Disability-relevance of quality assurance systems in social services

Synthesis report with input from
the country experts of the
European Disability Expertise (EDE)

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November 2023

human
european
consultancy

EUROPEAN COMMISSION
Directorate-General for Employment, Social Affairs and Inclusion
Directorate D — Social Rights and Inclusion
Unit D3 — Disability & Inclusion

European Commission
B-1049 Brussels

Ad hoc theme: Disability-relevance of quality assurance systems in social services

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This report has been developed under Contract VC/2020/0273 with the European Commission.

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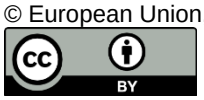

PDF ISBN 978-92-68-10912-0 DOI 10.2767/673878 KE-05-23-549-EN-N

Table of contents

List of abbreviations

ANAC	National Anti-Corruption Authority
ANED	Academic Network of European Disability Experts
AQSS	Agency for the Quality of Social Services
AVI	Regional State Administrative Agencies
AVIQ	Walloon Agency for a life of quality
DPO	Disabled People's Organisations
DPOD	Disabled People's Organisations Denmark
DQSE	Directorate for Quality and Standards in Education
EASPD	European Association of Service Providers for Persons with Disabilities
EC	European Commission
EDE	European Disability Expertise
EESC	European Economic and Social Committee
EFQM	European Foundation for Quality Management
EPR	European Platform for Rehabilitation
EPSR	European Pillar of Social Rights
EQUASS	European Quality in Social Services
ESN	European Social Network
ESSMS	Evaluation of social and healthcare settings and services
EU	European Union
FPS	Federal Public Service
GEV	Institute for quality- and monitoring of welfare services
HACCP	Hazard analysis and critical control points
HIQA	Health Information and Quality Authority
HKZ	Harmonisation quality evaluation in the care sector
HSE	Health Service Executive
ICT	Information and Communications Technology
IEPP	Institute for the Evaluation of Public Policies
ISO	International Organization for Standardization
IVO	Health and Social Care Inspectorate
LSS	Law Regulating Support and Service to Persons with Certain Disabilities
MoLSA	Ministry of Labour and Social Affairs
NAO	National Audit Office
NGO	Non-governmental Organisation
NIK	Supreme Chamber of Control

OCMH	Office of the Commissioner for Mental Health
OPCAT	Optional Protocol to the Convention Against Torture (…)
QA	Quality Assurance
SCSA	Social Care Standards Authority
SIQ	Slovenian Institute of Quality and Metrology
SPC	Social Protection Committee
SQM	Service Quality Management
SSMD	Social Services Monitoring Department
UN	United Nations
UN CRC	United Nations Convention on the Rights of the Child
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
UWV	National Public Authority for Unemployment and Disability Reintegration Services
VDAB	Flemish Employment and Vocational Training Service
WHO	World Health Organization

List of tables

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This report was commissioned and funded by the European Commission's Disability and inclusion Unit EMPL D3.

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The author thanks Sabina Gjylsheni, researcher at the European Centre for Social Welfare Policy and Research, for technical support during the analysis of the EDE country reports.

Executive summary

Persons with disabilities use a wide range of services that support their everyday life and foster their participation in society, including social services, education and training services and employment services, among others. Social services can support independent living for persons with disabilities through enabling the person's autonomy; protecting their fundamental rights; facilitating their social inclusion; and promoting a balance between work and family life for their relatives. In the absence of a common European definition of 'social services', this report builds on the definitions provided in the Voluntary European Quality Framework for Social Services[2] and the recent European Commission *Study on social services with particular focus on personal targeted social services for people in vulnerable situations*.[3] The category of 'personal social services' includes services that are provided directly to the person in the form of assistance or (re-)integration activities and which play a role in prevention and social cohesion. This category corresponds substantively with the essential services provided directly to the person as defined in the 2010 Voluntary European Quality Framework for Social Services, and it constitutes the scope of this report.

As the EU and all Member States have ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the relevant provisions of the Convention and accompanying UN documents also guided the production of this report, with particular regard to Article 19 on living independently and being included in the community and Article 26 on habilitation and rehabilitation. Besides availability, affordability and accessibility, the issue of 'quality' has gained significant attention in EU policy documents in relation to social services in recent years, including those documents focusing on active inclusion, early childhood education and care services and long-term care (e.g. the 2022 Council Recommendation on access to affordable high quality long-term care). As one of the flagship initiatives of the EU Strategy for the Rights of Persons with Disabilities 2021-2030, the European Commission will present, by 2024, a specific Framework for Social Services of Excellence for Persons with Disabilities, in order to improve service delivery for persons with disabilities and to enhance the attractiveness of jobs in this area, including through upskilling and reskilling service providers.

Related to this initiative, this European Disability Expertise (EDE) report gathers evidence from 29 country reports on the existence of frameworks, definitions and assessment systems and procedures that are in place to measure the quality of social services used by persons with disabilities. The report analyses to what extent disability-related considerations are integrated in such systems and how CRPD requirements are reflected in quality assurance mechanisms, with a view to assessing their relevance and meaningfulness in respect of the needs of persons with disabilities. This proves to be an under-researched but evolving area, which is also impacted by the

[2] European Commission, Social Protection Committee, 'A Voluntary European Quality Framework for Social Services', SPC/2010/10/8 final, https://ec.europa.eu/social/BlobServlet?docId=6140&langId=en. The 2010 Framework also refers to a position paper produced in 2007 by the Disability High Level Group (now superseded by the Disability Platform); see: https://ec.europa.eu/social/BlobServlet?docId=4483&langId=en.

[3] European Commission (2022), Directorate-General for Employment, Social Affairs and Inclusion, *Study on social services with particular focus on personal targeted social services for people in vulnerable situations – Final report/Annexes*, Publications Office of the European Union, https://data.europa.eu/doi/10.2767/779379.

increasing recognition of person-centred care and support in social care provision, such as in long-term care. In general, little information is available on what it would mean in concrete terms to conduct quality assurance of social services in line with the CRPD. While the general principles of the Convention are more commonly reflected in quality principles at national level, for instance in relation to autonomy and user involvement, there is a lack of information in most EDE country reports on which aspects should be considered at the level of indicators and how services should achieve them (e.g. accessibility, user involvement in service development, etc.).

In general, the focus of quality assurance of social services across Europe is on formal criteria, input parameters and complex structural elements (e.g. size of the premises and equipment, personnel requirements, all necessary permits, staff-client ratio) and not so much on outcome indicators to assess how the service contributes to an improved quality of life for the individual. The 'Quality of Life' framework is one possible way of thinking about outcomes and conceptualising quality services while respecting the human rights of persons with disabilities. As shown by the findings of this report, in many countries, the compliance of quality principles with the CRPD is incidental and does not seem to be part of the systemic implementation of the Convention. Furthermore, disability is considered in existing quality frameworks only to a very limited extent, leading to significant knowledge gaps in relation to the appropriateness of social services for the needs of persons with disabilities. This indicates that further EU action is needed to support Member States in their efforts to provide good-quality social services for persons with disabilities, in line with human rights principles.

The topic of quality assurance of social services is a complex, fragmented field, with more than one system in place in European countries, and great differences even within one country regarding the approaches and methods that are used to assess and improve service quality. In federal states, social services are often regulated at the state/land/region level, which leads to different rules on the quality assurance systems. In most countries, neither 'social services' nor 'quality of services' is defined in law; quality is ensured through various regulations and guidelines that outline minimum quality standards and provide a list of social services that must comply with them. In fact, only a few Member States (Bulgaria, Czechia, Croatia, Estonia, Romania and Slovakia) have quality assurance frameworks for social services embedded in law. However, it is too soon to assess the functioning and impact of those legal frameworks on service quality improvement, as the legislation in several countries has been adopted only recently.

The results of this synthesis report show that community-based social services such as personal assistance or home support often fall outside the scope of quality assurance mechanisms, while the traditional, residential types of social services used by persons with disabilities are subjected to more rigorous evaluation. This raises several concerns about how the quality of personal assistance and other person-centred community-based services can be guaranteed, and what channels are available for both users and social (care) workers to make complaints and seek remedies in case of a violation. Further research is needed to define a reasonable approach towards quality assurance mechanisms for such services, in order to avoid placing a disproportionate administrative and procedural burden on service users who employ their own assistants from personal budgets while ensuring that quality standards are met. The forthcoming European Framework for Social Services of Excellence for Persons with Disabilities should pay due attention to community-based

services as the cornerstone of services addressed to persons with disabilities aimed at promoting their independent living at its fullest.

Quality assurance systems in European countries combine various mandatory and voluntary elements conducted by formal bodies through inspections and by service providers themselves in the form of self-assessment (e.g, using EQUASS, EFQM and others). Some quality assurance systems are linked more closely to the licensing and accreditation of service providers, while others are conducted on a continuous basis to ensure service quality improvement. A few countries have developed a unique quality assurance system for social services, in view of the shared responsibilities of different stakeholders. It is also worth mentioning that even in countries that have a regulated and well-developed quality assurance system, a lack of resources prevents designated authorities from conducting regular inspections, and their activities are concentrated on following up and reacting to complaints received. This means less proactive and more reactive quality assurance, which, together with a lack of published reports and follow-up procedures, can easily undermine the purpose of continuous quality improvement of social services.

Mainstream quality assurance mechanisms for general social services often fail to consider the disability perspective with regard to aspects such as accessibility, and to include outcome indicators to measure improvement in life quality or level of independent living. Involving persons with disabilities as service users and their representative organisations in the development and implementation of quality assurance processes is important in order to overcome that issue. At present, their involvement is typically limited to providing feedback on service quality through satisfaction surveys and interviews, or having the opportunity to submit a complaint (e.g. to the ombudsman). It is less common to involve persons with disabilities in the follow-up of evaluation results to plan the improvement of service provision through co-production, except in a few examples in which user councils provide a more efficient way of facilitating participation in service design. The inaccessibility of tools used during quality assurance presents a problem across Europe, especially for persons with intellectual disabilities, whose input is often collected via their relatives or guardians. As the results of inspections and self-assessment by providers are not always publicly available, users may not know about the service quality ahead of signing up to a specific service. Member States should allocate adequate resources for quality assurance at national, regional and local level and could, in addition, use EU funding (e.g. ESF+) to strengthen the design and implementation of quality frameworks for social services and make them disability-proof. This could happen through incorporating disability rights-based principles in quality frameworks, enhancing the accessibility of tools used when conducting quality assurance or improving the systemic inclusion of persons with disabilities throughout the process. A twin-track approach is necessary to mainstream disability in general quality assurance mechanisms on the one hand, while improving the quality assurance of disability-specific services (e.g. personal assistance) on the other.

The social services sector is struggling with a workforce shortage and problems with staff retention due to low wages and poor working conditions across Europe. EDE country experts reported a lack of available social support services and long waiting lists in several countries. Under these constraints, quality assurance may be easily perceived as an additional burden on the workforce, considering the complexity of administration that some quality frameworks may require. However, the purpose of

quality assurance is to drive improvement for both service users and service providers, including the workforce. The follow-up of assessment results should therefore be always linked to the upskilling of social workers and social care professionals. The impact of the transition from institutional to community-based care on the working conditions of social workers and care professionals should also be assessed, for example with regard to increased rates of self-employment. If there is no adequate coverage of services, including in rural areas, the purpose of quality assurance mechanisms is somewhat diminished, as users do not have a real choice of different service providers based on service quality.

The results in this report show some promising practices in relation to how disability can be mainstreamed in quality assurance in different ways, by:

- making direct reference to CRPD principles in quality frameworks and quality standards to be applicable for all services, including mainstream services (e.g. self-determination, maintaining maximum independence, accessibility, independently usable and understandable, full inclusion and participation in all aspects of life);

- including disability-specific indicators to measure service outcomes (e.g. indicators to measure accessibility, or whether service users are supported in their mobility, in self-care or in maintaining social contacts);

- shifting from measuring only formal quality conditions towards assessing outcomes, i.e. how the service has contributed to improved quality of life for the individual (e.g. indicators such as, ‘Is there written information about the outcomes for the users?’ or ‘Does the service adequately support the maximum independence of users?’);

- making the tools used during quality assurance procedures accessible for all persons with disabilities so they can provide direct feedback on service quality (e.g. publishing every set of standards in easy-read format and providing accessible complaint forms in simple language); and

- active involvement of persons with disabilities and their representative organisations in conducting and following up quality assurance through co-production (e.g. user councils).

The aspects that were identified as challenging in this report concerning the organisation and implementation of quality assurance mechanisms of social services used by persons with disabilities should be addressed in future policy initiatives by national and European policy makers. EDE country reports concluded that the uptake of the 2010 Voluntary European Quality Framework for Social Services was very low, and a better understanding of the reasons would, therefore, be a useful starting point to define the added value of a disability-specific quality framework and the necessary channels for its future promotion. Besides providing a framework of quality principles, the planned framework should provide guidance to Member States on how to translate into quality assurance the relevant CRPD provisions and on how the quality assurance process can be made accessible for persons with disabilities.

Given that quality assurance will remain a fragmented field, often implemented at regional or local level, the European Commission should reach out to sub-national authorities (e.g. local municipalities) and stakeholders (e.g. social inspectorates, service providers, NGOs) to discuss the concept behind, and the potential role of, the forthcoming framework. The specificities of existing systems should be the starting point for building up the forthcoming EU framework, and to identify which aspects are crucial in order to better reflect the needs of persons with disabilities (e.g. accessibility requirements in social service provision; technical skills required of the workforce in community-based services). Good-quality social services and disability-proof quality assurance systems for both mainstream social services (also used by persons with disabilities) and specialised services for persons with disabilities are of key importance to ensuring the successful implementation of the CRPD across Europe and the full participation of persons with disabilities in society.

1 Introduction and purpose of the study

In this report, EDE focuses on social services provided to persons with disabilities[4] that play (or are expected to play) an important role in the lives of such persons by helping them to exercise self-determination, choice and control, thereby supporting independent living. Good-quality social services can support and enable the development of a person's autonomy; promote a balance between work and family life for relatives; protect fundamental rights and facilitate the social inclusion of persons with disabilities; and have a positive impact on quality of life for persons with disabilities.[5] The report gathers evidence on the existence of frameworks, definitions and assessment systems and procedures that are used to measure the quality of social services used by persons with disabilities in Member States in order to improve their quality. Areas for improvement, and some promising practices that could be scaled up in Member States, are identified. The study focuses on both social services designed for persons with disabilities and services used by them but not exclusively designed for them.

Considering that there is no common European definition of 'social services', this study is based on the definitions provided in the Voluntary European Quality Framework for Social Services[6] prepared by the European Commission and endorsed by the Council Social Protection Committee in 2010.[7] This EDE study takes that framework as a reference point, but also refers to the recent European Commission *Study on social services with particular focus on personal targeted social services for people in vulnerable situations*,[8] and is guided by the description of independent living services for persons with disabilities in Articles 19 and 26 of the CRPD.

With the aim of developing a common understanding of the quality of social services, the Voluntary European Quality Framework for Social Services differentiates between two main categories of social services:

- statutory and complementary social security schemes, organised in various ways (mutual or occupational organisations), covering the main risks of life, such as those linked to health, ageing, occupational accidents, unemployment, retirement and disability; and

- other essential services provided directly to the person.

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4 Along the lines of the 2010 Voluntary European Quality Framework for Social Services' definition of 'essential services provided directly to the person' – see below. Further references to 'social services', 'personal social services' or 'essential services' refer to this scope. Note that the reference to 'essential services' appearing in the documents regarding this study has to be read in the context of the Voluntary European Quality Framework for Social Services and does not refer to Article 20 of the European Pillar of Social Rights.

5 See: Quality_of_services-Report_Finall.pdf (easpd.eu).

6 The 2010 Framework also refers to a position paper produced in 2007 by the Disability High Level Group (a body now superseded by the Disability Platform); see: https://ec.europa.eu/social/BlobServlet?docId=4483&langId=en.

7 A Voluntary European Quality Framework for Social Services, SPC/2010/10/8 final, see: https://ec.europa.eu/social/BlobServlet?docId=6140&langId=en.

8 European Commission (2022), Directorate-General for Employment, Social Affairs and Inclusion, *Study on social services with particular focus on personal targeted social services for people in vulnerable situations – Final report/Annexes*, Publications Office of the European Union, https://data.europa.eu/doi/10.2767/779379.

Other essential services provided to the person play a role in prevention and social cohesion, and consist of customised assistance to facilitate social inclusion and safeguard fundamental rights. They comprise, first, assistance for people facing personal challenges or crises (such as debt, unemployment, drug addiction or family breakdown). Secondly, they include activities to ensure that the people concerned can reintegrate into society (rehabilitation, language training for immigrants) and in particular the labour market (occupational training and reintegration). The Voluntary European Quality Framework for Social Services defines these services as those that complement and support the role of families in caring for the youngest and oldest members of society. Thirdly, these services include activities to integrate persons with long-term health issues or disability. Fourthly, they also include social housing, providing housing for disadvantaged citizens or socially less advantaged groups.

The Voluntary European Quality Framework for Social Services also includes a comprehensive list of objectives and principles that social services are meant to achieve. It covers, for instance, requirements to provide person-oriented services that are designed to respond to vital human needs, in particular the needs of users in vulnerable positions; to safeguard fundamental human rights and human dignity; to contribute to non-discrimination; and to improve living standards and quality of life in order to enhance individuals' capacity to fully participate in society. Furthermore, the framework consists of seven overarching quality principles for social service provision: (1) Available; (2) Accessible; (3) Affordable; (4) Person-centred; (5) Comprehensive; (6) Continuous; and (7) Outcome-oriented. The quality principles that apply to the dimension of the relationships between service providers and users are twofold: (1) Respect for users' rights; and (2) Participation and empowerment. The quality principles that apply to the dimension of human and physical capital are: (1) Good working conditions and working environment/investment in human capital; and (2) Adequate physical infrastructure.

The European Commission's *Study on social services with particular focus on personal targeted social services for people in vulnerable situations*[9] divides social services into two groups:

- statutory and complementary social security schemes that cover the main risks of life, associated with health, ageing, unemployment, occupational accidents, retirement or disability; and
- personal social services that are provided directly to the person in the form of assistance or (re-)integration activities and which play a role in prevention and social cohesion.

Personal social services are further divided into: (a) Mainstream social services (such as early-childhood care or long-term care, which are put in place for groups, support the development of the person or their autonomy and promote a balance between work and family life for relatives); and (b) Personal targeted social services that respond to specific individual (or family) needs, personal challenges and crises to safeguard the beneficiaries' fundamental rights and facilitate their social inclusion. Both mainstream

[9] See: European Commission (2022), Directorate-General for Employment, Social Affairs and Inclusion, *Study on social services with particular focus on personal targeted social services for people in vulnerable situations – Final report/Annexes*, Publications Office of the European Union, Study on social services with particular focus on personal targeted social services for people in vulnerable situations - Publications Office of the EU (europa.eu).

social services and personal targeted social services fall under the scope of Article 19 on independent living and Article 26 on habilitation and rehabilitation in the CRPD. The key principles of the European Pillar of Social Rights (EPSR) that are relevant to social services and are referenced in the 2022 European Commission report on social services are education, training and lifelong learning; gender equality; equal opportunities; active support for employment; work-life balance; childcare and support for children; inclusion of people with disabilities; long-term-care; housing and assistance for homeless persons; and access to essential services.

