



Research Article

Independent Quality Estimation of Social Services: Rendering to Patients and Invalids

Belozerova TB and Agronina NI*

Abstract

At present the development of technologies and forms of independent estimation of social services to persons who need them becomes a very important moment in the system of population's social support. Standards of services, systems of licensing and accreditation were worked out in the world for it. In some countries special inspections, commissions and councils act for quality control of social services which are rendered to population. Their functioning is directed at the detection and correction of problems which clients of social service' establishments meet with at services' receiving by them. During last years the system of public control was formed also in Russia, and it was called – independent quality estimation of social services' rendering. It is a rather new phenomenon for the system of Russian social work. Its formation is connected with administrative reforms in Russia, introduction of innovations into the social sphere, concentration of bodies' of power attention on the quality of services rendered by the state, first of all, to patients and invalids. At present estimation criteria of social services became clear in Russia. Now it is possible to compare the efficiency of functioning of similar social service establishments. Because of the specific character of Russian social organizations' functioning and demands to the process of services' rendering to citizens, it is taken to consider that, their estimation should be conducted in establishments from separate social spheres by composing ratings. We see the result of such independent estimation in Russia now. It is open information about the results of estimation. It helps to conduct the correction of the process of vulnerable categories of citizens' social service.

Keywords

Social services; Estimation of quality; Independent examination; Public control; Patients; Invalids

Introduction

The processes of population's gradual aging are inevitably accompanied in developed countries of the world [1,2] by frequency growth of some diseases' occurrence in society. These diseases are connected with age [3,4] and are genetically determined in many respects [5-7]. Cardio-vascular diseases [8,9] compose significant part of this pathology mass. They are often complicated by metabolic disturbances [10-12] and often lead to thrombotic disturbances [13,14] with unfavorable prognosis. Notwithstanding the actively conducted search of medicinal approaches [15-17], its effectiveness remains low and the given category of patients is the constant supplier

of invalids [2,18].

Children are also not free from pathology what additionally influences the figures of pathological aggravation and invalidism of population on the whole [19]. The number of aging persons and invalids continuously grows in society. Given situation puts more and more sharply the question about rendering of a wide spectrum of social services for improving of their living conditions and maximally possible prolongation of life. It dictates the necessity to work out some parameters of independent estimation of such services' quality.

At present development of technologies and forms of independent estimation connected with departure of the state from direct rendering of services in such spheres of activity as elder care, services for children before three years, services in rendering of social accommodation and in connection with all this – the necessity of control on outside suppliers' activity. Standards of services, systems of licensing and accreditation were worked out for it. Special inspections act in some countries for the control of services' quality [20].

Countries of the world are very different in the degree of involvement of services' recipients and other persons concerned in the working out of estimation system and instruments of estimating. Participation of community in this process is possible only there where services' regulation is decentralized (i.e. Northern Italy, Scandinavian countries, the USA and others). In those countries where services are centralized or very fragmented, it is problematic. One of the simplest estimation forms which are used in all the listed above spheres is self-estimation of services and administration of clients' complaints. The approaches to social services' estimation in developed countries are sometimes different in one and the same sphere. For example, in the sphere of elder care the main efforts are directed at estimation of hospital services and estimation of home services or day centers is far less widespread. The main attention in the process of estimation is devoted to living conditions in the establishments, but not to the competence of the personnel. Availability of services is estimated rather often, but not always successfully.

Taking a wide spectrum of accumulated problems into account, we put the following aim in our research: to study the questions of quality estimation of social services' rendering to patients and invalids.

International experience of public control over the quality of social services' rendering to different categories of citizens

At present many countries apply a wide spectrum of methodological approaches to working out of estimation systems of services' quality. So, the analysis of 15 countries' practice (Poland, Austria and Denmark, Estonia, France, Germany, Italy, Holland, Norway, Romania, Spain, Sweden, England and Scotland, Ireland) showed that consultations with such groups as services' recipients and their families, services' suppliers, experts, representatives of the population on the whole are often predispositions for development or reformation of the system of quality estimation. But it is difficult to determine the degree of these groups' influence on the final methodological basis and instruments of estimation. For example, in three countries – Poland, Austria and Denmark – out of 15 examined ones the role of services' recipients in the process of quality estimation is expressed vaguely [21].

