



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

Spain

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## **Spain**

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## **1 Executive summary**

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

Social services in Spain include the services referred to in the Social Services Reference Catalogue, which guarantees the existence of common minimum services. These services are aimed at persons in social need (e.g. persons with disabilities and victims of gender-based violence). They include both service-based benefits and financial benefits. The seven overarching quality principles, which are described in the voluntary European Quality Framework, are mentioned in the Reference Catalogue.

Social Services in Spain are managed by the different Autonomous Communities. Therefore, each Autonomous Community has its own Social Services Law. The strategic plans of the different regions mention quality of services and refer to quality control. These strategic plans generally apply to a very diverse population. Therefore, there is usually no specific focus on disability and no mention of the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

The Spanish Strategy on Disability 2022-2030 explicitly adopts as reference frameworks the UN CRPD, the Concluding Observations on Spanish reports that the United Nations Committee on the Rights of Persons with Disabilities has made to Spain, the United Nations 2030 Sustainable Development Goals, the Charter of Fundamental Rights of the European Union, the Strategy on the Rights of Persons with Disabilities 2021-2030 and the Principles of the European Pillar of Social Rights. The Strategy contains recommendations for the Autonomous Communities in the area of social services for persons with disabilities. Throughout the document, actions aimed at improving the quality of life of persons with disabilities are emphasised.

### **1.2 Evaluation of the quality of social services**

Each Autonomous Community is responsible by law for the implementation of social services and their evaluation.

It is necessary to go down to the level of specific services for persons with disabilities to find strategic plans and action plans where the principles of the CRPD as well as references to quality of life etc. are embodied and evaluated. External quality assurance of social services is carried out at national level by the Institute for the Evaluation of Public Policies (IEPP). External evaluation of quality management and quality assurance is also carried out through specific initiatives such as the Institute for NGO Quality (ICONG), which aims to disseminate and promote the culture and incorporation of quality systems in NGOs. This organisation certifies the NGO Quality Standard.

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

The IEPP is responsible for the Excellence Recognition Programme, which is implemented through two certification sub-programmes: Recognition of Excellence and the Awards for Quality and Innovation in Public Management. The recognised quality models are EFQM, EVAM and CAF. The IEPP certifications also extend to service charters.

The representative organisations of different groups of persons with disabilities each have their own strategic plans, which include actions focused on quality assurance, through accreditation of management, processes and results via ICONG (i.e. through external evaluation mechanisms), and actions to promote quality of life, rights and other key principles in the provision of services for persons with disabilities. Given the great diversity of groups, their different purposes and needs, the evaluation of the quality of life of service users is carried out in various explicit and structured ways, depending on the organisation in question.

The Secretariat of State for the Civil Service is responsible for the inspection of public services. The different Autonomous Communities also have their own social services quality inspection services, in line with how the quality inspection of social centres and services is established by law. In their assessment of centres and services, they consider objective data related to health and safety, as well as the appropriate treatment of users and the handling of complaints and suggestions. These experts also consider the assessments and opinions of users of centres and services. In Spain, infringements in the field of public social services are regulated by law.

#### **1.4 Recommendations for Spain**

The Spanish Disability Strategy 2022-2030 must be aligned with the rights set out in the UN CRPD and with the principles of the European Pillar of Social Rights. To this end, the progress reports (to be carried out in 2024, 2026 and 2028) and the final evaluation (2030) must establish a clear relationship between the objectives and results indicators of the Strategy, the rights recognised in the CRPD and the 20 principles of the European Pillar of Social Rights.

Representative organisations of persons with disabilities should be encouraged to review their own strategic plans to analyse the extent to which they relate to the rights recognised in the CRPD.

The internal quality assessment processes of public social services, service provider organisations and representative organisations of persons with disabilities should include in their self-assessments multidimensional indicators (using corresponding questionnaires or data collection with quality tools that should be robust and statistically validated) of achievements in terms of quality of life and rights.

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

In its analysis and recommendations on social policies and social services for persons with disabilities in Member States, the European Commission should include a rights perspective that considers progress and gaps related to the UN CRPD.

When monitoring the social situation and the development of social protection policies in the Member States and in the EU, organisations such as the Social Protection Committee should include not only the European Pillar of Social Rights but progress in relation to the CRPD in their frameworks for such assessments.

The European Commission should continue to encourage data on persons with disabilities to be made available in Member States.

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

### 2.1 Definitions and frameworks

Firstly, it should be noted that social services in Spain include the services referred to in the Social Services Reference Catalogue,<sup>1</sup> which also establishes common principles of quality and good use. The catalogue further establishes a series of common services throughout the nation, aimed at persons in a situation of social need, and its objective is to guarantee common minimum services. These services are aimed at: (1) children; (2) persons with disabilities; (3) persons in a situation of dependency;<sup>2</sup> (4) victims of gender-based violence; and (5) persons receiving non-contributory pensions.

In the catalogue, a distinction is made between service-based benefits and financial benefits. With respect to the benefits consisting of services, a distinction is made between seven thematic areas or domains: (1) information, guidance, advice, diagnosis and assessment; (2) personal autonomy, care at home and family respite; (3) family intervention and support; (4) intervention and protection of minors; (5) residential care; (6) prevention and social inclusion; and (7) legal protection.

As for economic benefits, they consist of periodic or one-off financial contributions, the purpose of which is to guarantee minimum subsistence or to address emergency situations for citizens. These benefits include: (1) a minimum integration income; (2) aid for victims of gender-based violence; (3) financial benefits for dependent persons; and (4) other financial benefits.

Given that social services in Spain are managed by the Autonomous Communities, each of them has developed these services to a different degree. Thus, in some Autonomous Communities there are more services included in the regional catalogue than in others.

Quality criteria are established in the Social Services Reference Catalogue (page 41), and it is noted that all neighbouring countries have been developing criteria for quality management. The State Agency for the Evaluation of Public Policies and Quality of Services (AEVAL)<sup>3</sup> is also mentioned. AEVAL, then renamed the Institute for the Evaluation of Public Policies (IEPP), published the second edition of its *Guide for the*

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<sup>1</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/docs/prestaciones-pc/CatalogoServiciosSociales.pdf>.

<sup>2</sup> The term 'dependency' refers to a legal concept defined in Law 39/2006 of 14 December, Art. 2.(2), on the Promotion of Personal Autonomy and Care for Dependent Persons (See: <https://www.boe.es/buscar/act.php?id=BOE-A-2006-21990>). This legal definition is referred to in numerous regulations and in relation to financial aid and services. A person in a dependency situation requires significant support for the performance of daily living activities or for personal autonomy.

<sup>3</sup> The National Agency of Public Policies and Quality of Services Evaluation (AEVAL) has ceased to be fully operational as a result of its dissolution by Royal Decree 769/2017 of 28 July (as published in the *Official State Gazette*, (*Boletín Oficial del Estado*, BOE) of 29 July 2017), with its functions to be taken over by the Secretariat of State for the Civil Service through the Institute for Evaluation of Public Policies and the General Directorate of Public Governance.

*Development of the Service Charter*<sup>4</sup> in 2010. This second edition emphasises that such charters should specify indicators used for monitoring and evaluating quality. The Reference Catalogue indicates that, in addition to the need to guarantee quality standards in the provision of social services, it is also necessary to establish a framework of rights and duties of users in order to contribute to the good use, equity and efficiency of services (page 41). The Reference Catalogue mentions the quality principles for the provision of social services in the EU. It also mentions the ‘Voluntary European Quality Framework for Social Services’ document<sup>5</sup> and the general principles of quality reference for the provision of social services (availability, accessibility, affordability, person-centred, comprehensive, continuous, outcome-oriented). Reference is also made to the common quality criteria for the provision of services in the public social services system, as summarised in Table 1.

*Table 1. Quality criteria in the provision of public social services*

<b>Technical and management quality</b>	<b>Social and technological innovation</b>	<b>Quality in employment</b>	<b>Quality of services</b>	<b>Rights and duties of users</b>	<b>Rights and duties of professionals</b>
Existence of a strategy or plan that includes quality standards for the services provided	Existence of studies on the current and future needs of social services	Training of professionals in these services	Up-to-date information systems on services, users, etc.	Access, information, individualisation, participation, confidentiality, etc.	Good practices, training, etc.
Design and implementation of models of social services management oriented to public management of results adapted to users	Existence of measurable interventions	Matching human resources to needs	User-centred evaluation (surveys)		
Development of service delivery evaluation systems, oriented towards results in public management and user evaluation.	Integrating technological innovation for better service efficiency		Creation of the figure of the reference professional for the coordination of services for a user.		
Existence of procedures for the management	Implementing e-administration		Existence of mechanisms for user participation		

<sup>4</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Gu-a-para-el-desarrollo-de-Cartas-de-Servicios-/Guia\\_CARTAS\\_2009.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Gu-a-para-el-desarrollo-de-Cartas-de-Servicios-/Guia_CARTAS_2009.pdf.pdf).