The category of 'personal social services' corresponds in substance with the 'essential services provided directly to the person' as defined in the 2010 Voluntary European Quality Framework for Social Services and constitutes the scope of this report. The differentiation in the European Commission 2022 study between the sub-categories of mainstream social services and personal targeted social services can prove useful in the context of this EDE task, which looks at the disability-relevance of quality frameworks in both these sub-categories. In order to support the work of the European Commission in promoting the rights of persons with disabilities in line with the EPSR and the CRPD, this report focuses on the issue of the quality of social services provided directly to the person and on how such 'quality' can encompass and meet the needs of persons with (different types of) disabilities.

1.1 Aim of the study

One of the flagship initiatives under the European Strategy for the Rights of Persons with Disabilities Strategy 2021-2030 is to develop a specific Framework for Social Services of Excellence for Persons with Disabilities by 2024.[10] Related to this initiative, the aim of this ad hoc report is to identify the definitions and frameworks that exist in different countries, including at regional and local level, which define the quality of social services, and the types of quality assurance systems that exist and the contribution they make to the development of high-quality services and outcomes for the users. In particular, the objective is to analyse how disability-related considerations are integrated (or not) in such systems and how CRPD requirements – notably, but not exclusively, as regards independent living – are reflected (or not) therein, with a view to assessing their relevance and meaningfulness in relation to the needs of persons with disabilities. The findings of this study will support the European Commission in the development of the Framework for Social Services of Excellence for Persons with Disabilities and provide useful inspiration to Member States to further strengthen and improve their quality assurance systems.

[10] European Commission (2021), 'Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030', COM 101 final, 4.1, https://ec.europa.eu/social/main.jsp?catId=1484.

1.2 Methodology to conduct the study

This study synthesises information provided by 29 national experts[11] in the EDE network. Their country reports outline:

- Definitions of quality and quality frameworks for social services in the country, including at regional and local level, to look at how disability is considered, including in line with the principles of the CRPD and relevant EU documents.

- Different systems of quality assurance mechanisms, other assessments and evaluations and a detailed overview of how they work, to look at how disability is considered, including in line with the principles of the CRPD and relevant EU documents.

- The degree of impact of the quality assurance mechanisms on improving the quality and outcomes of the services for persons with disabilities; this should include providing examples of promising practices for assessment measures, the involvement of persons with disabilities in the process and the consideration of the principles of the CRPD.

- Recommendations for the European Commission and the Member States for the future development of social services quality frameworks/assurance systems for persons with disabilities, with the aim of improving service delivery for persons with disabilities and enhancing the attractiveness of jobs in this area, including through upskilling and reskilling service providers.

A detailed terms of reference document and a guidance document were prepared by the EDE task lead (Darja Zaviršek) to support the process of drafting the national reports (in cooperation with the rapporteur and other senior experts in the EDE network). Draft versions of these documents were also discussed with EDE national experts to ensure feasibility, as well as with the European Commission before finalisation. EDE national experts collected data in line with these documents through desk research.

1.3 Limitations

This study builds on 29 country reports prepared by EDE national experts, in line with the terms of reference and the guidance developed for the purposes of this study. National experts were free to choose which social services they wanted to discuss in their reports, based on the national context. This implies that the reports cover different types of services (residential, non-residential, social support services, employment services, education and training services etc.) when describing the quality assurance mechanisms in place, which makes it impossible to draw any comparisons between various types of services or observe how similar services are monitored across the countries. This report focuses on quality assurance (QA) frameworks in place at national level and does not discuss in detail, but only mentions where relevant, the

[11] The 29 participating countries include: Austria, Belgium, Bulgaria, Czechia, Denmark, Germany, Estonia, Ireland, Greece, Spain, France, Croatia, Italy, Cyprus, Latvia, Lithuania, Hungary, Malta, the Netherlands, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, Republic of Serbia, Sweden, Iceland, and Liechtenstein. No national report was submitted from Luxembourg for this ad hoc theme.

different models of voluntary QA methods applied by service providers (e.g. E-Qalin, ISO, SIQ and HACCP are all used in Slovenia). There is a great deal of variability among the national reports regarding the level of detail that is provided about existing QA mechanisms, which is partly due to the lack of available information and the general fragmentation in the field. Several EDE national experts reported that it proved particularly challenging to obtain the necessary information on the topic through desk research.

The study does not define or assess the quality of specific social services provided to persons with disabilities in EU Member States. It will not provide a catalogue of good-quality social services available to persons with disabilities, but it will describe how quality assurance is conducted, based on information obtained from the EDE national reports.

In the case of federal states, social services are often regulated at the state/land/region level, which means that the quality assurance systems in place may differ significantly, and it would be too complex to give a detailed overview. Country experts from federal states chose different approaches to address this issue, either by selecting one state and describing how quality assurance is conducted there (e.g. Tyrol in Austria)[12], or by giving examples of different regions throughout the report (e.g. Italy).[13] Considering the comprehensiveness of the issue of quality assurance and the great differences even within one country regarding the principles, criteria, methods and indicators used to assess the quality of social services that are relevant for persons with disabilities, it is not possible to provide any comparison among the countries as regards the quality of social services and the relevance for persons with disabilities. Nevertheless, the study will be able to identify countries that have more rigorous quality assurance mechanisms in place, which can potentially lead to better addressing the needs of persons with disabilities.

The synthesis report builds exclusively on the 29 EDE country reports, and no additional desk research or data collection was conducted to complement or verify information provided by national experts. The validation process for the country reports was not entirely complete at the time of drafting this report, which means that there may be minor inconsistencies between the synthesis report and the final national reports.

1.4 Structure of the report

Chapter 2 provides background and context for the study, summarising key provisions of the CRPD as well as EU policy frameworks and documents that are relevant in the context of quality assurance of social services for persons with disabilities. It outlines on-going work and publications by non-governmental organisations representing service providers at EU level that seek to define and measure the quality of social services through innovative frameworks.

[12] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Austria.

[13] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Italy.

Chapter 3 is a synthesis of the findings of the 29 EDE country reports concerning existing national frameworks for conducting quality assurance of social services relevant for persons with disabilities. This chapter also provides detailed reflections on how disability is mainstreamed in quality assurance systems and to what extent the Voluntary European Quality Framework for Social Services is considered by the countries.

Chapter 4 is a synthesis of evidence and analysis from the 29 EDE country reports of the scope and process of conducting quality assurance of social services relevant for persons with disabilities, focusing on some key aspects such as formal bodies and stakeholders involved and methods and indicators used to conduct evaluations. Promising practices are presented, along with some common challenges from EDE country reports.

Chapter 5 discusses what impact quality assurance mechanisms have; through which enforcement mechanisms they are followed up; and to what extent they contribute to improved service outcomes for users, in line with human rights. It highlights some common challenges from the EDE country reports that may require further consideration in future EU actions.

Chapter 6 includes concluding remarks and a summary analysis of some challenging aspects identified during the analysis of the data from the EDE national reports. Chapter 7 provides recommendations for the European Commission concerning the focus of its planned Framework for Social Services of Excellence for Persons with Disabilities. Furthermore, recommendations are formulated for the European countries covered by the study on how to improve the quality assurance of social services and mainstream disability rights in those frameworks and processes, in order to ensure service quality improvement in line with the provisions of the CRPD and to boost the attractiveness of the sector.

2 Background and context

2.1 The United Nations Convention on the Rights of Persons with Disabilities (CRPD)

The EU and all its 27 Member States have ratified the CRPD, which requires States Parties to develop services that respect human rights, self-determination, interpersonal relationships, social inclusion and personal development as well as the material, physical and mental wellbeing of persons with disabilities. In order to realise these rights, States Parties to the Convention need to provide various personal social services and ensure their 'universal design'.

Article 19 (Living independently and being included in the community)[14] states that persons with disabilities should 'have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community and to prevent isolation or segregation from the community', and that 'Community services and facilities for the general population' should be 'available on an equal basis to persons with disabilities and … responsive to their needs.' The UN 'Guidelines on deinstitutionalization', issued in October 2022, emphasise how community-based services and support are a key component in promoting independent living.[15] Besides the availability, accessibility and affordability of support services, their quality is another important, yet often overlooked, criterion. A recent report by the UN Special Rapporteur on the Rights of Persons with Disabilities focuses on reimagining services in the 21st century to give effect to the right of persons with disabilities to live independently and be included in the community.[16] It is argued that traditional service and support models often perpetuate dependency, and a new philosophy of service and support is emerging that should be reflected in law and policy.

Article 26 (Habilitation and rehabilitation)[17] emphasises that in order to implement the basic principles of the Convention, countries need to **'**organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services'. These services and programmes should '[b]egin at the earliest possible stage' and should be 'based on the multidisciplinary assessment of individual needs and strengths'. The services should '[s]upport participation and inclusion in the community and all aspects of society', and need to be 'voluntary, and … available to persons with disabilities as close as possible to their own communities, including in rural areas.' The same Article also emphasises that countries need to 'promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.'

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14 See: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html.

15 UN (2022), 'Guidelines on deinstitutionalization, including in emergencies', CRPD/C/5, https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpdc5-guidelines-deinstitutionalization-including.

16 UN Human Rights Council (2022), 'Transformation of services for persons with disabilities - Report of the Special Rapporteur on the rights of persons with disabilities, Gerard Quinn', A/HRC/52/32, https://www.ohchr.org/en/documents/thematic-reports/ahrc5232-transformation-services-persons-disabilities.

17 See: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-26-habilitation-and-rehabilitation.html.

Other Articles of the Convention, for instance on the right to adequate standard of living (Article 28), personal mobility (Article 20) and participation in the life of the community (Article 29), can be seen as partly relevant to the topic of this report.

2.2 EU policy framework

Although there is no common European definition of 'social services', access to social services is mentioned in various EU documents. The Charter of Fundamental Rights of the European Union, with the purpose of promoting human rights within the territory of the EU, mentions 'solidarity' as one of the key principles and emphasises 'access to services of general economic interest' to provide extra assistance for disadvantaged areas (Article 36). Since 2008, the European Commission has been actively promoting access to quality services in the framework of the active inclusion strategy, and has supported Member States to implement reforms towards persons living in vulnerable contexts, including persons with disabilities.[18] Access to quality services was reiterated in the Council Conclusions on 'Social Services of General Interest: at the heart of the European social model' of 6 December 2010 as one of the three pillars of active inclusion and active social participation.[19]

In the Commission Recommendation of 3 October 2008 on the active inclusion of people excluded from the labour market, it is emphasised that Member States shall '[t]ake every measure to enable those concerned, in accordance with the relevant national provisions, to receive appropriate social support through access to quality services.'[20] The Commission put strong emphasis on measures for 'social and economic inclusion … including social assistance services, employment and training services, housing support and social housing, childcare, long-term care services and health services'. Several ANED/EDE country and synthesis reports looked at the first two pillars of EU social policy, on adequate income support and inclusive labour markets, while this study will focus on the third pillar, which relates to the quality of social services.

The 2013 European Commission Staff Working Document, following up on the implementation by the Member States of the 2008 European Commission recommendation on active inclusion,[21] gave details in respect of the measurements and terminology relating to quality social services ('enabling services').[22] The 'enabling

[18] European Commission (2008), Commission Recommendation of 3 October 2008 on the active inclusion of people excluded from the labour market (notified under document number C(2008) 5737) (2008/867/EC), https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32008H0867&from=EN.

[19] Council of the European Union (2010), 'Council Conclusions - Social Services of General Interest: at the heart of the European social model', https://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/118297.pdf.

[20] European Commission (2008), Commission Recommendation of 3 October 2008 on the active inclusion of people excluded from the labour market (notified under document number C(2008) 5737) (2008/867/EC), https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32008H0867&from=EN.

[21] European Commission (2013), 'Commission Staff Working Document: Follow-up on the implementation by the Member States of the 2008 European Commission recommendation on active inclusion of people excluded from the labour market - Towards a social investment approach', EUR-Lex - 52013SC0039 - EN - EUR-Lex (europa.eu).

[22] 'Enabling services' – a term which 'refers to various services essential to active, social, and economic inclusion policies. Social assistance services, employment and training services, housing

services', it is noted, 'should emphasise solidarity, equal opportunities for users and employees, quality investment in human capital and infrastructures, while being designed and delivered in a comprehensive and coordinated manner.' The Commission also highlighted the need for enabling services to ensure access for hard-to-reach-clients and to increase efficiency and effectiveness to prevent low coverage and non-take up. It emphasised that '[i]t is not enough just to have' services – 'It is also important to reach those most disadvantaged' and ensure that services are delivered in the most efficient way. The Commission highlighted the need for a personalised approach, including the use of EU funds to support high-quality training for staff and case workers to help them acquire digital knowledge and competences through the use of ICT. It stressed the integration of services, setting up 'one-stop shops'[23] to simplify the organisation, delivery and take-up of services (integration of information systems; integration of employment services with social assistance services and enabling services; reducing the complexity of accessing services by simplifying eligibility requirements; improving coordination among different levels of government to improve service delivery; coordinating tax and benefits systems; and looking at the impact of various programmes at the level of the individual).

For the purpose of this report, it is worth noting that the Social Investment Package includes the principle of access to high-quality social services that every citizen should have over their lifespan:[24]

> 'High-quality services should be made available to all citizens to achieve the considerable redistributive and poverty-reducing potential of these services. Member States undertaking reforms to improve these services should bear in mind their poverty alleviating effects.'[25]

The Social Investment Package also envisages that modernisation of the welfare states (including social investment, social protection and stabilisation of the economy) and effectiveness of social policies imply investing in human capital, as well as developing individualised and integrated services (e.g. provided through one-stop-shops that simplify the procedures when people in need want to access benefits and services while avoiding overlap). This policy guidance also suggests taking a life-cycle approach and speaks about adapting integrated services (including cash benefits and assistance at critical moments in a person's life) that address specific needs arising in life: from childhood, youth and the transition from school to work, parenthood, from the beginning to the end of one's career to old age.

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support and social housing, childcare, long-term care services and health services are all examples of such provision.' European Commission (2013), 'Commission Staff Working Document', EUR-Lex - 52013SC0039 - EN - EUR-Lex (europa.eu), p. 14.

23 The 'one-stop-shop' model contributes to the efficiency and effectiveness of social protection systems, as it simplifies the organisation, enhances delivery and increases take-up of services. This approach improves accessibility of user-friendly information, coordination among different levels of government and capacity that could reduce the administrative burden on both customer and provider.

24 European Commission (2013), 'Commission Staff Working Document: Follow-up on the implementation by the Member States of the 2008 European Commission recommendation on active inclusion of people excluded from the labour market - Towards a social investment approach', EUR-Lex - 52013SC0039 - EN - EUR-Lex (europa.eu).

25 European Commission (2013), 'Commission Staff Working Document', EUR-Lex - 52013SC0039 - EN - EUR-Lex (europa.eu), p. 8.

Subsequent documents have emphasised user involvement and personalised approaches to meeting the diverse needs of people as individuals; monitoring and performance evaluation; and the sharing of good practice. High-quality services should be made available to all persons with disabilities, regardless of impairment, age, or social status, in order to reduce disadvantage and increase social inclusion. In recent years, there has been increasing attention, and some promising practices across the EU, on transforming traditional funding models towards more user-centred ones, such as providing individuals with personal budgets. These funding models stipulate a shift in power and allow beneficiaries to have more choice and control over organising and purchasing social and care services (e.g. personal assistance, home nursing) compared with traditional funding models that fund primarily service providers (through reserved markets or public procurement), and thus individuals' involvement in service development and delivery is limited.[26]

The 2013 Recommendation on 'Investing in Children: breaking the cycle of disadvantage'[27] also emphasises the need for integrated strategies that combine support to parents to access the labour market, adequate income support and access to services such as quality (pre-school) education, health, housing and social services and community-based care. The document outlines that tools need to be developed to 'involve children in the running of services such as care, healthcare and education, as well as to consult them on relevant policy planning through mechanisms adapted to their age'. The 2021 Council Recommendation on establishing a European Child Guarantee is another key policy framework, with relevance for children with disabilities who face poverty and social exclusion.[28] The Recommendation highlights that with the aim of the deinstitutionalisation of children, quality community-based or family-based care should be promoted, and that Member States should support strategic investment in quality services for children, including in enabling infrastructure and a qualified workforce (Article 6).

The European Pillar of Social Rights (EPSR) Action Plan divides services into (a) social services as 'horizontal enablers', in the sense that they enable individuals in vulnerable situations to play a significant part in the economic and social life of society, ensuring social fairness, safeguarding fundamental rights, human dignity and equal opportunities for all and (b) personal targeted social services as 'entry points' into the wider existing social protection systems, in the sense that they facilitate further access of people in exclusion situations to other relevant social support and assistance services such as healthcare, training or housing services.[29] Particular attention, as mentioned above, is paid to the personal targeted social services used by persons with disabilities in the recent European Commission study on social services.[30]

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[26] European Association of Service providers for Persons with Disabilities (EASPD) (2021), *Models of Good Practice Report on Personal Budgets*, UNIC - towards user-centred funding models for long term care project, https://www.unicproject.eu/wp-content/uploads/2021/09/2.1-Models-of-Good-Practices-report.pdf.

[27] See: https://eur-lex.europa.eu/legal-content,/EN/TXT/PDF/?uri=CELEX:32013H0112.

[28] Council of the European Union, Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee, https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021H1004.

[29] See: The European Pillar of Social Rights Action Plan (europa.eu).

[30] European Commission (2022), Directorate-General for Employment, Social Affairs and Inclusion, *Study on social services with particular focus on personal targeted social services for people in vulnerable situations – Final report/Annexes*, Publications Office of the European Union, https://data.europa.eu/doi/10.2767/779379.

Several principles of the EPSR mention directly the importance of quality social services, including Principle 11 in relation to early childhood education and care services (Childcare and support to children); Principle 16 regarding healthcare; Principle 18 on long-term care; and Principle 19, linked to housing assistance ('Housing and assistance for the homeless'). While Principle 17 ('Inclusion of People with Disabilities') does not explicitly mention 'quality', it highlights the need for services that enable persons with disabilities to participate in the labour market. In relation to the topic of social services, it is also important to mention Principle 14 on minimum income, which highlights access to enabling services for everyone lacking sufficient resources. The EPSR Action Plan,[31] which proposes headline targets for the EU by 2030, sets out concrete initiatives to implement the EPSR. In order to strengthen the commitment to the implementation of the European Pillar of Social Rights, the Porto Social Commitment[32] document addresses persons with disabilities in particular and calls for policies that fight discrimination and ensure equal opportunities. To strengthen social cohesion, the document mentions the importance of supporting the strengthening of essential services and infrastructure in this endeavour.

