



Disability-relevance of quality assurance systems in social services

Czechia

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

Disability-relevance of quality assurance systems in social services

Czechia

Jan Šiška

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

LEGAL NOTICE

Manuscript completed in 2024

This document has been prepared for the European Commission however it reflects the views only of the authors, and the European Commission is not liable for any consequence stemming from the reuse of this publication. More information on the European Union is available on the Internet (<http://www.europa.eu>).

Luxembourg: Publications Office of the European Union, 2024

© European Union, 2024



The reuse policy of European Commission documents is implemented based on Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Except otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC-BY 4.0) licence (<https://creativecommons.org/licenses/by/4.0/>). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

Table of contents

1	Executive summary	6
1.1	Definition and framework of the quality of personal social services	6
1.2	Evaluation of the quality of social services	6
1.3	Impact of quality assurance mechanisms	7
1.4	Recommendations for the Czech Republic	7
1.5	Recommendations for the European Commission	8
2	Conceptualising quality of essential services provided directly to the person: framework, definition, and research in the European States	9
2.1	Definitions and frameworks	9
2.2	Research studies and national debates	13
3	Evaluation/assessment of quality assurance for social services	15
3.1	Types of quality assurance	15
3.2	Types of services	18
3.3	The formal bodies	18
3.4	Stakeholders, experts by experience and organisations of persons with disabilities	19
3.5	Methods and methodologies	19
4	The impact of quality assurance mechanisms and systems and promising practices: strengths and weaknesses	24
4.1	The impact of quality assurance mechanisms.....	24
4.2	The role of human rights NGOs, the Ombudsman, and other related offices 24	
4.3	Promising practice.....	25
4.4	Analytic reflection	26
5	Recommendations	27
5.1	Recommendations for the Czech Republic	27
5.2	Recommendations for the European Commission	27

1 Executive summary

1.1 Definition and framework of the quality of personal social services

The Czech Republic is one of only a few EU Member States that have a framework for the quality of personal social services enshrined in law.¹ The Social Services Act² and the framework for the quality of personal social services comply with the United Nations Convention on the Rights of Persons with Disabilities. People with disabilities are given particular consideration in the legal framework.

The framework stipulates that the extent and form of personal social services has to preserve the human dignity of persons. Social services shall be provided in the interest of individuals, and of due quality, in a manner ensuring compliance with the human rights and fundamental freedoms of individuals.

1.2 Evaluation of the quality of social services

The formal quality assessment process is stipulated by law and operationalised through quality standards.³ The quality standards draw on principles of human rights, the individualisation of support, professional expertise and security.

Registered service providers (public, private, NGOs) have to comply with the quality standards. Assessment of the quality of social services is carried out by the Ministry of Labour and Social Affairs (MoLSA) inspection team at the site of the respective social service provider. MoLSA is authorised to impose measures on the social service provider to eliminate deficiencies identified during the inspection.

Some service providers and a social services association have developed informal instruments for evaluating the quality of their services, with the aim of monitoring progress and outcomes. For example, the so-called voluntary Superstructure Model of Quality in Social Services⁴ was recently developed and tested by an expert team, supervised by MoLSA, with the support of EU funds. The core principles of the framework include systems management; a person-centred approach; best practice; mutually beneficial relationships; a learning organisation; building a healthy organisational culture; efficiency; fact-based management; social responsibility; and achieving outcomes. However, there is an absence of information about the impact of the project and how its findings are maintained and sustained, and how it could be further implemented by service providers.

1 Šiška, J. and 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/>.

2 Social Services Act 108/2006 (*Zákon č. 108/2006 Sb. Zákon o sociálních službách*), Article 2, available at: <https://www.zakonyprolidi.cz/cs/2006-108#cast1>.

3 See: <https://www.mpsv.cz/standardy-kvality-socialnich-sluzeb>.

4 See: <https://rpg.mpsv.cz/nadstavbovy-model-kvality-socialnich-sluzeb/>.

1.3 Impact of quality assurance mechanisms

The legal framework for quality assurance was seen by many as a driver for change towards empowering service users and improving the quality of social services. Undoubtedly, the quality assurance mechanism articulated by the Social Services Act has had a significant positive impact on the quality of social services, and to some extent on self-determination and independent living for persons with disabilities. However, the quality standards have come under criticism from service providers. Although the quality of life of service users is reflected to some extent in the quality standards, overall, the standards and the inspection methods focus on assessing processes rather than outcomes. The processes themselves are assessed with regard to the presence of documentation as evidence of meeting requirements, defined by the quality of support rather than by the quality or by the nature of the relationships between staff and those in receipt of services.

In addition to the formal quality assurance system, there are a number of informal instruments for evaluating the quality of services developed by an expert group under MoLSA and service providers themselves and their association. Some of these instruments are presented in the study supported by EU funds.⁵ There is an absence of evidence and information in general about the long-term impact of these informal approaches from the perspective of independent living. This is particularly true for MoLSA's EU-funded Superstructure Model of Quality in Social Services project.⁶ Information on whether the project outcomes are being implemented and sustained seems to be incomplete.

1.4 Recommendations for the Czech Republic

Take necessary measures to better inform persons with disabilities and their families, organisations of persons with disabilities and other stakeholders about the results of quality assessments conducted as part of the formal assessment framework.

Strengthen the personal and professional capacity of the MoLSA inspection unit and improve the quality assurance planning. The core focus of the quality assurance should be on improving quality rather than responding to complaints.

Explore the feasibility and sustainability of the frameworks recently developed by different stakeholders, with a forward-looking focus on how service providers, municipalities and regional/local authorities, and other relevant stakeholders, have used the frameworks, whether they would continue to use them and what support would be needed for them to do so.