<sup>5</sup> See: <https://ec.europa.eu/social/BlobServlet?docId=6140&langId=en>.

of actions and users.			throughout the process		
Clear and accessible information on the catalogue of services offered by each entity.			Training for non-professional carers and volunteers		

As mentioned, the Reference Catalogue is articulated by a typology of benefits, distinguishing between (1) service benefits, grouped into seven thematic axes or areas that respond to various situations of social need (information, guidance, advice, diagnosis and assessment; personal autonomy, care at home and family respite; family intervention and support; intervention and protection of minors; residential care; prevention and social inclusion; and legal protection) and (2) economic benefits, to guarantee minimum subsistence or to help address emergency situations: minimum integration income; help for victims of gender-based violence; economic benefits for persons in a situation of dependency; and other economic benefits.

The available services fall under six groups of social services designed to ensure independent living for persons with disabilities: (1) home-based support; (2) short-term respite care; (3) residential care; (4) community-based living and support, (5) day and occupational activities; and (6) special services aimed at improving the quality of life of children and adults with social needs. Figure 1 summarises the social services included in the Reference Catalogue. The authors have shaded the services that are more specifically related to persons with disabilities/dependency, without prejudice to the fact that persons with disabilities may need to access all kind of mainstream services. Figure 2 summarises the economic benefits included in the Catalogue and, again, the authors have shaded the economic benefits more closely related to persons with disabilities/dependency, without prejudice to the fact that persons with disabilities may need to access other kind of economic benefits not strictly linked to a disability.

Figure 1. Social services included in the Social Services Reference Catalogue

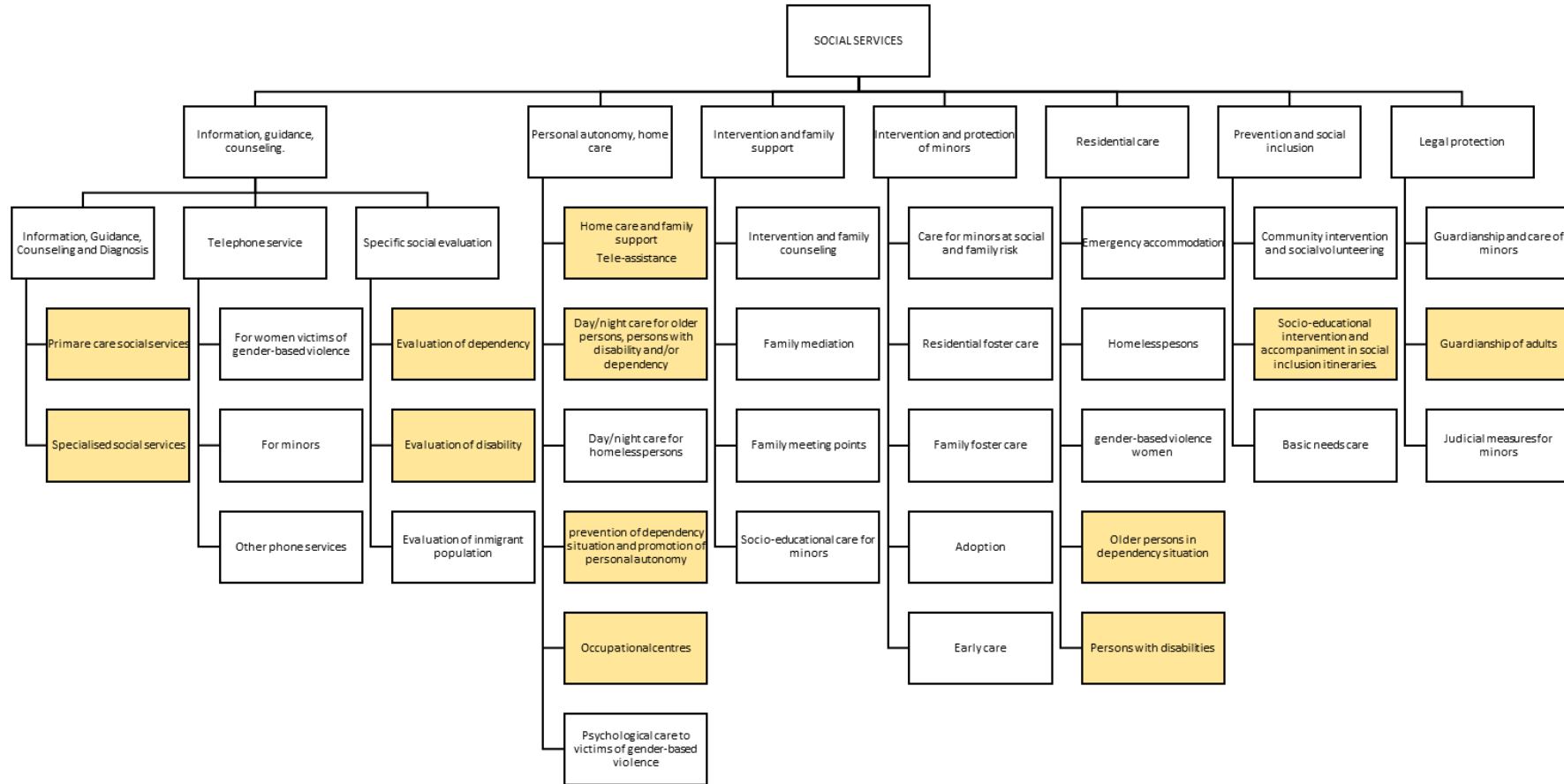
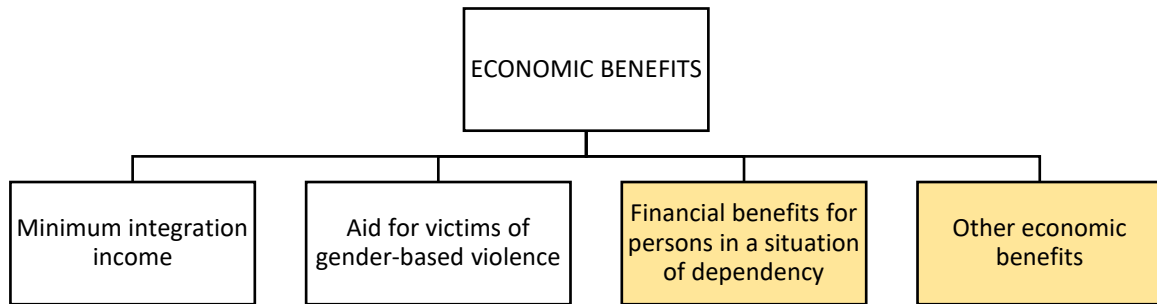


Figure 2. Economic benefits included in the Social Services Reference Catalogue



These services and frameworks are aligned with the principles of the UN CRPD, although the CRPD is not explicitly mentioned, as the Reference Catalogue applies to several categories of persons including persons with disabilities. For example, principle 11 on quality states that a 'Quality of life framework should be adopted'; principle 6, on promotion of personal autonomy, deals with independence; principle 8, on inclusion and normalisation (i.e. prioritising the inclusion and well-being of users in their usual personal, family and social environment and facilitating care through general institutions) relates to inclusion; principle 12 relates to participation.

Thus, the catalogue sets out the following 13 principles that should govern these social services:

1. Universality: universal right to access social service benefits.
2. Public responsibility: this is aimed at facilitating the availability and accessibility of services.
3. Equality: enjoyment of social services without discrimination on grounds of ethnicity, gender, sexual orientation, marital status, age, disability, ideology or belief, or any other personal or social condition.
4. Equity: criteria that favour cohesion and social justice.
5. Prevention and the community dimension: criterion acting on the structural causes that hinder social inclusion and the development of an autonomous life.
6. Promotion of personal autonomy: empowerment of the capacity for choice, development of life plans and their development in the personal, family, work, economic, educational and cultural spheres. This contributes to realising the full inclusion and social participation of persons with support needs for their autonomy, especially those who are in a situation of dependency.
7. Personalised and comprehensive care: this entails appropriate support, continuity of care and respecting a person's dignity, rights and preferences, with a focus on person-oriented services.

8. Inclusion and normalisation: prioritising the inclusion and well-being of users in their usual personal, family and social environment and facilitating care through general institutions, except when specialised care is required.
9. Proximity: the provision of social services will be carried out in the area closest to the persons who require them, favouring their permanence in their usual environment and their active integration in the life of their community.
10. Solidarity: the participation of users, volunteers and associations will be promoted, with the aim of contributing to social cohesion and the well-being of the population.
11. Quality: the existence of minimum and adequate quality standards should be guaranteed for all services, including evaluation instruments that promote quality, covering the concept of quality of life, the effectiveness and efficiency of actions and the ethics of intervention. The aim is the ongoing improvement of the Public Social Services System.
12. Participation: this entails the participation of citizens, individually or collectively, as well as third sector social action entities and social agents, in the processes of planning, development, monitoring and evaluation.
13. Cooperation and collaboration between public administrations and involving private initiative: coordination will also be promoted with other public social protection systems, such as health, employment, education, pensions and housing.