One of the flagship initiatives of the European Commission, published in the European Strategy on the Rights of Persons with Disabilities 2021-2030, is to develop a specific Framework for Social Services of Excellence for Persons with Disabilities by 2024.[33] Its aim is to improve service delivery for persons with disabilities and to enhance the attractiveness of jobs in this area, including through upskilling and reskilling service providers. The initiative builds on the existing Voluntary European Quality Framework for Social Services.[34] Increased attention to the issue of quality and the development of quality frameworks can be observed at EU level in several areas. The 2022 European Care Strategy, including its accompanying Council Recommendation on access to affordable high quality long-term care, adopted in December 2022, draws attention to the topic of quality in long-term care as well as upskilling and working conditions for the workforce in the sector.[35] Quality in early childhood education and care has been tackled by Council Recommendation of 22 May 2019 on High-Quality Early Childhood Education and Care Systems.[36] Quality frameworks have been developed at EU level in recent years, e.g. for traineeship and apprenticeship schemes.

The European Economic and Social Committee (EESC) has recently adopted an own-initiative opinion on the 'Co-creation of services of general interest as a contribution to a more participative democracy in the EU', looking at innovative methods to provide services with the involvement of actors such as civil society organisations and citizens. [37] The issue of alternative funding models for social services is considered by various actors, in particular civil society organisations.[38]

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31 See: The European Pillar of Social Rights Action Plan (europa.eu).
32 See: Porto Social Commitment (2021portugal.eu).
33 European Commission (2021), 'Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030', COM 101 final, 4.1., https://ec.europa.eu/social/main.jsp?catId=1484.
34 See: https://ec.europa.eu/social/BlobServlet?docId=6140&langId=en.
35 See: https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A32022H1215%2801%29.
36 See: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019H0605%2801%29.
37 See: https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/co-creation-services-general-interest-contribution-more-participative-democracy-eu.
38 See, for example, Eurodiaconia's recent report, 'Alternative Models of Financing Social Services': https://www.eurodiaconia.org/wordpress/wp-content/uploads/2023/02/Report_ALTERNATIVE-MODELS-OF-FINANCING-SOCIAL-SERVICES.pdf.

2.3 Other relevant studies

Many studies that look at the quality of social services focus on the labour market integration aspect. They are useful as models for the further development of quality social services in the Member States. For example, the checklist published by the European Commission on integrating services to support the labour market integration of minimum income recipients assists policy makers and service providers in planning, designing, implementing and evaluating a coordinated system of services.[39] The checklist is addressed to policy makers and practitioners in employment and social services who are involved in designing or implementing service integration initiatives or evaluating them.[40] The checklist focuses on three main steps, based on a cycle of continuous improvement:

1. Planning and design – providing practical advice on the development of new or existing approaches to service integration and job integration agreements;
2. Implementation – providing practical advice on implementation issues; and
3. Monitoring and evaluation – reviewing the whole process and feedback on the planning and design phase.

The EC study also shows that the range of services to be integrated is best derived from the needs of the people using the services. It shows that services that require highly specialised expertise, such as serving clients with a specific disability, are often provided only by NGOs. The report highlights that the coordinated system of services should have a sufficiently distributed local network across different geographical areas and that a unified monitoring system containing detailed process indicators is important.

Non-profit providers often play an important role in the delivery of social services, and several NGOs that represent social service providers at EU level have carried out work around the topic of quality of (social) services. The European Association of Service providers for Persons with Disabilities (EASPD) published a study in 2021 on innovative frameworks for measuring the quality of services for people with disabilities, based on the concept of 'Quality of Life'.[41] The 'Quality of Life framework' is one possible way of thinking about outcomes and conceptualising quality services.[42]

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[39] The coordinated system of services means different organisational forms ranging from loose, informal arrangements to a full merger of institutions. These include: complete separation/fragmentation of services; ad hoc, limited reactive cooperation in response to a crisis or other pressure; regular cooperation limited to sharing information about clients and services; multidisciplinary teams of professionals, mostly at the local level; a formal network or partnership to ensure planned and sustained coordination; and an agency or service partnership with joint funding or another form of sharing risks and responsibilities; see: integrated-services-to-support-the-labour-market-integraton-of-minimum-income-reciepients-check-list.pdf (wordpress.com).

[40] European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Scharle, Á., Duell, N., Minas, R. et al. (2018), *Study on integrated delivery of social services aiming at the activation of minimum income recipients in the labour market – Success factors and reform pathways. Part II, Annexes (II-VIII)*, Publications Office, https://data.europa.eu/doi/10.2767/06930.

[41] Šiška, J., Beadle-Brown, J. (2022), *Innovative Frameworks for measuring the Quality of services for Persons with Disabilities*, EASPD, Brussels, https://www.easpd.eu/publications-detail/report-on-innovative-frameworks-for-measuring-the-quality-of-services-for-persons-with-disabilities/.

[42] See further information: Schalock, R.L., Brown, I., Brown, R., Cummins, R.A., Felce, D., Matikka, L., Keith, K.D. and Parmenter, T., 'Conceptualization, measurement, and application of Quality of

As such 'Quality of Life' has been defined as:

> 'Being made up of the same elements for all people; as having both our needs met and the opportunity to pursue life enrichment in the same settings as others as having both objective and subjective elements, as based on individual needs, choices and control and as a multidimensional construct influenced by personal and environment factors'.[43]

The EASPD study conceptualises 'Quality of Life' primarily based on research focusing on the objective living conditions of persons with disabilities and of all people to lead a good life. It has previously been used primarily in the intellectual disability field, by advocates of deinstitutionalisation and by those demonstrating that persons with disabilities are better off in a community-based setting. The framework of the study is based on the eight 'Quality of Life' domains: (1) rights, (2) self-determination, (3) interpersonal relationships, (4) social inclusion, (5) personal development, (6) material well-being, (7) physical wellbeing, and (8) emotional wellbeing.[44] The areas are designed to give services a clear idea of what they should be working towards to support people, while ensuring that they have a person-centred focus and understand the factors that affect quality of life. The domains, which are interconnected and not isolated, have proven to be valid concepts in several different countries and cultures. Two sets of indicators have been developed for each domain of quality of life: one focuses on capturing people's subjective experiences and the other focuses on objective indicators populated through observing, talking to employees or managers or reviewing documents.

In 2022, the European Social Network (ESN) launched a working group on the quality of social services,[45] which will run until 2025 with the objective of gathering evidence on existing quality assurance mechanisms, common principles of quality and possible ways forward on cross-European quality standards in social care and social services. In 2019, the ESN published the report *Striving for Quality in Social Services and Social Care*, outlining a proposal for quality assurance principles.[46]

Life for Persons with Intellectual Disabilities: Report of an International Panel of Experts', *Mental Retardation*, 40(6), 2002, pp. 457-470; Moran, Lucia et al., 'The Quality of Life Supports Model as a Vehicle for Implementing Rights', MDPI, *Behavioral Sciences*, Special Issue - Quality of Life of People with Intellectual and/or Developmental Disabilities: The Power of Context and Supports', 13(5), p. 365; https://doi.org/10.3390/bs13050365; Crocker et al., 'Assessing the relative importance of key quality of life dimensions for people with and without a disability: an empirical ranking comparison study', *Health and Quality of Life Outcomes*, 19:264, 2021, https://doi.org/10.1186/s12955-021-01901-x.

43 Šiška, J., Beadle-Brown, J. (2022), *Innovative Frameworks for measuring the Quality of services for Persons with Disabilities*, EASPD, Brussels, https://www.easpd.eu/publications-detail/report-on-innovative-frameworks-for-measuring-the-quality-of-services-for-persons-with-disabilities/.

44 Schalock, R.L., Brown, I., Brown, R., Cummins, R.A., Felce, D., Matikka, L., Keith, K.D. and Parmenter, T., 'Conceptualization, measurement, and application of Quality of Life for Persons with Intellectual Disabilities: Report of an International Panel of Experts', *Mental Retardation*, 40(6), 2002, pp. 457-470.

45 European Social Network (ESN), 'Advancing Quality in Social Services', 30 November 2022 (news article), https://www.esn-eu.org/news/advancing-quality-social-services.

46 ESN (2020), 'Striving for Quality in Social Services and Social Care: Proposal for Quality Assurance Principles in Europe', https://www.esn-eu.org/publications/striving-quality.

The European Platform for Rehabilitation (EPR) has also worked extensively on the topic of quality in social service provision and has developed the EQUASS (European Quality in Social Services) initiative.[47] The accreditation process encompasses five levels of organisational learning and development, each relating to a different type of qualification: 'Committed to EQUASS Assurance' (Phase 1); 'EQUASS Assurance Certificate' (Phase 2); 'Committed to EQUASS Excellence' (Phase 3); and 'EQUASS Excellence Certificate' (Phases 4 and 5). The EQUASS model includes 10 principles, which are: (1) leadership, (2) collaborators, (3) rights, (4) ethics, (5) partnerships, (6) participation, (7) person-centered approach, (8) comprehensiveness, (9) continuous improvement and (10) orientation to results. Each principle is evaluated through detailed quality criteria, which are measured through specific performance indicators. The 2018 EQUASS model encompassed 50 criteria for evaluation, divided among the 10 principles.

[47] See: https://www.equass.be/.

3 Existing national frameworks for conducting quality assurance of social services relevant for persons with disabilities

3.1 Definitions and frameworks of the quality of personal social services

Persons with disabilities use a wide range of services that support their everyday life and foster their participation in society. Besides social services, it is clear that education and training services, as well as employment services, play an important role. The topic of quality assurance of social services is a complex, fragmented field, with more than one system in place in European countries, and great differences even within one country. In federal states, social services are often regulated at the state/land/region level, which leads to different rules on the quality assurance systems. For example, in Austria, competence lies with the nine *Länder*, which develop their own regulations and frameworks, as only a few services are regulated by the Federal Government.[48] There is no central overview of whether, and how, the quality of services is defined in regulations across the *Länder*. Similarly, in Spain, social services are devolved to the Autonomous Communities, thus each region is responsible for the implementation of social services and their evaluation, which is regulated both nationally and by the corresponding regional laws and regulations.[49] There are great differences among countries, for example regarding whether social services provision is primarily the responsibility of the central authorities (e.g. in Hungary[50]) or is transferred to the municipal level (e.g. in Finland[51]).

In most countries, neither 'social services' nor 'quality of services' is defined in law; quality is ensured through various regulations and guidelines that outline minimum quality standards and provide a list of social services that must comply with them. For instance, in Denmark, the social inspectorate covers the main services under the Act on Social Services aimed at persons with disabilities, which include all types of facilities (municipal, regional or privately run);[52] however, protected employment is not covered.[53] Similarly, in Slovakia, employment services and healthcare services fall outside the scope of social services inspection.[54]

The overarching framework law regulating social protection and social services often sets as an explicit goal the improvement of the quality of life of individuals and families, without regulating the way in which QA should be conducted (e.g. Republic of Serbia[55],

[48] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Austria.
[49] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Spain.
[50] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Hungary.
[51] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Finland.
[52] 1) services that persons with disabilities receive in their own home (e.g. home help, section 83; relief for relatives, section 84; housing allowance, section 85; rehabilitation, section 86 etc.), 2) alternative care for children and young people (e.g. foster families, residential institutions) and 3) other social services (e.g. women's crisis centres). Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Denmark.
[53] Denmark, Act on Social Services, Serviceloven (retsinformation.dk).
[54] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.
[55] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Republic of Serbia.

Slovenia[56]).[57] In addition, there is no QA framework specifically designed for services used by persons with disabilities. A list of services is usually outlined in the regulations, which are subject to meeting minimum quality standards, many of which are relevant and are frequently used by persons with disabilities (e.g. mobile services, nursing assistance, day care centres etc.). In Malta, various disability services are bound to comply with various quality standards, and many providers maintain additional internal quality management mechanisms, while some services are not necessarily bound by quality standards.[58] For example, vocational rehabilitation services for persons with disabilities (regulated and mainly provided by health services) use standardised assessments and tools and require employees to possess certain qualifications, but they are not obliged to adhere to quality standards such as EQUASS or the European Foundation for Quality Management (EFQM).[59] Health and social services are often regulated separately, thus in some countries, healthcare legislation regulates the quality assurance of some disability support services. In Sweden, for example, the Health and Medical Services Act governs health care services in habilitation and assistive aids and defines their quality standards.[60]

In isolated cases, QA frameworks are designed to assess the quality of disability services. An example is Romania, where several legal acts regulate social services,[61]and Order No. 82 of 2019 establishes minimum quality standards for social services for adults with disabilities,[62] which are applicable to all seven existing categories of social services for this group.[63] The survey panel (*Rivkraft*) used by the Swedish Authority for Participation consists of people of all ages with different kinds of disabilities who conduct evaluations.[64] While they are not commissioned to do any

[56] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovenia.

[57] The general term 'quality of life' used in national legislation is not to be confused with the concept of 'Quality of Life', as the latter has been developed by academics and has gained increasing attention in policy discourses around service provision for persons with disabilities.

[58] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Malta.

[59] Bezzina L. (for European Platform for Rehabilitation – EPR) (2020), *Quality Services for Social Inclusion: Mapping Quality Regulations, Requirements and Trends in Vocational Rehabilitation for Persons with Disabilities - Comparative Report and Country Case Studies*, https://www.epr.eu/publications/quality-services-for-inclusion.

[60] Sweden, Health Care Act 2017:30, Hälso- och sjukvårdslag (2017:30) Svensk författningssamling 2017:2017:30 t.o.m. SFS 2023:37 - Riksdagen.

[61] Including, for example, Romania, Law No. 292 of 20 December 2011 on social assistance (*Legea nr. 292 din 20 decembrie 2011 a asistenței sociale*), available at https://legislatie.just.ro/Public/DetaliiDocument/133913.

[62] Romania, Order No. 82 of 16 January 2019 regarding the approval of specific mandatory minimum quality standards for social services intended for adults with disabilities (*Ordinul nr. 82 din 16 ianuarie 2019 privind aprobarea standardelor specifice minime de calitate obligatorii pentru serviciile sociale destinate persoanelor adulte cu dizabilități*), available at https://legislatie.just.ro/Public/DetaliiDocument/210600.

[63] These services are: residential centres (centres for habilitation and rehabilitation for a maximum of 50 residents, centres for independent living for a maximum of 20 residents, and care and assistance centres for a maximum of 50 residents); sheltered housing (offering services from two to 10 beneficiaries); respiro centres (minimum four beneficiaries) and crisis centres (minimum two beneficiaries); home care services; mobile teams; day care centres and Outpatient Neuromotor Rehabilitation Service Centers; and Help and Support Services. Source: EDE national report, Romania.

[64] Swedish Authority for Participation, information about *Rivkraft* survey panel, see Undersökningspanel - MFD.

specific assessments of the quality of social services, some of their evaluations could be used as a basis to include the user perspective in the assessment of quality.[65]

In France, one reported problem is that disability is rarely considered in the evaluation of mainstream social services.[66] Similarly, in Portugal, disability is not specifically addressed in any of the QA models, except in the model relating to occupational activities centres.[67] As part of the implementation of the CRPD, it would be important to integrate the disability perspective in mainstream QA mechanisms, because persons with disabilities may also be users of social services that target the general public, not just of disability-specific services (e.g. a shelter for homeless people or counselling service for victims of domestic violence).

QA of social services is a generally underdeveloped field across the EU, and only a few Member States have a QA framework for social services embedded in law, including[68] Bulgaria[69], Czechia[70], Croatia[71], Estonia[72], Romania[73] and Slovakia.[74] Three of these six countries (Bulgaria[75], Croatia[76] and Slovakia[77]) have introduced quality assurance of social services in their legal frameworks in 2022; it is therefore too soon to assess the functioning and impact of those systems on service quality improvement. The Czech quality framework, defined by the Social Services Act, has been in place since 2006 and applies to all types of registered social services.[78] The Act regulates conditions governing assistance and support to individuals in adverse

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65 Sweden, Regulation 2014:134 for the Swedish Authority for Participation Förordning (2014:134) med instruktion för Myndigheten för delaktighet Svensk författningssamling 2014:2014:134 t.o.m. SFS 2020:4 - Riksdagen.

66 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, France.

67 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Portugal.

68 Additionally, in Ireland, quality assessment is embedded in law but only for residential services. See also: Šiška, J., Beadle-Brown, J. (2022), *Innovative Frameworks for measuring the Quality of services for Persons with Disabilities*, EASPD, Brussels, https://www.easpd.eu/publications-detail/report-on-innovative-frameworks-for-measuring-the-quality-of-services-for-persons-with-disabilities/.

69 Bulgaria, Ordinance on the Quality of Social Services, 22 June 2022, https://lex.bg/bg/laws/ldoc/2137223813.

70 Czechia, Social Services Act 108, 2006, https://www.zakonyprolidi.cz/cs/2006-108.

71 Hungary, Ordinance on the Quality Standards of Social Services (*Pravilnik o standardima kvalitete socijalnih usluga*), *Official Gazette* (*Narodne novine*) 143/2014, 18/2022, https://narodne-novine.nn.hr/clanci/sluzbeni/2014_12_143_2693.html.

72 Estonia, Social Welfare Act, 9 December 2015, §3(2), https://www.riigiteataja.ee/en/eli/531052023001/consolide.

73 Romania, Law No. 197 of 1 November 2012 regarding quality assurance in the field of social services (*Legea nr. 197 din 1 noiembrie 2012 privind asigurarea calității în domeniul serviciilor sociale*), available at https://legislatie.just.ro/Public/DetaliiDocument/142677.

74 Slovakia, Act No. 345/2022 Coll. from 4 October 2022 on Inspection in Social Matters (*Zákon č. 345/2022 Z. z. zo 4. októbra 2022 o inšpekcii v sociálnych veciach*) https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2022/345/20221101.html.

75 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.

76 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Croatia.

77 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.

78 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.

social situations provided through social services and care allowances; conditions governing registration of social services providers; quality assurance in social services; and prerequisites for the performance of social services activities.[79]

Despite the strengths of having a formal quality assurance system established with a clear goal to improve the quality of social services for persons with disabilities, the long-term impact of the mechanism is limited. This is often due to the ad hoc and non-systematic nature of inspection visits, in terms of time and location. Furthermore, the lack of adequate workforce, technical and administrative capacities present further difficulties in the implementation of quality assurance frameworks, including those where quality assurance is embedded in the law. The Romanian legal framework, with clearly defined standards, criteria and indicators, has also been in place for some time; however, the EDE national expert reported little impact on service quality improvement and a lack of systematic monitoring and evaluation of services for persons with disabilities.[80]

A few countries lag behind in terms of QA systems for social services, either because they do not have a well-established, compulsory QA system (Greece[81], Hungary[82]), or because there is no unified system (Poland[83]). A few countries are in the process of strengthening their QA mechanisms, building on existing minimum standards (Cyprus[84]). According to the EDE country report for Cyprus, policies fail to prioritise disability-relevant evaluation procedures, and the introduction of performance indicators in assessing social welfare services does not guarantee disability-inclusive policies and practices.[85]

Mandatory QA systems regulated by law or policy documents are often complemented by a variety of voluntary systems implemented by service providers to improve their service quality. This may also be linked to requirements put in place by central authorities for non-profit and private providers as a prerequisite for contracting out services. For example, in the Netherlands, municipalities are expected to require service providers who participate in a tender to get certification to show that they use one of the available quality management models.[86] One of these voluntary models is

[79] The legal framework for quality assurance builds on a set of principles including human rights, individualisation of support, expertise and security. See: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.