⁵ See: https://www.pecovatelskasluzba.cz/files/Zaverecna_zprava_Analyza_modelu_kvality_final.pdf.
⁶ See: <https://rpg.mpsv.cz/nadstavbovy-model-kvality-socialnich-sluzeb/>.

1.5 Recommendations for the European Commission

The European Commission should support and disseminate innovative practices for measuring the quality of services⁷, with the aim of stimulating their implementation in the EU Member States, including the Czech Republic.

The European Commission should better channel the evaluation of EU-funded disability-related projects. The aim should be to determine the relevance and level of achievement of project objectives, development effectiveness, efficiency, impact and sustainability. Such evaluations would feed the lessons learned into the decision-making process of stakeholders, including government authorities, service providers, organisations of persons with disabilities and other partners.

An exit or phase-out plan should be a requirement for the EU-funded projects relevant to disability support services in order to ensure that project outcomes are sustained after the project's completion, including the transfer of knowledge across the EU Member States.

⁷ Such as those outlined in Šiška, J. and 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/>.

2 Conceptualising quality of essential services provided directly to the person: framework, definition, and research in the European States

2.1 Definitions and frameworks

The quality framework for all types of registered social services is defined by the Social Services Act. The quality framework is operationalised through quality standards.⁸

The Act regulates conditions governing assistance and support to physical persons (individuals) in adverse social situations provided through social services and care allowance; conditions governing the registration of social services providers; the execution of public administration in the area of social services; quality assurance in social services; and prerequisites for the performance of social services activities.

The legal framework for quality assurance in social services is built on the following principles:

- human rights: the service provider monitors and ensures compliance with the human rights of the service user;
- individualisation of support: the support service respects the individual needs of the user and sets the means and objectives to fulfil them;
- expertise: the structure of human resources corresponds with the nature of the services provided. The on-going training of staff aligns with the needs of service users; and
- security: the environment in which support is provided is secure and ensures opportunities for a natural way of life.

The service providers must be registered with MoLSA regardless of whether they are private, public or NGOs. All registered service providers must comply with the quality framework stipulated by Social Services and by Edict to this Act on Quality Standards.

The quality standards for social services are as follows:

1. Objectives and ways of providing social services. The provider has defined and published, in writing, the mission, objectives and principles of the social services and the group of persons to be determined in accordance with the stipulated law by the principles of social services, the type of social service and the individually determined needs of service users. The provider has written documentation showing the workflows followed, and guarantees the proper course of the provision of social services.

The provider produces and applies internal rules for the protection of persons from prejudice and negative stereotypes that might occur as a result of the provision of social services.

⁸ Quality Standards, Annex No. 2 of MoLSA, Decree 505, 2006 on implementing regulation to the Social Services Act 108/2006.

2. Protection of people's rights

- The provider has written policies and procedures for preventing situations in which the human rights and freedoms of persons could be violated in connection with the provision of social services, and for the procedure in the event of a breach of these rights.
- The provider has written policies and procedures relating to situations involving conflicts of interest, including the rules for solving them.
- The provider has written policies and procedures relating to receiving gifts.

3. Negotiations with interested parties

- The provider has written rules and procedures that are used to inform those with an interest in the use of social services in a comprehensible way about the possibilities and conditions of the provision of social services.
- The provider shares the requirements, expectations, and personal objectives with the potential client.
- The provider has written rules and procedures for the rejection of the interested parties for the social service for reasons stipulated by law.

4. Agreement on the provision of social services between the service provider and the service user

- The provider has written rules and procedures for determining a social service contract between the service provider and the service user.
- The provider communicates and concludes the contract in such a way that the person understands the content and purpose of the contract.
- The provider agrees with the scope and course of the provision of social services with regard to the personal objectives and preferences of the person.

5. Individual Planning

- The provider has written rules and procedures appropriate to the type and mission of the social service governed by the planning and the method of re-evaluating the process of providing the service.
- The provider plans together with the person the nature of the social services provided, according to the personal objectives and capabilities of the person.
- The provider, together with the person, continuously assesses whether their personal objectives are being fulfilled.

6. Documentation on the provision of social services

- The provider has written rules and procedures for the processing, management and registration of documentation on persons to whom the social service is provided, including the rules for inspection of the documentation.
- The provider keeps an individual's record anonymous at their request.

- The provider has a set period of time that they keep the documentation on the person after the end of the provision of the service.
7. Complaints about the quality or manner of providing social services
- The provider has written policies and procedures for submitting and handling complaints from persons about the quality or manner of providing social services.
 - The provider informs persons about the possibility of lodging a complaint; in which form to submit the complaint; to whom it is possible to turn; who will handle the complaint; and how, if necessary, to choose a representative for submitting and handling the complaint.
 - The provider registers complaints and handles them in writing within a reasonable period of time.
 - The provider informs persons of the option to have recourse to the provider's superior authority or to an institution monitoring compliance with human rights in the event of dissatisfaction with the handling of a complaint, with a request to investigate the complaints-handling procedure.
8. Continuity of the social service provided with other available resources
- The provider does not replace commonly available public services and creates opportunities for a person to use such services.
 - The provider provides the person with the services of other natural and legal persons according to their individually determined needs.
 - The provider supports the person in relationships with the natural social environment; in the event of a conflict arising in these relationships, the provider maintains a neutral position.
9. Personnel and organisational provision of social services
- The provider has a written structure and number of jobs, job profiles, qualification requirements and personal characteristics of employees.
 - The provider has a written internal organisational structure in which the authorisations and obligations of individual employees are determined.
 - The provider has written internal rules for hiring and training new employees and natural persons who are not in an employment-legal relationship with the provider.
10. Professional development of employees
- The provider has a written procedure for the regular evaluation of employees, which includes the determination, development and fulfilment of professional goals and the need for further professional qualifications.
 - The provider has a written programme of continuing education for employees.
 - The provider has a written system for the exchange of information between employees about the social service provided.

