



# **Disability-relevance of quality assurance systems in social services**

Latvia

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# **Disability-relevance of quality assurance systems in social services**

## **Latvia**

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## 1 Executive summary

### 1.1 Definition and framework of the quality of personal social services

There is no official definition of the quality of social services used by persons with disabilities or others. The Social Services Quality Framework is regulated by the Law on Social Services and Social Assistance,<sup>1</sup> in which the specified social services, the receipt of the services, procedures and other conditions apply equally to persons with disabilities as to any other person. The legislation sets out the basic Requirements for Social Service Providers regardless of whether the state, local authorities, NGOs or private persons provide the social service. Disability aspects are not explicitly highlighted in the quality assurance systems for social services, but they are included in general formulations using the mainstreaming principle. The quality framework for social services does not explicitly refer to the principles of the UN Convention on the Rights of Persons with Disabilities (UN CRPD),<sup>2</sup> nor the European Commission's 2010 voluntary European Quality Framework for Social Services.<sup>3</sup>

Given various socio-economic factors (the financial crisis of 2008, the COVID-19 pandemic, financial and labour resources and the non-availability of social service providers), the quality of social services is ensured only at the level of basic requirements. The development of the social services system, the diversification of services and access to social services to cover the needs of different groups of society, including persons with disabilities, as well as their quality, require urgent attention and consultations.

### 1.2 Evaluation of the quality of social services

The social service provider is primarily responsible for ensuring the quality of social services. Social service providers can implement quality management systems using the guidelines published on the Ministry of Welfare website for organising various social services.<sup>4</sup> The social service provider must complete a self-assessment at least every three years.

In assessing the quality of social services, the administrative procedure for examining applications (complaints) to a higher-ranking institution shall be applied. The institutions involved in assessing quality of social services (mainly based on complaints) are the higher-level of social service provider or the funding institution and the Ministry of Welfare. The Ministry can review a complaint or delegate revision to the higher-level institution or primary funder.

The Ministry of Welfare shall supervise compliance with the laws and regulations governing the provision of social services, the quality of social services and the

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<sup>1</sup> Law on Social Services and Social Assistance (*Sociālo pakalpojumu un sociālās palīdzības likums*), 2002, <https://likumi.lv/ta/id/68488-socialo-pakalpojumu-un-socialas-palidzibas-likums>.

<sup>2</sup> See: <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>.

<sup>3</sup> European Commission, Social Protection Committee (2010), 'A Voluntary European Quality Framework for Social Services', [https://childhub.org/sites/default/files/library/attachments/spc\\_qf\\_document\\_spc\\_2010\\_10\\_8\\_final1.pdf](https://childhub.org/sites/default/files/library/attachments/spc_qf_document_spc_2010_10_8_final1.pdf).

<sup>4</sup> Ministry of Welfare website, 'Methodical materials' section, <https://www.lm.gov.lv/lv/metodiskie-materiali-0>.

compliance of social service providers with the requirements laid down in regulations. The Ministry is entitled to punish social service providers for violations committed administratively. Given the limited resources, the control mechanism is weak.

According to the Law on Social services and Social Assistance<sup>5</sup> social care councils in institutions of long-term social care and social rehabilitation services can participate in the assessment of the quality of the services provided by the institution, but no information is publicly available.

The Ombudsman, in the field of his competence or in evaluating complaints regarding possible violations of human rights, can evaluate social services and provide recommendations.

### **1.3 Impact of quality assurance mechanisms**

Assessing the quality of social services is not a general practice. Although one of the Ministry of Welfare's task is to assess the quality of social services (in fulfilment of the requirements laid down for social service providers and regarding their compliance with the procedures laid down in regulations),<sup>6</sup> the Ministry mainly carries out quality control checks following complaints about a specific social service and service provider. According to the author, the impact of social service providers' self-assessment on improving service quality is not traceable. More significant are the Ombudsman's checks and recommendations on respecting the rights of persons living in long-term social care institutions.

### **1.4 Recommendations for Latvia**

Establish a quality control system for social services, in which information on the quality management system used by social services providers and the self-assessment results, information about the number of complaints received and the results of complaint handling is publicly available and traceable (in order to encourage higher uptake of the appropriate certification and better accountability for the information provided in the self-assessments). Integrate self-assessments into a comprehensive quality control system, including by aligning the self-assessment period with the re-registration period in the Register of Social Service Providers.

Establish an independent quality control body for social services, such as an inspectorate. Increase human resources for the implementation of quality control measures.

Raise awareness among the public and specialists on the importance of the quality of personal social services to their recipients for improving their quality of life, as well as on its importance to society.

Develop guidelines for ensuring the quality of social services, including self-assessments, defining evaluation criteria, indicators and processes; involve organisations representing persons with disabilities in developing the methodology for assessing the quality of social services.

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<sup>5</sup> Law on Social Services and Social Assistance (2002), Art. 30.

<sup>6</sup> Law on Social Services and Social Assistance (2002), Art. 14.

Involve NGO representatives of persons with disabilities in assessing the quality of social services and preparing recommendations for social service providers, particularly for evaluating the quality of community-based social services and using the results to improve the quality of social services further. Involve representatives of appropriate NGOs in social care councils.

### **1.5 Recommendations for the European Commission**

Develop standard guidelines (methodological recommendations) for EU Member States to integrate disability and CRPD principles into quality assessment systems for social services.

Develop guidelines/recommendations for assessing the quality of community-based social services (thereby setting minimum standards) to promote independent living for persons with disabilities.

Provide funding for developing quality assessment systems for social services for the next programming period. One condition for receiving EU structural funding in the social services field should be an assessment of the quality of the social services (at least twice, at the beginning and the end of the project).



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

### **2.1 Definitions and frameworks**

There is no official definition of the quality of social services used by persons with disabilities or others. The social services quality framework is regulated by the Law on Social Services and Social Assistance, in which the specified social services, the receipt of those services, procedures and other conditions apply equally to persons with disabilities as to any other person. The Law and the Regulations of the Cabinet of Ministers subordinate thereto set out the basic Requirements for Social Service Providers (SSPs) regardless of whether the state, local authorities, NGOs or private persons provide the social service.

The social services defined by the Law are social work, charitable social work, social care, social rehabilitation and vocational rehabilitation services. According to the terminology specified in the Law:

- social work is a professional activity that helps persons, families, groups of persons and society as a whole to promote or renew their ability to function socially and also to create favourable circumstances for such functioning;
- charitable social work is work analogous to social work, the purpose of which is to help persons, families, groups or society as a whole to regain the ability to function socially and mentally;
- a social care service is a set of measures aimed at the satisfaction of the basic needs of those persons who have objective difficulties taking care of themselves due to old age or functional disorders; it includes services at the place of residence of the person and in long-term social care institutions;
- social rehabilitation service means a set of measures aimed at the renewal or improvement of the person's social functioning abilities in order to ensure their recovery of social status and integration into society; it includes services at the place of residence of the person and at a social care and social rehabilitation institution, or at the person's place of residence or at a social care and social rehabilitation institution; and
- vocational rehabilitation is a set of measures that, following an individualised assessment of functional disorders and a determination of vocational suitability, ensures the acquisition of a new occupation, vocational knowledge or skills or renewal thereof, including the acquisition of a vocational education programme at primary or secondary education level and multidisciplinary services for integration into the labour market for persons of working age.

In general, the social services provided by the Law cover services that provide home-based support of any kind to children or adults with disabilities living in their own homes, services that provide residential care for people with disabilities, short-term care or respite services, services that provide community-based living and support, services that provide daily activities, occupation, training for work or independent living, and special services that support human rights, self-determination, interpersonal

relationships, social inclusion, personal development, material well-being and physical and emotional well-being.

According to the Law, social services can only be provided by a social service provider registered in the Register of Social Service Providers. Consequently, the Saeima (the legislature) defines the general social service quality framework and delegates the Cabinet (the Government) to set out the primary conditions for the registration of SSPs in the Register of Social Service Providers,<sup>7</sup> as well as the Requirements for Social Service Providers.<sup>8</sup>

The quality framework for social services does not explicitly refer to the principles of the UN CRPD (human rights, self-determination, interpersonal relationships, social inclusion, personal development, material well-being, physical and emotional well-being, maintaining maximum independence, full inclusion and participation in all aspects of life). However, compliance with the stated principles is apparent from the text of the Law and the Cabinet Regulations. For example, the law stipulates that the purpose of the provision of social care services is to ensure that the quality of life does not decrease for a person who, due to age or functional disorders, cannot ensure it on their own. In turn, the professional activity of a social worker and a charity social worker is aimed at achieving and promoting practical solutions to a person's social problems and improving the quality of life of a person, their integration into society and their ability to help themselves. The term 'quality of life' refers to a comprehensive indicator, which includes individuals, families, groups of persons, social well-being, physical and mental health, leisure time and its use, work, education, connection with society, the right to independently make decisions and implement them, and material security.<sup>9</sup>

The Law formulates a person's right to:

- obtain information free of charge on the options, conditions and procedures for receiving social services;
- request and receive the social services specified in the Law;
- receive a reasoned written refusal if a decision has been taken not to provide a social service;
- participate in the decision-making process related to the receipt of social services; and
- appeal against the decision on the provision of social services and request an application regarding the unsatisfactory quality of the social services provided and non-compliance with rights, including in relation to the quality aspects of social services.<sup>10</sup>

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<sup>7</sup> Cabinet of Ministers (2017), Regulation No. 385, Regulations Regarding the Registration of Social Service Providers (*Noteikumi par sociālo pakalpojumu sniedzēju reģistrēšanu*), <https://likumi.lv/ta/id/292144-noteikumi-par-socialo-pakalpojumu-sniedzēju-registresanu>.

