



Disability-relevance of quality assurance systems in social services

Denmark

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1 Executive summary

1.1 Definition and framework of the quality of personal social services

The five social inspectorates in Denmark ensure and promote the quality of social services for people with disabilities of most types, while the municipalities are responsible for the inspection of sheltered work and places of activity. However, municipalities often pay the social inspectorates to carry out their work. The social services use the quality model that Defactum has developed for this purpose. The primary goals of the quality model are for the citizen to participate in society and to lead an independent life. Another goal is to avoid the use of force in their treatment.

Danish social legislation does not provide any formal definition of quality in social services for people with disabilities, but it indirectly defines a service to be of a high quality if it achieves its purpose. This applies to all types of social service for people with disabilities, and the administrative system that aims to ensure and promote the quality of social work for this group is the same for almost all types of service. However, there is no guarantee of the quality of advice and similar services.

1.2 Evaluation of the quality of social services

Previously, the municipalities themselves were responsible for inspections, but the reform that began in 2014 moved inspections away from municipalities so that they became more independent. All stakeholders participated in the development of the quality model in preparation for the reform, including organisations of people with disabilities. However, there are also other stakeholders. The inspection makes use of a number of methods, including surveys of quality as perceived by citizens. One of the central indicators in the quality model is the ability to lead an independent life.

In their annual reports, the social inspectorates report that their injunctions for social services rarely have anything to do with the fact that these services give citizens too little opportunity to lead an independent life. When it comes to foster children, one must take into account the need for many of these children to have peace from the outside world. Inspections follow a special decentralised model, where one municipality in each region is responsible for inspection in the other municipalities, while the supervising municipalities receive inspections from a municipality outside the region.

1.3 Impact of quality assurance mechanisms

In the first years of the new social inspection arrangements, the National Board of Social Services carried out an evaluation showing that the inspectorates had fulfilled the intentions behind them. The Board consulted the citizens concerned in almost all its inspections, and the inspectors' assessment of the quality of social services improved over the first few years, although the Board did not often hear from foster children. In the initial years a number of private services closed, and this has resulted in the quality of the remaining private offer being just as high as that of publicly provided services.

There are oversight bodies other than the supervisory authority. The Institute for Human Rights has carried out an investigation into violence and threats in residences, and the Ombudsman monitors the accessibility of public buildings. The Rigsrevisionen (Auditor General's Office) carries out the most important external control, not just about finances, but also on whether the service providers use their funding in a way that fulfils the intentions of the legislation. The connection between economy and quality is an important aspect.

1.4 Recommendations for Denmark

The author's first recommendation for Denmark is to carry out an evaluation of the social inspectorates' activities for the period 2017-2022. The National Board of Social Services itself carried out an evaluation of social inspectorates in 2018, which concluded that they had functioned as intended. The evaluation concerned the years 2015-2017 but skipped the first year of reform, when the new inspectorates were working out how to operate.

Some private social services had to close in the initial years of their operation. The social inspectorates made an effort to ensure that the service providers reported more, with the result that it could appear as if the problems were getting bigger, sometimes because the number of reported uses of force increased. The first years of the social inspectorate's activities are thus in many ways an establishment phase, and it is now possible to better assess the effect services have had after passing beyond this first phase.

The second recommendation for Denmark is to initiate a review of the individual provisions in the Social Services Act to map out how amendments could be made so as to expand freedom of choice to citizens with disabilities without increasing the costs: for example, investigating where it is possible to pause a social offer for a period, or exploring whether the offer can take the form of a personal budget for the citizen.

1.5 Recommendations for the European Commission

The author's first recommendation for the Commission is to support a research project to shed light on the reasons why the systems of Member States are so different, including systems to establish quality control and quality development for social services for people with disabilities. Individual countries have developed their systems for monitoring and developing the quality of social services for people with disabilities on their own terms and adapted them to the different services provided. Thus, their monitoring systems have developed differently. This provides an opportunity to compare the advantages and disadvantages of the different systems. Furthermore, this research shall point to the outcome that may be obtained from harmonising the systems to a certain extent.

The second recommendation for the Commission is to take its starting point from the legislation of individual Member States on social services for people with disabilities. On that basis, a series of principles may be drawn up that the Commission can recommend as simple and cost-free ways to modify legal provisions so as to enhance their contribution to fulfilling Article 19 of the Convention on the Rights of Persons with Disabilities (CRPD) on living independently.

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

2.1 Definitions and frameworks

Danish social legislation contains no formal definition of quality in social services, and no definition of social services either. However, looking more closely at how the system works to control and develop the quality of social services for people with disabilities, it turns out that there is an implicit definition at the basis of this work. This lies in the quality model for social inspection, which the website of the National Board of Social Services¹ reproduces, at page 2. It states 'that the quality of an offer consists of the extent to which the purpose of the intervention is realised and contributes to citizens' well-being'.

This applies to all six groups of services for people with disabilities: (1) Housing allowance under Section 85 of the Social Services Act and other services in the home; (2) Temporary housing under Section 107 of the Social Services Act; (3) Long-term housing under Section 108 of the Social Services Act; (4) Group housing under the Public Housing Act² Section 105; (5) Day activities as protected employment according to Section 103 of the Services Act and activity offers according to Section 104 of the Services Act; (6) Counselling and services of other types that aim to support people with disabilities in leading an independent life.

The sixth group includes everything from citizen advice, special educational aids for students with disabilities, sign language interpretation and job search support for people with disabilities to supported decision-making and much more. Unlike groups 1-5, it is not easy to identify all the activities that fall under this roof. Indeed, it is difficult to imagine a system for securing and developing the quality of these services under one roof, and no attempts have been made to establish one.

However, the purpose is only the beginning of a definition. What is the specific purpose of the intervention? This can only be revealed by entering the quality model, which works with 11 criteria. The first two criteria are about the goals that the service aims to achieve for the citizen. The first criterion is to support citizens in exploiting their full potential in relation to schooling, education and employment. The second criterion is to strengthen citizens' social competences, allowing them to achieve independence. It builds on CRPD Article 19 on the right to an independent life and Article 30 on participation in cultural life.

The other nine criteria are about the methods and means that the service-providing entities use to achieve the goals. Among these criteria are items dealing with preventing the use of force, violence and abuse. These criteria link to the CRPD's Article 16 on freedom from exploitation, violence and abuse, which in Paragraph 3 specifically mentions the monitoring of facilities and programmes intended for persons with disabilities.

¹ Quality model of the National Board of Social Services: [Kvalitetsmodel for socialtilsyn \(sbst.dk\)](https://www.sbst.dk/da/kvalitetsmodel-for-socialtilsyn).

² Public Housing Act, [Almenboligloven \(retsinformation.dk\)](https://www.retsinformation.dk/DA/ALMENBOLIGLOVEN).

As mentioned, the quality model is about services to people with disabilities. Since 2014, the social inspectorates have been responsible for overseeing services for people with disabilities, and thus for defining in practice what quality is. Social inspectorates have a central role in working with the quality of services for people with disabilities. The quality model is part of a handbook³ that the National Board of Social Services has drawn up to give these social inspectorates guidelines.

The National Board of Social Services website could easily give the impression that the agency was a central authority responsible for the development of quality in social interventions for people with disabilities. However, the relationship is not so clear-cut. Decentralised bodies also play a major role. The quality model started its development in the former Aarhus County (the counties were previously responsible for many social services for people with disabilities). After the structural reform in 2006, all the newly created regions (which replaced the counties) became involved in this work.

The regional social directors circle takes care of the overall management and prioritisation of the work, while the regions' thematic group for quality in the social area carries out and coordinates the development and implementation of the quality model in collaboration with the Midt Region's own consultancy, Defactum, which is now the centre of implementation. It is thus the regions' quality model⁴ that is implemented on the ground. At the level of those organisations with authority, it is partly the regions and partly the National Board of Social Services that define what quality in social work is.