- The provider has a written system for the financial and moral evaluation of employees.
 - The provider ensures the support of an independent qualified expert for employees who perform work directly with persons who are provided with social services.
11. Local and temporal availability of the social service provided: the provider determines the place and time of providing the social service according to the type of social service, the persons to whom it is provided and their needs.
12. Information about the social service provided: the provider has produced a set of information about the social service provided, in the form of a comprehensive list of persons for whom the service is intended.
13. Environment
- The provider ensures that material, technical and hygienic conditions are appropriate to the type of social service provided and to its capacity, the range of people and the individually determined needs of people.
 - The provider provides residential or outpatient social services in an environment that is dignified and that corresponds to the group of people served and their individually determined needs.
14. Emergencies and emergency situations
- The provider has a written definition of emergency and emergency situations that may occur in connection with the provision of social services, and the procedure for dealing with them.
 - The provider verifiably familiarises employees and persons to whom it provides social services with the procedure for accidents and emergency situations and creates conditions so that employees and persons are able to use the established procedures.
 - The provider maintains documentation on the progress and resolution of emergency and emergency situations.
15. Improving the quality of social services
- The provider continuously checks and evaluates whether the method of providing the social service is in accordance with the defined mission, goals and principles of the social service and the personal goals of individuals.
 - The provider has written internal rules for determining people's satisfaction with the way in which social services are provided.
 - The provider uses quality complaints for quality improvement.

The proposal for the social services legislation was prepared during the period from 2002 to 2005. The law came into force in 2006, before the CRPD was signed and opened for ratification. The CRPD is therefore not explicitly mentioned in the Act. However, it can be stated that the formal quality framework operationalised through quality standards aligns with the CRPD principles in terms of human rights; self-

determination; interpersonal relationships; social inclusion; personal development; material, physical and emotional wellbeing; and maintaining maximum independence.

Since the voluntary European Quality Framework for Social Services was launched only in 2010, four years after the Social Services Act came into force, it was not considered in that Act.

2.2 Research studies and national debates

- Jan Šiška, Pavel Čáslava, Jiří Kohout, Julie Beadle-Brown, Zuzana Truhlářová & Markéta Kateřina Holečková (2021), *What matters while assessing quality of social services?*⁹

The aim of this study was to explore how stakeholders perceived the quality of social services, with a particular focus on (1) what participants rated as important; (2) the relative importance of each domain and how that differed across stakeholder groups; and (3) whether importance varied by participant characteristics. A specially designed questionnaire was completed by 217 service providers, 249 public administration representatives and 205 service users of residential care and in-home support. The subjective quality of life of service users was rated as the most important indicator of service quality by all three stakeholder groups. Particularly important were items that related to the nature of the relationships and interactions between staff and service users. There were some differences between stakeholder groups and by respondent characteristics – public administration respondents, older service users and providers of residential care were more likely to rate health care as more important than other respondents. Implications for how quality is measured are discussed. The study also inquired whether the providers use other frameworks in addition to formal quality standards. The vast majority of services providers use only a formal quality assessment framework.¹⁰

- Hanková, M., Kalenda, S. and Beadle-Brown, J., '2.6 Personal assistance as a support for the quality of life of people with disabilities', in Šiška, J., and Beadle-Brown, J. et al. (2021), *The development, conceptualisation and implementation of quality in disability support services*, Praha, Karolinum Press.

This study focused on the outcomes, processes and the lessons learned from the introduction of personal assistance in the Czech Republic, drawing on a research evaluation of the impact of personal assistance on the quality of life of people with disabilities. Based on the results of the study, the authors formulated the following quality-related recommendations for service providers: Service providers should: '(1) identify and negotiate the time frame of providing social services with respect to users' current needs in terms of keeping them in a natural family environment or in

⁹ Šiška, J., Čáslava, P., Kohout, J., Beadle-Brown, J., Truhlářová, Z. and Holečková, M.K, 'What Matters While Assessing Quality of Social Services? Stakeholders' Perspective in Czechia', *European Journal of Social Work* 24/5, 2021, pp. 864–83.
<https://doi.org/10.1080/13691457.2021.1934411>.

¹⁰ Šiška, J., Čáslava, P., Truhlářová, Z. and Kohout, J, *Průběžná zpráva z výzkumu Pracovní skupina III Hodnocení kvality sociálních služeb prizmatem aktérů 2022* (Interim Research Report on Assessment of Quality in Social Services from Stakeholders' Perspective), https://rpg.mpsv.cz/wp-content/uploads/2022/05/Pr%C5%AFb%C4%9B%C5%BEen%C3%A1-zpr%C3%A1va_final-kv%C4%9Bten-2022.pdf.

communities; (2) focus on the transfer of information among individual employees of the social service leading to the specification of the course of its provision to individual users (including the framework of entries in individual plans), or work with information and insights by the employees in team meetings or in other ways; (3) specify and negotiate so that the newly identified individual needs of the users are included in the provider's workflows in obligatory working procedures, *inter alia* to ensure uniform support of the client by different assistants and to review clients' risk plans for specific situations so as to ensure a unified approach by employees and to create space for exercising the user's legitimate rights and interests; (4) focus on targeted work not only with users, but also with their family members, in the sense of supporting users in their greater independence and the ability to live in the normal way, like their peers, and focusing direct support of users to promoting their interests, among them long-term targeted communication with their family members (or guardians).