<sup>8</sup> Cabinet of Ministers (2017), Regulation No. 338, Requirements for Social Service Providers (*Prasības sociālo pakalpojumu sniedzējiem*), <https://likumi.lv/ta/id/291788-prasibas-socialo-pakalpojumu-sniedzējiem>.

<sup>9</sup> Law on Social Services and Social Assistance (2002), Arts. 1, 18 and 45.

<sup>10</sup> Law on Social Services and Social Assistance (2002), Art. 6.

In order to ensure the provision of high-quality social services (including social assistance) and the professional evaluation of the needs of the population, the Law<sup>11</sup> specifies a minimum number of social work specialists.<sup>12</sup> The Law obliges local authorities to ensure the development of professional competence<sup>13</sup> through training and supervision.<sup>14</sup> The tasks of the local government social service include assessing the quality of social services (including social assistance), which is administered by the social service office and financed by local authorities, carrying out social environment research, identifying problems and contributing to the drafting of local government spatial development planning, policy planning and institution management documents within the competence of the social service office.<sup>15</sup>

The Ministry of Welfare (MoW) supervises the Law,<sup>16</sup> not just checking compliance with the regulations governing the provision of social services but also the quality of social services and compliance of SSPs with the regulatory requirements. The Ministry has the authority to penalise SSPs for administrative violations.<sup>17</sup>

According to the Law, social services may be provided only by a social service provider registered in the Register of Social Service Providers to provide the service in question. The Cabinet determines the criteria for registering SSPs in the Register, the information to be included in the Register, the procedures for registration, the conditions for exclusion from the Register, and the Requirements for SSPs. An SSP should provide the MoW with information and reports specified in regulations regarding its activities in the provision of social services.<sup>18</sup> If the social service provider fails to comply with the specified requirements and does not ensure the quality of social

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<sup>11</sup> Law on Social Services and Social Assistance (2002), Art. 10. Each municipality must have at least one social work specialist for every thousand inhabitants.

<sup>12</sup> Social work specialists of social service providers, as established by the local government social service office and the local authority.

<sup>13</sup> Law on Social Services and Social Assistance (2002), Art. 9.

<sup>14</sup> Supervision: purposefully organised advisory and educational support for social work specialists to improve professional competence and professional activity quality.

<sup>15</sup> Law on Social Services and Social Assistance (2002), Art. 11.

<sup>16</sup> The original version of the Law provided for the establishment of a quality control inspectorate of social services to verify the compliance of SSPs with the requirements laid down by the Cabinet, with the right to check, on the inspectorate's initiative or in connection with a complaint, the premises in which social services are provided, to request from SSPs information on compliance with the requirements and to survey persons about the quality of the social services received. The Law entered into force on 1 January 2003. As early as 17 June 2004, this provision was excluded by transferring the Social Services Quality Control Inspection functions to the Social Services Administration. Evaluating the functions of the State Social Services Agency and the Social Services Quality Control Inspectorate, it was found that the functions of the planned agency did not comply with the functions of the State Agency as set out in the Public Agencies Law, and that it was not necessary to create a new state institution - the Quality Control Inspectorate of Social Services; rather, the quality of services could be controlled by the Social Assistance Fund. At the same time, it was proposed that the name of the Social Assistance Fund be changed and henceforth referred to as the Social Services Administration. In 2009, administrative functions were transferred to the MoW. See the 2009 amendments to the Law on Social Services and Social Assistance, <https://likumi.lv/ta/id/192449-grozijumi-socialo-pakalpojumu-un-socialas-palidzibas-likuma><https://likumi.lv/ta/id/192449-grozijumi-socialo-pakalpojumu-un-socialas-palidzibas-likuma>.

<sup>17</sup> Law on Social Services and Social Assistance (2002), Art. 12.

<sup>18</sup> Law on Social Services and Social Assistance (2002), Art. 17.

services in a way that poses or may pose an immediate threat to the safety or health of the recipient of the social service, a fine shall be imposed.<sup>19</sup>

One of the tasks of the MoW is to develop criteria for assessing the quality and effectiveness of social services.<sup>20</sup> Thus, in the 'Information for social service providers' section of the MoW website, guidelines are published for the organisation of various social services (such as social rehabilitation services in a halfway house for persons with mental disabilities or interprofessional cooperation in the field of health and social services for working with persons who have difficulty caring for themselves and others).

The latest such guidelines are the *Recommendations and guidelines for social service providers working with children* (2022), and the evaluation criteria and joint report of the 2020 thematic examination headed *On the Quality of Care Provided to Clients in Social Care Institutions*, along with presentations of seminars entitled 'How to Ensure the Quality of Social Services', organised in 2019. In turn, in the social work section of the MoW website, methodological materials (including research, sample forms, guidelines and lists of methodological materials, and resource maps) are available for social work with different groups of persons, including adults with mental disabilities, victims of violence and perpetrators of violence, and for working for families with children and others.<sup>21</sup> SSPs can use all the materials to develop their quality management systems, carry out self-assessments and ensure the quality of the social services provided.

One of the mechanisms included in the Law for ensuring the rights of persons who receive services in long-term social care institutions is the duty of the head of the relevant institution to establish a social care council. The composition of the council shall include persons living in the institution, their relatives, employees of the institution and representatives of the local authority. The council is competent to harmonise the institution's internal rules, to make proposals for improving the institution's functioning, to examine conflicts between service recipients and the institution's administration and to participate in assessing service quality. The decisions of the council are advisory.<sup>22</sup>

There is no reference in the legal acts or their impact assessment to the voluntary European Quality Framework for Social Services drawn up by the European Commission in 2010.

Although it is apparent from the text of the Law and the subordinate regulations that the quality of social services must be ensured, information on quality management systems established and maintained by SSPs is private and not publicly available.

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<sup>19</sup> Law on Social Services and Social Assistance (2002), Art. 49. The fine shall be between 12 and 128 units of the fine for a natural person and 16 to 265 units for a legal person. One fine unit shall be five euros. (Law on Administrative Liability (*Administratīvās atbildības likums*), 2018, Art. 16(2)).

<sup>20</sup> Law on Social Services and Social Assistance (2002), Art. 14(1)<sup>41</sup>.

<sup>21</sup> See the 'Methodical materials' section of the Ministry of Welfare website: <https://www.lm.gov.lv/lv/metodiskie-materiali-0>.

<sup>22</sup> Law on Social Services and Social Assistance (2002), Art. 30.

## 2.2 Research studies and national debates

The catalogue of the National Library of Latvia<sup>23</sup> and the catalogue of the digital library<sup>24</sup> do not contain entries<sup>25</sup> on research studies, books or journals on the quality of social services and quality assurance. What is more, no relevant studies are mentioned in the 'Publications and Statistics' section of the Saeima website,<sup>26</sup> on the Ministry of Welfare website<sup>27</sup> or on the relevant pages of the Ombudsman website.<sup>28</sup> Similarly, the websites of the most important NGOs<sup>29</sup> for persons with disabilities do not contain such information.<sup>30</sup>

In the Cabinet database of studies and publications,<sup>31</sup> a study financed through EU funds is available: the *Assessment of the Quality of Social Services in Kuldīga County*, published in 2011.<sup>32</sup> Given that the UN CRPD entered into force in Latvia on 31 March 2010, the CRPD principles were not directly incorporated into the methodology for evaluating the quality of social services in Kuldīga. The study evaluated the following quality criteria: availability of services, customer awareness, customer satisfaction,

<sup>23</sup> National Library of Latvia, Union catalogue, [https://kopkatalogs.lv/F/?func=find-b-0&local\\_base=Inc04](https://kopkatalogs.lv/F/?func=find-b-0&local_base=Inc04).

<sup>24</sup> National Library of Latvia, Latvian National Digital Library, <https://lndb.lv/?q=soci%C4%81lo+pakalpojumu+kvalit%C3F&set%5B%5D=Primo>.

<sup>25</sup> The keywords 'social?', 'service?', 'quality?' were used to search.

<sup>26</sup> Parliament of the Republic of Latvia (Saeima): <https://www.saeima.lv/lv/par-saeimu/publikacijas-un-statistika>.

<sup>27</sup> Ministry of Welfare website, 'Studies' section: <https://www.lm.gov.lv/lv/socialie-pakalpojumi>.

