miller, D. 2003. The Virtual Moment. *Journal of the Royal Anthropological Institute*, 14, 57-75.

Miller, D. 2005. Reply to Michel Callon. *Economic Sociology: European Electronic Newsletter*, 6, 3, 3-13.

Miller, P. and O'Leary, T. 1987. Accounting and the Construction of the Governable Person. *Accounting, Organizations and Society*, 12, 3, 235-265.

Miller, P. and Rose, N. 1990. Governing the Economic Life. *Economy and Society*, 19, 1, 1-31.

Miller, P. and Rose, N. 2008. *Governing the Present: Administering economic, social and personal life*. Cambridge: Polity.

Millo, Y. and MacKenzie, D. 2009. The usefulness of inaccurate models: Towards an understanding of the emergence of financial risk management. *Accounting, Organizations and Society*, 34, 638–653.

Mintzberg, H. 1981. Configurations of Organizational Structure. In Meltzer, H. and Nord, M. (eds.). *Making Organizations Humane and Productive: A Handbook for Practitioners*. New York: Wiley.

Mitchell, T. 2002. *The Rule of Experts: Egypt, techno-politics, modernity*. Berkeley: University of California Press.

Mitev, N. 2003. Constructivist and critical approaches to an IS failure case study: Symmetry, translation, and power. [Department of Information Systems, Working Paper no 127], London: LSE

Mitev, N. 2009. In and out of actor-network theory: a necessary but insufficient journey. *Information Technology & People*, 22, 1, 9-25.

Moen, R., Nolan, T., Provost, L. 2012.*Quality Improvement Through Planned Experimentation*. (3rd edition) New York: McGraww-Hill.

Mol and Law 1994. Regions networks and fluids: Anaemia and Social Topology. *Social Studies of Science*, 24, 641-671.

Mol, A. 2002. *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke UP.

Mol, A. 2006. *The Logic of Care*. London: Routledge

Mol, A. and Law, J. 2002. Complexities: An Introduction. In. Law, J. and Mol, A. (eds.). *Complexities: Social Studies of Knowledge Practices*. Durham, NC: Duke UP.

Molek, J. 2011. *Řízení organizací sociálních služeb: vybrané problémy*. [Managing social care organisations: selected problems]. Prague: Research Institute for Labour and Social Affairs.

MOLSA 1995. *Vladni navrh zasad zakona o socialni pomoci*.[Green paper on social assistance]. Prague: Ministry of Labour and Social Affairs.

MOLSA 1997. *Navrh vecneho zameru zakona o socialni pomoci*. [Green paper on social assistance]. Prague: Ministry of Labour and Social Affairs.

MOLSA 1998. *Schvaleny vecny zamer zakona o socialni pomoci*. [White paper on social assistance]. Prague: Government of the Czech Republic.

MOLSA 2000. *Zpráva MPSV pro Národní politiku podpory jakosti*. [Report for the National policy on quality]. Prague: Ministry of Labour and Social Affairs.

MOLSA 2002a. *Standards for Quality in Social Services*. Prague: Ministry of Labour and Social Affairs.

MOLSA 2002b. *Zavadeni standardu kvality socialnich sluzeb do praxe: Pruvodce poskytovatele*. [Implementing quality standards in personal social services: Guide for services providers]. Prague: Ministry of Labour and Social Affairs.

MOLSA 2007. *Koncepce podpory transformace pobytových sociálních služeb v jiné typy sociálních služeb, poskytovaných v přirozené komunitě uživatele a podporující sociální začlenění uživatele do společnosti*. [Green Paper on supporting transformation of residential social services into other types of social services provided in a community and supporting social inclusion]. Prague: Ministry of Labour and Social Affairs.

MOLSA 2008. *Standardy kvality socialnich sluzeb: Vykladovy sbornik pro poskytovatele*. [Quality standards in personal social services: Guidance for providers]. Prague: Ministry of Labour and Social Affairs.

MOLSA 2008b – guidance to prtoviders

MOLSA 2012. Revize standardů kvality sociálních služeb a zákonných povinností poskytovatele [Review of quality standards in social care services and legal requirements]. Prague: Ministry of Labour and Social Affairs.