The regions' concrete quality model consists of three main elements, namely the standard programme, the social indicator programmes and user and family surveys. The standard programme builds on quality standards that are relevant to both the services and the organisational structure of the offer. There are two types of standards: performance-specific standards and organisational standards.

The performance-specific standards⁵ start with communication and influence on one's own life, defining the goals for the citizen, followed by methods for achieving the stated goals. There are indicators for citizens' desire and prerequisites for influence, and for how to support citizens in gaining influence. In addition, there are indicators for handling medication, use of force, accidents, professional approaches, methods and results, health and well-being, and prevention of abuse.

Note the difference with the quality model of the National Board of Social Services, which starts with supporting citizens to use their full potential in relation to schooling, education and employment: this is not included in the regions' quality model, whose first indicator is communication. Employment has been an important goal of the social policy of successive Governments, but this has proven to come as a consequence of greater self-confidence.

In the regional model and in Defactum's model, which is the one that is used in practice, the primary goals for the citizen are communication and influence over their

³ The National Board of Social Services handbook for social inspection: [Håndbog for socialtilsyn | Social- og Boligstyrelsen \(sbst.dk\)](#).

⁴ Defactum's model: [Dansk kvalitetsmodel på det sociale område \(socialkvalitetsmodel.dk\)](#).

⁵ Service-specific standards: [ydelsesspecifikke-standarder.pdf \(socialkvalitetsmodel.dk\)](#).

own lives. As the National Board of Social Services version puts it, the goal is to strengthen the skills of citizens so that they can enter into social relationships and achieve independence, in line with CPRD Articles 19 and 30. Then comes a target on individual plans, which may include education and employment (albeit without mentioning them specifically).

The organisational standards⁶ contain indicators for the development of competences, the working environment and management. They, too, are methods for achieving the goals of communication and influence over one's own life. The measures prioritising services for the citizen that are built into the quality model therefore cover, to a great extent, Article 19 of the CRPD, on independent living, and Article 30, on participation. The other elements in the quality model are primarily means to achieve this goal.

The above account of the organisation of the quality assurance system illustrates an important aspect of the definition of quality, namely that it requires an outside view to assess and promote quality. It was a decisive motive for the reform of inspections in 2014 that the local authority should no longer supervise itself, but that an independent entity should instead take responsibility for inspections. It was crucial for the 2014 reform that such controls should not be the responsibility of a superior authority, because it could also have other motives, for example control over expenses. Hence the complicated structure, where decentralised and central bodies work together to develop quality.

2.2 Research studies and national debates

There is an ongoing debate about social interventions for people with disabilities, but it primarily concerns whether they are sufficiently comprehensive, and rarely the quality of services. The Danish Parliament⁷ has rejected a citizens' proposal⁸ from 2021 to move responsibility for disability from the municipalities to the regions. The proposal was put forward by five anonymous citizens and was supported by the website *enmillionstemmer* (one million votes), which in recent years has been active in criticising the municipalities' handling of cases in the disability area, and which believed that the regions could manage the finances better.

Since 2006, the municipalities of Denmark have been responsible for social interventions for people with disabilities. Before 2006, the former counties and the municipalities shared this responsibility. The increased municipal responsibilities have meant that individual citizens who receive particularly expensive services will have a significant impact on the municipal accounts. There is therefore a debate from time to time about whether it might be a good idea to shift responsibility for this type of citizen to a higher administrative level, where there is a larger population base.

Municipal responsibility for social services for people with disabilities raises the question of securing the necessary expertise. The reform in 2006 created various bodies for this purpose and, from 2014, the new social inspectorates have been contributing, too. The new social inspectorates represent a professionalisation of the

⁶ Organisational standards: [organisatoriske-standarder.pdf \(socialkvalitetsmodel.dk\)](#).

⁷ Folketinget: [B 139 - 2020-21 \(som fremsat\): Forslag til folketingsbeslutning om at flytte handicapområdet væk fra kommunerne \(borgerforslag\). / Folketinget \(ft.dk\)](#).

⁸ Citizens' proposal: [Handicapområdet skal væk fra kommunerne \(borgerforslag.dk\)](#).

work with quality in social services for people with disabilities, and professionalisation has led to a need for more research into the topic of quality in social services for people with disabilities in recent years. There is some research concerning the quality of certain types of social work, and other research that concerns the individual social professional methods are used in this work. We will return to these things in Section 3.

VIVE's *Mapping of good-quality practice in housing facilities*⁹ from 2021 is a qualitative study based on interviews with citizens and professionals as well as case studies in six housing facilities. The interviews include managers, employees, citizens and cooperation partners such as general practitioners and municipal case managers. The mapping is part of the National Board of Social Services initiative, Quality of Housing, which forms part of the more comprehensive initiative called 'Enhanced efforts for quality in social psychiatry'. The mapping also builds on a literature study.¹⁰

The mapping shows that, in practice, the citizens' objective of independent living in the society presents the employees of housing facilities with a number of challenges and dilemmas. Accommodation facilities used to be closed units, where staff were regarded as experts and decision-makers. Therefore, a mindset change towards self-determination and full integration in the community appears as a challenge for both residents and staff.

Neither residents nor staff are used to building a bridge from the place of residence into civil society, nor are they used to involving the citizens in their professional deliberations or in the design of everyday life in the housing facility. The citizens are also not used to being the initiators of collaboration with actors outside their accommodation. It can also be a challenge for the staff to get a peer employee to join them. There is agreement that the housing facilities must open up and work on recovery and rehabilitation. Nevertheless, one of the main conclusions from the study is that the quality of housing has a close connection to citizens experiencing their accommodation as a nice and homely place.

A large part of the study consists of mapping the practices and methods in six residential facilities for people with mental health problems, which were selected by consulting people with extensive knowledge of the area as residential facilities of an extraordinarily high quality. The six housing options cater for people with different problems and use different methods. However, they all target people with a very extensive problem. A few examples can give an impression of this.

Mette Marie is a temporary housing facility for 16 citizens who have had a significant drug or alcohol addiction for several years. They are aged between 35 and 60, and most have lived in the housing facility for many years. Everyone has their own bath and toilet, while there is a shared kitchen and common room as well as a garden. The interventions at the residence are focused on harm reduction, so the staff help the citizens to consume the substance through the mouth instead of injecting themselves. It is permitted to consume drugs in the resident's room, but in the communal areas alcohol is the only permitted intoxicant.

⁹ VIVE study: [Kortlægning af god kvalitet i praksis på botilbud](#).

¹⁰ VIVE literature study: [Kvalitet på botilbud](#).

Mette Marie places emphasis on care and relationship building, and on making the accommodation a safe home for the residents. Most have lived there for many years, and the employees have been there for over 10 years on average. Mette Marie also emphasises user influence in its educational work. All activities build on the wishes and needs of the citizen. Overall, this residential facility seeks to provide a good home for a group whose opportunities for rehabilitation are limited.

Cirklen (the circle) is a temporary housing facility for 10 citizens, established in 2010. There are self-contained apartments with a bathroom and kitchen as well as a terrace or garden for all 10. There is also a shared kitchen, a living room and a green outdoor area. In order to open up the local community to the residents, citizens can get a so-called leisure pass, which gives access to various sports activities and health services at no cost, including mindfulness, boxing, badminton, hot water training, yoga and bowling.

Cirklen's target group is young people aged 18-30 with a psychiatric diagnosis or symptoms and behaviour that show psychological vulnerability. There are young people with personality disorders, schizophrenia, psychosis, depression and anxiety. Most people live at Cirklen for 2-3 years. The residents of Cirklen must not be under the influence of drugs in the common areas. The 10 employees all have a pedagogical or healthcare education. Their methods are mentalisation and Open Dialogue. The circle's aim for the citizen is rehabilitation, so that citizens can support themselves, achieve mastery of their minds and participate in communities. Cirklen seeks to mobilise support for the citizen and activate the network's resources with a focus on equal dialogue and understanding without a specific agenda.