[80] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Romania.

[81] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Greece.

[82] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Hungary.

[83] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Poland.

[84] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Cyprus.

[85] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Cyprus.

[86] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, the Netherlands.

HKZ, which develops standards for the quality of social services in cooperation with service providers;[87] another option for providers is to use ISO certification.[88]

The results of this synthesis report show that community-based social services, such as personal assistance or home support, often fall outside the scope of QA mechanisms, while traditional residential type of social services used by persons with disabilities are subject to more rigorous evaluation. The reason is that they are not regulated by the same laws as other social services, and the organisation of QA is often left to individual service providers. For example, in Bulgaria, assistive support services fall under the legislation that covers support to children and adults with disabilities living in their own homes; however, personal assistance is provided under separate legislation (the Personal Assistance Act), which empowers the Personal Assistance Agency to control and analyse its provision without any specific regulated criteria.[89] The Croatian legal framework[90] does not consider personal assistance as part of the system of social services, but rather as a project activity.[91] In Ireland, there is no clear QA for services that support independent living, such as personal assistance or home care support.[92] In Slovenia, smaller and independent community-based services and non-governmental organisations do not usually have a quality certification system; however, they can conduct self-evaluation, or sometimes an external state institution conducts evaluation[93] (e.g. the Institute of Social Assistance of the Republic of Slovenia).[94]

The lack of regulated QA mechanisms and the subsequent absence of a supervisory role for ministerial and local actors regarding personal assistance and home care/support can lead to many problems. In Poland, a recent report on the personal assistance programme revealed that contracts for the implementation of support services were concluded after the deadline, leading to a six-month delay in starting the provision of assistance for persons with disabilities compared with what was originally planned for in EU funds programming.[95] Due to the delay, fewer hours of support could be provided, and the lack of supervision from the authorities was a problem.[96]

87 Netherlands, Harmonisation quality evaluation in the care sector HKZ (*Harmonisatie Kwaliteitsbeoordeling in de Zorgsector*). https://www.hkz.nl/.
88 An example is IsO 9001/2015, as offered by a commercial agency BSI.
89 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.
90 Croatia, Article 71 of the Law on Social Welfare of 2022.
91 In Croatia, the OK 2015 quality assurance system is intended for NGOs, and as personal assistance services are mainly provided by NGOs, they most often use OK 2015 in the context of personal assistance.
92 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Ireland.
93 Complaints from users are followed up by the Social Inspection body.
94 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovenia.
95 EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Poland.
96 Poland, Supreme Audit Office, 'Low utilisation of support due to delays and lack of oversight', https://www.nik.gov.pl/aktualnosci/uslugi-asystenta-osobistego-osob-niepelnosprawnych.html.

***Promising practice* – The contribution of EU funds to strengthen QA in Estonia and Slovakia**

The quality guidelines for Estonian social services were prepared under the European Social Fund's conditions for support, 'Welfare Services that Support the Participation in Job Market in 2014-2020', clause 2.3.3, 'Improving the Quality of Estonian Welfare Services by Quality Themed Trainings, Consultations and Introduction and Implementation of Quality Management Systems' (Social Insurance Board (2018), 'General quality guidelines for Estonian social services', https://sotsiaalkindlustusamet.ee/media/2596/download). The guidelines explain the content of the quality principles and establish quality indicators for supervising the compliance of service provision. The general guidelines apply to all social welfare services regulated by the Social Welfare Act and to all service providers, regardless of the type and ownership of the legal entity of the provider. The general quality guidelines do not distinguish any specific target groups, thus there is no separate mention of persons with disabilities.

In 2019, Slovakian authorities developed a comprehensive monitoring and evaluation mechanism to track the progress of the deinstitutionalisation process in order to create alternative care services for children. Slovakia requested technical support via the Structural Reform Support Programme for the project 'Strengthening the system of substitute care for children in Slovakia' (see: https://reform-support.ec.europa.eu/what-we-do/skills-education-and-training/monitoring-and-evaluation-substitute-care-children-slovakia_en). The purpose of the new national monitoring and evaluation framework was to:

- outline key roles and responsibilities for monitoring and evaluation to track the progress of the deinstitutionalisation alternative care for children and
- serve as a tool for monitoring substitute care processes and outcomes.

This example has relevance for the present report, as the new monitoring and evaluation framework will contribute to ensuring better service quality outcomes for children in alternative care, including children with disabilities.

Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country reports, Estonia and Slovakia.

3.2 Types of QA systems at national level

In most countries, QA systems are complex and combine various mandatory and voluntary elements, conducted by formal bodies (i.e. inspections) as well as by service providers themselves (i.e. self-assessment). Some of the models are linked more closely to the licensing of service providers, while others are conducted on a continuous basis to ensure service quality. There are countries that have developed a unique QA system (e.g. Denmark[97]).

[97] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Denmark.

In general, building on the available literature, the following main ideal types of QA approaches can be distinguished, with implications for measuring the quality of social services used by persons with disabilities:[98]

- rudimentary QA with low, mainly structural standards and a low number of inspections (e.g. Lithuania, Hungary);
- paternalistic QA with accreditation standards and requirements for quality management, including public inspection visits conducted by central authorities or designated national or regional agencies (e.g. Czechia, Romania);
- market-oriented QA with a focus on accreditation, self-assessment by individual service providers (with guidance from central authorities or association of service providers), consumer satisfaction and public reporting through structural and process indicators (e.g. Finland, the Netherlands); and
- integrated and outcome-oriented QA with a focus on outcome indicators to assess improvement in life quality, which can be found only in a limited extent in current social welfare systems.[99]

Some countries do not have a unified or compulsory QA system (Cyprus[100], Greece[101], Hungary[102], Poland[103]), while others have recently reformed their quality assurance systems and introduced new types of methods with strengthened responsibilities for public authorities (e.g. Bulgaria[104], Estonia[105]). Table 1 summarises the different models of QA systems used that are relevant in the context of social services provided to persons with disabilities.[106] The list does not include all types of QA mechanisms

[98] Leichsenring, K., 'Applying ideal types in long-term care analysis', in Aspalter, C. (ed.). (2020), 'Ideal Types in Comparative Social Policy' (1st ed.), Routledge, https://doi.org/10.4324/9780429031908, pp. 187-207.

[99] It proved to be difficult to classify all EU Member States under these categories in relation to QA of social services used by persons with disabilities. The reasons are two-fold: 1) EDE country reports took a different approach in what services to include in the reports that are relevant for persons with disabilities, thus all information is understood under this constraint (reflecting the country's complex systems, decentralised structure with shared responsibilities among different stakeholders/authorities/providers involved in QA) and 2) Different QA systems co-exist in the different countries (relevant for services used by persons with disabilities).

[100] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Cyprus.

[101] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Greece.

[102] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Hungary.

[103] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Poland.

[104] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.

[105] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Estonia.

[106] The table builds exclusively on information provided in EDE country reports, where experts were asked to list the types of QA mechanisms which they consider relevant in the context of social services used by persons with disabilities. The list reflects national experts' different choices regarding which services to include that are relevant for persons with disabilities (i.e. whether to include residential care homes and their QA or not). Some oversights on specific mechanisms in use across the countries thus may occur.

used in long-term care or employment support services, unless they are mentioned in the EDE country reports. It would be beyond the scope of this report to describe all the models presented in Table 1 in detail, but information on each QA system can be found in the EDE country reports on 'Disability-relevance of quality assurance systems in social services'.

ISO 9001:2015 seems to be commonly used in several countries, especially in health and rehabilitation services, including those providing residential care. It defines minimum requirements for a quality management system; it requires defined processes and procedures, cooperation and clear responsibilities; and external certification is carried out by recognised inspection bodies. However, it is important to note that the ISO 9001 standard is an internationally used quality standard for all kinds of businesses with no reference to persons with disabilities.[107] Similarly, the E-Qalin system, mentioned in some EDE country reports, was originally developed to be applied in residential homes for older people as a self-assessment tool with a strong medical focus. It is conducted across all hierarchical levels, which promotes the active participation of employees; however, the model has received criticism for being too complex and demanding for staff members. In Slovenia, it is used in four types of welfare institutions: a) long-term care institutions called 'homes for the elderly'; b) sheltered workshops and long-term welfare institutions for people with intellectual disabilities; c) institutions providing 'home care'; and d) social work centres.[108] It is also important to note that some EDE country reports (e.g. Portugal[109]) mentioned that comprehensive QA mechanisms, such as EQUASS, often require excessive paperwork that adds an administrative burden to the workload of social care workers. The implementation of such complex QA systems may divert resources from direct care provision and could hinder user empowerment and decision making in service improvement. The EFQM model is often used in self-evaluation, with a high process orientation through differentiated enabler and results criteria. Overall, these models are not suitable to evaluate the quality of community or home-based services provided to persons with disabilities in the light of human rights, especially regarding the outcome of services for their life quality and independent living.[110]

Table 1: Types of quality assurance systems (based on information provided in EDE national reports)

Name of country	Models of quality assurance system(s) used for services relevant for persons with disabilities
AT (Tyrol)	Up to the service providers; most used is ISO 9001[111]
BE	Information unavailable[112]
BG	1) QA by the service providers themselves; 2) QA by the municipality; 3) QA by the Agency for the Quality of Social Services

[107] See https://www.iso.org/iso-9001-quality-management.html.
[108] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovenia.
[109] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Portugal.
[110] See European Foundation for Quality Management (EFQM).
[111] See https://www.iso.org/iso-9001-quality-management.html.
[112] The Belgian EDE report does not list the types of QA mechanisms in use.

CZ	1) Formal QA system embedded in law (Social Services Act 108, 2006 and Decree 505, 2008)[113]; 2) Informal QA systems (e.g. client audit, the Quality Mark in Social Services)
DK	The 'Quality model for social inspection'[114]
DE[115]	1) DIN EN ISO 9001 (currently DIN EN ISO 9001:2015); 2) Self-evaluation based on a guideline to EFQM (European Foundation for Quality Management)[116]; 3) In long-term care since 2019, there is a new quality system for full in-patient care with a focus on the quality of outcomes[117]
EE	QA by the Supervision Unit of the Social Insurance Board (only established for 5 years)[118]; 2) WHO QualityRights methodology[119]
IE	1) Quality Assurance in Residential & Social Care Services; 2) QA under Mental Health Act 2001; 3) QA for Social Services for Children and Families (Tusla)
EL	Absence of a unified QA system for services provided to persons with disabilities
ES	1) Internal QA mechanisms (self-evaluation, self-accreditation, users and professionals' feedback); 2) External QA mechanisms (e.g. ISO, external audit carried out by the Institute for the Evaluation of Public Policies (IEPP))
FR	1) Evaluation of social and healthcare settings and services (ESSMS) 2) Self-assessment for the Membership of the National Quality Charter for Personal Support Services 3) The Cap'Handéo label[120]
HR	1) Formal QA system embedded in the Ordinance on the Quality Standards of Social Services 2023[121]; 2) OK 2015[122]; 3) ISO 9001:2015[123]
IT	1) QA under the Charter for social services; 2) licensing of social services; 3) accreditation of services[124]
CY	Absence of well-established QA systems

[113] Czechia, Social Services Act 108, 2006, https://www.zakonyprolidi.cz/cs/2006-108 and the Quality Standards, Annex No. 2 of MoLSA, Decree 505, 2006 on implementing regulation to Social Service Act 108, 2006.

[114] Denmark, Quality model of the National Board of Social Services, Kvalitetsmodel for socialtilsyn (sbst.dk).

[115] There are many procedures for quality assurance of social services, mainly relating to internal quality management of facilities and external audits; only some examples are listed here.

[116] See European Foundation for Quality Management (EFQM).

[117] See Qualität und Transparenz in der Pflege I Bundesministerium für Gesundheit; Gemeinsam für gute Qualität I Medizinischer Dienst.

[118] Estonia, Social Insurance Board, 'Sotsiaalteenuste järelevalve' (Supervision of social services), https://sotsiaalkindlustusamet.ee/spetsialistile-ja-koostoopartnerile/jarelevalve.

[119] Estonia, Social Insurance Board, 'WHO Quality Rights metoodikale tugineva kvaliteedi hindamine' (Quality assessment based on the WHO QualityRights methodology), https://sotsiaalkindlustusamet.ee/sites/default/files/content-editors/Erihoolekanne/kvaliteedihindamise_teemade_kokkuvote.pdf.

[120] France, COFRAC Accreditation n°5-0624, https://www.handeo.fr/cap-hand%C3%A9o/services-la-personne.

[120] See: https://www.handeo.fr/sites/default/files/2022-05/CSAP_R%C3%A9f%C3%A9rentiel%20CapHandeo%20Certification%20SAP_VF.pdf.

[121] Hungary, Ordinance on the Quality Standards of Social Services (*Pravilnik o standardima kvalitete socijalnih usluga*), *Official Gazette* (*Narodne novine*) 31/2023, https://narodne-novine.nn.hr/clanci/sluzbeni/full/2023_03_31_563.html.

[122] Hungary, OK 2015 Quality Assurance System (*OK 2015 Sustav upravljanja kvalitetom*): https://www.ok2015.info/prirucnik/.

[123] Croatian Chamber of Economy (2021), *Kvaliteta i sustavi upravljanja kvalitetom* (Quality and Quality Assurance Systems), University of Zagreb, https://hgk.hr/documents/sveucilisni-prirucnik-kvaliteta-i-sustavi-upravljanja-kvalitetom618e70fc7168b.pdf.

[124] Italy, Article 11 of Law No. 328/2000.

LV	1) QA linked to the registration of social service providers[125]; 2) Thrice-annual internal self-assessment of the quality by social service providers (except for those services that maintain internal quality management system or have an EQUASS certificate)[126]
LT	1) QA linked to the licensing process 2) Uniform accreditation process; 3) Voluntary framework using EQUASS[127]
LU[128]	Information n/a
HU	(1) ISO 9001 (not widely used in social services, but more in health services on a voluntary basis); 2) Total Quality Management[129]; 3) National education supervision: uniform, public control and monitoring model[130]
MT	1) Service Quality Management (SQM) under the Social Regulatory Standards – Residential Services for Persons with Disability[131]; 2) Internal QA mechanisms (e.g. Aġenzija Sapport's[132] Quality Consulting and Support Services Department[133])
NL	1) Yearly satisfaction review under the Social Support Act 2014[134]; 2) Voluntary QA by service providers (e.g. HKZ[135], or ISO 9001/2015)
PL	Absence of a unified QA system
PT	Quality Model builds on 1) NP EN ISO 9001:2000 Standard - Quality Management System and 2) EFQM; 3) EQUASS implemented by the Portuguese Association for Quality
RO	1) Formal QA regulated by law (accreditation and licensing)[136]
RS	Rulebook on detailed conditions and standards for the provision of social protection services

[125] Latvia, Regulations No. 385 (2017) Regarding the Registration of Social Service Providers.
[126] No services in Latvia currently have an EQUASS certificate.
[127] Lithuania, Order No. A1-92 of the Minister of Social Security and Labour of the Republic of Lithuania of 5 April 2006 On the approval of the description of the procedure for improving the professional competence of employees in the field of social services and the description of the procedure for the attestation of social workers, https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.274447/cEyscgsAXs.
[128] No country report was submitted from Luxembourg.
[129] Hungary, 16.2. Minőségbiztosítási rendszerek Magyarországon In: Homoki, Andrea (szerk.): Szociális szolgáltatók és ellátásszervezők kézikönyve. Gál Ferenc Főiskola, Gyula, 2019, https://dtk.tankonyvtar.hu/bitstream/handle/123456789/13246/szocialis_szolgaltatok_es_ellatasszervezok_kezikonyve_pdfa.pdf?sequence=1&isAllowed=y.
[130] Hungary, Act 190 of 2011 on public education, Article 94 (1) b).
[131] Malta, SCSA (2019), *Guidelines: Social Regulatory Standards. Residential Services for Persons with Disability*, https://scsa.gov.mt/en/Documents/Publications/Disability/Residential%20Services%20for%20Persons%20with%20Disability_ENG.pdf.
[132] In 2021, the Agency was presented with the European Social Services Award for Excellence by the European Social Network for its Community Services; see Aġenzija Sapport press release, 'Aġenzija Sapport wins the European Social Services Award for Excellence', 2022, https://sapport.gov.mt/en/Pres-Releases/Pages/A%C4%A1enzija-Sapport-wins-the-European-Social-Services-Award-for-Excellence.aspx.
[133] Malta, *Aġenzija Sapport* (2022), *Annual Report 2021.* https://sapport.gov.mt/en/Downloads/Documents/AGENZIJA%20SAPPORT%20ANNUAL%20REPORT%202021.pdf.
[134] Netherlands, Social Support Act 2014 (*Wet maatschappelijke ondersteuning*), https://wetten.overheid.nl/BWBR0035362/2022-07-01#Hoofdstuk3.
[135] Netherlands, Harmonisation quality evaluation in the care sector HKZ (*Harmonisatie Kwaliteitsbeoordeling in de Zorgsector*), https://www.hkz.nl/.
[136] Romania, Law No. 197 of 1 November 2012 regarding quality assurance in the field of social services.

SI	1) Voluntary QA models used by service providers (E-QUALIN - EU Quality-improving innovative learning in residential care homes for the elderly[137], ISO[138] and HACCP[139])
SK	1) Formal QA regulated by law[140] 2) Voluntary QA models used by service providers (STN EN ISO 9001:2015, CAF Model or EFQM model)
FI	1) Licensing; 2) Self-assessment by service providers
SE	1) National quality registers, which are an annual follow-up on quality indicators in healthcare,[141] 2) Open comparisons, which are an annual follow-up on quality indicators in social services,[142] (new models of open comparisons are being developed and tested by the National Board of Health and Welfare) 3) Self-assessment model, which is to be carried out by individual municipal or regional service providers under the guidance of the National Board of Health and Welfare, and 4) Inspection visits model, under the responsibility of the Health and Social Care Inspectorate (IVO)[143]
IS	1) External monitoring and quality assurance; 2) Internal monitoring and quality assurance; 3) Licensing and compliance monitoring; 4) Service user feedback and self-assessment
LI	1) Quality assurance by the Liechtenstein Old Age and Sickness Assistance (Mecon patient survey, Picker patient survey, Quality of life measurement by Qualis) 2) SODK Ost+ and ISO standard 9001:2015 used by the Therapeutic Pedagogical Centre Liechtenstein; 3) European Foundation for Quality Management (EFQM) used by the Association for Assisted Living

3.3 Consideration of disability and reflection of UN CRPD principles in quality assurance mechanisms

This section provides an overview of how disability considerations, including requirements stemming from the CRPD are reflected in QA mechanisms; in other words, how disability rights are mainstreamed in both existing structures and processes in place at national level to assess the quality of social services.