*Corresponding author: Agronina NI, Kursk State University, Kursk, Russia, Tel: +7 4712 513748; E-mail: ilmedv1@yandex.ru

Received: September 11, 2017 Accepted: September 12, 2017 Published: September 17, 2017

As for the experience of involvement of services' recipients into the process of services' quality estimation in care, it is actively made in Estonia, France, Germany, Italy, Holland, Norway, Romania, Spain, Sweden, England and Scotland, Ireland. Services' recipients there together with other people concerned – officials of establishments, representatives of the scientific community, associations – take part in carrying out of estimation.

One of the forms of services' public control in the USA is various public consulting bodies which are formed in elder care establishments. In accordance with the Law on reformation of long-term care establishments in the USA (1987) the clients of long-term care establishments have the right on organization and participation in Clients' Councils of the given establishments and also Councils of their family members. Legislative fixation of the possibility of giving Councils' formation also takes place on the level of separate states of the USA. So, for example, in Pennsylvania state the possibility of Councils' formation at long-term care establishments consisting of the given establishments' clients is certified in normative-legal act concerning the patients' rights "Pennsylvania's State Regulation on Patient Rights" [22].

The Council consisting of the clients of long-term care establishments is an organized group of clients which aims at the welfare provision of the clients of long-term care establishments. Given Council is formed for right protection of the center's clients and makes it possible for them to influence the rendered services and also the daily routine. In addition to method support the Councils of establishments' clients are consolidated from the legal and professional points of view by a special ombudsman. He was introduced within the framework of the Ombudsmen's Program with long-term care which is realized by the Administration for aged people's affairs of the Department for health care and social welfare of the USA. The ombudsman on long-term care must help in the organization of the Councils of establishments' clients and their family members, participate in them, carry out administration of complaints about violation of rights of long-term care establishments' clients, consult in questions of long-term care both individual persons and personnel, visit establishments of long-term care (at least, once in 3 months) with the aim of inspection, conducting of trainings on the topic of the rights of long-term care establishments' clients in these establishments. Specially trained volunteers can visit the establishments and hand over information to ombudsmen [21].

Besides, Councils can be formed for realization of outside control of services' quality. Then they consist of family members of the establishments' clients. These Councils have the same rights as the Councils which are formed by the clients of the establishments themselves. The Council, which is formed by family members of the establishments' clients can gather, at least, once a month. If it is necessary, they can invite the personnel of the establishment and representatives of the public. The establishment must take into account the suggestions of the Council at some definite period of time and take measures in response to received complaints [23].

For example, a public group was formed in Great Britain in June of 2011 at City Council of Liverpool. It was engaged in questions of monitoring, planning and improvement of elder care. Application for participation in the functioning of the given group could hand in any inhabitant of Liverpool at the age of 18 years and older. The level of every member's involvement in the work of the given public group could vary. So, the fullest participation in the public group implied participation in focus groups, completion of blank forms,

participation in meetings and consultations. Limited participation in the work of the public group implied participation in polls by phone, mail and Internet. The most limited form of participation implied just informing about the activity of the given public group. An applicant for participation in the work of the public group could choose his level of participation in the given public group. The opinions of the public group's participants were brought to the notice of experts who rendered services to aged people.

Charitable organization 'Age Concern' in Satton, London, within the bounds of received state grant realized the project on widening of aged persons' involvement into the estimation of social services. Trained aged volunteers were enlisted to monitoring visits into custodial institutions and interviewing living there aged people within the bounds of the given project. There were hired 40 aged volunteers at the age from 70 to 93 years who were enlisted to the consulting and estimation of services. Received results were arranged into the report, which was used by the authorized body for the inspection of the service's supplier [24].