<sup>28</sup> Website of the Ombudsman of the Republic of Latvia, 'Research and Reports' section, [https://www.tiesibsargs.lv/?s&resource\\_category\\_list%5B0%5D=1000](https://www.tiesibsargs.lv/?s&resource_category_list%5B0%5D=1000). The 2013 *Report of the Ombudsman of the Republic of Latvia on the State Social Care Centres for Adults with Mental Disorders* ([https://www.tiesibsargs.lv/wp-content/uploads/2022/07/Zinojums-par-VSAC-kopsavilkums\\_gala.pdf](https://www.tiesibsargs.lv/wp-content/uploads/2022/07/Zinojums-par-VSAC-kopsavilkums_gala.pdf)) and the 2016 study, *Effectiveness of Rehabilitation of Children with Disabilities in Latvia: Social Work Aspect* ([https://www.tiesibsargs.lv/wp-content/uploads/2022/07/bernu\\_rehabilitacija\\_latvija\\_2016\\_1486044248.pdf](https://www.tiesibsargs.lv/wp-content/uploads/2022/07/bernu_rehabilitacija_latvija_2016_1486044248.pdf)), have been published in the 'Studies and reports' section of the Ombudsman's website. The study and the report do not address the quality of social services; both documents emphasise respect for the rights of persons with a disability.

<sup>29</sup> These NGOs include the Samaritan Association of Latvia (<https://samariesi.lv/lv>), the Riga City Rūpju Bērns Association (<https://www.facebook.com/rupjubeerns/>), the Latvian Movement for Independent Living (<https://www.lkndz.lv/>), the Latvian Umbrella Body for Disability Organisations (SUSTENTO) (<https://www.sustento.lv/>), the Latvian Association of the Deaf (<https://www.ins.lv/lat/>), the Latvian Society of the Blind (<https://www.lnbiedriba.lv/>), the Association of People with Disabilities and their Friends (APEIRONS) (<https://www.apeirons.lv/>), and the ZELDA Resource Centre for People with Mental Disability (<https://zelda.org.lv/>).

<sup>30</sup> The 2012 *Study on Methods and Tools for Assessing the Quality of Life - the Methodology for Assessing the Quality of Life* was published on the website of the Latvian Movement for Independent Living (<https://www.lkndz.lv/resursi/dzives-kvalitates-vertesanas-metodologija/>), and the 2019 study, *Summary and Evaluation of Qualitative and Quantitative Results Indicators of the Pilot Project of the Support Person Service* (<https://zelda.org.lv/publikacijas/petijumi-un-zinojumi/sagatavots-atbalsta-personas-pakalpojuma-izmeginajumprojekta-kvalitativo-un-kvantitativo-rezultatu-raditaju-apkopojums-un-izvertejums/>) was published on the website of the ZELDA Resource Centre for People with Mental Disorders. Both documents assess aspects of the quality of life of individuals.

<sup>31</sup> Cabinet of Ministers website, Database of studies and publications: <http://petijumi.mk.gov.lv/>.

<sup>32</sup> Social Service Office (Kuldīga Municipality Agency) (2011), *Evaluation of the Quality of Social Services in Kuldīga Municipality: Review (Kuldīgas novada sociālo pakalpojumu kvalitātes izvērtējums. Pārskats)*, Kuldīga, [http://petijumi.mk.gov.lv/sites/default/files/file/SIF\\_Kuldīgas\\_soc\\_pakalpojumu\\_kvalitates\\_parskats\\_2011.pdf](http://petijumi.mk.gov.lv/sites/default/files/file/SIF_Kuldīgas_soc_pakalpojumu_kvalitates_parskats_2011.pdf).

environmental accessibility, confidentiality, storage of customer-related information, circulation of information/documents, cooperation, methodology, and professionalism.

For each criterion, eight to fourteen closed-check questions were formulated,<sup>33</sup> and answers were assessed on a five-point scale where the answer 'No' was given one point and the answer 'Yes' five points. The average score of the criterion was obtained by adding the scores and dividing them by the number of check questions for each criterion. The responses were assessed according to the following scheme:

- No, if the criterion is not fully realised or the respondent has become aware of it for the first time;
- Very rare, if the criterion is fulfilled on an occasional and rare basis. It is not a system;
- Partially (50:50) if the criterion is identified as necessary, regulated (normative) and occasionally implemented as an example of practice. It has time, space and human resources, but 'something' does not work;
- In part, if the criterion is partly regulated and regularly implemented, but there is no 'expected effect'. It is used when required or designated by the supervisory authorities. It is not regulated, but it is implemented regularly; and
- Yes, if the criterion is regulated and regularly implemented. It gives the 'expected effect' and is recognised as one of the quality indicators.<sup>34</sup>

The accessibility of social services for people with disabilities was assessed in the framework of the 'Environmental accessibility' criterion and included the following issues:

- Are the organisation's premises adapted for customers with functional impairments?
- Are the organisation's premises adapted for visually impaired customers?
- Are the organisation's premises adapted for hearing-impaired customers?
- Do customers with disabilities have access to toilets?
- Do customers with functional disabilities have access to waiting rooms?

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<sup>33</sup> For example, for the 'Customer Satisfaction' criterion, it was necessary to answer the following questions: Whether customer satisfaction is assessed by survey or questionnaire to the recipient of the service during certain periods; Whether the customer has accessibility, responsiveness, compliance and a sense of security when receiving the service; Whether the development of the organisation is influenced by customer satisfaction with the service(s); Whether the client has been provided with opportunities to influence the quality of the service provided, to evaluate it and to express his or her opinion (anonymously), for example, by telephone, the conversation being recorded in the conversation log; Whether the customer's wishes are taken into account when planning the service; Is a customer protection mechanism in place if the customer is unable to fully represent his or her rights vis-à-vis social service providers? (for example, public organisations, council lawyers, Orphan and Custody Court, support persons and others); Is customer protection (formal and confirmed in writing) ensured if the customer has complained about the service provider (for example, regarding the replacement of social workers, confidentiality or anonymity); Whether the organisation has established procedures for the receipt and handling of complaints; Whether the customer or his or her legal representative has been provided with the option of submitting oral complaints or proposals regarding the service provider; Whether oral, anonymous complaints are recorded in writing; Is the customer involved in the evaluation, planning and development of the service?

<sup>34</sup> Social Service Office (Kuldīga) (2011), *Evaluation of the Quality of Social Services in Kuldīga Municipality*, Kuldīga, p.6.

- Can a person with disabilities work in the organisation in accordance with labour legislation?
- Are there clear instructions on the organisation's premises?
- Can customers with disabilities receive the services of all specialists like any other customer in the context of accessibility of premises?
- Can customers with disabilities receive additional support (from an assistant or sign language interpreter service) while staying in the institution and receiving social services?
- Can customers with disabilities receive additional support from an assistant or a companion to get to the social service provider (from home to institution)?
- Are the workplaces of the organisation's staff adapted to receiving customers with wheelchair access, and are they able to receive parents with young children and others?
- Is the organisation's external environment adapted to customers with functional disabilities, including customised parking spaces, ramps and door boxes?<sup>35</sup>

The report prepared within the framework of the study stated that 'from 2012, the social services quality assessment questionnaire will become an official mechanism for evaluating social services in Kuldīga region, and the criteria included in it will be taken into account when designing and developing social services'.<sup>36</sup> The 2012 public report included a section entitled 'Measures for quality improvement' and stated that 'The quality criteria for social services have been revised and a 10-criteria method for assessing quality has been developed'.<sup>37</sup> From 2015 no information on the further use of the criteria or the methodology produced has been publicly available.<sup>38</sup>

The publicly available information indicates that debates on the quality of social services took place regarding amendments to the Law in 2004, when the Social Services Administration was established instead of the Quality Control Inspection of Social Services,<sup>39</sup> and in 2009, when the MoW was tasked with the quality control function of social services.<sup>40</sup>

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<sup>35</sup> Social Service Office (Kuldīga) (2011), *Evaluation of the Quality of Social Services in Kuldīga Municipality*, Kuldīga, p. 12.

<sup>36</sup> Social Service Office (Kuldīga) (2011), *Evaluation of the Quality of Social Services in Kuldīga Municipality*, Kuldīga p. 5.

<sup>37</sup> Social Service Office (Kuldīga) (2013) *2012 Public Report*, Kuldīga, p. 9, <https://socialais.Kuldīga.lv/publiskie-parskati/>.

<sup>38</sup> The 2013 and 2014 public reports from Kuldīga include a section headed 'Measures to improve performance', and from 2015 onwards: 'Analysis of performance' (see the public annual reports of Kuldīga Municipal Agency Social Service Office at: <https://socialais.Kuldīga.lv/publiskie-parskati/>).

<sup>39</sup> Annotation of the draft Amendments to the Law on Social Services and Social Assistance and the Amendments to the Law on Social Services and Social Assistance (*Likumprojekta 'Grozījumi Sociālo pakalpojumu un sociālās palīdzības likumā' anotācija un likums 'Grozījumi Sociālo pakalpojumu un sociālās palīdzības likumā'*), 2004, <https://likumi.lv/ta/id/90431-grozijumi-socialo-pakalpojumu-un-socialas-palidzibas-likuma>.