Based on the EDE national reports, it appears that the CRPD is mostly reflected in QA mechanisms through reference to specific principles of the Convention among the standards or minimum requirements of service quality. These include autonomy, participation, social inclusion, personal development and maintaining maximum independence. In Czechia, the Social Services legislation came into force in 2006, before the CRPD was signed and open for ratification, thus the Convention could not

[137] E-QUALIN system Slovenia, Firis Imperl d.o.o., 2023, the partner for Slovenia, ABOUT US | Firis Imperl d.o.o. (firis-imperl.si); http://www.firis-imperl.si/izobrazevanje/e-qalin/;
ISO, The system of quality management, Bureau Veritas Slovenia, 2023. https://www.bureauveritas.si/certificiranje/iso-9001; See: E-QALIN | Bureau Veritas Slovenia (director Borut Mlakar) ; ABOUT US | Firis Imperl d.o.o. (firis-imperl.si); http://www.firis-imperl.si/izobrazevanje/e-qalin/.

[138] ISO, The system of quality management, Bureau Veritas Slovenia, 2023, https://www.bureauveritas.si/certificiranje/iso-9001.

[139] Slovenia, HACCP Hazard Analysis and Critical Control Points, Slovenian Institute of Quality and Metrology; see: https://www.siq.si/en/; https://www.siq.si/en/about-us/contacts/; https://www.siq.si/nase-dejavnosti/certificiranje-organizacij/predstavitev/zivila/sistem-haccp/.

[140] Slovakia, Act No. 345/2022 Coll. on Inspection in Social Matters and annex to the Social Service Act. Act No. 448/2008 Coll. On Social Services.

[141] Swedish Association of Local Authorities and Regions, information on quality registers, Kvalitetsregister | SKR.

[142] Sweden, National Board of Health and Welfare, information about open comparisons, Öppna jämförelser av socialtjänst och kommunal hälso- och sjukvård - Socialstyrelsen.

[143] Sweden, Health and Social Care Inspectorate, information English | IVO.se.

be explicitly mentioned in the Act.[144] Nevertheless, the quality standards align with the CRPD principles on human rights; self-determination; interpersonal relationships; social inclusion; personal development; material, physical and emotional wellbeing; and maintaining maximum independence. Swedish laws that govern the support services are based on CRPD principles (i.e., participation, social inclusion, self-determination), but the indicators and principles in the quality report in the Law Regulating Support and Service to Persons with Certain Disabilities (LSS) or in the patient safety report are not detailed enough to allow for any comparison with indicators of the CRPD (social services must support people to maintain the highest level of independence, physical, mental, social and vocational ability, and must support full inclusion and participation in all aspects of life and independent living).[145] As another example, all relevant CRPD principles, such as self-determination, maintaining maximum independence, full inclusion and participation in all aspects of life, are addressed in standards, principles and guidelines based on the Croatian Ordinance on the Quality Standards of Social Services 2023.[146]

However, beyond the mention of principles of the Convention, there is no elaboration of how to operationalise these at the level of indicators when assessing the quality of services (i.e. whether the service adequately supports the maximum independence of users). It was expected that some good practices would be collected from the countries participating in EDE, but the lack of such examples in the national reports indicates that harmonising existing QA mechanisms with the CRPD has not happened yet. This means that QA systems do not systemically assess how services comply with the provisions of the Convention as regards accessibility (Article 9 CRPD); freedom from torture or cruel, inhuman and degrading treatment (Article 15); living independently and being included in the community (Article 19); or respect for privacy (Article 22), among others.

There are also countries where none of the applied QA mechanisms take into account the principles of the CRPD such as independent living and self-determination (e.g. Slovenia[147]). In the case of Portugal, the quality model is not linked to the CRPD (except for some indicators that relate to self-determination, autonomy, community-based services and participation); not all services relevant to persons with disabilities are covered, and no sanctions are mentioned if social services do not meet the principles of the Convention.[148] In Latvia too, no examples were found in which a social service was rated negatively because of failing to meet the principles of the CRPD.[149]

[144] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.
[145] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Sweden.
[146] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Croatia.
[147] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovenia.
[148] The principles are mentioned in higher qualification levels (B and A), but not in the basic qualification (C level), which is the only mandatory one. Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Portugal.
[149] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Latvia.

***Promising practice* – The 'Quality of Life' model to operationalise the UN CRPD**

The 'Quality of Life' model is a conceptual framework developed by researchers to translate abstract concepts of the CRPD, such as self-determination, equity, accessibility, and inclusion, and to evaluate the implementation of the Articles of the Convention accordingly (Source: Gómez, L. E., Morán, M. L., Al-Halabí, S., Swerts, C., Verdugo, M. A., and Schalock, R. L., 'Quality of Life and the International Convention on the Rights of Persons with Disabilities: Consensus Indicators for Assessment', *Psicothema*, 34(2), 2022, pp. 182–191). Thirty-two experts in the field of intellectual and developmental disabilities participated, rating the suitability, importance and clarity of a bank of 296 items, as well as the relevance of controlling for 70 sociodemographic variables. After qualitative and quantitative analysis of the data, the final selection comprised 60 sociodemographic variables and 153 items that scored highly on all criteria and produced an excellent level of agreement between the experts. This bank of items and set of sociodemographic variables constitute the pilot version of a CRPD assessment and monitoring instrument with sufficient evidence of content validity, which may be useful in developing evidence-based practices and in detecting rights violations.

In many countries, the compliance of QA principles with the CRPD is incidental and does not seem to be part of the systemic implementation of the Convention. For instance, in Malta, although the CRPD is not explicitly mentioned in any of the documents produced by the Social Care Standards Authority, the same values and principles, such as dignity, user involvement and accessibility, are indirectly embraced.[150] In France, documents that guide QA procedures (from the High Authority on Health for social and healthcare settings and services and from the Ministry of Economy and Finance for personal support services) are also broadly in line with the CRPD, but there is no direct reference to the Convention.[151] The EDE report from Spain highlights the necessity of going down to the level of specific services used by persons with disabilities to find strategic plans and action plans in which the principles of the CRPD are reflected.[152] While direct references to the CRPD in framework documents regulating quality assurance do not alone guarantee the implementation of such principles, nor automatic compliance with the Convention, they do help to ensure that authorities and service providers assess social service provision against the principles of the Convention on an on-going basis. A plausible explanation for the trend described above may be that the increasing recognition of person-centred care and support in social care provision, especially in the area of long-term care, may impact the development of quality frameworks, rather than the CRPD as such, with overlapping values.[153]

[150] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Malta.

[151] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, France.

[152] In several Autonomous Communities in Spain, there is explicit reference to the rights of persons with disabilities. Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Spain.

[153] European Commission, Proposal for a Council Recommendation on access to affordable high quality long-term care, COM/2022/441 final, https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022DC0441.

***Promising practice* – Explicit reference to the CRPD in the Berlin framework agreement**

In Germany, the CRPD is referenced in almost all the agreements of the *Länder*, and it is explicitly mentioned that one of the aims of the agreements is the implementation of the Convention. For example, in the Berlin framework agreement, it is stated that in accordance with the CRPD, all services, including mainstream services, must be accessible, self-determined, independently usable and understandable (Berlin framework contract for integration assistance (BRV EGH) in accordance with § 131 SGB IX for service offers in the area of integration assistance, preamble). Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Germany.

It is important to note that CRPD principles such as 'autonomy' or 'participation' may also be reflected in quality criteria in the context of residential care. For example, the Slovenian report mentions that E-QUALIN, originally developed as a quality management system for long-term care institutions, takes into account the CRPD in some of its principles (satisfaction of service users and their relatives in some areas of everyday life, respect, physical accessibility).[154] The paradox is that most certificates of quality are given to large-scale institutions that are not compliant with Article 19 of the CRPD.[155] Residential care providers in the Netherlands have developed their own definition of quality of support, in line with some CRPD principles (quality of life domains, as defined by Schalock[156]).[157] In view of relevant UN documents (General Comment No.5, 'Guidelines on deinstitutionalization'[158], *Thematic Report on the Transformation of Services for Persons with Disabilities*[159]), concerns may be raised even if users of an institutional care provider are satisfied with the quality of the service and the facility subsequently receives a certificate of excellence. User satisfaction is an important part of QA, but it is important to note that just because the majority of users are satisfied with a specific service provision, it does not mean that the service is necessarily compliant with relevant human rights obligations. At the same time, quality assurance is usually applicable to a set of social services defined by national regulations and which includes residential care as a traditional form of service provided to persons with disabilities. The fulfilment of principles outlined in the CRPD, such as autonomy or independence, in large-scale residential care should be treated with necessary precaution. This is without prejudice to the fact that ensuring and

[154] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovenia.

[155] UN, 'Guidelines on deinstitutionalization, including in emergencies', CRPD/C/5 (2022), https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpdc5-guidelines-deinstitutionalization-including.

[156] Schalock, R.L., Brown, I., Brown, R., Cummins, R.A., Felce, D., Matikka, L., Keith, K.D. and Parmenter, T. (2002), 'Conceptualization, measurement, and application of Quality of Life for Persons with Intellectual Disabilities: Report of an International Panel of Experts', *Mental Retardation*, 40(6), pp. 457-470.

[157] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, the Netherlands.

[158] UN (2022), 'Guidelines on deinstitutionalization, including in emergencies', CRPD/C/5, https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpdc5-guidelines-deinstitutionalization-including.

[159] UN Human Rights Council (2022), 'Transformation of services for persons with disabilities - Report of the Special Rapporteur on the rights of persons with disabilities, Gerard Quinn', A/HRC/52/32, https://www.ohchr.org/en/documents/thematic-reports/ahrc5232-transformation-services-persons-disabilities.

maintaining high quality in these existing institutional settings remains of paramount importance for the residents.

3.4 The formal bodies

A wide range of agencies are responsible for QA in the EDE participant countries, with diverse mandates and responsibilities. The following table (Table 2) aims to provide an overview of the formal bodies responsible for QA of social services relevant to persons with disabilities and their respective tasks and mandate. Overall, the following four main approaches exist in European countries:[160]

1. responsibility lies with a central authority, such as a ministry or a designated national agency to conduct QA (the same agency is responsible for licensing and accreditation);
2. responsibility to conduct QA lies with regions and municipalities with great autonomy;
3. responsibility to conduct QA lies with regional or municipal actors supervised by central authority;
4. no designated body to conduct QA.

Due to the devolved nature of responsibilities between central, regional and local authorities to define quality standards; oversee the licensing; develop, and implement various quality models; and conduct inspection visits or follow-up self-assessment reports of providers, it is not possible to address challenges or shortcomings concerning the QA of social services used by persons with disabilities through a one-size-fits-all approach.

Table 2: Formal bodies responsible for quality assurance

Name of country	Formal body/bodies responsible for QA	Assigned tasks/mandate
AT (Tyrol)	Department for Inclusion at the Tyrolean State administration[161]	Assessment of the quality of services provided to persons with disabilities[162]
BE	Various government bodies: 1) Federal Public Service (FPS) Public Health, Food Chain Safety and Environment, 2) Walloon Agency for a life of quality (AVIQ), 3) Growing Up Agency, 4) Flemish Agency for Care and Health, 5) Flemish Employment and Vocational Training Service (VDAB)	In consultation with the interest groups, determine the conditions for recognition of the social services, and the inspection services

[160] See also: Šiška, J., Beadle-Brown, J. (2022), *Innovative Frameworks for measuring the Quality of services for Persons with Disabilities*, EASPD, Brussels, https://www.easpd.eu/publications-detail/report-on-innovative-frameworks-for-measuring-the-quality-of-services-for-persons-with-disabilities/.

[161] In each of the nine *Länder*, a designated department is responsible for services for persons with disabilities, technical supervision and quality assessment of social services.

[162] Detailed information is not publicly available.

BG	Agency for the Quality of Social Services (AQSS) (under the Ministry of Labour and Social Policy)[163]	AQSS monitors the provision of social services
CZ	Ministry of Labour and Social Affairs	Implementation of the formal QA of social services
DK	Five social inspectorates	Certain municipalities, regions take care of the development of the quality model and the National Board of Social Services has the role of evaluating the methods used by different service providers
DE	Federal working groups	Development of quality assurance, supplemented by *Länder*
EE	Social Insurance Board and its Supervision Unit (under the Ministry of Social Affairs)	Supervise all providers of social welfare services regulated by the Social Welfare Act, including state, local and private providers
IE	1) Health Information and Quality Authority (HIQA), 2) Inspector of Mental Health Services, 3) Child and Family Agency (Tusla)	HIQA was established to set standards on quality and safety in relation to services provided by the Health Service Executive (HSE) – mental health services are excluded from its mandate. Inspector of Mental Health Services is responsible for the inspection of mental health services
EL	No designated formal body	
ES	Institute for the Evaluation of Public Policies (IEPP) + Autonomous Communities	IEPP is officially responsible for implementing the quality evaluation of social services. Different Autonomous Communities have their own social service departments with their own autonomous regulations, as well as guidelines for the implementation and evaluation
FR	High Authority on Health, General Inspectorate of Social Affairs	Supervising the process of quality assessment by accredited assessors
HR	Ministry of Labour, the Pension system, Family and Social Policy	Defines quality standards and monitors their implementation
IT	Municipalities	Responsible for authorisation and accreditation
CY	1) Social Welfare Services, 2) Department for Social Inclusion of Persons with Disabilities, 3) Commissioner for Administration and the Protection of Human Rights (Ombudsman), 4) Commissioner for Children's Rights	Implementing and monitoring quality in social services, as well as handling complaints

[163] Shared responsibility for compliance with quality standards: 1) for social services financed by the state and/or municipal budget: the mayor, the service manager, the employees; 2) for social services outsourced to or shared with private providers: the mayor, the service provider, the manager and the employees; 3) for social services financed by private providers: the service provider, the manager and the employees., See: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.

LV	Social service providers, supported by the Ministry of Welfare	Ministry of Welfare supervises whether services comply with regulation and develops criteria for assessing the quality and effectiveness of social services, provides methodological materials
LT	Municipalities, supported by the Social Services Monitoring Department SSMD)	SSMD is responsible for quality assessment of social care providers, submitting the conclusions and methodological recommendations to the care provider
LU[164]		
HU	Government Office	Registering and conducting official control over the operation of social services (inspections may be conducted by the National Social Policy Institute)
MT	1) Social Care Standards Authority (SCSA), 2) Commission for the Rights of Persons with Disability (CRPD Malta), 3) Office of the Commissioner for Mental Health (OCMH), 4) Healthcare Standards Directorate; 5) Directorate for Quality and Standards in Education (DQSE), 6) National Audit Office (NAO)	Various roles in regulating, monitoring, inspecting, and ensuring the quality of social welfare services, disability services, mental health services, healthcare establishments, education services, and Government-funded organisations
NL	1) Municipalities, 2) National public authority for unemployment and disability reintegration services (UWV) and municipal councils 3) Care insurers, 4) Public Inspectorate for Health and Youth Care and the Inspectorate for Justice, 5) National Health Care Institute	Municipalities are responsible for implementing assessment procedure. UWV is responsible for QA in reintegration services
PL	Voivode (regional governor) and the Supreme Chamber of Control (NIK)	The Voivode is responsible for ensuring the quality of services and compliance with standards, the NIK conducts assessments and inspections based on their annual work plans
PT	Social Security Institute	Implementation of the evaluation model for nine social responses (four are provided to persons with disabilities)
RO	Ministry of Labour and Social Justice and National Agency for Payments and Social Inspection, including a Quality Assurance Service for Social Services (under the Ministry)	The Ministry is responsible for organising, coordinating and implementing the QA process of social services, and for carrying out field control, thematic inspections, evaluation/monitoring missions, and unannounced inspections
RS	15 Social protection inspectors	Record instances where services provided by an organisation with a licence do not align with legal or prescribed standards

[164] No country report was submitted from Luxembourg.

SI	Ministry of Labour, Family, Social Affairs and Equal Opportunities	The Ministry is responsible for conducting QA of social services; occasionally the Social Protection Institute is involved
SK	Ministry of Labour, Social Affairs and Family + 8 regional offices for inspection	Inspection for evaluating quality standards
FI	1) National Supervisory Authority for Welfare and Health (Valvira), 2) Regional State Administrative Agencies (AVIs)	Assessment of services
SE	1) Municipalities or the regions, 2) Health and Social Care Inspectorate (IVO)	Municipalities are responsible for implementing QA of the services they run (self-assessment). IVO is responsible for conducting inspections and supervise health and social care, social services and activities in line with the law
IS	Institute for quality- and monitoring of welfare services (GEV)	Responsible for implementing quality assessment and external monitoring of social services
LI	Service providers	Responsibility for implementing the quality assessment of social services

3.5 Reference to the Voluntary European Quality Framework for Social Services

Based on the information gathered in EDE national reports, the uptake of the Voluntary European Quality Framework for Social Services (EU voluntary framework) is generally very low. In most countries, the voluntary framework is not explicitly mentioned; however, the principles of national QA mechanisms often overlap with the principles of the EU framework (availability, accessibility, affordability, person-centred, comprehensive, continuous, outcome-oriented). The implicit compliance with the EU framework was reported from Croatia[165], France[166], Germany[167], Latvia[168], Lithuania[169] and Sweden[170]. For instance, in Sweden, to some extent, the EU voluntary framework is addressed in the indicators of the patient safety reports, with regard to the training of staff and how professional competence and knowledge of patient safety is ensured through competence development and continuing education.[171] Although the principles of the Lithuanian social care standards partly replicate the principles of the voluntary

[165] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Croatia.
[166] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, France.
[167] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Germany.
[168] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Latvia.
[169] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Lithuania.
[170] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Sweden.
[171] EDE 2023 Disability-relevance country report, Sweden.

European Quality Framework for Social Services, they do not describe quality criteria or tools for ensuring their implementation.[172]

There are a few exceptions in which it seems that the EU voluntary framework was explicitly referenced, or at least considered to some extent, when developing national QA mechanisms. For instance, it is mentioned in the Spanish Reference Catalogue[173], and in the Guide for social service providers on service quality development in Estonia[174] and it was considered during the drafting of the 2022 Ordinance on the Quality of Social Services in Bulgaria.[175]

It is somewhat surprising that countries that are in the process of strengthening their QA systems (e.g. Cyprus[176]) do not use the EU voluntary framework as a reference guide. Unfortunately, there is no information available in the EDE national reports on the reasons behind the lack of better usage of the framework. Some countries have QA systems that pre-date the publication of the EU framework (e.g. Czechia[177]), hence the lack of any mention (see box below on recent developments relating to the Superstructure Model of Quality in Social Services). Some countries covered in this report are not EU Member States (e.g. Iceland[178]), which also explains the lack of consideration of the EU voluntary framework. Furthermore, very few countries have QA systems embedded in the law at national level, which makes it even more difficult to track how the EU voluntary framework was considered in such a fragmented field.

***Promising practice* – Developing an informal QA system drawing on the EU voluntary framework in Czechia**

The Superstructure Model of Quality in Social Services was an incentive programme led by the Ministry of Labour and Social Affairs (MoLSA) for the development of quality in the provision of social services, beyond the formally defined obligations for providers including the quality standards already in place. The programme was financed by EU funds and drew explicitly on the principles of the Voluntary European Framework for the Quality of Social Services. It includes 10 core principles, each operationalised into specific requirements. The programme is supposed to be open to all registered social service providers within Czechia and the fulfilment of the principles and their individual requirements is a prerequisite for the award of the quality certificate. The project ended in December 2022, and there is no information

[172] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Lithuania.