Monroe-DeVita, M. et al. 2012.Program fidelity and beyond: multiple strategies and criteria for ensuring quality of assertive community treatment. *Psychiatric services*, 63, 8, 59-65.

Morgan, P. and Potter, C. 1995. Professional cultures and paradigms of quality in health care. In Kirkpatrick, I. and Lucio, M.(eds.). *The politics of quality in the public sector: the management of change*. London: Routledge, pp.166-189.

Mosse, D. 2005. *Cultivating Development: an Ethnography of Aid Policy and Practice*. London: Pluto.

Muller, K. 2001. The political economy of pension reform in Eastern Europe. *International Social Security Review*, 2-3.

Munday, B. (ed.) 2003. *State or Civil Society? Social Care in Central and Eastern Europe*. Canterbury: European Institute of Social Services, University of Kent.

Muniesa, F. and Linhardt, D. 2009. *At stake with implementation: trials of explicitness in the description of the state*. CSI Working Papers Series, No 15. Paris: Centre de Sociologie de L'Innovation, Ecole des Mines / Paris Tech.

Muniesa, F. Millo, Y. and Callon, M. 2007. An introduction to market devices. In. M. Callon, Y. Millo & F. Muniesa (eds.), *Market devices*. Malden, MA: Blackwell. pp. 1-12

Musil, L. et al. 2003. *Standardy kvality a kultura socialnich sluzeb: Jak napeti mezi politikou socialnich sluzeb a kulturou prace s klientem v Domech na pul cesty mohou vznikat z hlediska kvality socialnich sluzeb? (Zaverecna zprava z pripadove studie.)* [Quality standards and culture of personal social services: How can tensions between social care policy and culture of support work arise in half-way houses in terms of social care quality] Brno: Research Institute for Labour and Social Affairs.

Musil, L. et al. 2004. Standardy kvality and socialni prace v socialnich sluzbach. [Quality standards and social work in personal social services]. *Journal of Czech and Slovak Social Work*, 1, 53-74.

Musil, L. et al. 2007. *Pusobeni politiky socialnich sluzeb na kulturu poskytovani osobnich socialnich sluzeb ve vybrane organizaci. Zaverecna zprava z vyzkumu*. [Effects of the social services policy on the culture of personal social services delivery in a selected organization: A final report]. Brno: VUPSV.

Musil, L. et al. 2009. *Přístup pracovníků vybraného zařízení sociálních služeb ke klientům v kontextu implementace Standardů kvality*. [Attitudes of practitioners towards clients in a social care setting in the context of implementing quality standards]. Brno: Research Institute for Labour and Social Affairs.

Musil, L. et al. 2009**.** Quality in personal social services: implementing quality management in service providers.[Kvalita v sociálních službách: implementace nástroje řízení kvality na úrovni poskytovatelů sociálních služeb]. *FÓRUM sociální politiky,* 3, 1, 14-19.

Myant, M. 2003. *The Rise and Fall of Czech Capitalism: Economic development in the Czech republic since 1989*. Cheltenham: Edward Elgar.

Myant, M. 2008. Podoby kapitalismu v Ceske republice. [Modes of capitalism in the Czech republic]. In. Gjuricova, A. and Kopecek, M. (eds.). *Kapitoly z dejin ceske demokracie po roce 1989*.[Chapters from the history of Czech democracy after 1989]. Prague: Paseka, pp. 265-287.

Nathan, J. and Webber, M. 2010. Mental Health Social Work And The Bureau-Medicalization Of Mental Health Care: Identity In A Changing World. *Journal of Social Work Practice*, 24, 1, 15-28.

Needham, C. 2011. *Personalising Public Services: Understanding the Personalisation Narrative*. Bristol: Polity Press.

Newman, J. 2004. Constructing accountability: network governance and managerial agency. *Public Policy and Administration*, 19, 4, 17-33.

Newman, J. and Clarke, J. 2009. *Publics, Politics and Power: Remaking the Public in Public Services*. London: Sage

Niederle, P. and Visek, P. 1995. K novemu pojeti socialni pomoci [On the new concept of social assistance]. *Socialni politika*, 1: 10-11.

Nies et al. 2010. *Quality Management and Quality Assurance in Long-Term Care European Overview Paper*. Vienna: European Centre for Social Welfare Policy and Research.