- Public Defender of Rights, *Report on the Systematic Visits to Residential Type Facilities for Persons with Disability 2020*¹¹

Since 2018, the Public Defender of Rights (Ombudsman) has inspected a number of residential-type facilities for people with disabilities, with the following findings. In some facilities, services are still provided in the spirit of institutionalism, even though services should be provided in accordance with respect for the individual needs and preferences of clients. Two of the facilities visited were still male only, and one facility had only recently accepted clients of the opposite sex. In most of the facilities visited, clients did not receive individualised support, especially in the areas of communication, intimate and family life, independent movement, and decision making about their own lives. Most of the facilities visited were short of staff and faced problems with employing qualified workers. The consequence of an understaffed service was limitations in individualised care and provision of only essential activities during service provision (meals, hygiene). The facilities themselves alerted the Ombudsman to the inadequate availability of health services, especially the care of general practitioners and specialists.

¹¹ See: Public Defender of Rights (2020), *Domov pro osoby se zdravotním postižením* (Report on the Systematic Visits to Residential Type Facilities for Persons with Disability), https://www.ochrance.cz/uploads-import/ESO/11-2017-NZ-OV_souhrnna_zprava_DOZP.pdf.

3 Evaluation/assessment of quality assurance for social services

3.1 Types of quality assurance

The Czech Republic is one of the countries in the EU in which the quality of the quality assurance process is embedded in law (Social Services Act 108/2006 and Decree 505/2008).¹²

The law was developed with the aim of providing a framework in which the support provided would be:¹³

- available – in terms of the type of aid, regional availability, information availability and economically;
- effective – support should be tailored to meet the individual needs of the person and not the ‘needs’ of the system;
- high-quality – quality should be assured by an approach which corresponds with the best of current knowledge;
- safe – it does not limit the legitimate rights and interests of persons; and
- cost-effective – public and personal expenses are used to provide assistance covering the objectified range of needs.

The assessment process takes the form of inspection visits and the compilation of inspection reports. Inspection of the provision of social services (hereinafter referred to as ‘inspection’) is carried out by a MoLSA inspection team at a site of the respective social service provider. The inspection team consists of at least three members in the case of an inspection of residential social services. In other cases, it involves at least two members. 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.

MoLSA is authorised to impose measures on the social service provider to eliminate deficiencies identified during the inspection. The service provider has a duty to comply with the imposed measures within the period set by MoLSA and to submit a written report on their compliance if MoLSA requests it. After submitting a written report on the fulfilment of the imposed measures, a subsequent inspection may be carried out.

Quality assessment is operationalised through a set of criteria (properties and characteristics) – quality standards. The quality standards are assumed to stimulate service providers to fulfil the interests and needs of service users and contractors (public authorities). The law stipulates that the core assignment of social services is to enable people who are in an unfavourable social situation to remain equal members of society and to live independently, in contact with other people and in a natural social environment. The aim of the set of quality standards (QS) is to identify whether the support provided enhances the personal growth and independence of service users.

¹² Šiška, J. and 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/>.

¹³ Parliament of the Czech Republic, House of Commons, 2005, IV, Election period, 1102, Government bill on social services.

As a set of measurable and verifiable criteria, the quality standards describe what a quality social service should look like. An additional purpose of the QS is to allow in a demonstrable way an assessment of the quality of the service provided. An important characteristic of the QS is their universality. They are applicable to all kinds of social services, not only to services provided exclusively to persons with disabilities, old people, etc.

The Social Services Act came into force with high and relatively unified expectations on the positive impact of the law on service quality, shared by stakeholders such as service providers, policy makers and public administration, and by organisations representing service users, such as organisations of persons with disabilities. Nevertheless, the issue of assessing quality of social care services has been challenged by stakeholders. Although the quality of life of service users is reflected to some extent in the quality standards, overall, the standards and the inspection methods focus on assessing processes rather than outcomes. The processes themselves are assessed in terms of the presence of documentation as an evidence of meeting requirements defined in the quality standards, such as documentation on person-centred plans, contracts between service providers and service users on service provision, the presence of complaint mechanisms etc. rather than the quality of support or the nature of the relationships between staff and those in receipt of services.¹⁴

Besides the formal quality assessment system, there are several disability-relevant informal systems for the evaluation/monitoring of the quality of social services that are used by some service providers. The findings of a study conducted for MoLSA and financed by EU funds¹⁵ on mapping service providers' attitudes to quality assessment suggests that the service providers regard the formal QS as a required quality framework. According to the participants, the improvement of quality of services requires much more. As a result, some service providers seek assessment models that would consider qualitative indicators the same as the procedural features of their operation. The respondents of the study see the informal models and approaches as an opportunity for making progress, and for improving their creativity. Almost half of the organisations participating in the study saw the effectiveness of any informal quality assessment model in the capacity of the model or the approach to bring about necessary positive change into their organisations.

The second aim of the study was to identify what additional quality models are implemented, and what knowledge service providers have gained from their implementation. The findings suggest that the issue of improving service quality through informal quality assessment approaches is supported by the employees. The service providers from the study are looking for their own ways to improve quality within the organisations as a whole and their management. Their motivation for investigating quality assessment alternatives comes either from their own interest and effort to improve the services provided and/or it is a result of external forces. The construction and implementation of alternative models provides a space for creativity,

¹⁴ Šiška, J., Čáslava, P., Kohout, J., Beadle-Brown, J., Truhlářová Z. and Holečková, M.K., 'What matters while assessing quality of social services? Stakeholders' perspective in Czechia', *European Journal of Social Work* 24/5, 2021.

¹⁵ *Analýza existujících modelů kvality v sociálních službách v ČR Závěrečná zpráva zpracováno pro MPSV ČR, SocioFactor s.r.o. 2019.*

activity and the use of one's own potential. The engagement of organisations also corresponds with their efforts to have their performance effectively measured (tested), and to have better evidence of quality. Nevertheless, the study indicates that the attitudes of organisations towards the possible standardisation of quality assessment methods remain unclear. A concern is that the process might eventually succumb to bureaucracy and ultimately fail to serve its original purpose.