These examples illustrate that citizens' problems are so different that a good-quality intervention requires caseworkers to send the citizen to the right accommodation.

In 2021, VIVE carried out a study of *Mapping of good-quality practice in housing support*.¹¹ Just like the previously mentioned VIVE study, this is part of the 'Enhanced efforts for quality in social psychiatry' initiative of the National Board of Social Services, and belongs to the part of the initiative that the agency calls 'Quality in housing support'. This mapping exercise shows how municipalities work with quality in their implementation of social-pedagogical assistance in citizens' homes.

The study identifies 10 key themes for the municipalities' work to develop quality. The first five of these are: (a) citizens' wishes, dreams and motivation; (b) work and employment; (c) family, friends and communities; (d) building bridges to civil society and voluntary communities; and (e) health. The study notes major differences in the forms in which different municipalities organise their housing provision, and finds that this has a major impact on the quality they can offer and on the methods that they have the opportunity to use. There is a need for a closer examination of the significance of these organisational differences for service levels and quality development.

¹¹ VIVE study: [Kortlægning af god kvalitet i praksis i bostøtten](#).

Finally, the report notes that there is major change underway in the area. This applies to the citizens who receive the services, their duration, whether the services are group-based or individual, and whether support persons are volunteers or professionally trained, while a change in the law from 2018 also has significance. It gives municipalities a number of new opportunities for early preventive action with group-based help, time-limited individual help and support, social emergency services and cooperation with volunteers.¹²

This study also builds on a literature study.¹³ The literature study identified nine themes, four of which cover goals for the citizen through interventions. It concerns independence and relationships and the user perspective on quality, rehabilitation and recovery, as well as inclusion and community participation. The five other perspectives do not cover goals for the user, but rather conditions that have the character of means to achieve such goals.

An extensive literature covers methods and their effects, just a few examples of which will be mentioned here. VIVE has carried out a mapping of good practice and effective methods with the title, *Autism and social isolation in young adults*.¹⁴ It shows that there is only sparse knowledge about methods to counteract social isolation in young adults with autism, but early investigation is important.

Defactum has carried out an evaluation of two methods, social skills training and open dialogue.¹⁵ It shows positive effects for both methods compared with traditional housing support, but there are also limitations, and there is a large group that does not experience a positive effect. A textbook, *Social Work Quality* by Gitte Duus,¹⁶ has been published, which can be expected to prove important for the education of professionals.

¹² Social Services Act, [Serviceoven \(retsinformation.dk\)](https://www.retsinformation.dk/US/RL/US/RLS00267.htm), Section 82.

¹³ VIVE literature study 2020: [Kvalitet i bostøtte](#).

¹⁴ VIVE study: [Autisme og social isolation hos unge voksne](#).

¹⁵ Defactum publication: see [Publikationer - DEFACTUM](#).

¹⁶ Duus, G. (2020), [Socialfaglig kvalitet \(sl.dk\)](#) (Quality in social work), Frederiksberg, Samfundslitteratur.

3 Evaluation / assessment of quality assurance for social services

This section takes a closer look at quality assurance for social services, and it does so primarily based on the five social inspectorates' annual reports from recent years (presented in Section 3.3).

3.1 Types of quality assurance

As mentioned in Section 2, the quality model tests several types of quality, which correspond to the indicators included in the model. The social inspectorates' annual reports primarily mention the indicators for independent living and for having relationships, as well as the indicators for the use of force.

The social inspectorates' annual reports mention independent living and relationships several times. Thus, the 2021 annual report from the Hovedstaden (Capital City) Social Inspectorate mentions that, in the area of foster families, the indicator for independence and relationships assumes the lowest value of all indicators (page 31), while in the area of adult services, the same indicator has the highest value (page 43).

The annual report explains the low value for foster families by the elements included in the calculation of the indicator for this type of service. The elements in the indicator that deal with the child taking part in social activities, having contact and time together with their family are particularly low. As the annual report highlights, children placed in foster care are a vulnerable group, and some find it difficult to participate in social activities benefiting more from being at home in their foster family.

In its annual report for 2021, the Syd (South) Social Inspectorate provides an overview of the background for injunctions that were implemented in relation to the quality model for the period 2016-2021. It appears that the number of injunctions issued by the social welfare authority in the first four of these years varied between 4 and 35, while the numbers for the last two years were 93 and 127 respectively. The social welfare authority has therefore issued six times as many injunctions annually here for the last two years. Nevertheless, for all six years, no injunctions concerned the independence and relationships indicator, nor the individual plans indicator. The other annual reports also mention that the number of injunctions based on the independence and relationships indicator are very low.

It also appears from the Syd Social Inspectorate's 2021 annual report that the number of inspection visits has been increasing over the past six years (albeit with a dip in connection with COVID-19). There has been a significant increase in the proportion of inspections that are unannounced. At the same time, the proportion that were notified in advance declined. Something similar applies to the other social inspectorates, where the figures have not been kept for such a long period. Thus, there appears to have been a tightening of inspections.

Among the other indicators for quality of service, the annual reports from the social inspectorates almost exclusively mention the indicator for use of force. However, they mention it many times. This partly has to do with the fact that a change in the law in 2020 has resulted in facilities reporting many more cases of the use of force for 2020 than they did for previous years. Thus, the 2020 Annual Report for the Midt (Middle)

The most significant social services offer for people with disabilities that is not covered by social inspections is the offer of protected employment (Section 103) and arrangements for taking part in activities and socialising (Section 104). Like housing allowance (Section 85), such offers are particularly aimed at people with intellectual disabilities and people with mental health problems. These two types of offer come under the supervision of the municipality in which they are located.

The social inspectorates have also developed an inspection that the municipalities can purchase from them as an additional service. Some social authorities, including the Øst (East) Social Inspectorate,¹⁹ have produced a purchase catalogue, where the municipalities can read a description of various extra services they can purchase. The social authorities also use the quality model for these additional offers.

3.3 The formal bodies

In the last two decades, Denmark, just like other countries, has done a great deal to develop the quality of social work, and this has resulted in the creation of new methods and agencies. Section 2 presented the quality model, which is similar to methods in other countries. However, the authorities responsible for implementing the quality model have a completely different design than in the other Nordic countries.

While the authorities in Sweden and Norway are central bodies,²⁰ social inspection in Denmark is located in certain municipalities, while the regions take care of the development of the quality model and the National Board of Social Services has a role in evaluating the methods used by the various services. The new social inspection arrangements came into being in 2014, roughly at the same time as central state bodies were given responsibility for the equivalent function in Sweden and Norway, but in Denmark social inspection was given a decentralised structure.

Previously, the municipality had supervised its own social services. In order to instigate inspection at a distance, freed from the municipality itself, a municipality would be found in another region and the social inspectorate would be based there. For example, the Øst Social Inspectorate is located in Holbæk Municipality. Holbæk Municipality has therefore set up a department whose task is to manage social inspection in all the other municipalities in the Region of Zealand, while the Capital Region's social inspectorate supervises services in Holbæk.

This works in a similar way in the rest of the country. Frederiksberg Municipality is responsible for social inspection in the Capital Region, Faaborg-Midtfyn Municipality is responsible for the inspection in the Southern Denmark Region, Silkeborg Municipality is responsible for inspection in the Central Jutland Region, and Hjørring Municipality is responsible for inspection in the North Jutland Region. Southern Denmark's social inspectorate supervises Frederiksberg, Zealand's social inspectorate supervises Hjørring, and Central Jutland's social inspectorate supervises Faaborg-Midtfyn.²¹

¹⁹ Øst Purchase catalogue: [Tilkøbskatalog tilsyn \(socialtilsynost.dk\)](https://socialtilsynost.dk).

²⁰ As described in VIVE, [Det specialiserede socialområde i de nordiske lande \(vive.dk\)](https://vive.dk) (Specialised social services in the Nordic countries) (2021), Copenhagen, from p. 80.