<sup>40</sup> Annotation of the draft Amendments to the Law on Social Services and Social Assistance (*Likumprojekta 'Grozījumi Sociālo pakalpojumu un sociālās palīdzības likumā' anotācija*), <https://titania.saeima.lv/LIVS/SaeimaLIVS.nsf/0/380BFB6A63738F2FC2257527002EA953?OpenDocument>, and the Amendments to the Law on Social Services and Social Assistance (*likums 'Grozījumi Sociālo pakalpojumu un sociālās palīdzības likumā'*), 2009, <https://likumi.lv/ta/id/192449-grozijumi-socialo-pakalpojumu-un-socialas-palidzibas-likuma>.

### **3 Evaluation / assessment of quality assurance for social services**

#### **3.1 Types of quality assurance**

To ensure the quality of social services, the Saeima has provided that social services shall be provided only by an SSP registered in the Register of Social Service Providers<sup>41</sup> and that complies with the Requirements for SSPs laid down by the Cabinet.<sup>42</sup>

The regulations regarding the registration of SSPs provide that the Register<sup>43</sup> shall contain state and municipal institutions, and both natural and legal persons who provide the social services specified in the Law. If an SPP provides different types of social services, it shall be registered in relation to each service as a separate SPP. The SPP is registered in the Register for five years; an application for re-registration must be submitted to the MoW within one month of the deadline. The decision on the inclusion of an SSP in the Register or on its re-registration shall be taken by the MoW based on the application and the accompanying documents.

Information on the quality of the social service and quality assurance is not required to register an SSP. The application to register as an SSP shall contain the following formal information:

- information regarding the provider of social services – name, registration number in the Enterprise Register or taxpayer registration number, legal address and address, legal status and contact details of the State Revenue Service;
- information on the social service to be registered – the form of provision of the service (with accommodation, without accommodation or mixed), name, customers by age and gender, customer group (for example, persons with visual disabilities, persons with physical disabilities), planned number of customers; and
- general information about the SSPs – about the manager of the SPP, the total number of specialists involved in the provision of the service, the premises, the cadastral designation of the structure or group of premises, the area and type of use, the accessibility of the premises and the amount of space for persons with reduced mobility.

Documents regarding the content and process of the service to be provided (for example, by-laws of the service or binding regulations) shall be appended to the application; an organisational structure scheme (if there is a unit/branch, the entity that created it shall also be indicated); data protection procedures or rules of procedure or instructions; and agenda rules or documents reflecting the organisation of the institution's work and other relevant documents. By signing the application, the manager of the SSP certifies that the SSP conforms to the requirements set out in the laws and regulations on fire safety and labour protection and to the legislation on hygiene, the supply of high-quality and safe food for human health, life and

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<sup>41</sup> Regulations No. 385 (2017) Regarding the Registration of Social Service Providers.

<sup>42</sup> Requirements for Social Service Providers, Regulation No. 338 (2017).

<sup>43</sup> The Register of Social Service Providers is a part of the 'State Social Policy Monitoring Information System' under the supervision of the MoW.



environment, and that the way in which the premises are used as a place of provision (as one structure or as a group of premises) conforms to the provision of social services. This is then duly registered in the information system of the State Cadastre of Immovable Property.

Before taking a decision, the MoW has the right to inspect the place of provision of the service to ensure that the requirements imposed on the SSP concerned are fulfilled.<sup>44</sup>

The requirements apply to all SPPs regardless of the form of their economic activity – businesses, cooperative societies, associations, foundations, religious organisations, state or local government institutions or other legal entities. In accordance with the general requirements, the SSP shall, at least once every three years, carry out an internal self-assessment of the quality of the social services provided and of their compliance with the requirements laid down in regulations. Self-assessment is not required for those SPPs that implement and maintain a quality management system or that have an EQUASS (European Quality in Social Services) certificate of quality in social services.<sup>45</sup> Information on those SSPs that maintain a quality management system is not publicly available. The EQUASS database<sup>46</sup> does not identify any SSPs in Latvia with an EQUASS certificate.

The general requirements and the additional requirements indicated for the social service in question formally correspond to the quality criteria of the social service. However, there need to be more indicators on how to assess these criteria. Thus, for example, general requirements require the SPP to provide publicly accessible information (including on a website) on the aim, tasks, organisational structure and organisation of work of the SSP; on the social services to be provided and the arrangements for receiving them; on the price of each social service and the procedures for payment if the person pays for the social service in part or in full; on the working hours of administrative staff and specialists; and providing contact details.

The social service provider shall:

- register persons to receive social services on a first-come, first-served basis (if the social service cannot be provided immediately);
- plan the content and scope of the social services and provide them according to individual needs;
- explain the aim, scope and regularity of the social service to be provided to the person or the necessary changes if the person's functional condition or other circumstances change;
- where necessary, involve the family members of the person in the process of providing a social service, except where this is not in the interests of the person;
- obtain, use and store personal information following the status of restricted information and personal data protection requirements;
- respect the privacy of the individual and follow ethical principles;
- act in the best interests of the person;

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<sup>44</sup> Regulations No. 385 (2017) Regarding the Registration of Social Service Providers, Sects. 2, 3, 8, 13, and 29, Annex 1.

<sup>45</sup> Requirements for Social Service Providers, Regulation No. 338 (2017), Sect. 2(7).

<sup>46</sup> EQUASS Certified Organisations: <https://equass.be/index.php/certif-system/equass-certified>.

- apply the principles of multidisciplinary and cross-sectoral cooperation to the achievement and sustainability of social services; and
- ensure that the staff, residents and visitors of the institution respect epidemiological safety.

It is also stipulated that SSPs must provide information to law enforcement authorities in accordance with their competence if there is a suspicion that a person may have committed unlawful acts.

The SSP must carry out an assessment of the social situation of the person receiving a social service. It should determine the social problems to be solved; it should plan and document the process of providing a social service (potentially a separate social service); it should draw up individual plans for social rehabilitation, social care and personal or family support, indicating the problem to be solved, the long-term and short-term objectives, tasks, measures to be taken, the deadline, the expected result and the responsible person; it should agree with the person on the measures to be taken to solve or reduce the social problem and should ensure that the social service is provided as planned, reflecting the appropriate process (for example, registration of visits and activities, negotiation protocols, information on tasks and activities to be performed). The general requirements state that, at least once every 12 months, and after the provision of the social service in question, the social service provider must assess the changes in a person's social situation and the results achieved.

Under the general requirements, the SSPs shall draw up a register of recipients of services and personal files, determine the number of employees and provide those employees with regular professional competencies in the form of training and supervision. It is also necessary to provide premises and an environment appropriate to the social service, considering the person's needs, age and functional condition, the specifics of the problems to be solved, elements of universal design for reducing the impact of the functional disorders of persons and the person's social functioning ability, ensuring confidentiality, epidemiological safety requirements and other conditions. Social service providers should draw up procedures for dealing with emergencies and procedures by which a person is to be temporarily isolated if they endanger their own life or health or that of other human beings, such that the supervision of the person is ensured if the social service comes with accommodation.<sup>47</sup>

Social service providers must meet all the above requirements in cases where persons with disabilities receive social services. The principle of disability mainstreaming has been applied while drafting the requirements.

### **3.2 Types of services**

According to the regulatory framework,<sup>48</sup> all SSPs (even where social services are provided to persons with all types of disabilities) must comply with all the Requirements for Social Service Providers, regardless of the form of their economic activity (public, private or NGO) and for all social services defined in the Law.<sup>49</sup>

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<sup>47</sup> Requirements for Social Service Providers, Regulation No. 338 (2017), Sects. 3-11.

<sup>48</sup> Requirements for Social Service Providers, Regulation No. 338 (2017).

<sup>49</sup> Law on Social Services and Social Assistance (2002).

The requirements must be followed and self-assessment must be carried out by all SSPs, including local government social services, providers of social care at home, providers of long-term social care and social rehabilitation for children, providers of long-term social care and social rehabilitation for adults, halfway home providers, providers of boarding house services, providers of respite care services, group home (apartment) providers, crisis centre service providers, crisis telephone service/hotline providers, SSPs that provide social rehabilitation services for persons with hearing disabilities, SSPs that provide social rehabilitation services for persons with visual disabilities, day-care centre providers, day-centre service providers, providers of social rehabilitation services for restoring social functioning ability, specialised workshops for service providers and service providers carrying out social work in the community.

### 3.3 The formal bodies

Responsibility for ensuring the quality of social services lies with the SSP, and each SSP may establish its quality assessment system for the service provided. As indicated in Section 2.1 above, there is no publicly available information on SSPs who may assess the quality of the social services provided, apart from registration and re-registration in the Register of Social Service Providers as required by the Law and self-assessment.