There appears to be a need to demonstrate more examples and options so that organisations can decide on a model that would help them fulfil their individual expectations. Service providers need long-term and consistent support, including information on the complexity of change processes, to make informed decisions.

- Example 1: the Superstructure Model of Quality in Social Services¹⁶

The Superstructure Model of Quality in Social Services is an incentive programme led by MoLSA for the development of quality in the provision of social services, beyond the formally defined obligations for providers, including the quality standards. The development of the programme was supported by the EU Funds during the period 2017-2022.¹⁷ The programme is presented as drawing on the principles of the voluntary European Framework for the Quality of Social Services. The programme is open to all registered social service providers within the Czech Republic. The service provider that succeeds in the programme is the one which, in the initial self-evaluation and in the subsequent evaluation of service provision, proves that the services provided comply with the quality criteria. The superstructure model builds on 10 core principles. Each principle is operationalised through specific requirements. Fulfilment of the principles and their individual requirements is a prerequisite for the award of the quality certificate. The evaluation itself includes the following procedures: content analysis of documentation, presentation of the provider, on-site examination – interviews with users, observations, interviews with employees. The results associated with the fulfilment of the requirements should primarily serve the social service provider in improving the quality of particular support services.

The project came to an end in December 2022. There is an absence of information about the project's follow-up and about whether project results are sustained.

- Example 2: Client Audit¹⁸

The Client Audit (audit of the quality of life in a residential service) is a method for the evaluation 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 is grounded in the belief that the

¹⁶ See: https://rpg.mpsv.cz/wp-content/uploads/2022/03/RPQ_00_Metodika_pro_hodnotitele_v5.pdf.

¹⁷ European Social Fund, Employment operational programme, MoLSA individual project: Development and support of quality models for the social services system, CZ.03.2.63/0.0/0.0/15_017/0006219, [RPQ_00_Metodika_pro_hodnotitele_v5.pdf \(mpsv.cz\)](https://rpg.mpsv.cz/wp-content/uploads/2022/03/RPQ_00_Metodika_pro_hodnotitele_v5.pdf).

¹⁸ See: 'Klientské audity v sociálních službách' ('Client audits in social services'), <https://rytmus.org/onas/audity-v-socialnich-sluzbach/>.

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, is only their professional view. On the contrary, if the evaluation is carried out by those who are not users of the service but potentially could be, there is a greater probability of getting closer to the clients in the evaluation. The NGO Rytmus has been carrying out the client audits since 2010, inspired by the Austrian organisation Atempo. Rytmus constructed its own evaluation method that better corresponds to Czech circumstances. As of now, several facilities have passed audits – mostly sheltered housing and homes for people with disabilities.

- Example 3: The Quality Mark in Social Services¹⁹

This voluntary scheme was developed by the Association of Social Service Providers in 2011. The aim of the Quality Mark in Social Services is to provide potential service users or those interested in it, and their family members, with information about the quality of a given social service facility. The scheme evaluates quality criteria from the point of view of external experts and of service users and their families. The questionnaire for service users and for family members is the key instrument for collecting data about the quality. The main purpose of the questionnaire is to verify the information provided by the service provider regarding the assessment criteria. The assessment criteria include Living, Meals, Culture and Leisure Time, Partnership, and Care. This quality assessment programme is intended for day services for persons with disabilities, rather than for residential-type service for persons with disabilities.

3.2 Types of services

The law stipulates the quality assessment process (inspection) of the provision of social services. The main objective of the service quality assessment through inspection is to ensure the protection of the interests of persons to whom social services are provided and to improve the service quality. All registered service providers (public, private, NGOs), including those for persons with disabilities and intellectual disabilities, are potentially objects of formal service quality assessment/inspection.

Social services used by persons with disabilities as well as other social services are not required to carry out an additional informal assessment or evaluation. However, some do so for their own interest or needs.

3.3 The formal bodies

MoLSA is authoritatively responsible for implementing the formal quality assessment of social services. Since January 2015, performance of the inspections has been centralised under MoLSA. The quality inspection is defined as 'state control' stipulated by law.²⁰

¹⁹ See: <https://www.znackakvality.info/>.

²⁰ See: Act of the Czech National Council on State Control No. 552/1991 (*Zákon č. 552/1991 Sb. Zákon České národní rady o státní kontrole*), <https://www.zakonyprolidi.cz/cs/1991-552>.

The MoLSA inspection unit sets up a semi-annual inspection visit planning calendar. Anecdotal evidence suggests that these plans are prepared based on MoLSA ad hoc practice rather than on a methodologically robust planning scheme. In addition, due to a shortage of inspection personnel, inspections seem to be initiated primarily by individual complaints. Anecdotal evidence suggests that many service providers have never been directly confronted with quality inspections.

3.4 Stakeholders, experts by experience and organisations of persons with disabilities

The formal assessment of quality in social services is embedded in law. Persons with disabilities participate in the process as informants through interviews. The method of selecting respondents/clients for the interview is negotiated within the framework of the initial meeting with the provider. A method of selection must be established that guarantees its impartiality. When selecting respondents/clients, the range of the target group of people to whom the service is provided must be considered, while respecting the even stratification of respondents/clients within the target group. It is common to conduct at least three interviews with the clients of residential-type social services and at least two interviews at outpatient and field services. Before the start of the interview, the selected respondent/client must be informed about the option to refuse the interview and the requirement to give consent to the interview in the presence of the representative of the provider.

Some partial amendments to the Social Services Act have been made since the Law came into force in 2006. For example, responsibility for carrying out inspections has been taken away from regional authorities and centralised under MoLSA. The main national organisation of persons with disabilities is formally consulted about such proposals for amendments in legislation.