The voluntary European Quality Framework for Social Services created by the European Commission in 2010 is mentioned in the Catalogue at page 41, in the section on general quality principles for the provision of social services in the European Union. The seven overarching quality principles for social service provision that are described in the voluntary European Quality Framework study (at pages 23 and 42) are: (1) Available; (2) Accessible; (3) Affordable; (4) Person-centred; (5) Comprehensive; (6) Continuous; and (7) Outcome-oriented. These are mentioned in the Catalogue.

As mentioned above, social services in Spain are managed by the different Autonomous Communities.<sup>6</sup> Therefore, each Autonomous Community has its own Social Services Law.<sup>7</sup> In other words, in addition to national bodies, there are regional/local bodies that define services and their quality. An example of a Social Services Law at Autonomous Community level is that of Castile and León.<sup>8</sup> Each Autonomous Community has also published its own catalogue of social services.<sup>9</sup>

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<sup>6</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/LeyesSSSS.htm>.

<sup>7</sup> The social services laws of the different Autonomous Communities can be downloaded here: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/LeyesSSSS.htm>.

<sup>8</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/Leyes-SSSS/docs/Castilla-Leon.pdf>.

<sup>9</sup> See for example, the catalogue for Castile and León, available at: <https://serviciosociales.jcyl.es/web/es/como-acceder-servicios-sociales/catalogo-servicios-sociales.html>. An [Excel spreadsheet](#) is also available.

Each Autonomous Community provides for the development of a Strategic Plan for Social Services in its regulations. These strategic plans, which are published with varying frequency, specify benefits, services, actions, etc. within the framework of social services. For example, the Autonomous Community of Castile and León has published its Strategic Plan for the period 2022-2025.<sup>10</sup> However, the diversity of platforms and formats in which the strategic plans of the different Autonomous Communities are presented, their differences in the years they cover, their different locations and even the different languages in which they are written make it very difficult to obtain comparable data. It is possible to say that some strategic plans, such as that of Catalonia, are more aligned with the CRPD, which is mentioned several times and is highlighted as the guide for the conversion of services located in the community.<sup>11</sup> In the social services laws of the different Autonomous Communities, the CRPD is not always mentioned. The laws that do mention the CRPD explicitly are those from the Autonomous Communities of Andalusia,<sup>12</sup> the Balearic Islands,<sup>13</sup> Castilla-La Mancha,<sup>14</sup> the Valencian Community<sup>15</sup> and Extremadura.<sup>16</sup> The remaining 12 Autonomous Communities do not mention the CRPD in their laws.

The strategic plans of the different Autonomous Communities also mention the quality of services and their quality control, and they incorporate numerous indicators for evaluating the different actions, programmes and services. Quality depends on the fulfilment of actions, on the opinion of users and on quality control by external control bodies.

For example, the Strategic Plan of Castile and León<sup>17</sup> states that one of the values on which it is based is quality. Quality is defined as a process of ongoing improvement and innovation in the system in order to achieve better care for persons. In this plan, quality is specified in 20 activities in which the cross-cutting strategic 'quality' line has been developed to cover the whole system.

In the Strategic Plan for Social Services in Andalusia,<sup>18</sup> the CRPD is referred to as a legal instrument in which disability is conceived from a rights perspective. The concept of quality of life is also used, but no definition or framework is provided. Strategic line 4 of the plan refers to the promotion of a culture of quality and includes actions to evaluate the quality of social service centres. The quality of these centres is based on compliance with a series of standards that lead, where appropriate, to the certification

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<sup>10</sup> See: <https://bocyl.jcyl.es/boletines/2021/12/28/pdf/BOCYL-D-28122021-18.pdf>.

<sup>11</sup> See the Strategic Plan for Social Services in Catalonia: [https://dixit.gencat.cat/web/.content/home/04recursos/02publicacions/02publicacions\\_de\\_bsf/11seveis\\_socials/pla\\_estrategic\\_serveis\\_socials\\_2021\\_2024/Pla-estrategic\\_2023.pdf](https://dixit.gencat.cat/web/.content/home/04recursos/02publicacions/02publicacions_de_bsf/11seveis_socials/pla_estrategic_serveis_socials_2021_2024/Pla-estrategic_2023.pdf).

<sup>12</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/Leyes-SSSS/docs/Andalucia.pdf>.

<sup>13</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/Leyes-SSSS/docs/Baleares.pdf>.

<sup>14</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/Leyes-SSSS/docs/Castilla-Mancha.pdf>.

<sup>15</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/Leyes-SSSS/docs/Valencia.pdf>.

<sup>16</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/Leyes-SSSS/docs/Extremadura.pdf>.

<sup>17</sup> See: <https://bocyl.jcyl.es/boletines/2021/12/28/pdf/BOCYL-D-28122021-18.pdf>.

<sup>18</sup> See: <https://www.juntadeandalucia.es/sites/default/files/2022-06/Plan%20Estrat%C3%A9gico%20de%20Servicios%20Sociales%202022-2026.pdf>.

of a centre as a quality service. There is a guide for standards in residential services,<sup>19</sup> another guide for standards of day services,<sup>20</sup> a further guide for information and counselling services,<sup>21</sup> and another for community social services.<sup>22</sup> The last of these establishes a series of indicators that are subject to verification to determine the degree to which person-centred actions are serving to promote quality of life. Quality of life is defined (at page 41 of the guide) with reference to Schalock and Verdugo's 2002-2003 eight-dimensional model of quality of life (although this is not explicitly stated), indicating that 'community social services will develop actions that foster the care and promotion of emotional well-being, physical well-being, interpersonal relationships, social inclusion, personal development, material well-being, self-determination and rights'.<sup>23</sup> In the aforementioned guide for standards in community social services, in the section referring to strategic planning and management, it is also set out that these services should have a quality plan. In the glossary of this document, quality of life is defined in line with the WHO definition:

'an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, ... social relationships and their relationship to salient features of their environment.' (World Health Organization (1997), *Measuring Quality of Life*, Geneva)

The 'quality of life model' is also defined as 'a concept that reflects the conditions of life desired by a person in relation to 8 fundamental needs: material, physical and emotional well-being, personal development, interpersonal relationships, social inclusion, rights and self-determination'. Again, Schalock and Verdugo's model is not explicitly referred to, nor is there a bibliographical reference section. It should be noted that in the *Standards Manual for Residential Services*,<sup>24</sup> the concepts of quality of life and quality-of-life model are defined in the same way; in the latter, there is an explicit reference to the authors of the model (Schalock and Verdugo, 2002-2003). Chapter 5 of the manual focuses on the promotion of quality of life, for which it proposes different actions to improve the different dimensions of quality of life (health, safety, interpersonal relationships). No reference is made to national or international legal frameworks. The same definitions of quality of life and the quality-of-life model are included in the *Standards Manual for Day Services* (the authors of this model are not explicitly mentioned). In the section referring to the promotion of quality of life, the

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<sup>19</sup> See: [https://www.juntadeandalucia.es/export/drupaljda/Manual\\_estandares\\_servicios\\_residenciales\\_21\\_1\\_01.pdf](https://www.juntadeandalucia.es/export/drupaljda/Manual_estandares_servicios_residenciales_21_1_01.pdf).

<sup>20</sup> See: [https://www.juntadeandalucia.es/agenciadecalidadsanitaria/archivo/Manual\\_estandares\\_servicios\\_dia\\_23\\_1\\_01.pdf](https://www.juntadeandalucia.es/agenciadecalidadsanitaria/archivo/Manual_estandares_servicios_dia_23_1_01.pdf).

<sup>21</sup> See: [https://www.juntadeandalucia.es/export/drupaljda/Manual\\_Estandares\\_Servicios\\_Informacion\\_y\\_Asesoramiento\\_24\\_1\\_01.pdf](https://www.juntadeandalucia.es/export/drupaljda/Manual_Estandares_Servicios_Informacion_y_Asesoramiento_24_1_01.pdf).

<sup>22</sup> See: [https://www.juntadeandalucia.es/agenciadecalidadsanitaria/archivo/ME-25-1-01-Manual-de-Est%C3%A1ndares-de-Servicios-Sociales-Comunitarios\\_051016.pdf](https://www.juntadeandalucia.es/agenciadecalidadsanitaria/archivo/ME-25-1-01-Manual-de-Est%C3%A1ndares-de-Servicios-Sociales-Comunitarios_051016.pdf).

<sup>23</sup> See: [https://www.juntadeandalucia.es/agenciadecalidadsanitaria/archivo/ME-25-1-01-Manual-de-Est%C3%A1ndares-de-Servicios-Sociales-Comunitarios\\_051016.pdf](https://www.juntadeandalucia.es/agenciadecalidadsanitaria/archivo/ME-25-1-01-Manual-de-Est%C3%A1ndares-de-Servicios-Sociales-Comunitarios_051016.pdf).

<sup>24</sup> See: [https://www.juntadeandalucia.es/export/drupaljda/Manual\\_estandares\\_servicios\\_residenciales\\_21\\_1\\_01.pdf](https://www.juntadeandalucia.es/export/drupaljda/Manual_estandares_servicios_residenciales_21_1_01.pdf).

existence of actions aimed at improving the different dimensions of the model is emphasised.