A Similar picture can be observed in the sphere of quality control of rendered services and protection of children's interests in developed countries. Citizen Review Panels (CRP) are formed in the USA for protection of children's rights in accordance with federal legislation. They look after the observance of children's rights (further – Citizen Review Panels on protection of children's rights).

At least, three Citizen Review Panels must be in every state of the USA in accordance with the Federal Act on Child Abuse Prevention and Treatment. Functioning of the given Citizen Review Panels is financed by federal grants which are given to the states of the USA for realization of the Child Abuse Prevention and Treatment Act. Citizen Review Panels make a public report about their activity every year. Meetings of the given Panels take place once in 3 months. There is a directive in normative-legal acts that bodies of executive power must react on recommendations formed by the given Citizen Review Panels. These recommendations concern improvement of services in the sphere of children's protection. The bodies of power must also help these Panels giving all the necessary information and technical assistance [20].

Members of Citizen Review Panels are volunteers who work without salaries. However, some of their expenses which arise in the course of their work in the Panel can be compensated. So, members of the Citizen Review Panel in California (the USA) under the agreement with the Department of social welfare can receive compensation for transport charges, necessary training, posting, telephone communication, feeding and accommodation. Members of Citizen Review Panels are appointed for three years and can be re-elected on the second term.

The National CRP Advisory Panel was formed in the USA with the aim of development and strengthening of interaction between Citizen Review Panels and also spread of the best practices of estimation panels' functioning. At the same time, it should be noted that there are definite difficulties in the sphere of interaction of CRP with bodies of power. For example, 30% of interviewed CRP members noted that either they didn't manage to formulate recommendations or the given recommendations were fully ignored. In their turn, representatives of executive power bodies in the sphere of children's protection express their opinion that recommendations of CRP are not justified and specific enough and sometimes even – impracticable. So, experience shows that efficiency of panels' functioning depends on the accuracy

of roles' distribution in the sphere of children's social protection between CRP and bodies of executive power, presence of mutual understanding and confidence between them, accurate and realistic goal-setting of their activity by CRP.

One of the most interesting monitoring technologies of services' quality for children being under charge, are Children Review Panels. They are formed in Great Britain and consist of 16-20 children at the age of 9-18 years. They differ from "grown-up" CRP at the establishments by their main task. It is – detection of children's needs in the services and the estimation of rendered services by them. At the formation of Children Review Panels preference is given to vulnerable categories: to children whose native language is not English, to children of refugees, to children from ethnic minorities, to children from foster homes and orphanages. The meetings of the panels are conducted every month. During these meetings children make video with their discussions and hand in the given video-appeal to the Corporate Parenting Panel consisting of City Council members. They represent the interests of children who are in charge. Children also conduct consultations with social workers, children's inspectors, foster families, agencies which represent the bodies of power, and other people concerned with the aim of improving the life of children who are on charge.

Once in six months members of Children Review Panel fill the interactive electronic questionnaire where they express their opinion about the efficiency of Children Review Panel's functioning, estimation of their work in the given Panel, opinion about different questions connected with the life of children who are on charge. They also express their opinion about priority directions of Children Review Panel's functioning. Every year they make a report based on the results of the Corporate Parenting Panel and Children Review Panel functioning. This report is handed into the City Council.

So, in the countries of Western Europe and the USA the practice of public quality control over social services' rendering exists for a long time. Formed at offices of social protection system committees and panels promote detection and elimination of the problems which the clients of the establishments face at receiving of these or those services. Nowadays the system of public control is transferred to Russia and is called – Independent quality estimation of social services' rendering.

Mechanisms of independent quality estimation of services' rendering in the system of social service in Russia

Social service of citizens in Russia is becoming one of the key aspects of social politics oriented at social protection of population. It is connected, first of all, with activity of the bodies of social protection government and corresponding social services. This activity is directed at rendering of social services, realization of social support and adaptation of patients, invalids and persons who are in a crisis situation [25].