As mentioned above, MoLSA coordinated the EU-funded project with the aim of developing a voluntary informal quality assessment instrument that would regulate the quality of social services beyond the legally defined obligations of service providers formulated in the quality standards.²¹ External experts representing providers of social services participated in the development of the instrument. Reports on the results of the programme lack information about sustainability and dissemination of the project results after the project's completion.²²

3.5 Methods and methodologies

The focus of the formal quality assurance process draws on the principles formulated in the Social Services Act: 'The scope and form of help and support provided through social services must protect the human dignity of persons. Support must be based on the individually determined needs of persons ... support the development of their independence, motivate them to such activities that do not lead to the long-term

²¹ European Social Fund, Employment operational programme, MoLSA individual project: Development and support of quality models for the social services system CZ.03.2.63/0.0/0.0/15_017/0006219, [RPQ 00 Metodika pro hodnotitele v5.pdf \(mpsv.cz\)](#).

²² European Social Fund, Employment operational programme, MoLSA individual project: Development and support of quality models for the social services system, CZ.03.2.63/0.0/0.0/15_017/0006219, [RPQ 00 Metodika pro hodnotitele v5.pdf \(mpsv.cz\)](#).

persistence or deepening of an unfavourable social situation, and strengthen their social inclusion. Social services must be provided in the interest of persons and in an appropriate quality in such a way that the respect for human rights and fundamental freedoms of persons is always consistently ensured'.²³

The formal quality assurance process focuses on the compliance of the support that is provided with the quality standards, and takes the form of inspection visits. The monitoring process – inspection – includes the following methods:

- interviews with randomly selected service users;
- interviews with a staff member, who is intended to provide supplementary information, especially in situations where, due to 'substantial impairment of cognitive and expressive abilities', the inspector cannot conduct an interview with the service user;
- document analysis (contracts between service providers and service user, individual plans, etc.); and
- observations (physical environment, activities, privacy, etc.).

Inspections of the provision of social services take place unannounced. This arrangement is considered by MoLSA to be efficient. It is argued that the direct entry of the inspection team into the reality of social service provision without prior notice provides an unbiased picture of direct work with service users and fulfilment of the requirements of the quality standards. Another reason for which MoLSA opted for conducting unannounced inspections was that information was obtained from some service providers detailing their experience of measures not normally in place being taken shortly before the announced inspection. For instance, some providers immediately completed the missing documents for the inspection; instructed employees on how to respond and what they may and may not say; or 'improved' the social service environment. There were also cases of staff instructing service users prior to inspections, and 'simulating' the quality of care for clients by increasing personal hygiene or intensive care before the arrival of inspectors.²⁴ Following to a revision of the regulations for the inspection process, in the future the focus should be more on monitoring the quality of interactions and the nature of the support received by people receiving services. The possibility of undercover investigations should also be an option for inspectors.

²³ See: Social Services Act 108/2006 (*Zákon č. 108/2006 Sb. Zákon o sociálních službách*), Part 3, <https://www.zakonyprolidi.cz/cs/2006-108#cast3>.

²⁴ See: *Zpráva o činnosti odboru inspekce sociálních služeb za rok 2017 (Report on the activities of the inspection department social services for 2017)*, <https://www.mpsv.cz/documents/20142/225517/Zpr%C3%A1va+o+%C4%8Dinnosti+odboru+inspekce+soci%C3%A1ln%C3%ADch+slu%C5%BEeb+O24+za+rok+2017.pdf/16063e81-31e2-ae46-ed1e-ecdf17a72ade>.

Regarding the indicators and the principles: the Social Service Act²⁵ provides the framework, principles, and indicators (quality standards) for the national quality assurance process.

Principles/indicators	Compliance	Evidence
UN CRPD (1) social services must support people to maintain the highest level of independence and physical, mental, social and vocational ability,	Yes	<i>(2) The scope and form of help and support provided through social services must preserve the human dignity of persons. Support must be based on the individually determined needs of persons, must act on persons actively, support the development of their independence, motivate them to such activities that do not lead to the long-term persistence or deepening of an unfavourable social situation, and strengthen their social inclusion. Social services must be provided in the interest of persons... (Social Services Act 108/2006, Article 2)²⁶</i>
(2) support full inclusion and participation in all aspects of life and independent living	To some extent	See above. Quality Standard No. 8 a) <i>The provider does not replace commonly available public services and creates opportunities for a person to use such services.</i>
EU Quality Framework: (1) Available	Yes	Quality Standard No. 11. <i>Geographical and time availability of the provided social service. The service provider determines the place and time of providing the social service according to the type of social service, the group of people to whom it is provided, and according to their needs. (see also next point (2) Accessible)</i>
(2) Accessible	To some extent	The Social Services Act and the Quality Standards do not spell out principles or indicators for accessibility. However, the Act operates within the concept of a network of social services. In this way, the Law defines a network of social services as a collection of social services that, in sufficient capacity, of

²⁵ See: Social Services Act 108/2006 (*Zákon č. 108/2006 Sb. Zákon o sociálních službách*), Article 2, available at: <https://www.zakonyprolidi.cz/cs/2006-108>.