In Castilla-La Mancha, Decree 88/2017 of 5 December 2017 sets out the minimum conditions required of centres and services for the care of persons with disabilities in the region.<sup>25</sup> This decree covers 'residential centres for persons with intellectual disabilities' and differentiates between: (1) self-contained housing (which accommodates up to eight adults with intellectual disabilities who need occasional support mainly for decision making, located in the community and with no identifying signs); (2) supported housing (which includes up to eight adults with intellectual disabilities who require support for some activities of daily living and for active participation in the community, with a specific type of housing for persons over 50 years who aim to maintain their acquired skills) located in the community with no identifying marks); (3) residences; and (4) care centres for persons with severe intellectual disabilities.

Day-care centres for persons with severe physical disabilities and residential centres for persons with physical disabilities are also established by the decree (provision 4.5), as are supported housing (provision 4.5.1)<sup>26</sup> and care centres for persons with severe physical disabilities (provision 4.5.2).<sup>27</sup>

The decree also establishes care centres for persons with cerebral palsy, care centres for persons with autism and other centres and services for persons with disabilities (e.g. family support services and early care services in the natural environment). Decree 88/2017 defines residential services for persons with intellectual disabilities as follows (Section 3.1, page 19): 'The purpose of these residential resources is to provide alternative accommodation, on a temporary or permanent basis, to people with an intellectual disability, over 18 years of age, who can no longer live in their usual home for family or work reasons or to promote their personal and social autonomy.'

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<sup>25</sup> See:

<https://docm.jccm.es/docm/descargarArchivo.do?ruta=1513159071440880428.doc&tipo=rutaCodigoLegislativo>.

<sup>26</sup> This accommodation is defined as 'residential resources designed for a small group of people with physical disabilities, aged between 18 and 60. The capacity of these homes will preferably range between 4 and 6 people, up to a maximum of 10. The users of this type of resource will have the capacity to make decisions about significant aspects of their lives, although due to their physical circumstances they will need support to carry out the basic activities of daily living, mainly related to personal care, travel and social inclusion activities'.

<sup>27</sup> These are defined as 'social resources that offer accommodation, cohabitation and specialised care for people with severe physical disabilities, reduced mobility and extensive or generalised support needs for carrying out basic activities of daily living, aged between 18 and 60. They will have a maximum capacity of 48 users and will be located in urban areas and well connected to the social, health and cultural services of the community'.

Residential services are classified as follows:

1. Residential services for elderly persons (1.1 elderly in a situation of dependency; 1.2 elderly autonomous and/or in a situation of social exclusion; 1.3 elderly in a situation of dependency with serious and continuous behavioural disorders).
2. Residential services for persons with disabilities (2.1 persons in a situation of great dependency or severe dependency due to intellectual disability, physical disability, cerebral palsy, autism spectrum disorders, acquired brain damage or deaf-blindness; 2.2 persons with intellectual disability, physical disability or cerebral palsy and greater level of autonomy; 2.3 persons in a situation of dependency with intellectual disability and serious behavioural disorders; 2.4 persons in a situation of great dependency or severe dependency due to suffering from a serious mental disorder; 2.5 persons with mental illness with a greater level of autonomy).
3. Residential care services for minors in the protection system.
4. Residential services for persons with severe social problems and migrants (4.1 homeless; 4.2 seasonal workers; 4.3 children of seasonal workers).
5. Residential care services for persons with drug addiction and non-substance addiction problems (5.1 detoxification service; 5.2 detoxification service (therapeutic community); 5.3 treatment support service; 5.4 reintegration support service).

The *Guide for the Development of Social Services Plans* of the Community of Madrid,<sup>28</sup> defines 'quality of services' and indicates, on page 52, that its usefulness lies 'in that it allows us to know what aspects are deficient in order to improve them, as well as to know the satisfaction of users with the services provided, so that professional actions can be improved'. It is also indicated that the difficulty in assessing the quality of a service lies in determining the standards that ensure that a programme or service is provided with quality. In this respect, it is pointed out that previous quality evaluations can be used for the programming of future actions. It is also pointed out that surveys, interviews, focus groups or all of these tools together should be used to find out levels of user satisfaction. The Community of Madrid's *Guide for the Development of Social Services Plans* also indicates that, in the case of plans whose purpose is to produce social effects or results (e.g. improvement of the quality of life), the evaluation goes beyond mere legal and economic control and should also include indicators of behavioural results among the users of these plans (page 94).

The *Strategic Plan for Social Services 2021-2024* for Catalonia<sup>29</sup> refers to the 'offer of quality services' and understands that this must be characterised by an offer of services adapted to persons' needs (page 271), based on prevention and community action.

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<sup>28</sup> See: <http://www.madrid.org/bvirtual/BVCM007005.pdf>.

<sup>29</sup> See: [https://dixit.gencat.cat/web/.content/home/04recursos/02publicacions/02publicacions\\_de\\_bsf/11seveis\\_socials/pla\\_estrategic\\_serveis\\_socials\\_2021\\_2024/Pla-estrategic\\_2023.pdf](https://dixit.gencat.cat/web/.content/home/04recursos/02publicacions/02publicacions_de_bsf/11seveis_socials/pla_estrategic_serveis_socials_2021_2024/Pla-estrategic_2023.pdf).

As can be seen, all these strategic plans are general and refer to a very diverse population. Therefore, the CRPD is not usually mentioned. In the analysis of specific services for this group, the *Spanish Strategy on Disability 2022-2030 for the access and enjoyment of the human rights of persons with disabilities*, which was approved by the Council of Ministers on 3 May 2022, should be taken as a reference.<sup>30</sup> This Strategy explicitly adopts as reference framework the CRPD, the general and specific observations that the United Nations Committee on the Rights of Persons with Disabilities has made to Spain, the United Nations 2030 Sustainable Development Goals, the Charter of Fundamental Rights of the European Union, the Strategy on the Rights of Persons with Disabilities 2021-2030 and the Principles of the European Pillar of Social Rights, among other references.

The Spanish Strategy contains recommendations for the Autonomous Communities in the area of social services for persons with disabilities. Throughout the document, as well as in the recommendations to the Autonomous Communities, there is an emphasis on actions aimed at improving the quality of life of persons with disabilities. The Spanish Strategy also refers to several actions related to improving the quality of services, such as formulating quality standards in early care (page 47) and 'strengthening audits and monitoring to improve the quality control of services for persons with disabilities and support continuous improvement' (page 88).

## 2.2 Research studies and national debates

Thanks to the impulse of research teams such as INICO<sup>31</sup> and its leading role in the proposal and dissemination of a definition and specification of quality of life (QoL) domains for persons with disabilities, the concept of QoL and the need for its *assessment* (in a service, programme or context) and *evaluation* (after the implementation of a programme, service, intervention or action) are part of any social policies at national and regional level and are adopted by the different organisations of people with disabilities.

The three selected examples of research that are set out below are characterised by: (1) being carried out in the Spanish context by Spanish researchers as first authors; (2) being published in high-quality, peer-reviewed, open access journals; (3) offering innovative visions on the relationship between the QoL model and the CRPD; the QoL model and the model of supports; the QoL model and the provision of services for people with disabilities.

### 1. First research study

Gómez, L. E., Morán, M. L., Al-Halabí, S., Swerts, C., Verdugo, M. A., and Schalock, R. L. (2022), 'Quality of Life and the International Convention on the Rights of Persons with Disabilities: Consensus Indicators for Assessment', *Psicothema*, vol. 34, No. 2, pp. 182-191, <https://doi.org/10.7334/psicothema2021.574>.

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<sup>30</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/discapacidad/docs/estrategia-espanola-discapacidad-2022-2030-def.pdf>.

<sup>31</sup> See: <https://inico.usal.es/>.

**Background:** The quality-of-life construct provides an ideal conceptual framework for translating such abstract concepts as self-determination, equity, accessibility and inclusion. Through consultation with expert raters, a bank of indicators and items was developed and validated, based on the quality-of-life conceptual framework, to be used as a means of evaluating and implementing the various articles of the Convention on the Rights of Persons with Disabilities.

**Method:** Thirty-two experts in the field of intellectual and developmental disabilities contributed, rating the suitability, importance and clarity of a bank of 296 items, as well as the relevance of checking for 70 sociodemographic variables.

**Results:** After qualitative and quantitative analysis of the data, the final selection comprised 60 sociodemographic variables and 153 items that scored highly on all criteria and produced an excellent level of agreement between the experts. **Conclusions:** This bank of items and set of sociodemographic variables constitute the pilot version of a CRPD assessment and monitoring instrument with sufficient evidence of content validity, which may be useful in developing evidence-based practices and in detecting rights violations.

## 2. Second research study

Gómez, L. E., Schalock, R. L., and Verdugo, M. Á. (2021), 'A quality of life supports model: Six research-focused steps to evaluate the model and enhance research practices in the field of IDD', *Research in Developmental Disabilities*, vol. 119, No. 104112, <https://doi.org/10.1016/j.ridd.2021.104112>.