[173] In the Social Services Reference Catalogue, the seven overarching quality principles for social service provision described in the voluntary EU Quality Framework (Available, Accessible, Affordable, Person-centred, Comprehensive, Continuous, Outcome-oriented) are mentioned (pp. 42.23); however, these principles do not constitute the framework for quality assurance assessment. Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Spain.

[174] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Estonia.

[175] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.

[176] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Cyprus.

[177] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.

[178] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Iceland.

regarding any follow-up or the sustainability of project results. Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.

The shift towards person-centred services (including personal assistance and in-home support) is promoted widely as part of the implementation of Article 19 of the CRPD, thus it is timely to take a common approach to how the quality of such services can be ensured. This applies not only to the quality principles, but also to the processes through which these services are monitored and how recommendations are followed up to ensure improved service quality. This, of course, is strongly linked to the qualifications, skills and working conditions of staff working in community-based services, such as personal assistants. When planning appropriate QA for community-based and home-based services, it is important to consider that existing mechanisms often place an additional burden on staff and employers of residential services, thus service users who employ their own assistants from personal budgets should not be required to implement similarly complex QA mechanisms. Nevertheless, these mechanisms are essential to ensure that some basic standards are met and that the human rights and dignity of service users and care workers are respected.

4 Scope and process of conducting quality assurance of social services relevant for persons with disabilities

There are differences among the countries regarding when and how quality assurance of social services that are relevant to persons with disabilities is conducted. In some countries, QA is primarily linked to accreditation and is conducted before issuing the licence to the provider (e.g. Italy[179], Latvia[180]), while in other countries QA happens also ex-post after licensing, either on an on-going basis (e.g. Bulgaria[181], Czechia[182]) or ad hoc, following up complaints against specific service providers to ensure compliance with the quality standards and quality improvement. As already mentioned, a differentiating factor is whether QA builds on inspections by the formal bodies designated to oversee quality improvement or relies primarily on self-assessment by service providers.

Another important aspect is whether the list of social services that are subjected to QA include services provided by private and non-profit providers, beside public ones. In several countries, such as Czechia[183], Denmark[184], Germany[185], Iceland[186], Romania[187], Slovakia[188], this is the case, which ensures that private providers must comply with the same quality criteria as public ones. As resources to conduct systemic QA can be limited, in certain cases it makes sense to prioritise the QA of specific services that have frequently been reported for poor quality or human rights violations. In Estonia, for the 2020-22 period, the Social Insurance Board prioritised the assessment of the quality of special care services for persons with severe and profound intellectual disabilities, including both community-based services and institutional care, while other services have received less attention so far.[189]

In general, QA of social services relies mostly on formal criteria, input parameters and complex structural elements. Most commonly, they aim to assess whether all the conditions for the provision of a particular service have been met (e.g. size and equipment of the premises, personnel requirements, all necessary permits, staff-client ratio, formal consent of the users or persons representing them etc.), but do not focus on output indicators to assess how the service contributes to an improved quality of

[179] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Italy.
[180] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Latvia.
[181] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.
[182] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.
[183] EDE 2023 Disability-relevance country report, Czechia.
[184] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Denmark.
[185] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Germany.
[186] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Iceland.
[187] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Romania.
[188] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.
[189] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Estonia.

life for the individual. There are a few exceptions in which countries attempt to evaluate the outcome of services. In Bulgaria, the outcomes of services are considered. For instance, under Standard 1: 'Management' criterion 1.1: 'management of employees, resources and the quality', one of the indicators is if 'there is written information about the outcomes for the users' and another is if 'the annual report to the Agency for the Quality of Social Services reflect the achieved outcomes'.[190] Recent amendments to the Slovakian legal framework on quality standards for social services (Act No. 345/2022 Coll. on Inspection in Social Matters) introduced changes such as transitioning from quality conditions to quality standards, focusing on outcomes rather than conditions.[191] The Czech regulations for inspection visits are expected to be revised in 2023 to place more focus on assessing outcomes, through monitoring the quality of interactions and the nature of the support received by people receiving services.[192] While the EDE national report from Liechtenstein mentioned that outcome-based performance measures used in the healthcare sector could bring added value, these may not be applicable or effective in other areas of social services, particularly for different groups such as persons with disabilities.[193] In Germany, there have been recent developments leading to the consideration of both structural and process aspects, and also outcomes and results, when defining and assessing quality.[194] In the long-term care sector, a new quality system was introduced, focusing on outcomes. Through a combination of internal and external procedures, the primary question of the audits is how well the people are cared for/supported in the facility (e.g. indicators measure the support that long-term care home residents receive with mobility, self-care or maintaining social contacts).[195]

4.1 Methods and methodologies to conduct QA

European countries participating in the study apply a wide range of methods and tools to conduct QA of social services relevant for persons with disabilities, including:

- announced and unannounced inspections (including general and thematic inspections);
- interviews with management and staff members of services, users and family members (using different interview methods);
- individual plans with service users and the evaluation of the plans over time;
- oral and written questionnaires (external and internal) and checklists;
- self-assessment of compliance with quality standards/legal requirements;
- reviewing documentation;
- comparisons of service results with information from national registers;
- regular team meetings;

[190] Bulgaria, Ordinance on the Quality of Social Services, Annex 12, pp. 262-294.
[191] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.
[192] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.
[193] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Liechtenstein.
[194] Germany, Bundesarbeitsgemeinschaft für Rehabilitation (BAR), 2018, Qualitätssicherung nach § 37 Abs. 1 SGB IX. Gemeinsame Empfehlung (Joint recommendation on quality assurance), (§ 8) Qualitätssicherung I Bundesarbeitsgemeinschaft für Rehabilitation.
[195] For more information, see: Qualität und Transparenz in der Pflege I Bundesministerium für Gesundheit; Gemeinsam für gute Qualität I Medizinischer Dienst.

- periodic reviews;
- compilation of annual reports;
- risk management methods;
- peer review procedures or structured quality dialogues;
- audits;
- monitoring and reporting systems; and
- other specific methods (e.g. Failure Mode & Effect Analysis (FMEA), Ishikawa model for cause-effect analysis).

Not all methods are used simultaneously, but inspection visits, questionnaires (oral and written), interviews with staff members, users and their family members, documentation review and self-assessment are the most common methods used in QA in European countries covered in this report. Nevertheless, it is difficult to assess to which extent certain methods are used within different countries, because QA processes are often carried out by individual service providers at municipal and regional level. Furthermore, albeit that this is not a specific method, it is worth mentioning that quality assurance can also be embedded in the procurement process.

The methods listed above are used in QA processes of social services in general and are not necessarily made accessible for persons with disabilities, nor include disability-specific questions. For example, in the Republic of Serbia, the Rulebook mandates an annual internal evaluation of social service quality based on user satisfaction, without providing guidance on the method.[196] The Provincial Institute for Social Protection developed guidelines to help service providers by explaining specific methods (e.g. documentation review, observation, interviews); however, disability-specific evaluation is not covered in that framework. In Italy, the rules of the QA system are defined at a decentralised level by the Regions and applied at a local level by the Municipalities, including the methodologies used in the QA processes.[197] In order to guarantee the quality of social services and to homogenise administrative procedures at the local level, the National Anti-Corruption Authority (ANAC) recently approved dedicated guidelines, which include specific mention of accessibility requirements for persons with disabilities.[198]

4.1.1 Licensing, accreditation and contracting

The implementation of specific quality standards could happen already during the licensing and contracting of specific service providers. In some countries, external QA mechanisms are mostly linked to the registration (licensing) of providers (e.g. Latvia[199], Italy[200], Spain[201]), meaning that subsequent QA is left largely to service providers. In

[196] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Republic of Serbia.
[197] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Italy.
[198] The Guidelines are available at https://www.anticorruzione.it/-/servizi-sociali-e-terzo-settore-approvate-le-nuove-linee-guida-anac.-maggiore-qualit%C3%A0-delle-prestazioni-e-diffusione-di-buone-pratiche.
[199] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Latvia.
[200] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Italy.
[201] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Spain.

the Netherlands, the public authority UWV sets detailed conditions for providers of reintegration services who wish to participate in tenders.[202] These conditions concern the level of education of the employees, good governance requirements, an appropriate complaints mechanism and the use of a client satisfaction interview method. For providers of job coach services, the UWV requires service providers to gain at least a 6.5 approval rating by clients on a scale of 0 to 10 (10 is the highest satisfaction rating). In Latvia, all social service providers must be on a register and there are complex requirements that they need to meet, including (but not limited to):

- drawing individual plans for social rehabilitation, social care, personal or family support (what is the problem to be solved, long-term and short-term objectives, tasks, measures to be taken, time limit, expected result and responsible person etc.);

- assessment of the situation at least once every 12 months to see whether any improvement in a person's social situation has been achieved;

- the number of employees, as well as providing employees with regular professional competence in the form of training and supervision; and

- making premises and environment appropriate to the social service, taking into account the needs, age, functional condition, specificities of the problems to be solved, elements of universal design and safety requirements.[203]

Interestingly, the registration of Latvian service providers does not require information explicitly on the quality of the social service and quality assurance, but a positive element is that disability has been mainstreamed across the requirements.[204]

The problem with linking QA of social services exclusively with licensing is that central and municipal authorities will have little overview or control over how quality will be ensured and monitored in these services over time. In Lithuania, since 2013, the quality of social care services has been regulated by a licensing process.[205] In 2020, the Seimas Ombudsman conducted research on the availability of social services in municipalities for persons with disabilities and older people with care needs in the light of the CRPD and other international treaties. The Ombudsman discovered that only 13 municipalities out of 60 had prepared procedures for assessing the quality of the social services provided.[206]

4.1.2 Inspection and reporting

Inspection visits are a common form of implementing quality assurance to check the compliance of support provided with the quality standards and to gather information for inspection reports. Such visits can be announced or unannounced and are conducted

[202] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, the Netherlands.
[203] Latvia, Requirements for Social Service Providers, Regulation No. 338 (2017), ss. 3.-11.
[204] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Latvia.
[205] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Lithuania.
[206] EDE 2023 Disability-relevance country report, Lithuania.

by the designated bodies responsible for ensuring the quality of social services. This can be the central authorities (e.g. the Ministry of Labour and Social Affairs in Czechia[207]) or any designated authority responsible for QA (e.g. the Inspectorate Unit within the Social Care Standards Authority in Malta[208]). In Denmark, the social inspection function is located in certain municipalities; while previously, municipalities had supervised their own social services, since 2014 social inspectorates have shifted and inspections are carried out by another municipality (e.g. Frederiksberg Municipality is responsible for social inspection in the Capital Region, Faaborg-Midtfyn Municipality is responsible for the inspection in the Southern Denmark Region and so forth).[209]

Unannouced visits can provide an unbiased picture of direct work with service users, and in Czechia the possibility of undertaking undercover investigations as an option for inspectors is now being considered.[210]

Inspection visits can include the following methods:

- interviews with randomly selected service users;
- interviews with a staff contact, which is intended to provide supplementary information, especially in situations where the inspector cannot conduct an interview with the service user;
- focus groups;
- document analysis (contracts between service providers and service user, individual plans, etc.); and
- observations (physical environment, activities, privacy, etc.).

There is great variety in how the inspection visits are organised and what is required from the inspection teams during those visits. As an example, in Czechia, the inspection team of the Ministry consists of at least three members in the case of an inspection of residential social services and at least two members for evaluating other services.[211] The provider of social services is obliged to allow members of the inspection team to interview the persons to whom it provides social services about matters relating to the provision of the services that are the focus of the inspection. After the inspection, service providers receive the inspection report, and they are obliged to submit a written response on the measures taken and their implementation to eliminate deficiencies within a specific period (30 days). A failure to submit a response in writing is an administrative offence that may result in a fine.

[207] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.
[208] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Malta.
[209] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Denmark.
[210] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.
[211] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.

***Promising practice* – Innovative methods to conduct QA in Denmark**

The Danish quality model includes four main methods: 1) surveys of quality as perceived by service users, 2) comparative customer surveys at municipality level, 3) external examination and 4) improvement work. The last two are quite innovative and may serve as an inspiration for other countries. 'External examination' is a central element in many of the projects under the quality model, through which pairs are established across regions, with a management representative and an employee from one service provider being connected with a corresponding partner pair from another service provider in another region. The service provider chooses a standard with an associated indicator, which they find difficult to implement. The partner couples meet three times over six months, possibly through video meetings.

'Improvement work' means that teams from several service providers can work systematically on concrete improvements to their respective services. They then get help to resolve problems, to formulate ideas for change, to use data to monitor the process and to use various methods for the systematic testing of change initiatives. The participating teams thereby gain knowledge that enables them to improve their work on a challenging aspect. Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Denmark.

Thematic inspections offer an opportunity to focus on a specific topic that has particular importance in respect of ensuring the quality of social services. For persons with disabilities, the accessibility of service provision is of key importance, which includes both the physical space where the service is provided, as well as the form of communication used by the support staff. Accessibility of feedback and complaint methods available to users with disabilities are equally important. As part of the implementation of the CRPD, accessibility should be ensured not only in disability-specific social services (e.g. day-care centres for persons with disabilities), but in services provided to the general public that may be used by persons with disabilities (e.g. women's shelters). In Romania, 1 321 entities of public interest were checked through thematic and unannounced inspections regarding the accessibility of the physical, information and communication environment, and subsequently 1 209 measures were ordered to remedy the deficiencies identified, along with a total of EUR 5 000 (RON 25 000) in fines.[212]

4.2 The indicators and the principles

There are only a few examples found in EDE country reports where specific principles or indicators link directly to the CRPD and/or can contribute to better alignment with the rights of persons with disabilities in social service delivery. For example, the Maltese Standards for Community-based and Outreach Services, published in 2020 by the Social Care Standards Authority, include a performance indicator on accessibility stating that community-based centres should conform to building regulations as stipulated by, among others, the Commission for the Rights of Persons with Disability (CRPD Malta).[213] The Bulgarian quality standards include 'Life skills for independent living, recreation and leisure management', which requires the provider

[212] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Romania.

[213] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Malta.

'to create the appropriate conditions and support each user to acquire knowledge and develop or upgrade skills for independent living and for the involvement of users in activities, sports and initiatives according to their individual interests, in a way that promotes their personal development and brings them pleasure, a sense of success, self-respect and self-confidence'.[214] One of the nine indicators used in the Danish quality model relates directly to Article 19 of the CRPD ('How do you clarify and handle the individual's wishes for influence over their own life?').[215] Without explicitly mentioning the CRPD, the Romanian legal framework contains minimum requirements and indicators relating to maintaining a high level of independence, to supporting inclusion and participation or to supporting inclusion in the workforce.[216]

In Austria, Jugendcoaching (youth coaching) is a NEBA (Netzwerk berufliche Assistenz/Network on work-related assistance[217]) service, implemented by different providers to tackle youth unemployment and also targeting persons with disabilities. Its implementation guidelines explicitly mention the CRPD as a legal basis, but the list of specific quality indicators is not available publicly in order to check how the Convention is operationalised.

***Promising practice* – Developing a new model of open comparisons in Sweden**

A new model of open comparisons is currently being developed, in which the National Board of Health and Welfare describes six quality dimensions that reflect the quality goals (in line with the laws governing social services): (1) Knowledge-based, (2) Safe, (3) Individually adapted, (4) Effective, (5) Equality and (6) Accessible. The quality indicators include structure, process, but also outcome indicators. This division highlights that the results achieved by service providers are based on changeable conditions (the structure) and the activities that are carried out (the process). Social services must, in addition to following the requirements and goals that govern social services' activities, just like all other actors in society, also contribute to the global goals for sustainable development according to Agenda 2030. The National Board of Health and Welfare intends to publish corresponding key figures at municipal level, within the framework of open comparisons. Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Sweden.

4.3 Stakeholder involvement in QA

This section summarises how different stakeholders, especially persons with disabilities themselves, as users of social services, and ombudspersons and human rights NGOs, take part in evaluating the quality of social services provided to persons with disabilities. Persons with disabilities can be involved in QA either as service users in the assessment of specific services or through their representative organisations in

[214] Bulgaria, Ordinance on the Quality of Social Services, 22 June 2022, https://lex.bg/bg/laws/ldoc/2137223813.

[215] See: Dansk kvalitetsmodel på det sociale område (socialkvalitetsmodel.dk).

[216] Romania, Order of the Ministry of Labour and Social Justice No. 82/2019 of 16 January 2019 regarding the approval of specific mandatory minimum quality standards for social services intended for adults with disabilities.

[217] NEBA cooperates with the Social Ministry Service (Sozialministeriumsservice) and is financially supported by the European Social Fund (NEBA Netzwerk Berufliche Assistenz (no year), *Jugendcoaching - ‚Meine Chance für die Zukunft' (in German)*/'My chance for the future', p. 4).

the development of QA mechanisms. An integral part of QA is the following up of results with the aim of improving the quality of the service provision, and persons with disabilities and their representative organisations should also play a role in that (Article 4.3 CRPD).

4.3.1 Involvement of the representative organisations of persons with disabilities in developing QA frameworks

EDE national reports mentioned some examples of the involvement of representative organisations of persons with disabilities in developing or improving QA frameworks, standards or guidelines, or in taking a formal role in advisory councils. These ad hoc examples may serve as an inspiration for other countries to involve Disabled People's Organisations (DPOs) more closely in the revision of existing QA mechanisms.

In Denmark, the development of social inspection practice was an open process, as with all the country's legislation. In 2021, the draft legal amendments were sent for consultation to 54 parties, including several organisations of persons with disabilities, and an additional 11 other parties outside the consultation list responded to it.[218] Disabled People's Organisations Denmark (DPOD) replied that they were very positive about a strengthening of the social inspection regime, and in particular the creation of a specialist function and of cross-cutting activities; the duty of social inspectorates to cooperate with other supervisory authorities; and the strengthening of financial supervision.[219] Persons with disabilities are represented on advisory boards overseeing social service quality in Belgium, but they are often in a minority position, and representation in such bodies is limited to asking questions or taking part in discussions, with no real impact.[220] In Spain, Plena Inclusion worked extensively on the quality of services and developed a guide to facilitate the application of the EFQM model for Plena Inclusion organisations.[221] In Iceland, the Institute for Quality and Monitoring of Welfare Services (GEV) developed its quality assurance guidelines in collaboration with prominent disability organisations, local authorities and welfare offices.[222] Another example of multi-stakeholder collaboration to develop QA frameworks is the French High Authority on Health's guidelines and manual, which were designed by members and staff of the High Authority, representatives of services providers and representatives of users of these establishments and services, who met in several working groups.[223] Similarly, in the Netherlands, DPOs were consulted on the voluntary agreements for residential care providers with regard to how to ensure quality.[224]

[218] On the consultation, see Høringsdetaljer – Høringsportalen (hoeringsportalen.dk).
[219] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Denmark.
[220] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Belgium.
[221] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Spain.
[222] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Iceland.
[223] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, France.
[224] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, the Netherlands.