Social service in Russia as a kind of specific social activity is a rather complicated system with numerous and various types of connections and interrelations between its separate elements. Connections between elements of this system are characterized in Russia by internal order and direction at realization of actions on rendering of social services, and also functions of social adaptation, resocialization and social rehabilitation defined by the legislation [26].

The main purpose of social service is to provide the population of Russia with available social services of proper quality. It will, in

its turn, create conditions for optimal development of a person and social groups. Introduction of the institute of independent quality estimation in the social sphere in Russia aims at the very refinement of social services' rendering. Independent estimation is simultaneously the means of society involvement into the process of public administration in Russia [27].

Public collective forms of management in establishments of the social sphere have appeared in Russia already in the middle of 1990s but for a long time remained single cases. However, during the last years the topic of public participation in the social sphere acquired special urgency for Russia. It is supposed that community will be able not only to enter the market of social services and provide competition, but also to become "public controller" ensuring high quality of services. This thesis is confirmed by statistical data: the part of guardianship board, formed after 2010, was equal in health care to 80% from detected in this sphere in 79 subjects of the Russian Federation guardianship boards (240 units), in education – 70% (2052), in social service – 60% (1586) [28].

Open informational portals of bodies of power and establishments of the social sphere were formed for facilitation of community entering the management of services. The volume of grants' fund in support of social research works according to the task of federal and regional bodies of power regularly increased since 2010. These works are directed at experience studying and working out of new mechanisms of public participation in the social sphere. At the same time, researches show that citizens' impact on the management of social services still bears nonsystematic character and depends on not only administrative barriers but also numerous subjective factors. We are sure that it testifies to the conserved institutional weakness of public participation instruments what demands additional studying and comprehension.

Studying of social environment forming public collective bodies allows understanding their capabilities and perspectives. The indicator of local communities' readiness to influence the quality of social services is their composition [29]. The Soviet model of "patronage assistance" prevails in the establishments of health care and social service. The composition of such guardianship (managing, review) boards include: 15-20% - heads of enterprises; 50-60% - representatives of city administration (founder) and workers of the establishments; 10-20% - representatives of small scale business and the public concerned. In our opinion, given proportions may indicate low activity of local communities, their unwillingness to participation in public institutes of management and control of social services' quality [30].

So, peculiarity of public bodies in Russian establishments of the social sphere is in the fact that they are primarily formed on the initiative from the top (with the exception of education sphere) and by outside participants (heads of local enterprises, bodies of power and, insignificantly, - by representatives of public and nonprofit organizations) [31].

The Law of the Russian Federation "About foundations of public control in the Russian Federation" anticipates open list of forms in which such public control can be realized. The legislator divides forms of control into two groups. The first group includes such forms of control which are based on implementation of control functions (public monitoring, public inspection and public expertise). The second group includes so-called forms of "interaction of civil society institutes with state bodies and bodies of local self-government"

(public discussions and public hearings). Independent quality estimation of social services mostly refers to the first group of public control functions. However, it is evident that its results will be used in further expert and analytical activity of public boards at bodies of power. That's why, it can be partly referred to the second group of control functions providing communication between public bodies of power and structures of civil society on solving of urgent problems of state and municipal management.

Among other normative-legal acts in the sphere concerned, we should call the Federal Law № 256-FL "About introduction of changes into separate legislative acts of the Russian Federation on questions of carrying out of independent quality estimation of services' rendering by organizations in the sphere of culture, social service, health protection and education". This paper denoted the mechanism of independent quality estimation of services' rendering by state and municipal establishments.

Independent quality estimation of services' rendering – is the process estimation of rendering services granted to consumers by state (municipal) establishments according to quality criteria of availability, information openness, competence and kindness of personnel and also the satisfaction of services' recipients. This estimation is conducted by specially formed public bodies – public boards – either personally or at their direct participation [32].