²⁶ Social Services Act 108/2006, (*Zákon č. 108/2006 Sb. Zákon o sociálních službách*), Article 2, available at: <https://www.zakonyprolidi.cz/cs/2006-108#cast1>.

		appropriate quality and with adequate local availability, help to solve the adverse social situation of people in the territory of the region, and are in accordance with the identified needs of people in the territory of the region and available financial and other resources. The network of social services is part of the medium-term plan for the development of social services in the respective regions.
(3) Affordable	No	There is an absence of principles or indicators on the affordability of services.
(4) Person-centred	Yes	Quality Standard No. 5. <i>Individual planning of the course of the social service a) The provider has written internal rules for individual planning. b) The provider plans together with the person the course of social service provision with regard to the person's personal goals and needs. c) Together with the person, the provider continuously assesses whether their personal goals are being met.</i>
(5) Comprehensive	To some extent	Quality Standard 11. Goals and methods of providing social services. a) <i>The provider has defined and published in writing the mission, goals and principles of the provided social service and the range of persons to whom it is intended, in accordance with the basic principles of providing social services established by law, the type of social service and the individually determined needs of persons to whom the social service is provided.</i>
(6) Continuous	Yes	Quality Standard No. 15. Improving the quality of social services. a) <i>The service provider continuously checks and evaluates whether the method of providing the social service is in accordance with the defined mission, goals and principles of the social service and the personal goals of individuals.</i>

<p>(7) The training of the workforce</p>	<p>Yes</p>	<p>Social Services Act: <i>The employer is obliged to provide the worker with further education in the amount of at least 24 hours per calendar year.</i></p> <p>Quality Standard No. 10. <i>Professional development of employees. b) The provider has a written programme of continuing education for employees; the provider proceeds according to this programme.</i></p>
--	------------	---

4 The impact of quality assurance mechanisms and systems and promising practices: strengths and weaknesses

4.1 The impact of quality assurance mechanisms

After the inspection is completed and documented, the respective service provider receives the inspection report. The provider is obliged to submit a written response on the measures taken and their implementation to eliminate identified deficiencies. If the provider does not fulfil the imposed measures to eliminate the deficiencies within the specified period (often 30 days) or does not submit a written report, it commits an administrative offence. If the provider fails to meet the deadline for submitting a written report, it may be subject to a fine, as regulated by the State Control Act.²⁷

The inspection reports are not systematically published. According to the relevant amendment to the Act on Social Services, information on the results of the performed inspection is published only in the electronic register of social service providers.²⁸ The electronic register is administrated by MoLSA.

However, social service providers have a duty to inform a particular service user or the legal representative about serious failings that are found during the inspection, or which concern the person in question. Nevertheless, the law falls short of stipulating that service providers must make the results of the inspection available to other service users, to any other private person or to the general public.

Despite the strengths of the formal quality assurance system in improving the quality of social services for persons with disability, the long-term impact of the mechanism is limited due to the ad hoc and non-systematic nature of inspection visits, in terms of time and location. The assessment is focused primarily on processes rather than on outcomes, and the results of inspections are not available to service users or the general public.

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

The Public Defender of Rights²⁹ is another national body involved in quality assessment.

By adopting the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Czech Republic has committed to the establishment of an independent body that conduct visits to places where persons are restricted in their liberty. Since 2006, the Public Defender of Rights (Ombudsman) has been carrying out systematic visits to places where there are, or may be, people restricted in their freedom by a public authority or because of their

²⁷ See: Act of the Czech National Council on State Control No. 552/1991 (*Zákon č. 552/1991 Sb. Zákon České národní rady o státní kontrole*), <https://www.zakonyprolidi.cz/cs/1991-552>.

²⁸ See: http://iregistr.mpsv.cz/socreg/vitejte.fw.do?SUBSESSION_ID=1680270146274_1.

²⁹ See: 'Vejný ochránce práv navštívuje zařízení, ve kterých se nacházejí osoby omezené na svobodu. Zjistil několik porušení' ('The public defender of rights visits facilities where persons restricted in their liberty are kept and found several violations'), *Právo 21*, 11 July 2019, <https://pravo21.cz/spolecnost/verejny-ochrance-prav-navstevuje-zarizeni-ve-kterych-se-nachazeji-osoby-omezene-na-svobode-zjistil-nekolik-poruseni>.

dependence on the care provided.³⁰ The aim is to strengthen the protection of such persons against torture; cruel, inhuman or degrading treatment or punishment; and other ill treatment.

The Ombudsman prepares a report based on the visits, which may include proposals for remedial measures. The facility is invited to comment on the findings and proposed recommendations, i.e., to state whether it has already implemented the proposed measures, or to state the date of their implementation, or to propose an alternative. If the facility does not fulfil its obligation to cooperate with the Ombudsman or, following the detection of an instance of misconduct, does not take sufficient measures to correct it, the Ombudsman can inform the superior authority. The Ombudsman is also authorised to make a follow-up visit to the facility in order to monitor how the facility complies with the recommendations.

In the report for the period covering 2018 and 2019,³¹ the Ombudsman reported on the poor situation in some social services. The report pointed out the absence of an independent complaints mechanism.

Since 2018, the Ombudsman has held the role of independent monitoring body in respect of the Convention on the Rights of Persons with Disabilities.³² The Ombudsman has conducted a series of visits to several residential-type facilities for persons with disabilities, with the focus on the right to an independent way of life; the specifics of providing services to a child; the right to personal and family life; and the right to healthcare. The results of the study indicate that some residential-type facilities for persons with intellectual disabilities still correspond to an institutional type of care as opposed to providing community-based support.³³

4.3 Promising practice

Despite some limitations, the Czech formal quality assurance system can be seen as an example of promising practice that has had some impact on improving the quality of social services. It could, at least in some parts, be an inspiration for other EU Member States. The system generally complies with the CRPD. People with disabilities – service users – are included in judging the quality of social services through interviews during the visits. The social services are encouraged to tailor the support around needs and preferences of individuals. Service users are involved in the assessment process. The service providers are encouraged to systematically provide their employees with opportunities for their professional development. The formal quality assurance system covers all types of registered social services: public, private, NGOs across the state, residential type services for persons with disabilities, for old people, daycare centres etc. MoLSA is the authority responsible for the quality assurance system. Detailed information about methods, assessment criteria and the involvement of persons with disabilities in the assessment process are provided in the above sections.