Before registering an SSP in the Register, the MoW shall conduct an initial assessment of the service provider in accordance with the Requirements for SSPs. After five years, SSPs have to re-register.<sup>50</sup>

Self-assessment must be carried out by the SSPs at least once every three years.<sup>51</sup> The MoW sends recommendations for self-assessment for state funded LTC centres. Other SPPs can use the Requirements for SPPs set out in the Cabinet Regulations for their self-assessment.

The head of the SSP is entitled to assess the quality of social services as planned or following receipt of a complaint. Public information on the assessment of the quality of social services or on the number of complaints handled at the level of the SSPs is not available.

Complaints on the quality of social services are examined in a higher-ranking institution or in the MoW. Suppose, for instance, that a complaint was submitted regarding a service provided by a local government social service. In that case, the application shall be addressed to the management of the local council. In another case, if the service is provided by an NGO, the complaint will be considered by the funding institution. The MoW is also entitled to assess the quality of social services (in fulfilment of the requirements laid down for SSPs and regarding their compliance with the procedures laid down in regulations), as planned or following receipt of a complaint. Considering the limited staff resources,<sup>52</sup> the MoW mainly carries out checks in response to a complaint, in addition to assessing the need to inspect the place of

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<sup>50</sup> Regulations No. 385 (2017) Regarding the Registration of Social Service Providers, Sect. 4.

<sup>51</sup> Requirements for Social Service Providers, Regulation No. 338 (2017), Sect. 2(7).

<sup>52</sup> As of 10 March 2023, 946 social service providers are featured in the Register of Social Service Providers. See: <https://vspmis.lm.gov.lv/Public/PublicetsPakalpojums>. Two or three MoW officials assess the quality of social services and the adequacy of social service providers.

provision of social services. The MoW can review a complaint or delegate revision to the higher-ranking SSP institution or primary funder.

According to the information provided by MoW employees (conversation with civil servants responsible for quality assessment), complaints are mainly submitted about the actual actions of employees of SSPs within the framework of an administrative process, rather than about the quality of social services.

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

The system for assessing the quality of social services does not provide for involvement by an NGO of persons with disabilities, except in cases where the society or foundation has provided social services. In theory, NGOs of persons with disabilities can determine the procedures, criteria and indicators for assessing the quality of their social services in such cases.<sup>53</sup>

The Law incorporates the establishment of a social care council in institutions of long-term social care and social rehabilitation services. The social care council shall include persons living in the institution, their relatives, employees and local government representatives. These councils shall coordinate the internal rules of the institution; they shall submit proposals for improving the functioning of the institution; they shall examine conflicts between customers and the administration of the institution; and they will participate in the assessment of the quality of the services provided by the institution.<sup>54</sup> In theory, NGO representatives can be involved in social care councils, but information on practice is not publicly available.

### **3.5 Methods and methodologies**

The methods of quality control of social services depend on the form, size and other factors of the economic activity of the SSPs, for example, whether the social service is provided by a state, local government, NGO or private institution.

Theoretically, state and local government institutions have formally laid down requirements that provide for the preparation of an operational strategy, annual activity plans and annual public reports.<sup>55</sup> Other social service providers' strategic planning depends on the institution's founder.

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<sup>53</sup> The websites of the most influential organisations, which are also social service providers (the Samaritan Association of Latvia (<https://samariesi.lv/lv>), the Rūpju Bērns Association (<https://www.facebook.com/rupjubeerns/>), the Latvian Movement for Independent Living (<https://www.lkndz.lv/>), the Latvian Umbrella Body for Disability Organisations (SUSTENTO) (<https://www.sustento.lv/>), the Latvian Association of the Deaf (<https://www.lns.lv/lat/>), the Latvian Society of the Blind (<https://www.lnbiedriba.lv/>), the Association of People with Disabilities and their Friends (APEIRONS) (<https://www.apeirons.lv/>), and the ZELDA Resource Centre for People with Mental Disability (<https://zelda.org.lv/>), do not provide information on the quality assessment of the services provided by NGOs.

<sup>54</sup> Law on Social Services and Social Assistance (2002), Art. 30.

<sup>55</sup> State Administration Structure Law (*Valsts pārvaldes iekārtas likums*), 2002, <https://likumi.lv/ta/id/63545-valsts-parvaldes-iekartas-likums>; Law on Local Governments (*Pašvaldību likums*), 2022, <https://likumi.lv/ta/id/336956-pasvaldibu-likums>.

As part of assessing the quality of social services, the documentation of the SSPs is evaluated. The MoW has the right to carry out checks in place of the social service provision. In such cases, according to the information provided by employees of the MoW, inspectors interview employees and persons who receive social services, observe the situation and get acquainted with the documents included in the personal files and other documents. Annual reports are prepared for statistical purposes but do not include quality indicators for social services. Other supervisory bodies may use the same methods.

One of the tools for assessing the quality of social services is self-assessment, as set out by the general Requirements for SSPs.<sup>56</sup> Documents indicating recommendations to SSPs for self-assessment<sup>57</sup> and the methodology and indicators for assessing the quality of service in public social care centres are publicly available on the MoW website.<sup>58</sup> It can be inferred from the information provided therein that the methods proposed are interviews with service recipients, interviews with staff, observation, examination of documentation and site inspection.

### 3.6 The indicators and the principles

The Ministry of Welfare shall assess the quality of social services in accordance with the internal regulations, which are not publicly available. According to the information provided by MoW employees, inspectors inform the SSPs about what documents will be inspected.

Information on the criteria for assessing the services of social care centres<sup>59</sup> and a joint report of the 2020 thematic inspection *On the Quality of Care Provided to Clients in Social Care Institutions* are publicly available on the MoW website.<sup>60</sup> The aim of the joint inspection of the Health Inspectorate and the MoW was to ascertain whether long-term social care institutions (LTC centres) were providing high-quality social care and healthcare services to customers, contributing to the management and reduction of patient safety risks and adequately reflecting the current situation, providing the Ministry of Health and MoW with a sufficient amount and quality of information to draw conclusions and take decisions. Within the framework of the examination, in a total or reduced amount, and using the same questions, management staff, medical staff and persons being cared for were interviewed; the work of the staff was observed, and documentation has been checked on an optional basis. Using three elements of the

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<sup>56</sup> Requirements for Social Service Providers, Regulation No. 338 (2017), Sect. 2(7).

<sup>57</sup> Ministry of Welfare, self-assessment methodology of social service providers, Document No. 6 — FORM for recording results: <https://www.lm.gov.lv/lv/media/18251/download?attachment>.

<sup>58</sup> Ministry of Welfare (2013), Method and indicators for assessing the quality of service at the state social care centres: <https://www.lm.gov.lv/lv/izmeginajumprojekts-priekslikumi-klientu-grupesana-i-un-nepieciesama-pakalpojuma-apjoma-noteiksanai>.

<sup>59</sup> Ministry of Welfare, Criteria for assessing the services of social care centres: <https://www.lm.gov.lv/lv/informacija-socialo-pakalpojumu-sniedzejiem>.

<sup>60</sup> Ministry of Welfare (2021), *Joint Report on the Quality of Care Provided to Customers in Social Care Institutions (Par sociālās aprūpes institūcijās klientiem nodrošinātās aprūpes kvalitāti' Kopziņojums)*, <https://www.lm.gov.lv/lv/informacija-socialo-pakalpojumu-sniedzejiem>.

conformity measurement,<sup>61</sup> eight areas were assessed,<sup>62</sup> with three compliance levels.<sup>63</sup>

The following criteria were assessed within the scope of area 1, 'Care-oriented care for the caregiver':

- whether processes (policy, strategy) have been developed and implemented in the LTC centre to ensure that care is personal-oriented and that the rights and wishes of the person laid down in the Cabinet Regulation on the Requirements for SPPs are respected (14 indicators);
- whether the LTC centre respects a person's privacy, ethical principles and acts in the best interests of the person (five indicators); and
- whether persons are allowed to express their opinion (seven indicators).

The criterion 'Do persons have the opportunity to express their views?' was assessed using the following indicators:

- the LTC centre shall implement and maintain a system of analysis of complaints and suggestions;
- the LTC centre provides clear and transparent information to individuals and their families on how to complain, report breaches of rights and raise concerns about safety and care;
- the LTC centre sets out procedures for handling complaints and suggestions; complaints and suggestions are registered and examined, their causes are analysed, complaint data are collected, and trends are analysed;
- complaints and suggestions have been considered in developing improvement measures;
- the LTC centre regularly conducts an anonymous survey of patients on the social/health services provided;
- the data obtained from the survey are analysed and used to improve social and health services; and
- patients can participate in general meetings, and information on staff reception times is available. To promote respect for the rights of the persons being cared for, the head of the LTC centre has established a social care council consisting of the customers in the LTC centre and their representatives.

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<sup>61</sup> Evaluation elements: if there is sufficient evidence to demonstrate compliance with the claim, 2 is fully implemented; if an action plan is in place or there is some evidence of compliance with the statement, assessment 1 is partially implemented; if there is no or insufficient evidence of compliance with the claim and the identified deficiencies are more than positive statements of compliance, then the assessment is 0 - no action/no significant deficiencies.