The Federal Law from December, 28th, 2013 №442-FL "About foundations of citizens' social service in the Russian Federation" contains the norms which anticipate the realization of control (supervision) in the sphere of the social service. Article 33, part 2 of the Law №442-FL establishes the foundations for realization of regional state control in the sphere of social service. Basing on the reduced norm, bodies of state power of the Russian Federation subjects must establish concrete order of conducting of regional state control on the territory of the RF subject.

One of the forms of such control is creation of information systems about suppliers of social services – the list of social services' suppliers and about recipients of social services – the list of social services' recipients. Acquisition, storage and processing of all the received on the volunteer basis information should take place there. The authorized body of the subject of the Russian Federation and organizations with which this body made treaties about exploitation of information systems [33,34] are the operators of information systems.

Within the framework of regulation of public control realization in the sphere of the social service the new federal legislation defines subjects of the given kind of control – citizens, public and other organizations, and also gives reference to legislation of the Russian Federation about the protection of consumers' rights. At the same time, the bodies of state power of the RF subjects are imposed a duty to render assistance (in the bound of the established competence) to citizens, public and other organizations in conducting of public control in the sphere of social service.

At the same time, article 34 of the Law № 442-FL doesn't establish the concrete framework for determining a circle of persons who can realize public control, and also limitations in the course of its conducting. There is no clear definition of the concept "other organizations". In the future, it may lead to the situation when indefinite "other organizations" will be rendered the right to interfere into domestic affairs of the family under the pretence of the control of social services' rendering.

If we tend to work earlier Law № 195-FL, then we would note that the conducting of public control was regulated more clearly. So, article 17.1 of the given law regulated questions of independent quality estimation of services' rendering by establishments and enterprises of social service as one of the forms of public control. Its aim was informing the recipients of social services about the quality of rendered services and also heightening of the level and quality of their living conditions [35].

Public boards on conducting of independent quality estimation of services' rendering by establishments and enterprises of social service were formed on the basis of the mentioned norm. Such boards were formed by the federal body of executive power fulfilling the function of working out and realization of state politics and normative-legal regulation in the sphere of social service with participation of public organizations, public associations of consumers.

Some changes were introduced into it by the Federal Law from July 21st, 2014 №256-FL "About introduction of changes into separate legislative acts of the Russian Federation on questions of conducting of independent quality estimation of services' rendering by organizations in the sphere of culture, social service, health protection and education". So, there was introduced Article 23.1 which regulated the conducting of independent quality estimation of services' rendering by organizations of social service as one of the forms of public control. This control was conducted with the aim of informing the recipients of social services about the quality of rendered services by organizations of social service and also with the aim of quality heightening of their activity.

Technical possibility of opinion, expression by recipients of social services about the quality of rendered services by organizations of social service was provided on their official sites in the Internet by the authorized federal body of executive power and also by authorized bodies of the RF subjects, bodies of local self-government and organizations of social service. They are mentioned in Part 5, Article 23.1 of the above-named Federal Law. According to their decision the functions of public boards on conducting of independent quality estimation of services' rendering by organizations of social service can be imposed on public boards existing at these bodies [36]. Public estimation is conducted not more often than once a year and less seldom than once in three years. Credentials on conducting of independent estimation can be delegated to public boards already formed at corresponding public bodies of power according to the decision of these bodies which realize state or municipal management in the given sphere. In such cases special public boards on independent quality estimation of social services are not formed. The indices which characterize the common criteria of quality estimation of corresponding services are established by the body of power realizing state (municipal) management in the estimated sphere. Working out and establishment of indices must be realized taking into account the opinion of the members of the public board of the given body. Besides, the boards which are allotted by credentials for estimation can add their own criteria and parameters of estimation. They also establish the final list of organizations which are subjects to independent estimation. Estimation is conducted on the basis of information which is accumulated by the operator hired in accordance with the procedures of state contracts' making on work fulfillment on the basis of the technical task established by the public board. Estimation results are presented by the public board to the corresponding body of power together with suggestions on quality improving of functioning of the establishments the services of which are estimated.