Nirje, B. 1969. The normalisation principle and its human management implications. In Kugel, R. and Wolfensberger, W. (eds.) *Changing patterns in residential services for the mentally retarded*. Washington, D.C.: Presidents Committee on Mental Retardation, pp. 181-194.

Noordegraaf, M. 2007. From “Pure” to “Hybrid” Professionalism: Present-Day Professionalism in Ambiguous Public Domains. *Administration & Society*, 39, 6, 761-785.

Noordegraaf, M. 2011. Risky Business: How Professionals and Professional Fields (Must) Deal with Organizational Issues. *Organization Studies*, 32, 10, 1349 – 1371.

NVF 2001. *Hodnoceni kvality sluzeb poskytovanych v ustavech primo rizenych MPSV*. [Assessing quality of personal social services provided in residential institutions directly managed by MOLSA]. Prague: Narodni vzdelavaci fond.

O’Farrell, C. 2005. *Michel Foucault*. London: Sage.

Oliver, M. 1990. *The Politics of Disablement*. Basingstoke: Macmillans

Ong, A. 2005. Ecologies of Expertise: Assembling Flows, Managing Citizenship. In. Ong, A. and Collier, S. (eds.). *Global Assemblages: Technology, Politics and Ethics as Anthropological Problems*. Malden, MA: Blackwell, pp. 337-353.

Ong, A. and Collier, D. (eds.) 2005. *Global Assemblages: Technology, Politics and Ethics as Anthropological Problems*. Malden, MA: Blackwell.

Ozga, J. et al. (eds.) 2011. *Fabricating Quality in Education: Data and Governance in Europe*. London: Routledge.

Palecek, J. 2006. *Komunitni pece*. [Community Care]. Prague: Prazska vysoka skola psychosocialnich studii

Palecek, J. and Kocman, D. 2004. Asistovaná aktivita, asistovaná samostatnost, asistované propojování - o povaze působení psychiatrických profesionálů. [Assisted activity, assisted independence and assisted connectedness: how mental health practitioners intervene]. *Journal of Czech and Slovak Social Work*, 3, 76-89.

Palier, B. 2007.Tracking the Evolution of a Single Instrument Can Reveal Profound Changes: The Case of Funded Pensions in France. *Governance*, 20, 1, 85-107.

Patrick, D. and Scambler, G. 1986. *Sociology as Applied to Medicine*. London: Bailliere Tindal.

Pawson, R. and Tilley, N. 1997.*Realistic Evaluation*. London: Sage

Payne, M. 2000. The politics of case management and social work.*International Journal of Social Welfare*, 9, 82-91.

Pedersen, J., and Löfgren, K. 2012. Public Sector Reforms: New Public Management without Marketization? The Danish Case. *International Journal of Public Administration*, 35, 435–447.

Peters, G. 1997.A North American Perspective on Administrative Modernisation in Europe. In Kickert, E. (ed.) *Public Management and Administration Reform in Western Europe*. Cheltenham: Edward Elgar.

Pfeffer, N. and Coote, A. 1991.*Is Quality Good for You? A critical review of quality assurance in welfare services*. London: IPPR.

Pfeiffer, J. 2010. Reflexe. [Reflections]. In Hejzlar, P. (ed.) *Na ceste ke komunitni psychiatrii. Sbornik k 15ti letum obcanskeho sdruzeni Pece o dusevni zdravi.* Pardubice: Pece o dusevni zdravi & Theo. pp. 8-16.

Pfeiffer, J. 2011. Prekazky deisntitucionalizace a moznosti jejich reseni. [Barriers to deinstitutionalization and opportunities for their removal]. Paper presented at conference

'Podpora transformace socialnich sluzeb' [Supporting transformation of personal social services]. Hradec Kralove, 28.2.-1.3.2011

Philpot, T. 1996. European social services dogged by quality concerns. *Community Care*, 25.4., pp.8-9.

Pick, M. 2009. *Stat blahobytu nebo kapitalismus? My a svet v ere neoliberalismu 1989 – 2009*. [Welfare state or capitalism? Us and the world in the era of neoliberalism 1989 – 2009]. Prague: Grimmus.