<sup>62</sup> The areas assessed were: 1. Care oriented to the person (customer/patient); 2. Premises, environment and equipment; 3. Quality and safety management; 4. The organisation of healthcare; 5. The organisation of social care; 6. The system of distribution of medical products; 7. Hygiene and epidemiological security; 8. Staff capacity, evaluation and training of new staff.

<sup>63</sup> Three compliance levels for the evaluation were: A – if the total score of the measurement elements was more than 75 % of the maximum score; B – if the overall assessment of the measurement elements was 46-75 %, and C – if the total score of the measurement elements was less than or 45 % of the maximum score.

Three criteria assessed under the fifth area, 'Organisation of social care', were:

- determination of the amount of social service for the person being cared for during the period of admission (eleven indicators);
- social rehabilitation and leisure activities (three indicators); and
- teamwork (one indicator).

Indicators used for the evaluation of the criterion 'Social rehabilitation and leisure activities':

1. According to the assessment of a person's functional abilities, the person's wishes and their ability to restore functionality, a rehabilitation plan is developed, which includes a definition of the problem to be solved, long-term and short-term objectives of social rehabilitation; social rehabilitation tasks, planned measures, the duration of those measures, the expected result and the persons with responsibility. The defined social rehabilitation tasks aim to restore or maintain a person's self-care, maintaining and/or acquiring domestic skills by providing individual support and/or participation in group classes. The LTC centre shall provide the following:
  - maintaining or developing cognitive abilities (tasks for memory training, concentration, thinking, creativity, and other classes);
  - acquisition of domestic skills (room cleaning, washing and care of laundry, shopping, cooking, skills to use medications independently, use of household appliances, and other skills);
  - mobility-promoting activities (sensory or tactile stimulation, coordination exercises);
  - information and training measures for individuals (improving the quality of life of seniors through education);
  - maintaining, renewing or acquiring work skills for persons of working age;
  - other leisure activities, creative and relaxing activities; and
  - walks in the fresh air.
2. The LTC centre provides other facilities for meaningful daytime activities:
  - the opportunity to visit cultural events, engage in hobbies and engage in social activities outside the LTC centre;
  - the most up-to-date information available in the public space (the LTC centre provides an opportunity to watch TV, use the internet and read newspapers);
  - meetings with friends, family members and relatives are encouraged; and
  - spiritual support.
3. The LTC centre provides a traceable social rehabilitation process (with registration of visits and activities, and information on tasks and activities performed).

The UN CRPD and the European Quality Framework are not expressly referred to in the above examples or the criteria and indicators listed in the methodology. However, according to the author, the principles laid down in the European Quality Framework

are implicitly included and are relevant, for example, for assessing the quality of social care services, rehabilitation programmes (a first indicator of the criteria 'Social Rehabilitation and Leisure Activities' criteria) that comply with the principle of person-centred services, or indicators for assessment in the eighth area of 'Personal Capacity and Competence' (for example, whether there is a system of employee evaluation and motivation in the LTC centre, whether the LTC centre provides training for staff and the manager and whether the staff have organised events or classes to reduce psychological and emotional stress), which is in line with the principle of workforce training.



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

### 4.1 The impact of quality assurance mechanisms

The general requirement laid down in regulations<sup>64</sup> for SSPs to carry out self-assessment once every three years allows the SPP to compare the results of the assessment and, if necessary, to make changes to improve the quality of the service provided. However, it should be noted that, in the social services field, the provision of services needed by individuals appears as more relevant, at least at a minimum level, along with the diversification of social services, than quality considerations.<sup>65</sup> As a result, emphasis is put on providing social services rather than quality issues.

As the MoW employees pointed out in conversation, the self-assessment of SSPs differs significantly from that of the Ministry's employees in many cases. There are more cases when the self-assessment of SSPs is higher than that of the Ministry's employees, while they are less frequent when the self-assessment of SSPs is lower. Information on using self-assessments by SSPs is not publicly available. A formal approach to self-assessment is possible with no further impact on social service quality.

Public administration institutions – state-established SSPs – must also comply with the requirements laid down for public institutions, such as the publication of annual public reports. These reports include information on social services that are provided and planned and communication with the public (information, education and cooperation with the non-governmental sector). The annual reports by the state LTC centres shall also include information on measures to improve and monitor the quality of social services, identifying the views of customers and their relatives (using anonymous surveys and questionnaires), assessing the individual needs of customers and using other measures.<sup>66</sup> The annual reports of local government institutions contain different information, mainly on the social services provided within the municipality. They do not mention the quality aspects of social services.<sup>67</sup>

The MoW also plays an important role in the possible further use of the test results, considering the obligation of the SSPs<sup>68</sup> to re-register in the Register of Social Service Providers every five years. However, the limited human resources do not allow for the

<sup>64</sup> Requirements for Social Service Providers, Regulation No. 338 (2017), Sect. 2(7).

<sup>65</sup> For more details on providing independent living for persons with disabilities, see 'Enabling Measures for Independent Living and Community Inclusion: Strategies and Guidance', Country report, Latvia, 2022. Not published.

<sup>66</sup> For example, the 2021 public report of the Riga State Social Care Centre, pp. 9, 10 and 19, <https://www.vsacriga.gov.lv/lv/gada-parskati>; *Public Report 2021* of the Zemgale State Social Care Centre, pp. 18-19, <https://www.vsaczemgale.gov.lv/lv/gada-parskati>; *Public Report 2021* of the Kurzeme State Social Care Centre, p. 9, <https://www.vsackurzeme.gov.lv/lv/publikacijas-un-parskati>.

<sup>67</sup> The selection was carried out on a random basis. See, for example, the 2021 Public Report of Madona Municipality (2022), pp. 36-40, <https://www.madona.lv/lat/get.php?o=1&f=filelists/1656395111-gadaparskatsmadona2021publicesanai2.pdf>; Riga City Council Welfare Department (2022), *Social System and Healthcare in Riga 2021* (annual book), Riga, pp. 58-60, [https://ld.riga.lv/files/Gadagramatas/gada\\_gramata\\_2021-GALS.pdf](https://ld.riga.lv/files/Gadagramatas/gada_gramata_2021-GALS.pdf); Rēzekne City Municipality (2022), *2021 Public Report*, Rēzekne, <https://rezekne.lv/gada-parskats/>.

<sup>68</sup> Regulations No. 385 (2017) Regarding the Registration of Social Service Providers, Sect. 29.

complete evaluation, analysis and further preparation of the available data and information required to improve the quality of social services. The Regulations for the registration of SSPs<sup>69</sup> stipulate that the MoW shall decide to postpone the deadline for examination of an application for a period of up to 10 working days and shall indicate the time by which the documents submitted for registration or the information to be provided must be specified.<sup>70</sup>

Suppose the MoW or another institution involved in the inspection finds that the quality of the social service is poor. In that case, the quality of the social service must be improved within a particular time (considering the deficiencies identified), as specified by the inspector. The time needed to improve the quality of social services depends on the type of improvement required. In the case of deviations from the requirements imposed on SSPs, for example, the commissioning of a service provider's building or multiple premises in which the service is to be provided will depend on implementing the requirements of construction laws and regulations, which may be time-consuming; the requirement to provide employees with appropriate qualifications depends on the availability of the workforce or the retraining or upskilling of employees for work with a specific target group, which also requires days, months or years, depending on the topics included in the training and the use of knowledge acquired in practical work. Another example – the availability of appropriate technical aids – depends on the financial means at the disposal of the SSPs. If the deficiencies identified by the inspector are not eliminated, the SSPs may be excluded from the Register and deprived of the right to provide services.

The Law sets out the right of the social service recipient to submit an application regarding the unsatisfactory quality of the social services provided and non-compliance with rights to the manager of the SPP, or to the head of the higher-ranking institution, which usually takes place within the framework of the administrative procedure.<sup>71</sup> In order to improve the quality of the social services provided, service recipients can answer questions asked in anonymous questionnaires prepared by SSPs, they can make proposals or complaints to the care councils of LTC institutions, or they can submit anonymous complaints and proposals in specific places (usually boxes) in institutions.

There are no examples of social service quality being rated negatively because it did not meet the principles of the CRPD.

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

An essential role in the evaluation of social services (the activities of SSPs) is played by the Ombudsman, who, in the field of his competence or in evaluating complaints regarding possible violations of human rights (including those of persons with

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<sup>69</sup> Regulations No. 385 (2017) Regarding the Registration of Social Service Providers, Sect. 11.

<sup>70</sup> The time limit of ten days shall apply where not all the documents specified in the application have been submitted, the submitted documents have not been completed in accordance with the requirements, or the by-laws of the service provider do not specify that the service provider has provided the services referred to in the application. If the premises of the service provider or a group of premises in which the service is to be provided have not been accepted for operation, if the use of premises registered in the State Real Estate Cadastre Information System does not conform to the provision of the service, or if the Ministry has reasonable doubts as to the veracity of the information provided.