### Abstract:

'In the field of intellectual and developmental disabilities (IDD) the constructs of quality of life and supports have been combined into a Quality of Life Supports Model (QOLSM) that is currently used internationally for supports provision, organisation transformation, and systems change. With the model's increasing and widespread use in research and practice, there is a need to evaluate the model's impact at the individual, organisation, and systems levels. The purpose of this article is to outline six specific research-focused evaluation steps that allow researchers to evaluate the model and thereby enhance research practices in the field of IDD. These steps involve: (1) operationalising components of the QOLSM; (2) relating QOLSM components to the type of research planned and intended outcome indicators; (3) gathering evidence and establishing its credibility; (4) interpreting and communicating the results; (5) implementing research outcomes at the level of the microsystem, mesosystem and macrosystem; and (6) judging the impact of the model. These steps delineate a research framework that is based on a systematic approach to evidence-based practices and enhanced research practices in the field of IDD.'

### 3. Third research study

Tamarit Cuadrado, J. (2015), 'La transformación de los servicios hacia la calidad de vida. Una iniciativa de innovación social de FEAPS' (The Transformation of Services towards Quality of Life: An Initiative of Social Innovation from FEAPS), *Siglo Cero*, vol. 46, No. 3, pp. 47-71, <https://doi.org/10.14201/scero20154634771>.

#### Abstract:

'This paper presents the conceptual and strategic basis of the project that is being developed by FEAPS, the social movement of Spanish associations for persons with intellectual and developmental disabilities and their families, to advance on the transformation of their centres and services towards person-centred services, oriented to the quality of life and full citizenship in more inclusive communities. Transformation is a process of international scope in the field of intellectual and developmental disabilities and has a strong knowledge base, but it is also a process derived from the Convention on the Rights of Persons with Disabilities and therefore it impacts in public policy. Currently, FEAPS<sup>32</sup> is developing transformative experiences in the field of early intervention (38 centres in 10 different regions), education (38 schools in 10 different regions), work-sheltered centres (an initial experience in Madrid with nine work-sheltered centres), and services of support for older persons with intellectual or developmental disabilities (with 19 entities in 4 regions). After describing these experiences, the overall process that is being followed and some key learning derived from this project are shown.'

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<sup>32</sup> Formerly FEAPS, now Plena Inclusión.

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

#### 3.1 Types of quality assurance

First, it is worth mentioning that a quality assurance system comprises two categories of mechanisms: the internal and external quality assurance mechanisms.<sup>33</sup> Internal mechanisms (e.g. self-evaluation, self-accreditation and feedback from users and professionals) should be part of a continuous process. They should be available to the public (transparent) and subjected to external quality evaluation (quality audit). Internal or institutional quality assurance refers to all internal assessment done to assure quality in the services provided. External quality assurance is provided by agencies and bodies outside the institution and is aimed at ensuring accountability to society. Among these external mechanisms are the accreditation services carried out by external agencies, which typically implies compliance with international standards (e.g. ISO). A comprehensive quality assurance system should examine the quality of inputs (quality of the human and material resources available), the quality of the process (management and service delivery processes) and the quality of the outputs (the quality of the results or outcomes).

In Spain, external quality assurance is carried out at national level by the entity formerly known as the Evaluation and Quality Agency (AEVAL) and now called the Institute for the Evaluation of Public Policies (IEPP), which has among its objectives promoting the improvement of the quality of public services. This Agency is responsible for drawing up, promoting, adapting and disseminating guidelines, methodological protocols and management and excellence models, as well as self-assessment guides, in line with the respective programmes of the general framework for quality improvement. Since 2006, the Agency has been publishing various guides to be applied in public services.

The state general administration, through its regulations and departments, is responsible for the implementation of quality assessment processes for social centres and services. The regional administrations, through their regulations and corresponding departments, are responsible for ensuring the quality of centres and services, as well as for sanctioning non-compliance with quality regulations and for promoting continuous quality improvement actions. Service inspectors are professionals from outside the centres and services. In other words, they are external technical experts. In their assessment of centres and services, they consider objective data related to health and safety, as well as the appropriate treatment of users and the handling of complaints and suggestions. These experts also consider the assessments and opinions of users of centres and services.

Specifically, the accreditation and certification of the quality of services is regulated by the Resolution of 22 October 2009<sup>34</sup> and has been the responsibility of AEVAL, which was renamed the Institute for the Evaluation of Public Policies (IEPP), following the

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<sup>33</sup> See Endut, A., Abd Majid, F., Ibrahim, A. and Ashari, H. (2013), 'Responsive Outcome Evaluation as an Internal Quality Assurance Mechanism Alternative at IHLs in Malaysia', *Procedia – Social and Behavioral Sciences*, vol. 90, <https://doi.org/10.1016/j.sbspro.2013.07.060>.

<sup>34</sup> See: <https://www.boe.es/boe/dias/2009/11/10/pdfs/BOE-A-2009-17949.pdf>.

publication of Royal Decree 507/2021 of 10 July, which restructured the ministerial departments.<sup>35</sup>

Since 2006, AEVAL, and more recently IEPP, have been publishing evaluation guides, some of which are summarised in Table 2. These guidelines focus on the structure, i.e. the external evaluation of quality processes and quality management. Compliance with these processes or protocols and the inclusion of evidence of compliance allows services to be accredited. Quality assurance focuses on both processes and outcomes. It also includes procedures for complaints and suggestions for the development of service charters. The guidelines mostly cover all public services, not only social services.

Table 2. Guidelines for improving the quality of public services and policies (AEVAL/IEPP)

YEAR	DOCUMENT
2020	<i>Guidelines for the Evaluability Assessment of Public Policies</i> (English version) <sup>36</sup>
2020	<i>Guidelines for the outcome and impact evaluation of Public Policies</i> (English version) <sup>37</sup>
2020	<i>Guidelines for the design evaluation of Public Policies</i> (English version) <sup>38</sup>
2020	<i>Guidelines for the implementation evaluation of Public Policies</i> (English version) <sup>39</sup>
2016	<i>Methodological guide for the evaluation and monitoring of the transparency of public activity</i> <sup>40</sup> and annexes <sup>41</sup>
2015	<i>A Practical Guide to Designing and Conducting Public Policy Evaluations: The AEVAL approach</i> <sup>42</sup>
2015	<i>Common Framework on Service Charters in Spanish Public Administrations</i> <sup>43</sup>
2014	<i>Guide to conducting demand analysis and user satisfaction evaluation studies</i> (2014 edition) <sup>44</sup>

<sup>35</sup> See: <https://www.boe.es/boe/dias/2021/07/12/pdfs/BOE-A-2021-11510.pdf>.

<sup>36</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/01\\_GUIDELINES\\_EVALUABILITY\\_ASSESSMENT.pdf#page=1](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/01_GUIDELINES_EVALUABILITY_ASSESSMENT.pdf#page=1).

<sup>37</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/04\\_GUIDELINES\\_OUTCOME\\_IMPACT\\_EVALUATION\\_PRINT.pdf#page=1](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/04_GUIDELINES_OUTCOME_IMPACT_EVALUATION_PRINT.pdf#page=1).

<sup>38</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/02\\_GUIDELINES\\_DESIGN\\_EVALUATION\\_PRINT.pdf#page=1](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/02_GUIDELINES_DESIGN_EVALUATION_PRINT.pdf#page=1).

<sup>39</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/03\\_GUIDELINES\\_IMPLEMENTACION\\_EVALUATION\\_PRINT.pdf#page=1](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/03_GUIDELINES_IMPLEMENTACION_EVALUATION_PRINT.pdf#page=1).

<sup>40</sup> See: <https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/Guia4.pdf#page=1>.

<sup>41</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/Guia4\\_2.pdf#page=1](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/Guia4_2.pdf#page=1).

<sup>42</sup> See: <https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/Guia1.pdf#page=1>.

<sup>43</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Marco-Comun-Cartas-Servicios/Marco\\_Comun\\_CS.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Marco-Comun-Cartas-Servicios/Marco_Comun_CS.pdf.pdf).

<sup>44</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Guia-AD-ES/Guia\\_ADyES\\_2014.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Guia-AD-ES/Guia_ADyES_2014.pdf.pdf).

2013	<i>Interpretation Guide to the EFQM Excellence Model 2013 for Public Administrations</i> <sup>45</sup>
2013	<i>CAF 2013, the Common Assessment Framework. Improving public organisations through self-assessment</i> <sup>46</sup>
2013	<i>Guide to handling complaints and suggestions</i> <sup>47</sup>
2010	<i>Fundamentals of public policy evaluation</i> <sup>48</sup>
2009	<i>Guide to evaluating the quality of Public Services</i> <sup>49</sup>
2009	<i>Guía de Evaluación: Modelo EVAM (Evaluation Guide: the EVAM Model) (2010)</i> <sup>50</sup>

All these processes have a management or accountability perspective, rather than a social or political perspective. Therefore, although the seven overarching quality principles for social service provision described in the voluntary European Quality Framework study are mentioned in the Social Services Reference Catalogue,<sup>51</sup> ((1) available; (2) accessible; (3) affordable; (4) person-centred; (5) comprehensive; (6) continuous; (7) outcome-oriented (pages 42-43)), these principles do not constitute the framework for quality assurance assessment.

As social services are devolved to the Autonomous Communities, each region is responsible for the implementation and evaluation of social services. This is regulated both nationally and by the corresponding regional laws and regulations.