²¹ Act on Social Inspection, [Socialtilsynsloven \(retsinformation.dk\)](https://retsinformation.dk), Section 2.

As mentioned above, the regions are responsible for the development of the quality model, while Central Jutland Region's consulting department Defactum performs the actual work. The circle of social directors in the regions acts as a board.

The National Board of Social Services is responsible for an organisation called VISO,²² which provides the municipalities with expertise in specific areas, and for Tilbudsportalen²³ (the Offer Portal), a web-based overview of social service providers in the country, which are all required to register, and which social workers in the municipalities can use in their work. In collaboration with the consulting company SUS, the National Board of Social Services has prepared a catalogue of interventions involving recovery-oriented practices in residential facilities.²⁴ The agency has also evaluated a number of methods in social services²⁵ and has developed a course on inclusion in the field of disability, which is available online.²⁶

The purpose of the Act on Social Inspection of 2014 is to raise the quality of services for people with disabilities.²⁷ The political agreement behind the social inspection reform that began in 2014 mentions, among other things, that inspection must be more professional and independent, citizens must be the focus of concern, and service providers must have authorisation and better control over their finances. In 2022, amendments to the Act on Social Inspection and the Act on Social Services entered into force. The purpose of these legal amendments is to strengthen the ability of the social inspectorates to carry out more uniform and effective inspections, as well as to strengthen the social inspectorates' supervision of the finances of public and private social services.

The new legal provisions aim to make the service uniform in several ways. The law now brings together the inspection of particularly complex areas in one supervisory authority that covers the whole country through a specialist function. The law gives the National Board of Social Services a greater role, as it can now issue rules for the social inspectorates if they have a different practice. Moreover, the social inspectorates are obliged to participate in cross-cutting activities for which the National Board of Social Services is responsible. Social inspection will thus be more centrally organised than it was originally.

Furthermore, the new law tightens the financial supervision of the service providers, with a greater focus on the connection between price and quality. Service providers must report more key accounting figures to the Offer Portal. Private social service providers have stricter audit requirements, which must clarify their connections if they are part of groups or group-like entities, and their boards must be independent of the manager of the service and the owner of the property that the provider is using.

²² VISO: [VISO | Social- og Boligstyrelsen \(sbst.dk\)](#).

²³ The Offer Portal: [Tilbudsportalen | Social- og Boligstyrelsen \(sbst.dk\)](#).

²⁴ Good quality in housing: [Anbefalinger til god kvalitet på botilbud – Indsatskatalog om recovery-orienteret praksis på botilbud i socialpsykiatrien \(sus.dk\)](#).

²⁵ National Board of Social Services evaluations: [Evalueringer | Social- og Boligstyrelsen \(sbst.dk\)](#).

²⁶ National Board of Social Services course on inclusion: [Kursus i inddragelse på handicapområdet - Online. | Social- og Boligstyrelsen \(sbst.dk\)](#).

²⁷ For the National Board of Social Services' summary of the 2014 act, see [Lovgivning for socialtilsyn | Social- og Boligstyrelsen \(sbst.dk\)](#).

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

The development of social inspection practice has been taking place, as with all legislation, in an open process where all parties in society can participate. Thus, in 2021, the draft legal amendments were sent for consultation to 54 parties, including a number of organisations of people with disabilities, and an additional 11 other parties outside the consultation list responded to it.²⁸

Disabled Peoples 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, cross-cutting activities, the cross-cutting application of specialist knowledge, the duty on the part of the social inspectorates to cooperate with other supervisory authorities, and that the proposed strengthening of financial supervision. The other disability organisations have not submitted a response to the consultation.

A number of organisations representing suppliers of social services expressed the view that the bill would mean greater administrative burdens, while associations of employees regretted that the proposal would not prohibit profit on the part of the private service providers. There are many stakeholders in the field, but it is remarkable that the disability organisations have expressed satisfaction with the development and have not taken the opportunity to demand further quality control.

Defactum stated²⁹ that Disabled Peoples Organisations Denmark (DPOD) had participated in the process when they developed the quality model, and later continuously participated when they developed new elements for it, while DPOD itself stated³⁰ that they had recently been involved in the development of the model that the specialised inspection must use to approve highly specialised services.

Various stakeholders are participating in other activities relating to the development of services for people with disabilities. Thus, an evaluation of the 'specialised social area'³¹ is taking place, with a follow-up group comprising 31 members, including DPOD and four of its member organisations, as well as the Central Disability Council. A visionary proposal for a reform of interventions entitled 'Make the good life the goal'³² reflects DPOD's work to bring social work for people with disabilities into line with the CRPD. It contains 31 points where DPOD believes interventions can be improved.

The following 17 of the points set out in the proposal contribute in particular to the implementation of CRPD Article 19:

4. New and smaller institutional forms of accommodation for people with disabilities;
5. More free choice in organising assistance, for example a personal budget;
6. Solutions must always be arranged together with the citizen;

²⁸ On the consultation, see [Høringsdetaljer – Høringsportalen \(hoeringsportalen.dk\)](https://hoeringsportalen.dk).

²⁹ In a telephone call.

³⁰ By e-mail.

³¹ Evaluation of the specialised social area: [Afrapportering af evalueringen af det specialiserede socialområde \(sm.dk\)](https://sm.dk).

³² 'Make the good life the goal': see [Gør det gode liv til målet \(2021\) | Danske Handicaporganisationer](https://www.danskehandicaporganisationer.dk).

7. Flexible help that a number of citizens must be able to pool together;
12. Support and rights in the system, for example an impartial citizen adviser in the municipality;
13. Wise and ethical use of digitisation and artificial intelligence in the social field;
15. Relatives must have access to special consultants;
16. Close dialogue between relatives and the municipality;
17. Focus on children and young people who are relatives;
18. Relatives must be helped back into the labour market;
22. Disability organisations contribute more to prevention;
24. Better transition from child to adult;
25. Possibility of dormant support;
27. Greater focus on transitions in life;
28. Flexible support for citizens with fluctuating needs;
29. Less bureaucratic allocation of aid;
30. A realistic financial framework.

In their presentation, DPOD elaborated on how services for people with disabilities can come more into line with CRPD Article 19 in each of the 17 ways mentioned.

3.5 Methods and methodologies

As has been set out above, the quality control of social services for people with disabilities takes place primarily through social inspections, and quality development is provided through Defactum's work using the quality model, supplemented by the work of the National Board of Social Services in the area.

The social inspectorates are the actors responsible for approving services and for conducting operational inspections of them. The methods they use are primarily announced and unannounced visits, as well as written reports. In periods when physical interaction has been limited due to COVID-19, they defined social inspection as a critical function that could continue despite the epidemic. However, the social inspectorates limited their physical visits during these periods and replaced them, to some extent, with telephone contact.

In its 2021 Annual Report, at page 19, the Syd Social Inspectorate described how it could approve a foster family for 41 days when there was an urgent need to place a child. Two inspection consultants visited the family, and the family attended a two-day course. There was a second visit to the family, again on a two-day course, the teachers evaluated the family, and they received the report. At a third interview, the family accepted the report, after which the consultant from the inspectorate recommended the family for approval.

A basic method used is inspection visits, which can be announced or unannounced. At page 52 of its Annual Report, the Syd Social Inspectorate provides an overview of inspection visits for the period 2016-2021. It shows – both for foster families and for social services – that the number of inspection visits has increased sharply over the period, and the proportion of unannounced visits has increased the most, so that they now make up 43 % of visits to foster families and 54 % of visits to services. However, for the country as a whole, the National Board of Social Services' annual report on

social inspections reports a somewhat lower figure, with only 22 % of visits being unannounced.³³

The Midt Social Inspectorate's work has been digitised since 2020, using the EG Sensum system. The employees managed to receive training in the new professional system before the lockdown due to COVID-19. The lockdown made it difficult to get advice and guidance on the new system but, with the use of virtual workshops, guides, super users and training over the phone, the employees were able to use the new system despite the circumstances.