<sup>71</sup> Law on Social Services and Social Assistance (2002), Art. 6(51).

disabilities), can provide recommendations to SPPs. In 2013, after inspection visits to LTC centres, the *Report of the Ombudsman of the Republic of Latvia on the State Social Care Centres for Adults with Mental Disabilities* was published. The report states that the examinations 'indicate the shortcomings of the long-term social care and social rehabilitation system'.<sup>72</sup>

In 2018, protecting the rights of persons living in LTC centres was identified as one of the priorities of the Ombudsman. In a letter sent by the Ombudsman to the MoW and the heads of state social care centres,<sup>73</sup> and in the report on visits to LTC centres,<sup>74</sup> information on previously agreed monitoring visits in 2018 was provided to assess the level of respect for human rights. Special attention was paid, among other things, to general living conditions in the institution, to respect for the right to private life and to the quality of social care and social rehabilitation services provided by the institution:

- When assessing general living conditions, attention was paid to the availability of information, the area of the minimum living space, sanitary facilities and the availability of hygiene and washing products, catering, provision of drinking water, air quality, and the number and qualifications of employees;
- In the framework of the assessment of the right to respect for private life, the individualisation of persons' own rooms and the provision of personal clothing and footwear were examined;
- Under the service quality assessment, consideration was given to conditions for spending meaningful time, providing regular walks in the fresh air, individual social care and social rehabilitation plans, and providing technical aids.

In short, the overall conclusion was that many of the requirements imposed on SSPs were not met to the required quality, and recommendations were made.

In 2019, the report *On the Blatant Infringement of Human Rights at the Ezerkrasti Branch of the Riga State Social Care Centre*<sup>75</sup> was published, and it states that representatives of the Latvian Movement for Independent Living, an NGO, were involved in the inspection.<sup>76</sup>

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<sup>72</sup> Ombudsman of the Republic of Latvia (2013), *Report of the Ombudsman of the Republic of Latvia on the State Social Care Centres for Adults with Mental Disabilities (Latvijas Republikas tiesībsarga ziņojums par Valsts sociālās aprūpes centriem pilngadīgām personām ar garīga rakstura traucējumiem)*, Rīga, p.18, [https://www.tiesibsargs.lv/wp-content/uploads/2022/07/Zinojums-par-VSAC-kopsavilkums\\_gala.pdf](https://www.tiesibsargs.lv/wp-content/uploads/2022/07/Zinojums-par-VSAC-kopsavilkums_gala.pdf).

<sup>73</sup> Ombudsman, letter No.1-5/147 'On visits to long-term social care and social rehabilitation institutions', 2018, [https://www.tiesibsargs.lv/wp-content/uploads/2022/07/par\\_vizitem\\_uz\\_valsts\\_socialas\\_aprupes centriem\\_1543931028.pdf](https://www.tiesibsargs.lv/wp-content/uploads/2022/07/par_vizitem_uz_valsts_socialas_aprupes centriem_1543931028.pdf).

<sup>74</sup> Ombudsman (2019), *Report on Visits to Long-term Social Care and Social Rehabilitation Institutions (Ziņojums par vizītēm uz ilgstošas sociālās aprūpes un sociālās rehabilitācijas institūcijām)*, Rīga, [https://www.tiesibsargs.lv/wp-content/uploads/2023/02/zinojums\\_par\\_socialas\\_aprupes centriem.pdf](https://www.tiesibsargs.lv/wp-content/uploads/2023/02/zinojums_par_socialas_aprupes centriem.pdf).

<sup>75</sup> Ombudsman (2019), *On Blatant Infringement of Human Rights at the Ezerkrasti Branch of the Riga State Social Care Centre (Par rupjiem cilvēktiesību pārkāpumiem Valsts sociālās aprūpes centra 'Rīga' filiālē 'Ezerkrasti)*, Rīga, [https://www.tiesibsargs.lv/wp-content/uploads/2022/07/1\\_5\\_88\\_1582118598.pdf](https://www.tiesibsargs.lv/wp-content/uploads/2022/07/1_5_88_1582118598.pdf).

<sup>76</sup> Ombudsman (2019), *On Blatant Infringement of Human Rights at the Ezerkrasti Branch of the Riga State Social Care Centre*, p. 1, [https://www.tiesibsargs.lv/wp-content/uploads/2022/07/1\\_5\\_88\\_1582118598.pdf](https://www.tiesibsargs.lv/wp-content/uploads/2022/07/1_5_88_1582118598.pdf).

Given that the protection of the rights of persons with special needs (including disabilities) in LTC centres continued to be a priority in the work of the Ombudsman, monitoring checks were also carried out for the following years, considering the impact of the COVID-19 pandemic on the provision of social services. Reports published in 2021 on the provision of human rights in the Madliena universal-type home (a municipal institution)<sup>77</sup> and in the Pērle social care centre (also a municipal institution)<sup>78</sup> indicate that ‘the representatives of the Ombudsman’s Office found non-compliance with several human rights standards, as well as violations of the principles laid down in Latvian legislation.’<sup>79</sup>

### 4.3 Promising practice

It is a positive measure, and essential, that the primary or minimum requirements for the quality of social services apply to all SSPs, regardless of the form of economic activity. In addition, it is possible to impose higher requirements on SSPs for the services provided.

The EU Structural Funds are mainly used to improve the social services system and not to develop quality assessment systems, except for the *Assessment of the Quality of Social Services in Kuldīga county*, referred to in Section 2.2. There are relatively few materials on the MoW website on the quality assessment of social services. These materials have a recommendation format and cannot be traced to their application at the institutional level. Therefore, it is impossible to provide information on examples of good practice.

However, the case study of 2013 referred to a service provided in publicly funded long-term social care and rehabilitation (LTC) centres. All the information provided can be used in NGOs or private LTC centres for persons with objective difficulties in taking care of themselves due to old age or functional disorders (due to disability).

Case study	Public service
Describe the type, scope and aim of the service used by persons with disabilities.	Social rehabilitation and social care service in a LTC institution. Within the framework of the service, persons with mental disabilities receive services aimed at satisfying the basic needs of persons, restoring or improving the ability of social functioning to ensure the recovery of social status and integration into society.

<sup>77</sup> Ombudsman (2021), *Report on the Provision of Human Rights at the Madliena Universal-Type Home (Ziņojums par cilvēktiesību nodrošināšanu Vispārējā tipa pansionātā ‘Madliena’)*, Riga, <https://www.tiesibsargs.lv/resource/zinojums-par-cilvektiesibu-nodrosinasanu-vispareja-tipa-pansionata-madliena/>.

<sup>78</sup> Ombudsman (2021), *Report on the Provision of Human Rights in the Pērle Social Care Centre (Ziņojums par cilvēktiesību nodrošināšanu sociālās aprūpes centrā – pansionātā ‘Pērle’)*, Riga, [https://www.tiesibsargs.lv/wp-content/uploads/2022/07/par\\_cilvektiesibu\\_nodrosinasanu\\_socialas\\_aprupes\\_centra\\_pansionata\\_perle\\_1\\_1637849193.pdf](https://www.tiesibsargs.lv/wp-content/uploads/2022/07/par_cilvektiesibu_nodrosinasanu_socialas_aprupes_centra_pansionata_perle_1_1637849193.pdf).

<sup>79</sup> In one of the centres, the general living conditions, the needs of the customers, the activities and meaningful leisure activities specified in social rehabilitation plans and individual work with customers were all negatively assessed. In the second centre, general living conditions, freedom of movement, the participation of care receivers in activities and leisure opportunities, the following of hygiene requirements and the documenting and updating of individual rehabilitation plans were negatively assessed.

<p>Which quality assurance systems exist? Is there a timeframe? What is the relevant authority?</p> <p>Does the quality assurance system explicitly address disability issues?</p>	<p>The following areas are suggested for assessing the quality of service:</p> <ul style="list-style-type: none"> <li>• human resources policy (22 criteria);</li> <li>• staff member's assessment of the institution (nine criteria);</li> <li>• self-assessment of the employee (15 criteria);</li> <li>• employee's assessment of the head of the institution (24 criteria);</li> <li>• employee's assessment of the work collective (11 criteria);</li> <li>• evaluation of colleagues' work (9 criteria);</li> <li>• self-assessment of the Head of the Centre (24 criteria);</li> <li>• evaluation of the recipient of the service on what is happening in the institution, including by using emojis (nine criteria);</li> <li>• assessment of the satisfaction of the recipient of the service (16 or 7 criteria); and</li> <li>• method of evaluating the quality of life of the service recipient with functional impairments (11 criteria).</li> </ul> <p>In order to ensure the rights of the child, the material on the indicators to be achieved and the methods to be applied in the following areas were attached:</p> <ul style="list-style-type: none"> <li>• physical well-being (indicators - sleep, meals, recreation and playground provision, space for learning, hygiene, recreation and playground, walking, clothing, individual physical needs, rehabilitation, medical care, emergency safety);</li> <li>• emotional well-being (indicators - expression of emotions, sleep, stimulation of sensory senses, activity, behaviour, loved ones);</li> <li>• interpersonal relations (indicators - for a child with institution staff member, with parents or guardians, competence and professionalism of employees of the institution, interdisciplinary approach, with peers in the institution and outside the institution, with people outside the institution, relations between employees);</li> <li>• material well-being (indicators - personal items, sharing of items, pocket money);</li> <li>• personal development (indicators - formal and non-formal education, educational work, development of communication skills, privacy, responsibility, sexual education, knowledge of the world, awareness of personal 'I', safe attraction, transition to adult life);</li> <li>• self-determination (indicators - hearing a person's opinion on one's well-being, participation, self-defence); and</li> <li>• social inclusion (indicators - educational institutions, centres of interest, public spaces and institutions, public events, visits, volunteers).</li> </ul> <p>The quality of the services provided can be assessed internally by the institution, including for the preparation of self-assessment or control procedures.</p> <p>The suggested quality assurance system indirectly addresses disability issues because the recipients of services are persons with disabilities. In the case of children, children without functional impairment may also receive services.</p>
<p>Which methods and methodologies were used in the quality assurance system?</p>	<p>The recommended methods for assessing the quality are interviews with service recipients, interviews with staff, observation, examination of documentation and site inspection.</p> <p>Methodology:</p>