### 3.2 Types of services

All public services and all services receiving public subsidies (See Figure 1) must comply with quality criteria and with corresponding and duly accredited quality processes.

### 3.3 The formal bodies

AEVAL, now the IEPP, is officially responsible for implementing the quality evaluation of social services. The Agency is responsible for developing, promoting, adapting and disseminating guidelines, methodological action protocols and management and excellence models, as well as self-assessment guides, in line with the relevant programmes of the general framework for quality improvement.

<sup>45</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/EFQM\\_GUIA\\_DE\\_INTERPRETACION\\_EFQM\\_2013.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/EFQM_GUIA_DE_INTERPRETACION_EFQM_2013.pdf.pdf).

<sup>46</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/CAF2013/Guia\\_CAF\\_2013.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/CAF2013/Guia_CAF_2013.pdf.pdf).

<sup>47</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/QyS2013/Guia\\_QyS\\_2013.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/QyS2013/Guia_QyS_2013.pdf.pdf).

<sup>48</sup> See: <https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/Guia0.pdf>.

<sup>49</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Evaluacion-Calidad-2009/Guia\\_evaluacion\\_calidad.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Evaluacion-Calidad-2009/Guia_evaluacion_calidad.pdf.pdf).

<sup>50</sup> This guide has been selected as an example of a quality assurance tool in Section 3.6. See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Guia\\_EVAM\\_2021.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Guia_EVAM_2021.pdf.pdf).

<sup>51</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/docs/prestaciones-pc/CatalogoServiciosSociales.pdf>.

The different Autonomous Communities have their own social service departments, with their own autonomous regulations, as well as guidelines for the development and implementation of social services and for evaluating their quality. In several Autonomous Communities, explicit reference is made to concepts such as quality of life or the rights of persons with disabilities. However, the evaluation of public social services at a national or regional level is based more on management criteria and compliance with standards and protocols, rather than on the multidimensional evaluation of quality of life or alignment with the principles of the CRPD

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

Given that public social services, as defined in Spain, are aimed at supporting several groups of people (dependent persons, persons with disabilities, homeless persons, women victims of gender-based violence and minors in vulnerable situations) (see Figure 1), the guiding principles of the evaluation are generic and they relate, as has been pointed out above, to the principles described in the voluntary European Quality Framework study.

For the same reason, the principles of quality management and quality assessment of social services are based on agreed criteria that are applicable to all types of services regardless of the end-users. These quality management protocols are based on compliance with ISO, EFQM or similar standards, and on the clarity and quality of the specifications of different processes and outcomes.

Internal or institutional quality assurance is the level that allows an analysis of the relationship of services with principles such as quality of life or the rights of service users. In other words, it is necessary to go down to the level of specific services for persons with disabilities (whether social services or other) to find strategic plans and action plans where the principles of the CRPD and other principles such as quality of life are embodied.

In this sense, the organisation that has worked and demanded the most on the quality of services and the quality of life of persons with disabilities is Plena Inclusión (or 'Full Inclusion', the Confederation of Associations of Persons with Intellectual and Developmental Disabilities). This organisation has even developed a guide<sup>52</sup> to facilitate the application of the EFQM Model (which was initially designed for companies or for-profit organisations) for Plena Inclusión organisations. Additionally, its strategic plans<sup>53</sup> and action plans<sup>54</sup> clearly state their alignment with the principles of quality of life, rights and citizenship. More specifically, in the 2016-2020 Strategic Plan, a set of nine aims (or 'nine horizons') was set out: (1) Radical commitment to full

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<sup>52</sup> Galván, E., and Martínez, J. (2016) *Cuaderno de Buenas Prácticas: Guía de apoyo para para la aplicación del modelo EFQM*, <https://www.plenainclusion.org/wp-content/uploads/2021/03/bp-efqm.pdf>.

<sup>53</sup> Plena Inclusión (2016), *V Plan Estratégico 2016-2020*, <https://www.plenainclusion.org/wp-content/uploads/2021/03/vplanestrategicoplanainclusion2016-2020.pdf>.

<sup>54</sup> Plena Inclusión (2022), *Plan de acción 2022 (borrador)*, <https://www.plenainclusion.org/wp-content/uploads/2022/07/Plan-de-Accion-de-Plena-inclusion-2022.pdf>.

citizenship;<sup>55</sup> (2) Promote a family-centred approach to family support policy;<sup>56</sup> (3) Demand a new legal framework that guarantees and promotes the lives of persons and their families;<sup>57</sup> (4) Promote a practice of collaborative work in networks;<sup>58</sup> (5) Commitment to the processes of transforming entities and services, advancing from a vision of quality;<sup>59</sup> (6) Facing renewal and generational change with a modern vision of associationism;<sup>60</sup> (7) Increasing the social visibility of the collective;<sup>61</sup> (8) Coordinate and articulate advocacy and support provider activity;<sup>62</sup> and (9) Enhancing coordination and joint action to address common challenges.<sup>63</sup>

Turning to other representative organisations of persons with disabilities, the National Representative Platform of Persons with Physical Disabilities (PREDIF), specifies in its strategic plan the defence of the rights of the group it represents, as well as the quality of life of persons with disabilities.<sup>64</sup> The Association representing Persons with Cerebral Palsy, ASPACE, includes concepts such as quality of life, rights and the provision of quality services in its Strategic Plan 2018-2021.<sup>65</sup> For its part, Down España<sup>66</sup> explicitly refers to the CRPD in its Strategic Plan 2021-2024,<sup>67</sup> as well as to the quality of services and procedures. The Confederation Autism Spain,<sup>68</sup> in its Strategic Plan 2020-2025,<sup>69</sup> establishes among its priorities the effective exercise of the rights and freedoms of persons with ASD and their families, as well as the implementation of support services that demonstrate the impact of the condition on the quality of life of persons with ASD and their families, and on their social value. The State Confederation of Deaf Persons (CNSE),<sup>70</sup> in its Strategic Plan 2019-2022, refers to the defence of the rights of this group, as well as to the provision of quality services. FIAPAS,<sup>71</sup> the Spanish Confederation of Families of Deaf Persons, in its Strategic Plan 2021-2024,<sup>72</sup> notes that, as disability is a human rights issue, it has aligned its strategy with the Sustainable Development Goals to follow the path set by the 2030

<sup>55</sup> See video: [https://www.youtube.com/watch?v=Cnkrw6DiukY&list=PLOY\\_SZ9PWmQ6FB-P\\_wvT7yNn42VBW9mzt](https://www.youtube.com/watch?v=Cnkrw6DiukY&list=PLOY_SZ9PWmQ6FB-P_wvT7yNn42VBW9mzt).

<sup>56</sup> See video: [https://www.youtube.com/watch?v=Cnkrw6DiukY&list=PLOY\\_SZ9PWmQ6FB-P\\_wvT7yNn42VBW9mzt&index=1](https://www.youtube.com/watch?v=Cnkrw6DiukY&list=PLOY_SZ9PWmQ6FB-P_wvT7yNn42VBW9mzt&index=1).

<sup>57</sup> See video: [https://www.youtube.com/watch?v=prz6HBhEyjs&list=PLOY\\_SZ9PWmQ6FB-P\\_wvT7yNn42VBW9mzt&index=3](https://www.youtube.com/watch?v=prz6HBhEyjs&list=PLOY_SZ9PWmQ6FB-P_wvT7yNn42VBW9mzt&index=3).

<sup>58</sup> See video: [https://www.youtube.com/watch?v=jBkSUm2xw8w&list=PLOY\\_SZ9PWmQ6FB-P\\_wvT7yNn42VBW9mzt&index=4](https://www.youtube.com/watch?v=jBkSUm2xw8w&list=PLOY_SZ9PWmQ6FB-P_wvT7yNn42VBW9mzt&index=4).

<sup>59</sup> See video: [https://www.youtube.com/watch?v=YOYqQPOEo6Y&list=PLOY\\_SZ9PWmQ6FB-P\\_wvT7yNn42VBW9mzt&index=5](https://www.youtube.com/watch?v=YOYqQPOEo6Y&list=PLOY_SZ9PWmQ6FB-P_wvT7yNn42VBW9mzt&index=5).

<sup>60</sup> See video: [https://www.youtube.com/watch?v=cZgg-FJlLs&list=PLOY\\_SZ9PWmQ6FB-P\\_wvT7yNn42VBW9mzt&index=6](https://www.youtube.com/watch?v=cZgg-FJlLs&list=PLOY_SZ9PWmQ6FB-P_wvT7yNn42VBW9mzt&index=6).

<sup>61</sup> See video: [https://www.youtube.com/watch?v=Ab4Pb8jumq8&list=PLOY\\_SZ9PWmQ6FB-P\\_wvT7yNn42VBW9mzt&index=7](https://www.youtube.com/watch?v=Ab4Pb8jumq8&list=PLOY_SZ9PWmQ6FB-P_wvT7yNn42VBW9mzt&index=7).