EG Sensum is a platform for social services for people with disabilities, which enables the service provider to cooperate with the authorities and share knowledge. EG Sensum is not only a unified platform for authorities and service providers, but also a unified social work system that many social services and municipalities use, as do the Nord (North) and Øst (East) Social Inspectorates. The social authorities in the South and Capital regions use the Lexus system instead.

A digital solution makes it more likely that inspections can become more uniform, along with the quality of social services for people with disabilities. A digital platform can structure and automate time-consuming administration so that resources for citizen-oriented efforts are freed up, giving the social workers time to concentrate on their actual tasks. Furthermore, a digital solution provides more certainty about complying with the legislation.

The quality model³⁴ includes a concept for surveys of quality as perceived by residents, which must be carried out in all housing facilities monitored by the social inspectorates. This study must be included in the development work on the individual service and across services and regions. Six themes are included: communication, influence on one's own life, the future, help and support, health and well-being and security. Three qualitative methods for collecting data are included: focus group interview, individual interview and participant observation. The concept also provides guidelines for how to design the surveys and train the surveyors.

Another method is customer surveys, where the purpose is to investigate the municipality's assessment of service quality and cooperation with the regional social services. They focus on the visiting municipality's assessment of the quality of the regional provision, taking selected citizen courses as a starting point. Here, the method is a questionnaire, which provides more answers and makes it possible to compare across services, regions and time. The questionnaire consists of 16 questions, where the respondent must select answers on a scale from: 'yes, to a very high extent' to 'no, not at all'. In some places, the respondent must also answer with a written comment.

A third method is an external examination, which is a central element in many of the projects under the quality model. There are various different concepts, such as 'couples' for testing new methods for external assessment. 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

³³ National Board of Social Services, annual report on social inspection, [Årsrapport 2020 om socialtilsynene | Social- og Boligstyrelsen \(sbst.dk\)](#).

³⁴ See [Dansk kvalitetsmodel på det sociale område \(socialkvalitetsmodel.dk\)](#).

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.

A fourth method is improvement work, where teams from a number of service providers can participate, working systematically on concrete improvements for those who choose to participate. 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 systematically work on a problem from their everyday life.

A completely different side of quality is choosing the right offer, and the recipient of the service has a role in this choice. This also applies when it comes to children's services. The National Board of Appeals has established a Children's Case Barometer,³⁵ which it will use over three years. The barometer uses written reports of children's cases from the municipalities, based on approximately 700 cases from all over the country each year.

Among the many things that the children's case barometer measures, it is particularly relevant in relation to CRPD Article 19 whether the municipality has held a children's interview prior to its decision, where a specific measure was discussed. The legislation requires this, and the barometer for 2021 shows that the municipalities complied with this requirement in 55 % of cases. For those cases where the specific offer means placement outside the home, however, municipalities meet the requirement in 68 % of cases. Although it is more than two-thirds, this figure is still very far from 100 %.

A master's thesis from Aalborg University points out that there can be a difference between what the measurements show and what the municipalities experience as quality.³⁶ Since the thesis is about case management in the children's area, it relates in particular to the Children's Case Barometer. It places the greatest emphasis on legal certainty, while the municipalities contend that the legal point of view takes the focus away from the social work carried out with vulnerable children and young people and overlooks the importance of the benefits that those interventions bring to the children.

3.6 The indicators and the principles

The previous sections have described two types of tools for measuring and ensuring quality in social interventions for people with disabilities: the quality model, which assesses services for people with disabilities, and the Children's Case Barometer, which assesses the municipalities' treatment of cases for vulnerable children, some of which have disability. The author did not come across any other tool for this purpose. The two tools are about different aspects of the intervention: the former about the offer itself and how it works in relation to the recipient, the latter about the process that leads to the decision of whether the municipality should do something and the choice of solution.

³⁵ Children's Case Barometer: [Børnesagsbarometret 2022 — Ankestyrelsen \(ast.dk\)](https://ankestyrelsen.dk/bornesagsbarometret-2022).

³⁶ Larsen, H. (2021), *Kvalitet i socialt arbejde med udsatte børn og unge* (Quality in social work with vulnerable children and young people), masters thesis, Aalborg Universitet, [Masterafhandling Juni 2021.pdf \(aau.dk\)](https://aau.dk/~/media/2021/06/Masterafhandling_Juni_2021.pdf).

The quality model³⁷ contains nine main indicators that focus on service performance. They are: (1) How do you ensure appropriate communication by making use of the individual's communicative abilities? (2) How do you clarify and handle the individual's wishes for influence over their own life? (3) How do you ensure a coherent process for the individual? (4) How do you handle medication to ensure that the individual receives the right medication in the right dose at the right time? (5) How do you report and analyse incidents involving the use of force to ensure the legal safety of the individual? (6) How do you report and analyse accidents in order to limit their occurrence and severity? (7) How do you ensure that you use the relevant methods and approaches that create the desired results for citizens? (8) How do you promote the citizen's physical and mental health and well-being as best as possible? (9) How do you prevent physical, psychological or sexual abuse towards residents and employees?

Of these nine main indicators, indicator 2 relates directly to the CRPD's Article 19, while indicators 1 and 3 are also important in relation to the same article. The first three indicators are the only ones of the nine that deal with goals for the citizen, while the other six indicators relate more to the means to achieve these goals. The quality model contains three main indicators that focus on how services are organised in the municipality. They concern: (1) development of competences to provide skilled labour; (2) a good physical and mental working environment; and (3) a management that can ensure that daily practices are carried out according to the service's values. These three indicators are also about the means to achieve goals for the citizen, which is the real purpose of the public funding for the service.

The Children's Case Barometer³⁸ contains five main indicators of whether the quality of the municipality's treatment of a child case is in order: (1) A professional investigation has been conducted within the applicable deadline, and with a reasoned opinion before a decision was made; (2) The child was involved in an interview, which took place before the decision; (3) There is an action plan indicating interventions; (4) There is follow-up after three and six months, and there has been supervision; and (5) The municipality responded to any notification as it should have done.

It is clear from these five indicators that the Children's Case Barometer is an instrument for measuring how well cases are processed, and that its primary focus is not on the citizen. It is therefore mostly about whether the municipality complies with the legal requirements that have been set, and thus more about funds than about the goals for the citizen. Indicator 2, however, has a direct relationship to CRPD Article 19, as it concerns whether the municipality considered the child's own opinion before making a decision.

The preceding paragraphs show that both the quality model and the Children's Case Barometer contain goals for the citizen regarding interventions, and that these goals reflect CRPD's Article 19 very clearly for the quality model, and also for the Children's Case Barometer, albeit in a somewhat weaker form.

³⁷ See [Dansk kvalitetsmodel på det sociale område \(socialkvalitetsmodel.dk\)](https://socialkvalitetsmodel.dk/).

³⁸ See [Børnesagsbarometret 2022 — Ankestyrelsen \(ast.dk\)](https://ankestyrelsen.dk/bornesagsbarometret-2022).

As mentioned, the two offers for people with disabilities, sheltered employment (Section 103) and activity and social services (Section 104), fall outside the scope of the Social Inspection Act, but the social inspectorates offer to carry out inspections of such services if the municipalities pay for it. Some of the municipalities make use of this offer, while other municipalities are responsible for inspecting these services themselves.

Billund Municipality have chosen to be responsible for the inspection of its protected employment facilities. It did this in 2022³⁹ by sending out two consultants who conducted a group interview with two citizens from one workshop and two citizens from the other, with a member of staff participating as co-chair. In addition, it carried out random checks of the documentation regarding each citizen's goals.

Every year the municipality has specific focus areas for its inspection. In 2022, they were citizens' involvement in work tasks, citizens' involvement in relation to their own development, forming relationships, citizens' experience of loneliness and well-being, health factors (covering diet, smoking, alcohol, exercise, sleep, stress and sex), early detection of changes in the citizen, the citizen's wishes for changes in things that can be done differently, and documentation of the citizen's goals.