	<p>1. Evaluation of employees and institutions, consisting of:</p> <ul style="list-style-type: none"> <li>• evaluation of personnel policy;</li> <li>• an employee's assessment of the institution;</li> <li>• self-assessment of the employee;</li> <li>• an employee's assessment of the head of the institution;</li> <li>• the employee's assessment of the work collective;</li> <li>• evaluation of the work of colleagues; and</li> <li>• self-assessment of the head of the institution.</li> </ul> <p>2. Assessment of the recipient of the service consisting of:</p> <ul style="list-style-type: none"> <li>• the evaluation of the service recipient on what is happening in the institution, including by using emojis;</li> <li>• satisfaction assessment of the service recipient; and</li> <li>• methods of evaluating the quality of life of the service recipient with functional impairments.</li> </ul>
<p>How are people with disabilities/disability organisations involved in the assessment process? Are they consulted?</p>	<p>Persons with disabilities may be included in the composition of the social care council as persons who receive services. NGO representatives are not involved in the activities of the institution but may be involved in carrying out planned or complaint-based inspections at the invitation of the controlling authorities.</p>
<p>What indicators are used in this particular quality assurance system?</p>	<p>Four numerical indicators were offered to assess the quality of the services provided by the state LTC centres: 4 is very good, 3 is good, 2 is satisfactory, and 1 is unsatisfactory.</p> <p>In order to provide answers to persons with severe psychiatric and behavioural disorders, three signs of emotion were proposed: a smiling face if the answer is 'Yes, agree, like'; an angry face if the answer is 'No, disagree, do not like'; a neutral face for no response.</p>
<p>Which CRPD principles are included in the quality assurance framework?</p>	<p>The recommended quality assessment system does not explicitly refer to the CRPD principles, although the principle of accessibility is implicitly included (information is provided in order to understand this, in plain language if required), as is respect for inherent dignity, individual autonomy, including the freedom to state one's preferences, and independence of persons; for example, when planning a new service, the person is involved in the planning, evaluation and development of the service and is provided with opportunities to influence the quality of the service, assess it and express their opinion (including in plain language using pictograms, and the person is allowed to express an opinion anonymously).</p>
<p>What evidence is there that the relevant quality assurance system has an impact on the quality of the social service delivery to persons with disabilities, on the attractiveness of the sector and on the skills of the workforce?</p>	<p>There is no evidence that the relevant quality assurance system has an impact on the quality of social service delivery to persons with disabilities, on the attractiveness of the sector or on the skills of the workforce.</p> <p>The head of the institution is entitled to build another service quality system and to use or not use the recommended criteria, methods, methodology and indicators.</p>

#### 4.4 Analytic reflection

The basic requirements for the quality of social services are set out in the Law, and in the Cabinet Regulations on procedures for the registration of and requirements for SSPs. Notably, the legal requirements apply to all SSPs in the same way, regardless of the form of economic activity. In addition, there are basic requirements set out in the

regulations so that SSPs can impose higher quality requirements on the service provided.

Given various socio-economic factors (the financial crisis of 2008, the COVID-19 pandemic, financial and labour resources and the non-availability of SSPs), the quality of social services is ensured only at the level of basic requirements. In Latvia, the development of the social services system, the diversification of services and access to social services to cover the needs of different groups of society, including persons with disabilities, is topical. Less emphasis has been put, instead, on the quality of social services, which would deserve, on the contrary, to receive the necessary attention.

Disability aspects are not explicitly highlighted in the quality assurance systems for social services. However, they are included in general formulations using the principle of mainstreaming, such as the criterion of ensuring an accessible environment or the criterion of providing information in a manner that is understandable to the individual. No explicit reference is made to the principles set out in the UN CRPD or the voluntary European Quality Framework for Social Services.

The information that is publicly available on the websites of SSPs is different. Quality issues of social services are not reflected at all, or they are only implicitly reflected. State-established institutions have mandatory requirements for public institutions; thus, annual public reports are available on the websites of these institutions, which contain information on the social services provided and on their compliance with the requirements laid down in regulations, on planned measures for the next year, on communication with the public, on the results of customer questionnaires and on the necessary measures to improve performance or the quality of social services.

Information on the services provided, the procedures for receiving them and other information specified in the Requirements for SSPs is publicly available on the websites of local authorities, NGOs and private social service providers. More information on the quality of social services needs to be provided. If the public reports of individual municipalities list the social services provided, there is information on the activities of social services or their improvement; annual reports are not available on the websites of NGOs and private social service providers. In some cases, if a municipality finances social services, then information on the service and some statistical data (e.g. number of services recipients, funding used) are included in the annual reports of the local authorities. The results of the statutory self-assessments are available to heads of institutions and control agents but are not publicly available. As a result, it is impossible to assess the use of the results of self-assessments to improve the quality of social services. Regarding the number of complaints received and solutions for improving the quality of services, documents of the care councils of LTC institutions are also not available.

Considering the limited number of employees at the MoW who evaluate SSPs for inclusion or re-registration in the Register and carry out checks at the places of provision of services following receipt of complaints, the influence of the MoW on the control and improvement of social services is low. The limited number of staff at the MoW cannot supervise the nearly 1 000 SPPs included in the Register.

More important are the activities of the Ombudsman, who has determined the rights of persons in LTC institutions as one of the priorities of his activities. Monitoring visits to

LTC centres assess the respect of service recipients' rights and ensure the quality of social services. Following these visits, the Ombudsman provides recommendations to prevent violations and improve the quality of social services. However, it should be noted that the priority of the Ombudsman's work is the protection of the rights of persons living in LTC institutions, not all social services recipients.

In the author's opinion, more attention should be focused on assessing the quality of social services, with more in the way of publicly available evaluation tools and a shared understanding of the quality of social services. It is necessary to establish a numerically small but independent quality control body for social services (for instance, an inspectorate). The MoW needs to increase the human resources involved in assessing the quality of social services, and it should update and publish guidelines for self-assessment and evaluation of the quality of the social service provided on its website. In turn, it is necessary to publish information on the websites of NGOs and private SSPs on the quality of social services and their provision, which would enable potential service recipients to compare services.



## **5 Recommendations**

### **5.1 Recommendations for Latvia**

Establish a quality control system for social services, in which information on the quality management system used by the social services providers and the self-assessment results, information about the number of complaints received and the results of complaint handling is publicly available and traceable (in order to encourage higher uptake of the appropriate certification and better accountability for the information provided in the self-assessments). Integrate self-assessments into a comprehensive quality control system, including by aligning the period for the self-assessment with the period for the re-registration in the Register of Social Service Providers.

Establish an independent quality control body for social services, such as an inspectorate. Increase human resources for the implementation of quality control measures.

Raise awareness among the general public and specialists on the importance of the quality of personal social services to their recipients for improving their quality of life, as well as on its importance to society as a whole.

Develop guidelines for ensuring the quality of social services, including self-assessments, defining evaluation criteria, indicators and processes; involve organisations representing persons with disabilities in developing the methodology for assessing the quality of social services.

Involve NGO representatives of persons with disabilities in assessing the quality of social services and preparing recommendations for social service providers, particularly for evaluating the quality of community-based social services and using the results to improve the quality of social services further. Involve representatives of appropriate NGOs in social care councils.

### **5.2 Recommendations for the European Commission**

Develop standard guidelines (methodological recommendations) for EU Member States to integrate disability and CRPD principles into quality assessment systems for social services.

Develop guidelines/recommendations for assessing the quality of community-based social services (thereby setting minimum standards) to promote independent living for persons with disabilities.

For the next programming period, provide funding for developing quality assessment systems of social services. One of the conditions for receiving EU structural funding in the social services field should be an assessment of the social services quality (at least twice, at the beginning and at the end of the project).

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