Conclusion

Independent quality estimation of social services' rendering in Russia – is relatively new phenomenon for the system of social work. Its appearance is connected with administrative reforms, introduction of innovations into the social sphere, concentration of bodies' of power attention on the quality of state (municipal) services. The normative base and the mechanism of independent estimation conducting are established at present. The criteria and indices are clear and make it possible to compare the efficiency of functioning of similar social service establishments.

Because of the specific character of Russian social organizations' functioning and demands to the process of services' rendering to citizens, it is considered, that their estimation should be conducted in establishments of separate social spheres with ratings' composing on every establishment. The result of such independent estimation conducting in Russia now is by all means, open information about the results of estimation which can be used by any person concerned.

References

1. Gromnatskii NI, Medvedev IN (2003) Non-pharmacological correction of impaired platelet hemostasis in hypertensive patients with metabolic syndrome. *Klin Med (Mosk)* 81: 31-34.
2. Kutafina NV, Medvedev IN (2015) Platelet aggregation in clinically healthy persons of the second coming of age living in the Kursk region. *Adv Gerontol* 5: 267-270.
3. Medvedev IN, Gromnatskii NI, Volobuev IV, Osipova VM, Dement'ev VI, Storozhenko MV (2004) Thrombocytic hemostasis in hypertensive patients with metabolic syndrome and its correction with lovastatin. *Klin Med (Mosk)* 82: 37-41.
4. Medvedev IN, Gromnatskii NI (2005) The influence of nebivolol on thrombocyte aggregation in patients with arterial hypertension with metabolic syndrome. *Klin Med (Mosk)* 83: 31-33.
5. Amelina IV, Medvedev IN (2008) Evaluation of the dependence of mutagenesis intensity on activity of nucleolus organizer regions of chromosomes in aboriginal population of Kursk region. *Bull Exp Biol Med* 145: 68-71.
6. Amelina IV, Medvedev IN (2009) Relationship between the chromosome nucleoli-forming regions and somatometric parameters in humans. *Bull Exp Biol Med* 147: 77-80.
7. Medvedev IN, Amelina IV (2012) An association between human morphological phenotypical characteristics and the activity of chromosomal nucleolar organizer regions in the interphase cell nucleus in the population of indigenous people of Kursk region. *Morfologiya* 142: 87-91.
8. Simonenko VB, Medvedev IN, Tolmachev VV (2011) Pathogenetic aspects of arterial hypertension in metabolic syndrome. *Klin Med (Mosk)* 89: 49-51.
9. Medvedev IN, Zavalishina SYu (2016) Platelet Activity in Patients with Third Degree Arterial Hypertension and Metabolic Syndrome. *Kardiologiya* 56: 48.
10. Medvedev IN, Kumova TA (2008) Reduced platelet aggregation in losartan-treated patients with arterial hypertension and metabolic syndrome. *Russ J Cardiol* 5: 53-55.
11. Simonenko VB, Medvedev IN, Nosova TYu (2008) Aggregation function of platelets in persons with arterial hypertension and abdominal obesity. *Klin Med (Mosk)* 86: 22-24.
12. Medvedev IN (2017) Microrheology of erythrocytes in arterial hypertension and dyslipidemia with a complex hypolipidemic treatment. *Russ J Cardiol* 4: 13-17.
13. Medvedev IN, Plotnikov AV, Kumova TA (2008) Rapid normalization of platelet hemostasis in patients with arterial hypertension and metabolic syndrome. *Russ J Cardiol* 2: 43-46.
14. Simonenko VB, Medvedev IN, Kumova TA (2008) Effect of eprosartan on thrombocytes aggregative capacity in patients with arterial hypertension and metabolic syndrome. *Klin Med (Mosk)* 86: 19-21.
15. Medvedev IN, Gromnatskii NI (2005) Normodipin in correction of platelet rheology in hypertensive patients with metabolic syndrome. *Ter Arkh* 77: 65-68.