The interviews showed that the citizens had a very positive image of the workshops. However, the inspection gave rise to two comments about documentation of citizens' goals: that there is agreement between the citizen's set goals as explained in the case processing and the goals that appear in the citizen's action plan; and that the goals have been set taking into account the health factors for the citizens working with these goals.

³⁹ Billund Municipality, inspection report: kommunalt-tilsynsrapport-for-beskyttet-beskaeftigelse.pdf (billund.dk).

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

4.1 The impact of quality assurance mechanisms

The National Board of Social Services' evaluation of the social supervisory councils from 2018⁴⁰ shows that they fulfilled their intention to create a professional supervisory body with competences in economics, law and social work methods. There is a sufficient number of social workers, teaching staff, lawyers and employees with knowledge of economics in all five social inspectorates.

All social services receive at least one annual inspection visit. Notified inspection visits are carried out more often than unannounced inspections, especially for foster families, and there is a big geographical difference in the distribution of notified inspection visits and unannounced inspections. The National Board of Social Services maintains that there is a need for common practice for notified and unannounced inspection visits. At around 90 % of social services, citizens were consulted in connection with the operation-oriented inspections in 2017, while children and young people were consulted in only 54 % of foster families. The National Board of Social Services believes that the social inspectorates should develop their practice when it comes to foster families.

There is a difference in how much the social inspectorates use their sanctioning powers. There is also a difference in how often they apply sanctions to different types of service provider. For example, there is a difference between social services and foster families, and between public and private services. There are significant differences in applying injunctions to social services in particular. In one of the five social inspectorates, more than four times as many service providers have received an injunction as in another. Private entities receive injunctions more often than public ones. A whistleblower scheme is used, and the number of inquiries is increasing, however it is difficult to get the most vulnerable citizens, including children and young people, to use it. Inquiries from whistleblowers provide information that would otherwise not have emerged.

Both the social services and the foster families find that social inspections contribute to their development and help them to improve quality, and the vast majority consider the quality model to be useful for assessing quality. However, a large group of social services and foster families do not experience concrete development opportunities during inspection visits.

The assessment of social services and of foster families is generally high, and increased from 2015 to 2017 for almost all themes covered in the quality model. Three out of four services had a higher quality in 2017 compared with 2015, while quality fell at one in four services. The evaluation found an improvement in the quality assessment of social services in each of the five social inspectorates. There was, however, a difference in quality development for families. In two social inspectorates, there was a slight decrease. There is a tendency for greater well-being among children

⁴⁰ Evaluation of 2014-2017 social inspection reform (2018): [Evaluering af tilsynsreformen | Social- og Boligstyrelsen \(sbst.dk\)](#).

and young people in family care than among children and young people in day-care institutions and social pedagogical residences, but this may have to do with the fact that children and young people here experience more challenges.

The evaluation contains a chapter on the developing quality of the various offers, which shows that it increased in almost all respects over the two years mentioned. Furthermore, it turns out that the quality of private housing is the same as the quality of accommodation in the public sector. It appears from an article in *Fagbladet FOA*⁴¹ that the social inspectorates have closed far more private housing facilities (34) than public ones (1). 'This shows that it is perhaps too easy to provide these offers', remarked Thorkild Olesen, chairman of the Danish Handicap Organisation.

Local Government Denmark (KL) stated on its website in 2022⁴² that the municipalities had increasingly begun to use private housing, even though this made it difficult to maintain control over whether their quality matched their price. At the same time, it turns out that private housing prices have increased by 31 % in the past four years, while they have only increased by 2 % for municipal housing.

KL's analysis shows that this increase is due partly to an increased use of private housing facilities and partly to an increase in the price. Thus, the municipalities used private housing 27 % more between 2018 and 2021, while the price per citizen increased by 21 % over the same period. The municipal and regional housing prices only increased by 5-6% in the same period, all measured in fixed prices. The municipalities maintain that it is simpler for them to have close cooperation between the case handlers and the staff at the municipality's own facilities to follow up on cases. Furthermore, they have the impression that the private facilities have become more expensive without the quality improving. It is not as easy to control the rates for the private accommodation as it is for the public facilities.

Why, then, do the municipalities use private housing facilities more and more? It is because it is difficult for them to expand the municipality's capacity, especially when it comes to highly specific target groups. The municipality has a narrow framework for financing facilities, and when it comes to small target groups, it will only have a few of its own citizens to house. Citizens from other municipalities will use most of the places. In other words, a particular area will have a collective action problem, where the individual municipality has very little incentive to create new facilities.

This case shows that the social authorities cannot solve the problems by improving the quality of the offer for people with disabilities exclusively through the use of methods, expertise and work in the social field. They must also include a wider area of economic management for the municipalities and the instruments used by the state in that connection. Limits on municipal expenditure aimed at regulating the country's economy as a whole come into play, together with the development of more specialised housing for people with disabilities in such a way that the quality of these facilities ends up out of the municipality's control.

⁴¹ '[Tilsyn lukker private botilbud på stribе](#)' (Inspection closes private residential centres in a row), *Fagbladet FOA*, 20 June 2018.

⁴² KL homepage: [Stigende brug af private botilbud stiller særlige krav til kommunernes styring \(kl.dk\)](#).

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

In connection with the ratification of the CRPD, the Danish Parliament appointed the Institute for Human Rights (IHR) as the national 'watchdog' to promote and monitor the implementation of the convention. The Institute for Human Rights carries out this task together with the Central Disability Council and the Danish Parliament's Ombudsman. The Institute for Human Rights has launched a disability barometer, which follows developments in conditions for people with disabilities in 10 areas that are central to the CRPD.

The Institute for Human Rights also conducts investigations from time to time. For example, in 2019 it carried out an investigation into violence and threats in housing facilities, which showed that, in recent years, there has been an increase in crime dangerous to persons.⁴³ Restrictions on visits to accommodation facilities during the COVID-19 pandemic in 2020 went further than the rules allowed. The ability to make exceptions was only used to a very limited extent, so the restrictions hit harder than was intended.⁴⁴ Finally, a study of sexual assaults in housing facilities in 2022 finds that residents of housing facilities were exposed to sexual crimes more often.⁴⁵

The Ombudsman supervises disability accessibility in public places by making inspection visits to public buildings and areas.⁴⁶ This applies to health centres and hospitals, places of education, culture and leisure facilities, town halls, social centres, polling places and rest areas, as well as to the availability of train journeys. Citizens can complain to the Ombudsman about a lack of equal treatment. The Ombudsman can also start a case himself, based on newspaper coverage, for instance, or because of an inquiry from a citizen. Between 2008 and 2012, the Ombudsman issued an annual report on his work in the field of disability, but in the following years he only provides a brief summary on the Ombudsman's website.

At the request of the State Auditors, Rigsrevisionen (the Auditor General's Office) has examined the management of the disability area.⁴⁷ The purpose of the study was to assess whether the inspection of the municipalities' management of disability services was satisfactory. Rigsrevisionen is an institution operating under the Folketing (Parliament), which investigates whether the state accounts are fair, as well as whether state authorities and other state-funded entities are complying with legislation and managing the rules effectively.

Rigsrevisionen's report shows that, in the period from 2013 to 2021, the National Board of Appeals overturned more than a third of all cases where a citizen lodged a complaint because a decision did not comply with the applicable rules. At the same time, Rigsrevisionen criticises the ministry for not having satisfactorily supervised the municipalities' administration of services. Rigsrevisionen finds deficiencies in virtually

⁴³ IHR report on violence: [Vold og trusler på botilbud | Institut for Menneskerettigheder](#).

⁴⁴ IHR report on COVID-19 restrictions: [Besøgsrestriktioner på botilbud - Konsekvenser af COVID-19 for beboere på botilbud | Institut for Menneskerettigheder](#).