Pickles, J. 2008. *State and society in post-socialist economies*. London: Palgrave Macmillan.

Pilgrim, D. and Rogers, A. 1999. *A Sociology of Mental Health and Illness.*[2nd ed.]. Buckingham: Open Univ. Press.

Pinch, T. and Bijker, W. 1984. The Social Construction of Facts and Artefacts: Or How the Sociology of Science and the Sociology of Technology Might Benefit Each Other. *Social Studies of Science*, 14, 399-441.

Pogodova, E. 2006. *Problémy v prosazování a uplatňování kvality a její kontroly v sociálních službách se zřetelem na služby sociální péči*. [Problems in promoting quality and its control in personal social services with a focus on social care services]Prague: ICEQ.

Pollit, Ch. and Bouckaert, G. 1996. Defining Quality. In Pollit, Ch. and Bouckaert, G. (eds.). *Quality Improvement in European Public Services*. London: Sage. pp.3-19.

Pollitt, Ch. 1993. *Managerialism and the Public Services: the Anglo-American Experience*. Oxford: Blackwell.

Pollitt, Ch. 2000. Is the emperor in his underwear? An analysis of the impacts of public management reforms. *Public Management*, 2, 2, 181-199.

Pollitt, Ch. and Bouckaert, G. 2000. *Public Management Reform: A Comparative Analysis*. [2ed]. Oxford: Oxford UP

Pollitt, Ch. et al. 1991. General management in the NHS: the initial impact 1983-88. *Public Administration*, 69, 1, 61-83.

Pols, J. 2004. *Good care: Enacting a complex ideal in long-term psychiatry*. Utrecht: Trimbos-instituut.

Potucek, M. 1995. Neuralgicke body ceske socialni politiky. [Neuralgic points of the Czech social policy]. *Sondy*, 22, 5.

Potucek, M. 1999. *Krizovatky ceske socialni reform*. [Crossroads of the Czech social reform]. Prague: Slon.

Power, M. 1997. *The Audit Society: Rituals of Verification*. Oxford: Oxford UP.

Preda, A. 1999. The turn to things. *The Sociological Quarterly*, 40, 347-366.

Prusa, L. 1994. Nad pojetim navrhu zasad zakona o socialni pomoci. [On the concept of the Green Paper on social assistance]. *Prace a mzdy*, 42, 7, 1-4.

Prusa, L. 1999a. Analyza vyvoje systemu socialni pomoci v 1. polovine 90. let. [Analysis of the development of social assistance system in the first half of the 1990's]. *Socialni politika*, 2: I-VIII.

Prusa, L. 1999b. Role statu pri poskytovani socialnich sluzeb. [Role of the state in providing personal social services]. Hruby, J. (ed.) *Konference o socialni pomoci.Sbornik prispevku.* Prague: Vladni vybor pro zdravotne postizene obcany, pp. 47-52.

Prusa, L. 2002. Analyza vyvoje systemu socialni pomoci v 90.letech. [Analysis of the development of social assistance system in the 1990's]. *Prace a mzda*, 1, 29-46.

Prusa, L. 2008. *Social services: comparing Czech Republic and EU*. Prague: Centrum socialnich sluzeb.

Prusa, L. et al. 1997. *Obce, mesta, regiony a socialni sluzby*. [Communities, municipalities, regions and social services]. Prague: Socioklub.

Qureshi, H. and Nicholas, E. 2001. A New Conception of Social Care Outcomes and its Practical Use in Assessment with Older People. *Research Policy and Planning*, 19, 2, 11-26.

Rada pro inspekci, 2010. Zapis z jednani, 20. Dubna 2010. [Meeting minutes, 20 April 201]. Prague: MOLSA

Ramon, S. (ed.) 1988. *Psychiatry in Transition: The British and Italian Experiences*. London: Pluto

Rankin, J. 2004. *Developments and trends in mental health policy*.[Mental Health in the Mainstream, Working Paper 1]. London: IPPR.

Reed, M. 1995. Managing quality and organisational politics: TQM as a governmantal technology. In Kirkpatrick, I. and Lucio, M. (eds.). *The politics of quality in the public sector: the management of change*. London: Routledge, pp. 44-64.