<sup>62</sup> See video: [https://www.youtube.com/watch?v=E11Q9O6aLUg&list=PLOY\\_SZ9PWmQ6FB-P\\_wvT7yNn42VBW9mzt&index=8](https://www.youtube.com/watch?v=E11Q9O6aLUg&list=PLOY_SZ9PWmQ6FB-P_wvT7yNn42VBW9mzt&index=8).

<sup>63</sup> See video: [https://www.youtube.com/watch?v=Pc9nemlcYyM&list=PLOY\\_SZ9PWmQ6FB-P\\_wvT7yNn42VBW9mzt&index=9](https://www.youtube.com/watch?v=Pc9nemlcYyM&list=PLOY_SZ9PWmQ6FB-P_wvT7yNn42VBW9mzt&index=9).

<sup>64</sup> See: [https://www.predif.org/wp-content/themes/predif/documents/planestrategico-2019\\_2021.pdf](https://www.predif.org/wp-content/themes/predif/documents/planestrategico-2019_2021.pdf).

<sup>65</sup> See: [https://aspace.org/assets/uploads/documentos/estrategico\\_version-corta.pdf](https://aspace.org/assets/uploads/documentos/estrategico_version-corta.pdf).

<sup>66</sup> See: <https://www.sindromedown.net/>.

<sup>67</sup> See: <https://www.sindromedown.net/wp-content/uploads/2016/04/Plan-Estrat%C3%A9gico-DOWN-ESPA%C3%91A-2021-2024.pdf>.

<sup>68</sup> See: <https://autismo.org.es/>.

<sup>69</sup> See: <https://autismo.org.es/nosotros/prioridades-estrategicas/>.

<sup>70</sup> See: <https://www.cnse.es/>.

<sup>71</sup> See: <http://www.fiapas.es/>.

<sup>72</sup> See: [https://bibliotecafiapas.es/pdf/Plan\\_Estrategico\\_21\\_24.pdf](https://bibliotecafiapas.es/pdf/Plan_Estrategico_21_24.pdf).

Agenda for Sustainable Development. The National Federation ASPAYM,<sup>73</sup> the representative association of persons with spinal cord injury and severe physical disability, in its 2019 Action Plan,<sup>74</sup> expressly mentions its commitment to work for the fulfilment of the rights enshrined in the CRPD. In its 2020 Action Plan,<sup>75</sup> the organisation continues to advocate for rights and quality of life.

From the point of view of external mechanisms for the evaluation of quality management or quality assurance in organisations representing persons with disabilities and providing different services, there have been some remarkable initiatives such as the Institute for NGO Quality (ICONG),<sup>76</sup> which aims to disseminate and promote the culture and incorporation of quality systems in social action NGOs. This Institute certifies the NGO Quality Standard<sup>77</sup> (for example, Plena Inclusión is certified).<sup>78</sup> The evaluation tool is available in Catalan,<sup>79</sup> Spanish,<sup>80</sup> English<sup>81</sup> and Easy Read (*Lectura Fácil*).<sup>82</sup>

### 3.5 Methods and methodologies

The central administration, through the IEPP (formerly AEVAL), is responsible for proposing the evaluation system and the evaluation tools for public social services aimed at persons with social needs, such as minors in vulnerable situations, immigrants, women victims of gender-based violence, persons with disabilities and persons in a situation of dependency. The different regional administrations are responsible for implementing their charters of services as well as for the procedures for assessing the quality of the management of these services. The IEPP is responsible for the Excellence Recognition Programme,<sup>83</sup> which is implemented through two sub-programmes: Recognition of Excellence and Awards for Quality and Innovation in Public Management. The scope of this Programme includes both the general state administration and the regional and local levels of Spanish public administrations.

Within the Recognition of Excellence sub-programme, the Agency's certifications aim to consolidate the practice of self-assessment through external recognition in the form

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<sup>73</sup> See: <https://www.aspaym.org/>.

<sup>74</sup> See: <https://www.aspaym.org/wp-content/pdf/transparencia/PLAN%20DE%20ACTUACION%202019.pdf>.

<sup>75</sup> See: <https://www.aspaym.org/wp-content/pdf/transparencia/PLAN%20DE%20ACTUACION%202020.pdf>.

<sup>76</sup> See: <https://icong.org/>.

<sup>77</sup> See: <https://icong.org/reconocimiento-y-certificacion/>.

<sup>78</sup> See certificate: <https://www.plenainclusion.org/wp-content/uploads/2021/03/cer.0001.12-30.09.2015.pdf>.

<sup>79</sup> See: [https://icong.org/wp-content/uploads/2016/03/Norma\\_V5-Catalan.pdf](https://icong.org/wp-content/uploads/2016/03/Norma_V5-Catalan.pdf).

<sup>80</sup> See: [https://icong.org/wp-content/uploads/2019/06/2014\\_05\\_Norma\\_V5-1.pdf](https://icong.org/wp-content/uploads/2019/06/2014_05_Norma_V5-1.pdf).

<sup>81</sup> See: [https://icong.org/wp-content/uploads/2020/03/2020\\_02\\_Norma\\_V5\\_ingles.pdf](https://icong.org/wp-content/uploads/2020/03/2020_02_Norma_V5_ingles.pdf).

<sup>82</sup> See: <https://icong.org/wp-content/uploads/2014/10/NormaONG-V5-LF-web.pdf>.

<sup>83</sup> See: [http://www.aeval.es/es/productos\\_y\\_servicios/reconocimiento/index.html](http://www.aeval.es/es/productos_y_servicios/reconocimiento/index.html).

of certification against recognised quality models:<sup>84</sup> EFQM,<sup>85</sup> EVAM<sup>86</sup> and CAF.<sup>87</sup> The AEVAL/IEPP certifications also extend to service charters. The certification of the service charters is a recognition of the quality of the charters, which demonstrates the commitment of the organisations through the improvement of the services provided and of user satisfaction.

The representative organisations of different groups of persons with disabilities each have their own strategic plans, which include actions focused on quality assurance, through initiatives such as accreditation of their management, processes and results via ICONG<sup>88</sup> (i.e. through external evaluation mechanisms), and actions to promote quality of life, rights and other key principles in the provision of services for persons with disabilities. Given the great diversity of groups, their different purposes and needs, the evaluation of the quality of life of service users is carried out in various explicit and structured ways, depending on the organisation in question. Plena Inclusión stands out for its commitment to the evaluation of these two facets of quality: that of processes or management, and that of outcomes for clients and their families.

### 3.6 The indicators and the principles

Two examples of quality assurance tools are included. The first example is the *NGO Quality Standard Version 5: April 2014*, developed by ICONG, aimed at NGOs and available in English. The second example is the EVAM Model, aimed at public administration. As quality assurance should include both public and private services, these tools respond to the needs of both types of organisations and management.

A first example of a quality assurance tool is *NGO Quality Standard Version 5: April 2014*, developed by ICONG, and available in English.<sup>89</sup> This document establishes technical requirements for a quality management system in non-governmental social intervention organisations. Non-governmental social intervention organisations are defined as those which seek to have an impact on improving the quality of life of persons and access to their rights, including through social action, development cooperation and humanitarian, environmental and human rights organisations (page 7). This NGO Quality Management Standard is built around the principles and values summarised in Figure 3 below.

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<sup>84</sup> More information is available at: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Gu-a-para-el-reconocimiento-a-la-excelencia--2009-/GUIA\\_RECONOCIMIENTO\\_EXCELENCIA\\_2009\\_.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/Gu-a-para-el-reconocimiento-a-la-excelencia--2009-/GUIA_RECONOCIMIENTO_EXCELENCIA_2009_.pdf.pdf).

<sup>85</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/EFQM\\_GUIA\\_DE\\_INTERPRETACION\\_EFQM\\_2013.pdf.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/EFQM_GUIA_DE_INTERPRETACION_EFQM_2013.pdf.pdf).

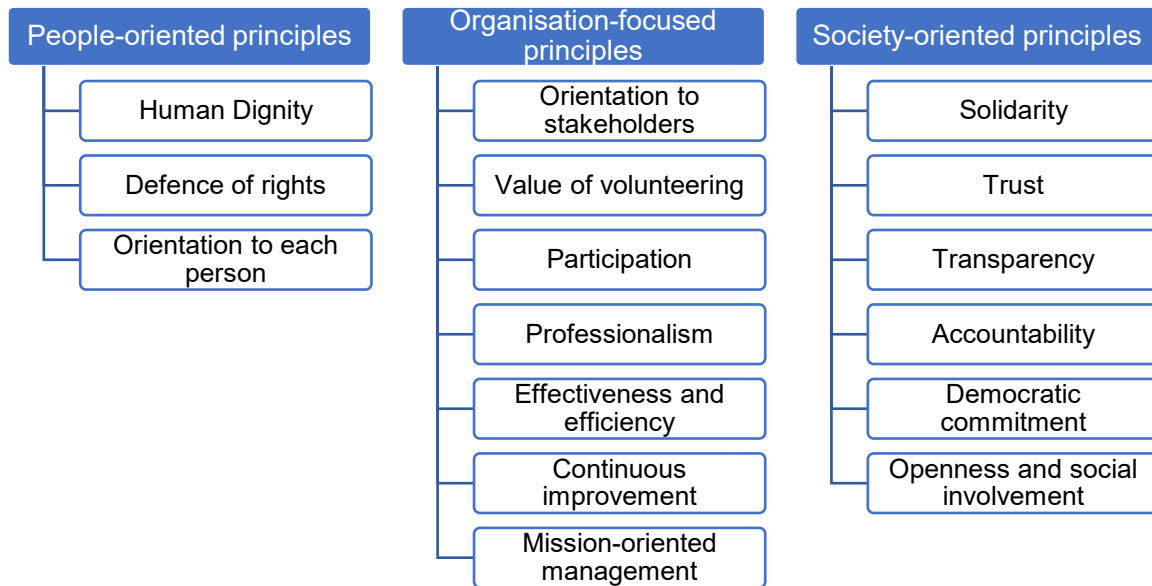
<sup>86</sup> See: [http://www.aeval.es/export/sites/aeval/comun/pdf/calidad/guias/guia\\_evam\\_2009.pdf](http://www.aeval.es/export/sites/aeval/comun/pdf/calidad/guias/guia_evam_2009.pdf).