³⁰ Act on the Public Defender of Rights 349/1999 (*Zákon č. 349/1999 Sb., o veřejném ochránci práv*).

³¹ Public Defender of Rights, 'Dohled nad omezováním osobní svobody' ('Supervision of restrictions on personal freedom'), <http://www.ochrance.cz/ochrana-osob-omezenych-na-svobode/>.

³² See: <https://www.ochrance.cz/pusobnost/monitorovani-prav-osob-se-zdravotnim-postizenim/>.

³³ See: https://www.ochrance.cz/uploads-import/ESO/11-2017-NZ-OV_souhrnna_zprava_DOZP.pdf.

4.4 Analytic reflection

The national formal quality assessment system, including the quality standards, was introduced as part of Social Services Act 108 in 2006. The system reflects human rights principles and the social inclusion of service users as an overarching aim. Nevertheless, the discussion around how service quality should be conceptualised and formally assessed continues. Although some elements of the quality of life of service users are mirrored in the quality standards, overall, the formal system, quality standards and the inspection mechanism emphasise the assessment of processes rather than service outcomes. The processes are measured in terms of the presence of documentation as evidence of meeting requirements defined in the quality standards such as documentation relating to person-centred plans, rather than the quality of support or the nature of the relationships between staff and those in receipt of services. Some also argue that the formal scheme of quality inspections has a limited impact on the continuing cultivation of quality in social services.³⁴ In addition, anecdotal evidence indicates that the formal quality assessment remains incomplete in preventing cases of bad practice, including the abuse of service users with disabilities. Although the quality inspections take place without prior announcement, it appears that such an approach is not always sufficient to identify bad practice. In addition, the inspection teams are considerably understaffed. As a result, quality inspections are not performed systematically with regard to an inspection visits calendar or locations, but largely as a response to complaints received.

Service users contribute to the formal quality assessment in the form of interviews with inspectors.

The Czech Republic is one of the few EU countries with a formal quality assessment system embedded in law. However, some service providers, and the Association of Social Service Providers, have been developing and implementing alternative, voluntary-based quality assessment methods. For example, from 2017 to 2022, MoLSA, in cooperation with a group of external experts, and with support from EU funds, developed a voluntary assessment framework. However, there is a lack of evidence regarding whether the project outcomes are sustained. Similarly, the effectiveness of the framework has not been evaluated. The true impact of this EU-funded project on the quality of social services remains unclear.

The development of informal quality assessment instruments with disability considerations, and based on the principles of the CRPD, would likely be strengthened by better cooperation and exchange of knowledge among disability support service providers, organisations of persons with disabilities and other stakeholders across the EU countries. For example, the recently developed Innovative Frameworks for measuring the Quality of services for Persons with Disabilities³⁵ could be a good platform for partnership and experimentation.

³⁴ Šiška, J., and Beadle-Brown, J et al (2021), *The development, conceptualisation and implementation of quality in disability support services*, Praha, Karolinum Press.

³⁵ See: Šiška, J. and 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/>.

5 Recommendations

5.1 Recommendations for the Czech Republic

Take the necessary measures to better inform persons with disabilities and their families, organisations of persons with disabilities and other stakeholders about the results of quality assessments conducted as part of the formal assessment framework.

Strengthen the personal and professional capacity of the MoLSA inspection unit and the quality assurance planning calendar. The core focus of the quality assurance should be on improving quality rather than on merely reacting to complaints.

The quality assessment should focus more on monitoring the quality of interactions and the nature of the support received by people. The possibility of undercover investigations should also be an option for inspectors.

Explore the feasibility and sustainability of the frameworks recently developed by different stakeholders, with a forward-looking focus on how service providers, municipalities and regional/local authorities, and other relevant stakeholders, have used the frameworks, whether they would continue to use them and what support would be needed for them to do so.

5.2 Recommendations for the European Commission

The European Commission should support and disseminate innovative practices for measuring the quality of services,³⁶ with the aim of stimulating their implementation in the EU Member States, including the Czech Republic.

The European Commission should better channel the evaluation of disability-related EU-funded projects. The aim should be to determine the relevance and level of achievement of project objectives, development effectiveness, efficiency, impact and sustainability. Such evaluations would feed lessons learned into the decision-making process of the stakeholders, including government authorities, service providers, organisations of persons with disabilities and partners.

A phase-out plan should be a requirement for the EU-funded projects relevant to disability support services to ensure that project outcomes can be sustained after the project's completion, including knowledge transfer across the EU Member States.

³⁶ Such as those outlined in Šiška, J. and 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/>.

GETTING IN TOUCH WITH THE EU

In person

All over the European Union there are hundreds of Europe Direct information centres. You can find the address of the centre nearest you at: https://europa.eu/european-union/contact_en.

On the phone or by email

Europe Direct is a service that answers your questions about the European Union. You can contact this service:

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696, or
- by email via: https://europa.eu/european-union/contact_en.

FINDING INFORMATION ABOUT THE EU

Online

Information about the European Union in all the official languages of the [EU is available on the Europa website at: https://europa.eu/european-union/index_en](https://europa.eu/european-union/index_en).

EU publications

You can download or order free and priced EU publications from: <https://publications.europa.eu/en/publications>. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see https://europa.eu/european-union/contact_en).

EU law and related documents

For access to legal information from the EU, including all EU law since [1951 in all the official language versions, go to EUR-Lex at: http://eur-lex.europa.eu](http://eur-lex.europa.eu).

Open data from the EU

The EU Open Data Portal (<http://data.europa.eu/euodp/en>) provides access to datasets from the EU.

Data can be downloaded and reused for free, for both commercial and non-commercial purposes.