Reznicek, I. 1997. *Metody socialni prace*.(Studijni texty, sv. 5).[Methods of Social Work].Prague: SLON, Sociological Press.

Rican, P. 2010. Socialni pracovnici a zotaveni. [Social workers and recovery]. In Hejzlar, P. (ed.) *Na ceste ke komunitni psychiatrii. Sbornik k 15ti letum obcanskeho sdruzeni Pece o dusevni zdravi.* Pardubice: Pece o dusevni zdravi & Theo. pp. 70-72.

Ritzer, G. 1992. *The McDonaldization of Society: An Investigation into the Changing Character of Contemporary Social Life*. Pine Forge.

Rose, N. 1996. The Death of the Social? Re-figuring the Territory of Government. *Economy and Society*, 25, 3, 327-356.

Rose, N. 1998. *Inventing Ourselves: Psychology, Power and Selfhood*. Cambridge: Cambridge UP

Rose, N. 1999. *Powers of Freedom: Reframing Political Thought*. Cambridge: Cambridge UP

Rose, N. 2004. Governing the social. In: Gane, Nicholas, (ed.). *The future of social theory*. London: Continuum, pp. 167-185.

Rostgaard, T. 2011. Care as you like it: the construction of a consumer approach in home care in Denmark. *Nordic Journal of Social Research*, 2.

Rostgaard, T. 2012. Quality reforms in Danish home care – balancing between standardization and individualization. *Health and Social Care in the Community*, 20, 3, 247–254

Rys, V. 2003. *Ceska socialni reforma*. [The Czech social reform]. Prague: Karolinum.

Sacks, O. 2009. Asylum. In Payne, C. *Asylum: Inside the closed world of state mental hospital*. Cambridge, MA: MIT Press.

Saetnam, A.R., Lommell, H. and Hammer, S. (eds.) 2011. *The Mutual Construction of Statistics and Society*. London: Routledge.

Sahlin-Andersson, K. and Engwall, L. (eds.) 2002. The expansion of management knowledge: carriers, flows and sources. Stanford: Stanford University Press,

Sassen, S. 2008. *Territory, Authority, Rights: From Medieval to Global Assemblages*. Princeton: Princeton UP.

Savage, M. 2009. Contemporary sociology and the challenge of the descriptive assemblage.*European Journal of Social Theory*, 12, 1, 155-174.

Scheffler, R. and Potucek, M. (eds.) 2008. *Mental health care reforms in the Czech and Slovak republics: 1989 to present*. Prague: Karolinum.

Schrek, V. 2010. Kvalita jako stupen kultury a jeji cena pro spolecnost. [Quality as a degree of culture and its price for the society]. In. Bednar, M. (ed.) *Sbornik RaVS za akademicky rok 2009/2010*. Olomouc: Rasin College, pp. 64-69.

Schutz, A. 1967. *The Phenomenology of the Social World*. Evanston, IL: Northwestern University Press.

Schutz, A. 1970b. *On Phenomenology and Social Relations: Selected Writings*. Edited by Helmut R. Wagner. Chicago, IL: University of Chicago Press.

Scott, J. 1998. *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed*. New Haven, MA: Yale UP

Searle, J. 1995. *The Construction of Social Reality*. New York: Free Press.

Sennett, R. 2009. *The Craftsman*. London: Penguin

Sevcik, O. and Jemelka, M. (eds.) 2013. *Company towns and the Bata concern*. Stuttgart: Franz Steiner Verlag.

Shaw, I. 1996. The quality of mercy: the management of quality in the personal social services. In Kirkpatrick, I. and Lucio, M. (eds.). *The politics of quality in the public sector: the management of change*. London: Routledge, pp. 128-150.

Shaw, I. 1997. Assessing quality in mental health care. *Evaluation Review*, 21, 3, 364-370.

Shore, C. 2008. Audit culture and illiberal governance. Universities and the politics of accountability. *Anthropological Theory*, 8, 3, 278-298.

Shore, C. and Wright, S. 1997. Policy. A new field for anthropology. In. Shore, C. and Wright, S. (eds.). *Anthropology of Policy: Critical Perspectives on Governance and Power*. London: Routledge, [EASA Publications], pp. 3-33.