Family members or guardians may also be involved in the service planning, development and service performance evaluation as outlined in the guidelines for QA (e.g. Estonia[225], Hungary[226]). In Croatia, the association of parents of children with developmental difficulties My Child Solin, and the Association of the Blind of Međimurje County, were involved in the development of the OK 2015 QA framework.[227] These organisations participated in the piloting of the framework and their feedback shaped its final version.[228] At the same time, however, users are not explicitly mentioned as participants in the upcoming evaluation of the implementation of the National Plan for the Development of Social Services, beyond taking part in public consultations, despite the establishment of a multi-stakeholder evaluation committee.[229]

4.3.2 Involvement of persons with disabilities as users of social services in implementing QA

User involvement in QA is limited and happens mostly through satisfaction surveys, interviews during inspection visits and, in some cases, more proactively through involvement in developing or improving service quality (e.g. user advisory councils). User satisfaction surveys are often limited to standard questions and a written rating system. As the Dutch EDE report highlighted, such rating systems often result in a more-or-less fixed satisfaction result (around 7 on a scale of 10), even if outcome surveys severely criticise the service provision.[230] In Latvia, service users of institutions of long-term social care and social rehabilitation services can be involved in QA through 'social care councils', along with relatives and employees, but these councils only make non-mandatory recommendations.[231]
When it comes to interviews during inspection visits, it is often up to the service providers to select the group of users who participate in QA procedures. It is important that providers make an impartial or random selection of user participants, otherwise the outcome of the evaluation may be altered if only those generally satisfied with the service are selected to be interviewed. In Austria (Tyrol), employees of service providers are the main stakeholders in the process of quality assessment and quality management, and it is up to the service provider to develop strategies on how to include the opinions or perspectives of users.[232]

The involvement of service users in QA can happen on an ad hoc basis (e.g. in Ireland, the HIQA's engagement with stakeholders, including users of residential care[233]) or in a more structured way, sometimes as part of the requirements of the (legal) framework

[225] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Estonia.
[226] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Hungary.
[227] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Croatia.
[228] Croatia, OK 2015 Quality Assurance System (*OK 2015 Sustav upravljanja kvalitetom*): https://www.ok2015.info/prirucnik/.
[229] Croatia, National Plan for the Development of Social Services, 2021.
[230] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, the Netherlands.
[231] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Latvia.
[232] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Austria.
[233] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Ireland.

(e.g. in Czechia, at least three user interviews in residential type of services and at least two in outpatient/community-based care must be carried out[234]). There are also some countries where the involvement of persons with disabilities or other users in QA is not regulated (e.g. Iceland[235], Lithuania[236], Slovakia[237]), or not specified in the law (e.g. Poland[238]), and it is entirely up to service providers whether to include experts or users in service evaluation procedures. Sweden maintains strong involvement of users' opinion in IVO's inspections, but it was mentioned that the systematisation of information gathered from patients and users need to be improved.[239] This would mean that data could also be aggregated and used in a uniform manner in on-going risk analyses and reversals.[240]

***Promising practice* – Client Audit in Czechia by potential service users**

The NGO Rytmus has been carrying out Client Audits (audit of the quality of life in a residential service) since 2010, inspired by the Austrian organisation Atempo. It is an evaluation method of the quality of social services from the perspective of auditors – those who could be potential service users (for example persons with intellectual difficulties, etc.). The auditors conduct interviews with service users and subsequently evaluate the service provider based on these interviews. The Client Audit makes it possible to gain information about what people expect from services, what they need and how their quality of life can be improved. The Client Audit builds on the presumption that the view of inspectors working with the formal quality assessment, despite their efforts to evaluate the service in terms of the fulfilment of users' rights and the degree of their engagement in everyday life, remains their professional view. On the contrary, if the evaluation is carried out by those who are not users of the service but could potentially be, there is a greater probability of getting closer to the clients in the evaluation. Rytmus constructed its own evaluation method that better corresponds to Czech circumstances. Until now, several facilities have passed audits - mostly sheltered housing and homes for persons with disabilities**.** Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.

Some form of complaint mechanism is available in most countries to inform central authorities about poor quality or fundamental rights violations in social services. The Finnish QA system builds very much on individual complaints and their follow-up by the Social Services Ombudsman.[241] In the Netherlands, all care providers with more than 10 professionals are legally obliged to provide a complaints procedure, to install

[234] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.
[235] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Iceland.
[236] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Lithuania.
[237] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.
[238] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Poland.
[239] Sweden, Health and Social Care Inspectorate, report on follow up on accommodation according to LSS, Uppföljning av LSS-boenden - Slutredovisning av regeringsuppdrag (ivo.se).
[240] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Sweden.
[241] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Finland.

an advisory council of clients (it is up to them how to choose the members) and to register their procedures for complaints and internal plans for on-going training for employees.[242] In Bulgaria, complaints and reports of rights violated under the Social Services Act (and its secondary legislation) can be submitted orally (in person or by telephone) or in writing (including email), indicating the name and the location of the service provider and the complainant's name and contact details.[243] Complaints must be followed up within 10 days of the date of their submission, or one month if an on-the-spot inspection is necessary. The complainant is notified about the outcomes of the inspection and the actions taken in response.[244]

Despite disability policies and the laws that govern social services in Sweden explicitly including the principle of participation, persons with disabilities are not substantially involved in the quality assurance processes, other than merely being asked about their experiences of a service or being provided with the possibility to submit a complaint.[245]

***Promising practice* – Legal obligation to involve persons with disabilities in QA in Bulgaria**

According to the Bulgarian Social Services Act and the Ordinance on the Quality of Social Services, the provider is obliged to involve person with disabilities in the decision making about the organisation of daily activities and the improvement of the quality of the service. Users of residential care shall create user councils through which they can participate in decision making. When performing QA, providers should systemically gather feedback from users and their family members via surveys, including on the outcome of their use of the service. An innovative aspect is that providers should also ask those who stopped using the service to assess the quality. This allows them to get honest feedback on existing problems from people who no longer depend on that provider. Mayors of municipalities should engage via discussions with users as part of their annual monitoring. Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.

However, there are also some countries where no information on the service user involvement in QA was reported (e.g. Cyprus[246], Slovakia[247]).

[242] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, the Netherlands.

[243] Anonymous complaints are not possible under Ordinance on the Quality of Social Services, Article 51. Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.

[244] Bulgaria, Ordinance on the Quality of Social Services, Article 52. Under Article 53, a file is drawn up for each inspection, containing the order for the inspection issued by the executive director of the AQSS; the documents received and compiled in the course of the inspection; opinions, orders and mandatory prescriptions; decrees issued to establish administrative violations; and decrees for the imposition of sanctions.

[245] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Sweden.

[246] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Cyprus.

[247] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.

It is important to note that these participation channels and complaints mechanisms are not inclusive for everyone, as users with intellectual disabilities or those under guardianship often do not take part directly; information is gathered via staff members or guardians/family members. This also applies to involvement in the development of individual service plans, where the best interests of persons with intellectual or psycho-social disabilities are represented by guardians/family members, which may limit their rights and autonomy (e.g. in the area of sexual and reproductive health). For example, in the Republic of Serbia, persons with psycho-social and intellectual disabilities do not get the opportunity to express their opinion about the services, due to deprivation of legal capacity.[248] Therefore, the issue of legal capacity is also relevant in the context of QA of social services, and exclusion from participation may mean that violations of the rights of specific service users remain hidden. As a response to the fact that the most vulnerable citizens, including children and young people, are hard to reach, a whistle-blower scheme is used in Denmark, which has already led to an increase in the number of inquiries.[249]

***Promising practice* – Involving users with severe cognitive impairments in QA in the Netherlands**

In the Netherlands, some residential care providers are in the process of involving all service users, including those with severe cognitive disabilities, in their quality assurance system in a more qualitative way. An advisory council was set up by care providers to assess methods of interviewing persons with disabilities, and to issue certificates for the different methods. The objective of the certification process is to have assessment methods through which persons, even those with severe intellectual disabilities, can express their opinion. This process for individual residents' assessment of satisfaction with the quality of their life is expected to feed into biannual reports on the quality of the care provided in the institution. These reports will form the basis for an on-going discussion within the institution, with the client council and with the inspectorate on how to improve care and living conditions.
Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, the Netherlands.

The accessibility of complaint mechanisms and QA procedures in general is another important aspect. Questionnaires or interview templates need to be accessible for all service users to ensure that they can contribute to the evaluation of service quality. However, this is not always the case. Online or written satisfaction surveys are not accessible for those persons with intellectual disabilities who cannot read or express themselves easily in writing and do not have the necessary technical skills to use a computer. People with visual impairment also face challenges if satisfaction surveys are provided in an inaccessible format. It is worth noting that in Malta, every set of standards is also published in easy-read format, which makes them more user-friendly for all service users.[250] In Belgium, the 'Smile project' developed 20 booklets in which

[248] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Republic of Serbia.
[249] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Denmark.
[250] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Malta.

persons with intellectual disabilities are asked in simple language about their satisfaction with the housing, meals, hygienic care, etc. that are offered to them in the residential facility where they live.[251]

The involvement of children (with and without disabilities) in the development and evaluation of support services shall also be ensured, in line with the requirements of both the CRPD and the UN Convention on the Rights of the Child. In Ireland, the Child and Family Agency (Tusla)[252] works closely with family members to evaluate the provision of social services and assess where improvements can be made to ensure better outcomes for all.[253] In Tusla's Quality Improvement Framework, children and their families are consulted to inform any changes to policy and service design and delivery.[254] The EDE report from Belgium highlighted that in collectively organised social services, including those provided at home, users are regularly asked about their preferences, but the final decision remains with the service commissioner or provider.[255] Therefore, the involvement of service users through user councils or available complaint mechanisms does not safeguard their right to decide where and with whom to live, or to decide on the content of the support or the choice of staff to perform the support tasks.

4.3.3 The role of human rights NGOs, Ombudsman, and other related offices

EDE national reports explore the role of ombudspersons and human rights NGOs in monitoring human rights in social services, and especially whether their approach (e.g. the indicators they use during monitoring visits) could serve as an inspiration for improving the compliance of QA mechanisms with the CRPD. In some countries, ombudspersons conduct unannounced visits in residential institutions (a facility where people may be restricted in their freedom), often as part of their mandate as National Prevention Mechanism under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), as in Austria[256] or Czechia[257]. During those visits, the quality of the service is also considered to some extent, but the focus is on human rights violations (e.g. use of restraint or coercive measures, respect for privacy, etc.). For instance, in Slovakia, the Commissioner for Persons with Disabilities has, since June 2017, conducted a total of 110 in-person monitoring visits to residential social service homes and in some cases addressed the quality of the services or care.[258] The monitoring was conducted to

[251] Belgium, NGO Inclusion, Smile booklets (in French), https://www.inclusion-asbl.be/outils/les-livrets-smile. Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Belgium.

[252] Tusla is Ireland's agency dedicated to improving the welfare of children, with a mandate including child protection, supporting families (including in support services), and protection and care of victims of domestic, sexual or gender-based violence.

[253] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Ireland.

[254] Ireland, Tusla Quality Improvement Framework (2016), see: https://www.tusla.ie/publications/tusla-quality-improvement-framework/.

[255] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Belgium.

[256] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Austria.

[257] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.

[258] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.

ascertain compliance with the rights of persons with disabilities, focusing on personal liberty and security, physical integrity and human dignity, and the right to protection from torture or cruel, inhuman, or degrading treatment or punishment and the right to respect for privacy, using the WHO QualityRight tool kit[259] for assessment.

Such visits may follow a complaint or are conducted on the ombudsperson's own initiative.[260] Ombudspersons' reports, and their recommendations, are not legally binding, and detailed reports are rarely published on their websites. This makes it difficult to assess what methods and indicators are used by these entities to assess the adequacy of service quality for persons with disabilities.

As regards more concrete involvement in quality assurance, the French Ombudsman was involved in the definition of the High Authority on Health Reference Framework.[261] Ombudspersons' reports can provide detailed assessment on different topics, are evidence-based and offer clear suggestions for improvement. Most reports published by Ombudspersons in relation to social services are ad hoc, focusing on outcomes and not on the adequacy of QA systems. These reports are not necessarily followed up by the relevant authorities. The Croatian Ombudsman's 2021 report analyses the quality of the deinstitutionalisation process to transform long-term care homes for persons with disabilities and the lack of sufficient community-based services as an alternative to institutional care.[262] A 2013 report by the Latvian Ombudsman, following inspection visits to long-term care centres, indicated shortcomings in the long-term social care and social rehabilitation system.[263] After receiving several complaints about social services, the Dutch Ombudsman published reports on accessibility and availability of youth care, long term care and other social support in 2018[264] and in 2023;[265] however, these reports were focusing on outcomes and did not discuss quality assurance systems.

Human rights NGOs carry out advocacy for and monitoring of the rights of persons with disabilities, which may include the assessment of the quality of specific services (mostly residential) provided to them. However, as was reported from Romania, none of the prominent disability rights NGOs focus on continuous and regular quality

[259] Reports from each monitoring round are available online at: https://www.komisarprezdravotnepostihnutych.sk/Zverejnovanie?libraryid=4&library=SpravyMonitoringDSS.

[260] Please note that it depends on the mandate of NHRIs and ombud institutions. For example, the Netherlands Institute for Human Rights is not allowed to receive and handle individual complaints.

[261] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, France.

[262] Hungary, Ombudsman for Persons with Disabilities, report for 2021, https://posi.hr/wp-content/uploads/2022/04/Izvjesce-o-radu-Pravobranitelja-za-osobe-s-invaliditetom-za-2021.-godinu.pdf, p. 233.

[263] Ombudsman of the Republic of Latvia (2013), *Report of the Ombudsman of the Republic of Latvia on the State Social Care Centres for Adults with Mental Disabilities* (*Latvijas Republikas tiesībsarga ziņojums par Valsts sociālās aprūpes centriem pilngadīgām personām ar garīga rakstura traucējumiem'*), Riga, p 18., https://www.tiesibsargs.lv/wp-content/uploads/2022/07/Zinojums-par-VSAC-kopsavilkums_gala.pdf.

[264] Netherlands Ombudsman, *Care for Citizens* report (*Zorgen voor Burgers*), May 2018. https://www.nationaleombudsman.nl/nieuws/dossier/toegang-tot-voorzieningen.

[265] Jonquière, A., Hemels, H., Prins, J. and Visser, E., 'Citizen in Sight! A study on Participation and Influence by Citizens on the Social Support Act' (*Burger in zicht! Een onderzoek naar participatie en invloed van de burger in de Wet maatschappelijke ondersteuning*), Ombudsman, April 2023, https://www.nationaleombudsman.nl/system/files/bijlage/20230413%20Ombudsman_Rapport_Burger%20in%20zicht.pdf.

assurance of social services. Their priority is to advocate for deinstitutionalisation, given the lack of community-based services that support independent living in the country, and thus to promote service development and not so much to evaluate their quality.[266] The situation is similar in Bulgaria, where human rights NGOs (e.g. Helsinki Committee, Validity Foundation, Disability Rights International) carry out non-systematic monitoring of institutions, depending on permission granted by mayors. It was reported that human rights NGOs sometimes publish reports with the quality of social services for persons with disabilities as a focus, but these reports are rarely considered by authorities.[267]

[266] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Romania.

[267] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.

5 Impact of quality assurance for service quality improvement

This chapter provides an overview of the most common ways to enforce and follow up inspection and self-assessment results in order to improve social service quality. EDE national experts were asked to provide promising practices regarding quality assurance systems and their impact on the quality of social services, in particular in relation to persons with disabilities. Several EDE experts reported a lack of available data to provide such an example.

5.1 Enforcement methods and sanctions

The most common enforcement methods used in the participating EDE countries are:

- issuing a warning, or an immediate action notice;
- development agreements and changed goals in service contracts;
- corrective action plans;
- additional monitoring visits/follow-up audits;
- obligation on service providers to submit a written report, in response to the inspection report, on how they addressed problematic issues;
- building prohibition;
- compulsory employee training;
- consultation requirement;
- imposing fiscal penalty (fine);
- reduction of the agreed remuneration for the duration of the violation of obligations; and
- suspension, variation or cancellation of registration of service provider/revoking license.

The main difference between countries lies in whether designated agencies have more hard or soft tools at their disposal to follow up and address deficiencies identified during social inspection. In countries that have embedded QA of social services in a legal framework, central authorities have stronger enforcement power and clearer structures on how negative assessment results should be followed up by service providers to improve quality. There can be differences even within a country in how strictly sanctions are applied to different providers. For instance, in Denmark, all social services receive at least one annual inspection visit; however, the inspectorates use their sanctioning power differently, e.g. there are differences between sanctions used against social services and foster families, or between public and private services.[268] In Czechia, which has a QA system embedded in law, the Ministry of Labour and Social Affairs is authorised to impose measures on the social service provider to eliminate deficiencies identified during the inspection.[269] The service provider has a duty to comply with those measures within the period set by the Ministry and to submit a written report on its compliance if it is requested. After submitting a written report on the fulfilment of the imposed measures, a subsequent inspection may be carried out. In Ireland, the Health Information and Quality Authority attempts to seek informal resolution before entering a more formal two-step process, with the option to pursue

[268] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Denmark.
[269] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.

unresolved grievances with Health Service Executive service providers through the Ombudsman (additional monitoring, warning letters and cancelling registration may be consecutive measures if health and safety standards are violated).[270] Many countries set a timeframe within which service providers must eliminate the identified problems (e.g. six months) but that is not always the case (e.g. Iceland[271]).

***Promising practice* – Following up inspection results in Hallsberg (Sweden)**

In general, it is difficult to find publicly available information on how individual service providers follow up on evaluation results, especially when they conduct self-assessment. However, the report from the Swedish municipality of Hallsberg, carried out in November 2022, followed up on control of special accommodation according to the Law Regulating Support and Service to Persons with Certain Disabilities. The purpose of the review was to check whether the municipal Social and Labour Market Board ensures an appropriate follow-up and control of finances and quality for special accommodation. In the review, it is described that the service provider for special accommodation follows up results in the form of self-checks each month and conducts a deeper analysis after each quarter. The results are presented to the municipal board that is responsible for the services. In the review, it is also described that the Health and Social Care Inspectorate (IVO) carried out a follow-up inspection in 2019 due to previously identified deficiencies regarding cost-effectiveness, which led to a reorganisation. The inspection concerned, among other things, night staffing and the residents' individual needs in services. IVO decided in 2020 to close the case and stated that the board has taken, and plans to continuously undertake, measures to correct the shortcomings IVO drew attention to in supervision. This review is to be considered one of the actions taken. More information: *The municipality of Hallsberg, A follow-up and control of special accommodation according to LSS, in Hallsberg, November 2022*, Revisionsrapport Uppföljning och kontroll av särskilt boende.pdf (hallsberg.se).

Source: EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Sweden.

Overall, the range of fines in cases of non-compliance with quality standards is relatively low, and in most countries there is no information on the overall amount service providers have had to pay following the inspection visits. In Slovakia, social service providers or state-run children's homes that fail to take measures to improve service delivery may face fines of up to EUR 500, or up to EUR 5 000 in repeated cases.[272] Social inspectors in Romania can order the suspension or the withdrawal of the licensing of the accreditation of service providers in a variety of cases (e.g. non-fulfilment of previously imposed measures, violation of the fundamental rights of beneficiaries)[273] and can also apply fines ranging from EUR 40 (RON 200) to EUR 200

[270] Ireland, HIQA (2020), 'Policy for the Management of Complaints Against HIQA'.
[271] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Iceland.
[272] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.
[273] Romania, Articles 27-29 of Law No. 197 of 1 November 2012 regarding quality assurance in the field of social services.