16. Simonenko VB, Medvedev IN, Tolmachev VV (2007) Comparative evaluation of the influence of sulfhydryl and phosphate ACE inhibitors on thrombocyte aggregation in patients suffering from arterial hypertension with metabolic syndrome. *Klin Med (Mosk)* 85: 24-27.
17. Simonenko VB, Medvedev IN, Mezentseva NI, Tolmachev VV (2007) The antiaggregation activity of the vascular wall in patients suffering from arterial hypertension with metabolic syndrome. *Klin Med (Mosk)* 85: 28-30.
18. Simonenko VB, Medvedev IN, Kumova TA (2008) Losartan for correction of thrombocyte activity in patients suffering from arterial hypertension with metabolic syndrome. *Klin Med (Mosk)* 86: 38-41.
19. Medvedev IN, Lapshina EV, Zavalishina SYu (2010) Activity of platelet hemostasis in children with spinal deformities. *Bull Exp Biol Med* 149: 645-646.
20. Ragozina LG (2015) Public participation in development and control of social services' quality: experience of Russia and foreign countries. *J Soc Polit Res* 13: 97-108.
21. Galieva NI, Grishina EE, Ragozina LG, Rogozin DM, Topoleva-Soldunova EA (2015) Forms of the civil society participation in independent efficiency estimation of the social sphere. *Moscow* 73.
22. Krupchina EV (2015) The system of the social service of the USA between XX-XXI centuries. *Y Sci* 13: 732-734.
23. Kovalenko EA, Grishina EE, Ragozina LG, Porokhovskaja MA (2005) Participation of public collective bodies of management in social services: *Russ Foreign Exp*.
24. National standards of Great Britain and control over their observance [electronic resource]. *Kachestva uslug kontrol soblyudeniem standartov*.
25. Khubulury EI (2011) Marketing organization model of state politics and management of social protection of population in modern Russia (political aspect). *Rostov on Don* 44.
26. Malofeev IV (2013) Social services in the system of social service of population. *Moscow: Dashkov&Co* 176.
27. Smorgunov LV (2012) In search of controllability: conceptions and transformations of state management in XXI century. *St. Petersburg, Russia*.
28. Podosinnikov EU (2016) Independent quality estimation of social services in Kursk region. *Polit Econom, Innov* 3: 3-13.
29. Kudrina UN, Russova ON, Shinkareva EU (2015) Independent quality estimation of social services' rendering: methodical aid on conducting of independent quality estimation of services' rendering by organizations of social service. *Arkhangelsk* 48.
30. Zaytsev GS, Bikbulatova AA, Egorova NA, Mozdykov AV, Kalashkova DO (2016) Liminal aspects of dreams. *Man India* 96: 5719-5734.
31. Teplitskiy IL (2015) Independent quality estimation of social services' rendering. *Science and practice at the modern stage. Kursk*. 236-57.
32. Lemajkin VF (2016) The problem of information analysis at conducting of independent quality estimation of services' rendering by state and municipal establishments of the social sphere. *Regional differentiation and consolidation of Russian social space: actual and new challenges*. 308-313.
33. Podosinnikov EU, Slatinov VB (2016) State politics on formation of independent system of social services' quality estimation: problems and perspectives of realization in the region. *Proceedings of South-West University. The series – History and Law* 3: 121-128.
34. Tuzina ID (2016) To the question about the control (supervision) in the sphere of citizens' social service. *Law Order Modern Soc* 34: 147-152.

35. Safronova MV (2016) Independent quality estimation of services' rendering by organizations of social service as one of the forms of public control. *Innov Tech Manag Law*, 2: 28-31.

36. Kirillov AN (2014) Urgent questions of system formation of independent quality estimation in the social sphere. Forms and methods of social work in different spheres of vital activity: Materials of III International scientific-practical conference. Ulan-Ude: Eastern-Siberian State University of Technologies and Management. 113-114.