Shore, C. and Wright, S. 1999. Audit culture and anthropology: Neo-Liberalism in British Higher Education. *Journal of the Royal Anthropological Institute*, 5, 4, 557-575.

Shore, C. and Wright, S. 2011. Conceptualising Policy: Technologies of Governance and the Politics of Visibility. In Shore, C., Wright, S. and Pero, D. (eds.). *Policy Worlds: Anthropology and the Analysis of Contemporary Power*. Oxford: Berghahn.

Silverman, D. 1987. *Communication and Medical Practice: Social Relations in the Clinic*. London: Sage.

Singleton, V. 1996. Feminism, Sociology of Scientific Knowledge and Postmodernism: Politics, Theory and Me. *Social Studies of Science*, 26, 445–468.

Singleton, V. and Michael, M. 1993. Actor-networks and Ambivalence: General Practitioners in the UK Cervical Screening Programme. *Social Studies of Science*, 23, 227–264.

SKOK 2007. *Od paragrafů k lidem: Analýza situace v oblasti sociálních služeb po přijetí nového zákona o sociálních službách*. [From legislation to people: Report on personal social services after the 2006 Personal Services Act]. Prague: SKOK.

Smith, G. and May, D. 1993 [1980]. The artificial debate between rationalist and incrementalist models of decision making. In Hill, M. (ed.). *The Policy Process: A Reader*. Hemel Hempstead: Harvester Wheatsheaf, pp. 197-211.

Spidla, V. 1999. Soucasna koncepce MPSV v oblasti socialni sluzeb. [MOLSA's proposals in personal social services]. In. Hruby, J. (ed.) *Konference o socialni pomoci. Sbornik prispevku.* Prague: Vladni vybor pro zdravotne postizene obcany, pp. 9-14.

Spyridonidis, D. and Calnan, M. 2010. Implementing clinical governance policy: NICE. *British Journal of Healthcare Management*, 16, 8, 394-400.

Stegmannova, I. 2010. Individualizace péče jako lakmusový papírek „nového" přístupu v pobytových zařízeních sociálních služeb pro seniory. [Care individualization as indicator of new approach in residential care for old age persons]. In. Havrdová, Z. a kol.:*Hodnoty v prostředí sociálních a zdravotních služeb*. [*Values in health and social care settings*].Prague: Charles University, Faculty of Humanistic Studies.

Stengers, I. 2010. *Cosmopolitics I*. Minneapolis: University of Minnesota Press.

Stenton, K. 2005. Sovereignty, biopolitics and the local government of crime in Britain. *Theoretical Criminology*, 265-287.

Stichweh, R. 1997. Professions in modern society. *International Review of Sociology*, 7, 1, 95-102.

Stockelova, T. 2009. Politická a morální ekonomie vědy. [Political and moral economy of science]. In Stockelova, T. (ed.). *Akademické poznávání, vykazování a podnikání: Etnografie měnící se české vědy*. Praha: SLON, pp. 38-72

Stockelova, T. 2010. Spočítej a panuj: De/politika kalkulace. [Calculate and govern: de/politics of calculation]. In Bělohradský, V. et al.: Kri*tika depolitizovaného rozumu: Úvahy (nejen) o nové normalizaci*. Prague: Grimmus, pp. 61-77.

Strathern, M. 2000a. Abstraction and decontextualisation: an anthropological comment or: e for ethnography. Pre-publication draft available at http://virtualsociety.sbs.ox.ac.uk/GRpapers/strathern.htm

Strathern, M. 2000b. The Tyranny of Transparency. *British Educational Research Journal*, 26, 3, 309-321.

Strum, S. 1987. *Almost Human: A Journey into the World of Baboons*. Chicago: University of Chicago Press.

Stuchlik, J. 2001. *Asertivni komunitni lecba a case management*. [Assertive community treatment and case management].Praha: Fokus.

Sykorova, J. 2011. Predmluva. [Foreword]. In Holkova, I. a Gabrysz, A. *Manual pro metodiky v socialnich sluzbach*. Prague: INSTAND, pp.5.

Synkova, H. 2011. *Legitimation and professionalization of a Romani NGO in the Czech Republic*. PhD Dissertation. Prague: Institute of Ethnology, Charles University.