⁴⁵ IHR report on sexual assaults: [Seksuelle overgreb sker oftere på botilbud: Sikkerheden bør skærpes | Institut for Menneskerettigheder](#).

⁴⁶ Ombudsman's homepage: [Ombudsmandens arbejde på handicapområdet](#).

⁴⁷ Auditor General's Office homepage: [Beretning om forvaltningen af handicapområdet \(rigsrevisionen.dk\)](#).

all of the investigated areas. The Board of Appeal's reversals of municipal decisions are often because the municipalities' decisions were not within the framework of the law.

The initiatives of the National Board of Social Services' audit function have not been sufficient to rectify the fact that, for a number of years, there have been disparate practice, errors and inadequacies in the five social inspectorates, which are supposed to supervise social services. The State Auditors have called on the Danish Parliament to consider whether there are structural problems behind the fact that the problems in the field of disability are continuing, despite many years of efforts to correct them.

The Danish Appeals Authority has just launched the Disability Case Barometer,⁴⁸ which measures the quality of legal case processing on selected benefits in the disability area. This barometer will examine four different provisions, selected based on where the Danish Appeals Authority typically sees challenges for municipalities. For 2023, the focus is on Section 97 of the Social Services Act, on assistance. The Authority has not yet chosen what it will examine in 2024 and 2025.

The National Board of Appeals will assess the lack of authority, the lack of justification, incorrect assessment and the lack of clarification, as well as whether guidance has been issued on complaints, action plans have been made and comprehensive assessments carried out and followed up. This means that the agency will carry out a judicial review of decisions in the same way as for investigations of practices.

4.3 Promising practice

Three examples of offers for people with disabilities shall be examined: a public service, a private service and a service provided by an NGO, which may be described as promising practice that others can learn from in terms of quality. The three offers are aimed at different groups of citizens: people with mental health problems and possible substance abuse, people with autism or ADHD, and people with intellectual disability or mental health problems.

The municipal housing and rehabilitation service, Orion, is one of the six housing facilities for people with mental health problems, which a VIVE study⁴⁹ identifies as offering best practice according to people who know the area. Orion dates from 1998. There are 38 citizens living in the facility, spread over 28 apartments of 50 m² and 10 smaller homes without their own kitchen. The target group is people with particularly complex psychosocial difficulties, some of whom have a drug addiction.

Orion's method built on the Finnish-Norwegian Open Dialogue. This means that the staff are open to how the residents express themselves, and they give a response so that the resident can feel what impression this made. If the staff meet the citizens in this way, the citizens residing in the facility have the opportunity to grow as people and do things that matter to them, which helps them out of situations where they feel stuck.

⁴⁸ Disability Case Barometer: [Handicapsagsbarometer — Ankestyrelsen \(ast.dk\)](https://handicapsagsbarometer.dk).

⁴⁹ VIVE study: [Kortlægning af god kvalitet i praksis på botilbud](https://kortlaegning.af.god.kvalitet.i.praksis.pa.botilbud.dk).

Orion involves the citizens in planning all activities, whether in the accommodation's cultural centre or when they go out on trips. This involvement can be informal and take the form of conversations with the individual citizen, or it can be more formal and take the form of wider meetings where residents discuss future activities. As Orion is a housing service, it is subject to inspection by the Hovedstaden Social Inspectorate according to the guidelines described in Sections 2 and 3.

Sputnik⁵⁰ is a private offer for people with autism or ADHD. Copenhagen Municipality established Sputnik in 1999 but sold it in 2002 to an NGO, which made it into a private enterprise in 2004. Sputnik runs residential facilities for each of the two user groups, as well as the specially designed training for young persons with disabilities known as STU, youth education for young people with autism and day treatment for the two groups.⁵¹

The goal of Sputnik is to create a learning environment that gives the young pupils, students and residents the opportunity to develop to become more self-reliant and thus more independent and responsible, so that they can make choices for their lives and future. Sputnik is aimed at young people who are in education or work, as well as those in the process of deciding what they want to do in life. Sputnik also takes young people who they judge to be motivated to begin education or go to work.

Sputnik carries out diagnosis-specific continuing education for its staff, to whom it offers systemic-narrative continuing education and diagnostic courses in either autism or ADHD. Sputnik is also responsible for continuing education courses for outside professionals, and it is a supplier to VISO, the national centre of expertise. Like Orion, Sputnik is subject to inspection by the Hovedstaden Social Inspectorate, in accordance with the guidelines described in Sections 2 and 3.

The origins of the Hans Knudsen Institute (HKI)⁵² go back to 1872, when a priest established the institute to create employment for people with physical disabilities and to train them to be artisans. Today, HKI, in addition to providing sheltered employment and activities, also provides education for young people who, due to disabilities, cannot participate in general youth education (STU), as well as running a department that seeks to bring people with disabilities into employment in ordinary workplaces.

After the public authorities built up a national system for the rehabilitation of people with physical disabilities from the 1960s onwards, HKI has restructured itself so that it now primarily focuses on people with intellectual disabilities and people with mental health problems. Sheltered employment is included as an example here because it is the most significant aspect of social work for people with disabilities, which the Act on Social Inspection does not cover, but where the municipality is responsible for inspection.

HKI is not content, however, with creating sheltered workplaces for these groups; it also supports them in getting work in ordinary workplaces and helps these workplaces to take on a workforce they do not know well.

⁵⁰ Sputnik home page: [Om os - Sputnik Kollegiet](#).

⁵¹ Sputnik home page: [Dagbehandling | ADHD & Autisme skoler på Sjælland \(skolensputnik.dk\)](#).

⁵² Drawn from a visit to HKI on 8 March 2023.

Three case studies	Public service: Orion	Private service: Sputnik	NGO service: Hans Knudsen Institute
Describe the type, scope and aim of the service used by persons with disabilities	Temporary housing, permanent housing as well as activities and get-togethers	Housing, education, day treatment	Protected employment (*)
What quality assurance systems exist? Is there a timeframe? What is the relevant authority? (questions under Section 3.1, 3.2, 3.3) Does the quality assurance system explicitly address disability issues?	Hovedstaden Social Inspectorate. Regular inspection according to special law. The social inspectorate can introduce stricter supervision, issue an injunction, and possibly close a service if it does not provide reasonable quality. The inspectorate is specialised in provision for people with disabilities.		The municipality's inspection is mainly about whether the citizens receive the effort that is expected.
Which methods and methodologies were used in the quality assurance system? (questions Section 3.4)	Announced and unannounced visits, interviews with citizens and staff, citizen surveys, surveys with relatives.		Unannounced visit once a year.
How are people with disabilities / disability organisations involved in the assessment process? Are they consulted? (questions under Section 3.5)	Interviews with citizens and staff, citizen surveys, next-of-kin surveys. The disability organisations are involved in the development of the quality model.		In connection with the visits, the municipality's inspectors talk to some citizens.
What indicators are used in this particular quality assurance system?	The quality model includes a large number of indicators, both performance-specific and organisational indicators, as shown in section 2.1.		Status report for each citizen with indicators for work, networks, skills and health.
Which CRPD principles are included in the quality assurance framework?	CRPD articles 19 and 30 translated into the central goal for the citizen in the quality model. CRPD Articles 16 and 25 play a role in the means to achieve the goals for citizens. (See section 2.1)		Art 27 work Art 29 networking Art 26 competences Art 25 health
What evidence is there that the relevant quality assurance system has an impact on the quality of the social services delivered to persons with disabilities, on the attractiveness of the sector and on the skills of the workforce?	The 2018 evaluation of the social inspection reform of 2015-2017 shows that it worked to raise the quality of the offers as measured by the quality model indicators.		There is no evaluation of Copenhagen Municipality's inspections

(*) In addition to the inspection mentioned in the second row, HKI is also subject to general inspection by the Hovedstaden Social Inspectorate, as shown in the left-hand column.