(RON 1 000) for failure to respect minor administrative obligations.[274] Higher fines apply during inspections for obtaining a licence (ranging from EUR 200 (RON 1 000) to EUR 1 000 (RON 5 000) if information presented for obtaining the provisional licence is not true).[275] The Serbian EDE report mentioned that the only data accessible concerning the impact of QA mechanisms pertains to revoked licences for professional workers, totalling four from 2015 to 2019.[276]

5.2 Publication of information on the improvement of service quality

In general, there is a lack of available information from EDE participant countries on how the result of QA is followed up by providers and in which ways it contributes to improved social service delivery. Without adequate data, the impact of quality systems on social services cannot be assessed. This is true even for countries that otherwise have an elaborate QA system, such as Czechia, where inspection reports are not published systematically and service providers are not obliged to inform service users and their legal representatives, except those who have submitted a complaint. This links to the fact that the Czech QA system focuses primarily on processes and less on outcomes for service users.[277]

In many countries, public social service providers must publish annual reports, which usually include information on measures to improve and monitor the quality of social services, on the views of customers/service users and their relatives. Interestingly, the annual reports of institutional care providers run by local authorities in Latvia do not mention quality aspects.[278] In other countries, annual reports may be published with great delay (Croatia[279]) or do not give specific details on cases investigated and action plans (Malta[280]). In the context of the present EDE report, disability-specific information is missing in most countries (i.e. how the service quality improved the quality of life for users with disabilities). The lack of publicly available information on services that performed poorly during inspections implies that potential users are not able to choose between different providers based on the quality of the service, but have to rely exclusively on other factors (e.g. availability, affordability, distance from home/relatives etc.).

In countries that recently formalised or reformed their QA systems (e.g. Bulgaria, Croatia, Estonia, France), it is too soon to assess the functioning of the mechanisms in place and their impact on service quality.[281] However, there is increased commitment to publish data and information on inspection results and to improve the

[274] Romania, Articles 30-31 of Law No. 197 of 1 November 2012 regarding quality assurance in the field of social services.
[275] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Romania.
[276] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Republic of Serbia.
[277] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.
[278] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Latvia.
[279] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Croatia.
[280] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Malta.
[281] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country reports, Bulgaria, Croatia, Estonia, France.

quality of social services. In Croatia, the planned quality improvement will be evaluated by the Ministry through the collection of data on the achievements of the defined outcome indicators, and an Evaluation Committee has been established for that purpose.[282] Nevertheless, it is a good example that the Estonian Social Insurance Board has already published the results of the 2020-22 assessments of the quality of special care services and the areas where a need for improvement has been identified (e.g. empowerment of service users and little engagement with other services and community activities, options for submitting complaints are not clear, and satisfaction surveys are not conducted).[283] The Community of Madrid also publishes the results of its annual reviews, such as data on inspections carried out, problems detected and proposals for administrative sanctions and corrections implemented.[284] Since January 2023, the Slovakian Ministry of Labour, Social Affairs and Family is required to publish an annual report on inspections.[285]

The reports published by the formal bodies responsible for QA can highlight pertinent challenges in the social care sector that require further attention and action from decision makers. In Belgium, inspection reports are made available online for transparency, and low ratings prompt service providers to demand increased subsidies for hiring better-qualified personnel and improving general conditions.[286] The first report of the newly established Agency for the Quality of Social Services in Bulgaria, issued in July 2022, contains several significant observations, including on the working conditions of staff members.[287] Wages in the sector are generally low in Bulgaria, but there are significant differences between the various social support services, with assistive support service workers receiving the lowest pay (about EUR 170 net monthly remuneration per employee), while those working in therapy and rehabilitation services or residential services earn better salaries (about EUR 310 and EUR 432 respectively).[288] Low wages, especially in assistive support services, do not attract employees to work in this field, which, paired with the hard nature of the job, may easily lead to high staff turnover and shortages, putting the functioning of the social welfare system at risk.[289] These reports are therefore useful resources to enable policy makers, social partners and civil society organisations to understand key bottlenecks and work towards improved quality outcomes for social services users. For instance,

[282] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Croatia.

[283] Estonia, Social Insurance Board (2022), *Erihoolekandeteenuste kvaliteedi hindamine* (Quality assessment of special care services), https://sotsiaalkindlustusamet.ee/sites/default/files/content-editors/Erihoolekanne/ettekanded/qr_kvaliteedi_hindamine_erihooleknne.pdf.

[284] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Spain.

[285] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.

[286] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Belgium.

[287] Bulgaria, Agency for the Quality of Social Services (2022), *2021 Annual Report on the Situation and Effectiveness of Social Services*, p. 9, available in Bulgarian at: https://aksu.government.bg/godishen-analiz-za-sastoyanieto-na-efektivnostta-na-soczialnite-uslugi/.

[288] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.

[289] Another worrying observation of the AQSS was that in 84 of all 347 residential services and institutions for children, youth, adults with disabilities and elderly persons that were visited, the environment was not accessible for persons with disabilities. Source: Bulgaria, Agency for the Quality of Social Services, *2021 Annual Report*, p. 39.

under the flagship initiative of the European Disability Strategy 2021-2030 to develop a Framework for Social Services of Excellence for Persons with Disabilities, the issue of wage gaps and differences in required (and necessary) training and qualifications between traditional residential services and community-based assistive support services should be addressed.

6 Summary analysis and concluding remarks

Quality assurance of social services is a complex fragmented field across European countries, with great diversity even within one country regarding the approaches and methods that are used to assess and improve service quality. The disability-relevance of QA systems for general social services and the appropriateness of QA systems that are put in place for disability-specific services is an under-researched, but evolving field. This report provides an overview on what types of QA systems exist in different countries, what their main features are and what contribution they make to the development of high-quality services and outcomes for users, with a special focus on taking into consideration disability, namely by integrating CRPD principles in QA structures and processes. Some challenging aspects concerning the organisation and implementation of QA mechanisms for social services used by persons with disabilities stood out during the analysis of the data from the EDE national reports. These issues should be addressed in future policy initiatives by national and European stakeholders to improve disability mainstreaming in the process of QA, and ultimately, to ensure that social services are provided in line with the provisions of the CRPD and that they contribute to the full participation of persons with disabilities:

1. Even in countries that have a regulated and elaborate QA system (e.g. Czechia) there is often a lack of resources to conduct regular inspections by the designed authority, which mostly follows up and reacts to complaints received. This means less proactive and more reactive QA, which, together with a lack of published reports and follow-up procedures, undermines the purpose of continuous quality improvement of social services.

2. In several countries, national experts reported a general shortage of available social support services and long waiting lists. This is coupled with a workforce shortage in the social sector, and problems with staff retention. Under those circumstances, QA can easily become a burden on the workforce, instead of being a drive for improvement. If there is no adequate coverage of services, the purpose of QA mechanisms is somewhat diminished, as users have no real choice among different service providers. In other words, they will use support services regardless of the results of QA.

   > ‘Quality assessment will have no real meaning unless funding is adequately increased so as to improve working conditions and attract sufficiently qualified and motivated staff in a sufficient ratio to the number of users.’[290]

3. Mainstream QA mechanisms for personal social services often do not consider the disability perspective, for example in relation to accessibility, or include outcome indicators to measure the improvement of the quality of life and impact on independent living for persons with disabilities. As part of the implementation of the CRPD, it would be important to ensure disability-proof quality assurance both for mainstream social services (also used by persons with disabilities) and for specialised services for persons with disabilities.

[290] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Bulgaria.

4. Disability-relevance of QA systems is quite an under-researched area, thus there is not much information available on what it would mean in concrete terms to fully take into account disability when conducting QA of social services which would be in line with the CRPD. While general principles of the Convention are more commonly reflected in quality principles, for instance relating to autonomy and user involvement, it remains unclear what aspects should be considered at the level of indicators (e.g. accessibility, user involvement in service development, etc.). It was assumed that the monitoring work of ombudspersons and human rights NGOs could serve as an inspiration to find indicators that are suitable to monitor CRPD compliance in social services. However, the national EDE reports did not identify specific indicators, partly due to the lack of published methods of the visits that these bodies conduct in residential settings and other services provided to persons with disabilities. Further collaboration between different stakeholders would be necessary to exchange information on problems identified and to plan service quality improvement in partnership.

5. Community-based services (e.g. personal assistance, homecare) that aim to support the independent living of persons with disabilities are not always subjected to QA mechanisms that are as rigorous as those for other, more traditional types of social services such as residential care (institutions).[291] This raises several concerns about how the quality of personal assistance and other similar services can be guaranteed and what channels are available for users and social care workers to make complaints and seek remedies in case of a violation. In several countries, there have been recent developments to regulate personal assistance through an established legal framework (e.g. in Bulgaria[292], Slovenia[293]). A thorough assessment would be needed to explore a realistic and fit-for-purpose approach towards evaluating personal assistance and similar community-based services, ideally embedded in national regulation.

6. The involvement of persons with disabilities as service users and their representative organisations in the development and implementation of QA processes is most typically limited to providing feedback on the service quality through satisfaction surveys or interviews, as well as the opportunity to submit a complaint. It is less common to involve persons with disabilities in the follow-up of inspection and evaluation results in order to improve the service provision through co-production. User councils can be a more efficient way to involve the voice of persons with disabilities directly in the service design. However, these channels are often inaccessible, for example for persons with intellectual disabilities, and a common practice is to involve their voice only via their relatives or guardians.

7. It is also problematic that results of inspections and self-assessment by providers are not always publicly available, thus users are not informed about the service quality ahead of signing up to a specific service. Public authorities rarely compare and analyse quality assurance results on a large scale to identify systemic

[291] It is important to note that even if more regulated, quality assurance in residential care is still rather limited (it usually tracks processes and inputs rather than outcomes).
[292] Bulgaria, Personal Assistance Act, 1 January 2019, https://lex.bg/bg/laws/ldoc/2137189250.
[293] Slovenia, Personal Assistance Act, *Official Gazette of the Republic of Slovenia*, No. 10/17, 31/18 in 172/21.http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO7568.

problems, due to the lack of a unified QA system with common indicators used by all types of service providers.

8. The question of impact of QA and the follow-up of assessment results should be linked to the upskilling of social workers and social care professionals; however, there is little information on that in the EDE national reports. The French report mentioned that deinstitutionalisation can be experienced as a challenge for employees in the care sector as they often become self-employed and experience an 'Uberisation' of the sector.[294] This is something that would need further attention to ensure improved service outcomes for users and better training and working conditions for care workers.

Given the lack of CRPD orientation identified in national quality assurance systems, the lack of strong quality assurance in place to evaluate community-based services (e.g. personal assistance) for persons with disabilities and the low uptake regarding the Voluntary European Quality Framework for Social Services, there is a strong indication that further EU action would be needed to support Member States in their efforts to provide good-quality social services for persons with disabilities. The development of the planned Framework for Social Services of Excellence for Persons with Disabilities is an important step in this direction, but the question of how to ensure better uptake at national level should be adequately addressed in consultation with a broad range of stakeholders (Member States, local authorities, social partners, service providers, civil society etc.).

EU funds have already contributed to the strengthening of quality assurance of social services in a few Member States (e.g. Czechia[295], Estonia[296] and Slovakia[297]) via the Structural Reform Support Programme or the European Social Fund (ESF). In the current multi-annual financial framework, Funds under the Common Provisions Regulation (particularly ESF+, but also the ERDF), as well as the Recovery and Resilience Facility (RRF) can further support social protection systems, including actions to improve the quality of social services. Two of the six pillars set out in the RRF will contribute to tackling poverty and social exclusion; for instance, Portugal has ambitious plans to extend the coverage of social services, including long-term care and actions for persons with disabilities.[298] Erasmus+ could finance cross-country cooperation to improve the skills and training of social care workers and personal assistants to better implement QA systems and to increase their awareness on the disability aspects that should be taken into account (e.g. operationalising CRPD principles in everyday life).

EU co-funded projects across Member States that pilot or develop social services (e.g, through staff training) could be requested to put in place rigorous QA mechanisms, in line with human rights. Considering that personal assistance and other innovative

[294] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, France.
[295] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Czechia.
[296] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Estonia.
[297] EDE (2023), *Disability-relevance of quality assurance systems in social services,* country report, Slovakia.
[298] Source: https://commission.europa.eu/business-economy-euro/economic-recovery/recovery-and-resilience-facility/country-pages_en.

community-based services for persons with disabilities are sometimes co-funded by the EU, such a requirement addressing QA specifically could help to overcome the current trend that leaves those services out of the scope of QA regulations of social services. The representative organisations of persons with disabilities, as well as the associations of service providers, are important stakeholders to engage with in conceptualising which approach would be most suitable to monitor the quality of person-centred services (e.g. Quality of Life concept).

Some promising practices were identified and presented throughout the report on how disability can be considered in quality assurance. There are different ways in which Member States can choose to improve disability mainstreaming when assessing the quality of social services (both mainstream and specialised), by:

- making direct references to CRPD principles in quality frameworks and quality standards to be applicable for all services, including mainstream ones (e.g. self-determination, maintaining maximum independence, accessibility, independently usable and understandable, full inclusion, and participation in all aspects of life);

- including disability-specific indicators to measure service outcomes (e.g. indicators to measure accessibility, or whether service users are supported with mobility, self-care or maintaining social contacts);

- shifting from measuring only formal quality conditions towards assessing outcomes, i.e. how the service contributed to improved quality of life for the individual (e.g. indicators such as ‘Is there written information about the outcomes for the users?’ or ‘Does the service adequately support the maximum independence of users?’);

- making the tools that are used during quality assurance procedures accessible for all persons with disabilities so that they can provide direct feedback on service quality (e.g. publish every set of standards in easy-read format, provide accessible complaint forms in simple language); and

- active involvement of persons with disabilities in conducting and following up quality assurance through co-creation (e.g. user councils).

7 Recommendations

7.1 Recommendations for national governments

- Quality assurance frameworks and processes need to be realistic and tailored to the needs of the users, and should contain clear outcome indicators on supporting people to be fully included in society, including living independently, gaining access to education and training, entering the labour market, et cetera.

- Evaluate regularly the appropriateness of existing QA mechanisms (e.g. activities of the social inspectorates) and make efforts to improve the evaluation of social services and introduce outcome indicators, taking into account the provisions of the CRPD, especially concerning the right to live independently and to be included in the community (i.e. to what extent the implementation of services has led to improved life quality in the community).

- Quality assurance of services for persons with disabilities should be more clearly linked to EU recommendations (in particular, the Voluntary European Quality Framework for Social Services created by the European Commission in 2010 and the Council Recommendation on long-term care adopted in 2022) as well as UN recommendations regarding independent living. This could happen through the development of service-specific quality guidelines for community-based social services that are relevant to persons with disabilities.

- Ensure that all social services used by persons with disabilities are subject to some form of QA and that disability is duly considered in these frameworks, including newly developed person-centred services such as personal assistance. This could be linked to their access to public contracts and tenders. However, QA systems should not overburden administratively persons with disabilities who are employers of their personal assistants, as this may lead to lower uptake of such services.

- In line with the 2022 Council Recommendation on long-term care, secure sufficient resources for quality assurance at national, regional, and local levels and encourage long-term care and social service providers to allocate budgets for quality management and thus ensure that quality principles are adequately implemented.

- Strengthen the involvement of persons with disabilities and their representative organisations in the development, evaluation and improvement of social services through various accessible participatory methods.

- Develop quality assurance systems that equip employees of social and healthcare services with skills to improve service delivery and meet the needs of persons with disabilities, respect their human rights and support their independent living. Working conditions and remuneration of staff should be improved to ensure that they can meet the objectives set and that service delivery is not undermined by structural sectoral (labour and skills) shortages.

- Publish information on the results of QA procedures to inform users, family members and other stakeholders, and to ensure that social inspections are adequately followed up by providers, with a view to putting in place concrete actions to improve service quality.

- ESF+ and other EU funding could be used to support (continue supporting) financially the design and implementation of quality frameworks for social services, which would be made disability-proof, including building on existing initiatives and projects.

7.2 Recommendations for the European Commission

- The European Commission should gain better understanding of the reasons why the existing Voluntary European Quality Framework for Social Services has not been used more widely by Member States and, based on that information, define the added value of a disability-specific quality framework and the necessary channels for its promotion. As QA will remain a fragmented field, often implemented at regional or local levels, the European Commission should reach out to sub-national authorities and stakeholders through the European Committee of the Regions and the European Economic and Social Committee to discuss the concept and dissemination of the forthcoming framework.

- Building on the existing Voluntary European Quality Framework for Social Services and the 'Quality of Life' concept, and in conjunction with the upcoming EU Guidance recommending to Member States improvements on independent living and inclusion in the community, develop dedicated quality principles that would help bringing personal social services into compliance with states' obligations under the CRPD (e.g. publication of easy-to-understand guidelines regarding the quality of services for persons with disabilities).

- The European Commission could provide support to Member States through the planned Framework for Social Services of Excellence for Persons with Disabilities to clarify the quality principles and adequate quality assurance process for community-based and home-based social services to be compliant with the CRPD. It would be relevant to gather the views of different stakeholders, including NGOs representing persons with disabilities, on the necessity and feasibility of quality assurance mechanisms for community-based and home-based services in order to avoid placing a disproportionate administrative and procedural burden on those service users who employ their own assistants from personal budgets.

- Prepare a catalogue with potential indicators that could ensure disability mainstreaming in existing QA frameworks, beyond general mention of user involvement and participation, in line with the human rights approach to disability and with a focus on outcomes.

- Fund independent comparative research into existing quality assurance frameworks for personal social services used by persons with disabilities, and to assess the uptake of the Framework for Social Services of Excellence for Persons with Disabilities across a range of EU Member States over time (with a focus on selected services for comparability).

- The Social Protection Committee (SPC) could consider progress made in supporting principles of independent living of persons with disabilities when monitoring the social situation and social protection policy developments in Europe.

- A holistic approach is needed to address the lack of available social support services and long waiting lists, coupled with a chronic shortage of workforce in the social sector, due to low wages and poor working conditions across the EU. Following up on the European Year of Skills 2023, continue supporting Member States to provide training and upskilling for social workers and social care professionals.

- A dedicated peer review or a series of multi-stakeholder mutual learning events on disability mainstreaming in quality assurance systems could support Member States in exchanging experiences on how to operationalise and integrate principles of the CRPD (e.g. accessibility, participation) into quality assurance systems at national and regional levels both in structures (e.g. indicators) and evaluation processes.

- Putting in place adequate internal quality assurance mechanisms could be requested from social services that receive EU funds (e.g. under ESF+) as a conditionality in future EU funding regulation, as part of the EU's efforts to implement the CRPD (e.g. in line with the forthcoming Framework for Social Services of Excellence for Persons with Disabilities).

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