Szelenyi, I. and Emigh, R. (eds.) 2000. *Poverty, Ethnicity and Gender in Eastern Europe during the Maket Transition*. Westport, Conn: Greenwood Press

Taylor, B. and Devine, T. 1993. *Assessing Needs and Planning Care in Social Work.* Farnham: Ashgate.

Thedvall, R. 2012. Making social work scientific, standardised and transparent: The idea of evidence-based practice in Sweden. Paper presented at the Biennial Conference of EASA, Paris, July 2012.

Thevenot, L. 1984. Rules and implements: investment in forms. *Social Science Information*, 23, 1, 1-45.

Thevenot, L. 2009. Governing life by standards: a view from engagements. *Social Studies of Science*, 39, 793-813.

Timmermans, S. and Berg, M. 1997. Standardization in Action: Achieving Local Universality through Medical Protocols. *Social Studies of Science*, 27, 2, 273-305.

Timmermans, S. and Berg, M. 2003. *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardisation in Health Care*. Philadelphia: Temple UP

Timmermans, S. and Epstein, S. 2010. A World of Standards but not a Standard World: Toward a Sociology of Standards and Standardization. *Annual Review of Sociology*, 36, 69-89.

Tomes, I. 1991. *Koncepce systemu socialni pomoci (pece)*. [The concept of the system of social relief] Bratislava: Research Institute for Labour and Social Affairs.

Tremain, S. 2002. On the subject of impairment. In Corker, M. and Shakespeare, T. (eds.). *Disability/Postmodernism: Embodying Disability Theory*. London: Continuum, pp. 32-47.

Tribe, K. 2009. The political economy of modernity: Foucault's College de France lectures of 1978 and 1979. *Economy and Society*, 38, 4, 679-698.

Tuckman, A. 1994. The Yellow Brick Road: Total Quality Management and the Restructuring of Organizational Culture. *Organization studies*, 15, 5, 727 – 751.

Tuckman, A. 1995. Ideology, quality and TQM. In Wilkinson, A. and Willmott, H. (eds.). *Making Quality Critical: New Perspectives on Organizational Change*. London. Routledge, pp. 54-81.

Turner, B. 1987. *Medical Power and Social Knowledge*. London: Sage.

Twigg, J. 2000. Carework as a form of bodywork. *Ageing and Society*, 20, 4, 389 – 411.

van der Laan, G. 2006. Taylorismus a remeslnost v socialni praci. [Taylorism and craftsmanship in social work]. *Journal of Czech and Slovak Social Work*, 3, 50-56.

Van Dooren, W., Thijs, N. and Bouckaert. G. 2004. Quality management and the management of quality in European Public Administration. In Loeffler, E. and Vitar, M. (eds.) *Improving Quality of East and West European Public Services*. Aldershot: Ashgate, pp. 91-106.

Vecernik, J. 1996. *Markets and People: The Czech Reform Experience in a Comparative Perspective*. Aldershot: Avebury.

Venturini, T. 2009. Diving in magma: how to explore controversies with actor-network theory. *Public Understanding of Science*, 19, 3, 258-273.

Venturini, T. 2010. Building on faults: how to represent controversies with digital methods. *Public Understanding of Science*, 20, 10, 1-17.

Viewegh, M. 2002. *Bajecna let s Klausem* [Delightful years with Mr. Klaus]. Prague: Druhe mesto.

Vinnari, E. and Skærbæk, P. 2010. The roles of risk management technologies in the public sector. Paper presented at IRSPM conference in Bern, 7-9 April 2010.

Visek, P. 2009. *Úvaha o vývoji potřeb seniorů a osob se zdravotním postižením*. [Reflection on development of needs of the olderly and people with physical disabilities]. Prague: SOCIOKLUB.

Visek, P. and Prusa, L. 2012. *Optimalizace socialnich sluzeb*. [Optimum levels of personal social services]. Prague: Narodni Centrum Socialnich Studii & RILSA.