HKI was one of the first sheltered workshops that opened up to the general labour market, with the aim that the citizens it employed got into ordinary employment. HKI is mentioned here as a promising practice here because of this openness. HKI was among the first organisations to establish specially organised youth education (STU) when the legislation on this came into force. HKI seeks to move the young people on to either further education or a job. Thus, HKI is attempting to open up ordinary society to the citizens who make use of the institute.

Copenhagen Municipality supervises HKI through annual unannounced visits, and the Hovedstaden Social Inspectorate also includes HKI in its general inspection of social services.

4.4 Analytic reflection

Those who pay for a service will naturally wish to check that the quality of this service is as high as expected. In Denmark, the municipalities are responsible for most services for people with disabilities, and the municipality has therefore traditionally been responsible for supervising whether services met the quality requirements that have been set.

On the other hand, inspections are led by professionals from outside, who are able to look objectively at the situation because they are not themselves involved in it and are not themselves jointly responsible for how the service functions. Their task is to assess whether the service meets the requirements one can reasonably ask to be fulfilled. Therefore, the question whether a municipal inspection from the outside would be enough may be raised.

The need for inspection from a body completely outside the municipality, and perhaps even from a body that supervises service provision in many municipalities, which can thus build up a certain expertise in inspection could be evoked. Several models can be used to achieve that. As mentioned in section 3.3, other Nordic countries have chosen a model where a central Government body has responsibility for inspection.

Denmark, on the other hand, has chosen a model where the inspectors of the municipality's offer are still based in a municipality, just in a different municipality than the one that has primary responsibility for the offer. Under this model, five municipalities have the special task of overseeing social services for people with disabilities in a large number of other municipalities, and the inspectors of services in one municipality are always based in another municipality.

However, there are also centralist elements in the model. In their assessment of the various services provided, the social inspectorates follow a common quality model, which the regional analysis institute has developed, and which the regions are responsible for further developing. The state body, the National Board of Social Services, also has a role, as it is responsible for evaluating the methods used by the social services and the dissemination of the outcomes, just as the National Board of Social Services has evaluated the work of the social inspectorates. A recent change in the law has collated the inspections of the most specialised services in a single social inspection.

This structure provides a balance between central and decentralised elements in the system. It continues the ideas behind the decentralisation of the aspects of social work for people with disabilities that were previously the responsibility of the regions. When the municipalities took over this part of the work, the National Board of Social Services set up the central consultancy VISO, where the municipalities could obtain the professional expert assistance that was necessary to provide the services. The Board also created the Offer Portal, which provides the municipalities' case handlers with the necessary overview of the various service offers.

It is worth noting the serious criticism by the Auditor General's Office of the interventions for people with disabilities (mentioned in Section 4.2). The view of the Auditor General's Office of what product is obtained for the funding may offer the most prospects for improving the quality of interventions for people with disabilities. The national Parliament adopts social legislation, but often without reconciling it with the economic framework for which it is also responsible. This leads to a battle for sufficient resources at the municipal level.⁵³

Examples of good practice were detailed in subsections 2.2 and 4.3, and it is impressive how much the housing facilities do to provide a service that gives people with very few resources a life that is as independent as possible. It seems difficult to arrange services for a group with significantly greater resources in a flexible way, which would give greater room for freedom of choice for the citizen.

The list of proposals made by Disabled Peoples Organisations Denmark (DPOD) in its 'Make the good life the goal' initiative tends to depict relatively easy solutions, evoking municipalities' increased freedom to design their social services in a way that meets the needs of citizens far better, providing a large number of opportunities that they cannot offer today.

The Social Services Act already states that solutions have to be implemented together with the citizen, however one of DPOD's proposals is to ensure that this is the case. It should be an obvious starting point for the legislator to guarantee an extensive free choice in the organisation of assistance, for example in the form of a personal budget, to implement Article 19 of the CRPD. Another natural approach would be to give citizens the ability to pool support, which would open the way for citizens to establish social relationships.

It is, however, not always possible for a citizen to pause the assistance received in order to test alternative ways of dealing with the situation faced. It could be, for example, that a citizen wishes to interrupt disability pension payments to see if they could manage with their own income. Overall, DPOD's 'Make the good life the goal' proposal contains several ideas of how to organise services for people with disabilities to increase their ability to lead an independent life.

⁵³ See Ekman, S. (2022), *Giftig gæld og udpint velfærd* (Toxic Debt and Impoverished Welfare), Copenhagen, Hans Reitzels Forlag.

5 Recommendations

5.1 Recommendations for Denmark

After the new social inspection arrangements had started and the inspectorates had functioned for a few years, the National Board of Social Services carried out an evaluation of them and concluded that they had functioned as intended (Section 4.1). The evaluation concerned the years 2015-2017 and thus skipped the first year of reform, when the new inspectorates were working out how to operate.

As also mentioned in Section 4.1, the social inspectorates closed down some private services in the initial years of their operation. The social inspectorates made an effort to ensure that the service providers reported more, with the result that the number of reported uses of force increased in several cases, but another result was that the inspectorates can now describe their function more clearly. The first years of the social inspectorates' activities are thus in several ways an establishment phase.

Five years have now passed since the reform period, and now there is an opportunity to evaluate the functions of the social inspectorates a number of years after their initial phase has ended. The first recommendation is therefore for Denmark to carry out a new evaluation of the activities of the social inspectorates, this time for a period such as 2017-2022, after the inspectorates had gone through their initial phase. However, this new evaluation should be conducted by a body that is not a part of the system and is a little more distant from the inspectorates.

The second recommendation for Denmark draws on the analysis in Section 4.4. It points to the fact that service providers are making a great effort to create opportunities for people with disabilities who have very few resources to live as independent a life as possible. At the same time, however, obvious and simple measures that would give people with disabilities with significantly greater resources the opportunity to lead a more independent life are not taken into account.

This could involve ideas such as allowing for a pause in a particular social service, or a number of citizens could pool the offer that they receive to make it a collective service. A third possibility is to allocate citizens a personal budget. Disabled Peoples Organisations Denmark has collated a number of other proposals as part of its 'Make the good life the goal' initiative.

Therefore, this second recommendation for Denmark is to initiate a review of the individual provisions in the Social Services Act to map out where, with simple changes and without increasing the costs, the legislation could be amended to give greater freedom of choice to the citizen with a disability.

5.2 Recommendations for the European Commission

The first recommendation for the Commission is to support a research project to shed light on the reasons why the systems for inspecting social services for people with disabilities and ensuring their quality development are so different across the EU. Furthermore, this research shall point to the outcome that may be obtained from harmonising the systems to a certain extent.

The second recommendation to the Commission is to take as its starting point the legislation of individual Member States on social services for people with disabilities, and on that basis draw up a set of principles that the Commission can recommend as simple and cost-free ways to modify legislation to improve compliance with Article 19 of the CRPD on living independently.

Appendix

Organisations, authorities, offices, institutions:

Auditor General's Office	Rigsrevisionen
Danish Disability Council (DDC)	Det Centrale Handicapråd (DCH)
Danish Institute of Human Rights (IHR)	Institut for Menneskerettigheder (IMR)
DEFACTUM Social & Health Services and Labour Market	DEFACTUM Social, Sundhed & Arbejdsmarked
Disabled Peoples Organisation Denmark (DPOD)	Danske Handicaporganisationer (DH)
FOA (Trade Union in the Social and Health Care, Education and Technical Fields)	FOA fag og arbejde
Local Government Denmark (KL)**	Kommunernes Landsforening (KL)
National Board of Social Services	Socialstyrelsen
National Board of Appeal	Ankestyrelsen
(Social Inspectorate)*	Socialtilsyn
VIVE – the Danish Centre for Social Science Research	VIVE – det Nationale Forsknings og Analysecenter for Velfærd

*Author's translation, no official translation of the name having been found

**Local Government Denmark uses the abbreviation KL also in English

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