Viveiros de Castro, E. 2003. 'And'. After-dinner speech at 'Anthropology and Science', the 5th Decennial Conference of the Association of Social Anthropologists of Great Britain and Commonwealth, 14 July 2003. Published in *Manchester Papers in Social Anthropology*, 7

Walker, A. 1997. Community care policy: from consensus to conflict. In Bornat, J. et al. (eds.). C*ommunity Care: A Reader*. London: Macmillan.

Walsh, K. 1995. Quality through markets: The New Public Service Management. In. Wilkinson, A. and Willmott, H. (eds.). *Making Quality Critical: New Perspectives on Organisational Change*. London. Routledge, pp. 82-104.

Ward, S. 2011. The machinations of managerialism: NPM and the diminishing power of professionals. *Journal of Cultural Economy*, 4, 2, 205-215.

Waring, J. and Currie, G. 2009. Managing expert knowledge: organizational challenges and managerial futures for the UK medical profession. *Organization Studies*, 30, 7, 755-778.

Watson, D. 2006. *Who killed what in the quality wars? A QAA Briefing Paper*. Gloucester: The Quality Assurance Agency for Higher Education.

Weber, M. 1946. *From Max Weber: Essays in Sociology*, ed. Gerth, H.H. and C.W. Mills. New York: Oxford UP.

Wedel, J. 2001. *Collision and collusion: the strange case of Western aid to Eastern Europe*. New York: Palgrave.

Wennberg, J. and Gittelson, A. 1973. Small area variations in health care delivery. *Science*, 182, 1102-1108.

White, V. 2009. Quiet challenges? Professional practice in modernized social work. In. Harris, J. and White, V. (eds.) *Modernizing Social Work: Critical Considerations*. Bristol: The Policy Press. pp. 129-144.

Whittle, A. and Spicer, A. 2008. Is Actor Network Theory critique? *Organization Studies*, 29, 4, 611–629.

Whittley, E. 1999. Habermas and the non–humans: Towards a critical theory for the new collective. In: Willmot, H. and Grugulis, I. (eds.).*Critical Management Studies Conference*, 14-16 July 1999. Manchester School of Management, Hulme Hall, Manchester, UK.

Wiener, D. 2000. *The elusive quest: America's pursuit of European stability and French security, 1919-1933.* Chappel Hill, NC: University of North Carolina Press.

Wilkinson, A. and Willmott, H. 1995. Introduction. In. Wilkinson, A. and Willmott, H. (eds.). *Making Quality Critical: New Perspectives on Organisational Change*. London: Routledge, pp. 1-32.

Winkler, J. 2004. Diskuze k evaluaci kvality socialnich sluzeb v domech na pul cesty. [Discussion on evaluating quality social care in 'half way' houses.] *Journal of Czech and Slovak Social Work*, 1, 49-52.

Wollman, H. and Schroeter, E. (eds.) 2000. *Comparing Public Sector Reforms in Britain and Germany: Key Traditions and Trends of Modernisation*. Farnham: Ashgate.

Woods, D. et al. 2011. *Behind the Human Error* [2nd ed.]. Farnham: Ashgate.

Woolgar, S. 1991. The Turn to Technology in Social Studies of Science. *Science, Technology & Human Values*, 16, 1, 20-50.

Wright, D. 2001. *Mental disability in Victorian England: the Earlswood asylum, 1847 – 1901*. Oxford: Clarendon.

Yanow, D. 1996. *How Does a Policy Mean? Interpreting Policy and Organizational Actions*. Georgetown University Press.

Zahradkova, P. Jak vidi poskytovatele: SQ5. [How providers see: Standard 5]. *Rezidencni pece*, 4, 6.

Zak, V. and Vrba, J. 2004. Jak Vaclav Klaus privatizoval ceske hospodarstvi [How Vaclav Klaus privatized Czech industry]. *Britske listy*, 28.4.2004.

Zamykalova, L. 2003. The Czech Republic. In Munday, B. (ed.) *State or Civil Society? Social Care in Central and Eastern Europe*. Canterbury: European Institute of Social Services, University of Kent, pp. 44-86.

Zuiderent-Jerak, T. and Berg, M. 2010. The sociology of quality and safety in healthcare; Studying a movement and moving sociology. In: Bird, Ch. et al. (eds.). *The Handbook of Medical Sociology* [6thed]. Nashville: Vanderbilt University Press, pp. 324-337.