<sup>87</sup> See: [https://funcionpublica.hacienda.gob.es/gl/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/CAF-2006/Guia\\_CAF\\_2006.pdf.pdf](https://funcionpublica.hacienda.gob.es/gl/dam/es/portalsefp/gobernanza-publica/calidad/Metodolog-as-y-Guias/CAF-2006/Guia_CAF_2006.pdf.pdf).

<sup>88</sup> See: <https://icong.org/>.

<sup>89</sup> See: [https://icong.org/wp-content/uploads/2020/03/2020\\_02\\_Norma\\_V5\\_ingles.pdf](https://icong.org/wp-content/uploads/2020/03/2020_02_Norma_V5_ingles.pdf).

Figure 3. Principles and values of the NGO Quality Management Standard



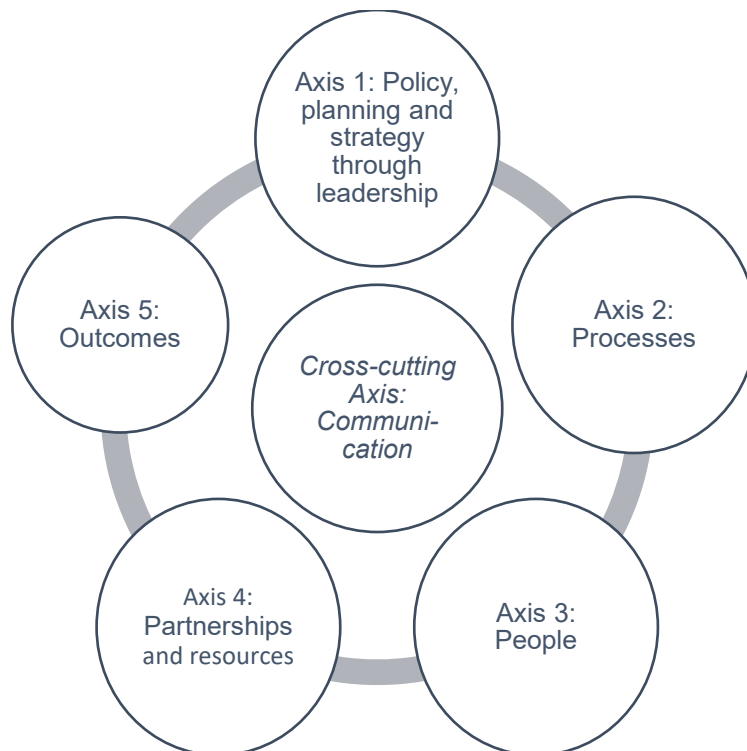
As noted in the document cited above at pages 44-45, in addition to the basic legislation applicable to Social Services and NGOs, this Standard takes other international and national standards into consideration, as well as other noted documents in the field of quality. Among these, the following should be highlighted in relation to version 5 of the Standard:

- UNE-EN ISO 9000:2005 Standard;
- UNE-EN ISO 9001:2008 Standard;
- UNE-EN ISO 9004:2009 Standard;
- UNE-EN ISO 14001:2004 Standard. Environmental Management System. Requirements with guide for use;
- ISO 10006:2003 Standard. UNE 66916:2003 Guidelines for quality management in projects;
- UNE-EN ISO 19011:2012 Guidelines for auditing management systems;
- The European Excellence Model (EFQM), applied to public services and NGOs, and the 2013 excellence model;
- Global Reporting Initiative: GRIG3.1 Non-Governmental Organisation Sector Supplement;
- ISO 26000:2010 Social Responsibility;
- Humanitarian Accountability Partnership (HAP) Accountability and Quality Management Standards 2010;
- Code of Good Practice in the Management and Support of Aid Personnel. People in Aid 2003;
- Code of conduct of Non-Governmental Development Organisations – Spanish Development NGO Coordinator – CONGDE. 2008;
- AccountAbility's AA1000 Series of Standards (AA1000 APS, AA1000 AS, AA1000 SES);
- International Non-Governmental Organisations (INGO) Accountability Charter;
- Manual for the Implementation of the NGO Quality Standard. Institute for the Quality of NGOs – ICONG. 2011;

- Application of principles in management systems based on the NGO Quality Standard. Institute for the Quality of NGOs -ICONG. 2011.

A second example of a quality assurance tool is AEVAL (2009), *Evaluation Guide: the EVAM Model*.<sup>90</sup> The EVAM Model makes it possible to carry out an analysis of the situation of organisations using its own methodology, developed on the basis of the experiences accumulated in self-assessment processes and the application of other models in the Public Administration (EFQM, CAF, ISO, etc.). This model also makes it possible to associate specific actions to promote continuous improvement (page 8). The Guide includes the structure of the EVAM Model, a description of the process and the methodology for the evaluation. It also includes (1) the evaluation questionnaire to be used during the evaluation (page 53); (2) the Action Framework Document, which sets out the order of the steps to be followed by an organisation to implement the EVAM Model (page 91); and (3) several Action Guides to develop recommendations for some activities according to the results obtained in the evaluation (pages 102-211). The model is based on six axes, one of them cross-cutting, and is centred on communication (see Figure 4).

*Figure 4. Axes of the EVAM Model*



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<sup>90</sup> See: [http://www.aeval.es/export/sites/aeval/comun/pdf/calidad/guias/guia\\_evam\\_2009.pdf](http://www.aeval.es/export/sites/aeval/comun/pdf/calidad/guias/guia_evam_2009.pdf).

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

### 4.1 The impact of quality assurance mechanisms

Law 28/2006<sup>91</sup> of 18 July on State Agencies for the Improvement of Public Services establishes that the AEVAL must submit a report on the activities carried out by the different agencies, including AEVAL itself, to the Congress of Deputies. The latest report published by the agency relates to the activity carried out in 2015.<sup>92</sup> The evaluation is based on the fulfilment of a series of indicators related to the inclusion of quality in governance and management, accessibility, efficiency and sustainability, innovation, coordination, continuous evaluation and user participation.

In accordance with Royal Decree 769/2017 of 28 July (published in the *Official State Gazette*, (*Boletín Oficial del Estado*, BOE) of 29 July 2017), AEVAL ended its activities. Under Royal Decree 682/2021 of 3 August,<sup>93</sup> its functions were taken over by the Secretariat of State for the Civil Service through the Institute for Evaluation of Public Policies (IEPP). In 2020 the Institute published several guides in English:

- *Guidelines for the Evaluability Assessment of Public Policies*;<sup>94</sup>
- *Guidelines for the Outcome and Impact Evaluation of Public Policies*;<sup>95</sup>
- *Guidelines for the Design Evaluation of Public Policies*;<sup>96</sup>
- *Guidelines for the Implementation Evaluation of Public Policies*.<sup>97</sup>

The Secretariat of State for the Civil Service is responsible for the inspection of public services. To this end, it has service inspectors and, to facilitate their task, a *Methodological Guide to Functional Auditing for Service Inspectors of the General State Administration* has been published.<sup>98</sup> The guide covers the different phases in planning and conducting a functional audit and is complemented by two annexes. The first annex presents a functional audit script and the second annex describes some of the common data collection techniques.

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<sup>91</sup> See: <https://www.boe.es/buscar/pdf/2006/BOE-A-2006-13011-consolidado.pdf>.

<sup>92</sup> See:

[http://www.aeval.es/export/sites/aeval/comun/pdf/calidad/informes/Informe\\_Agencias\\_2015.pdf](http://www.aeval.es/export/sites/aeval/comun/pdf/calidad/informes/Informe_Agencias_2015.pdf).

<sup>93</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/20210804hacienda\\_y\\_fp.pdf0.pdf](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/20210804hacienda_y_fp.pdf0.pdf).

<sup>94</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/01\\_GUIDELINES\\_EVALUABILITY\\_ASSESSMENT.pdf#page=1](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/01_GUIDELINES_EVALUABILITY_ASSESSMENT.pdf#page=1).

<sup>95</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/04\\_GUIDELINES\\_OUTCOME\\_IMPACT\\_EVALUATION\\_PRINT.pdf#page=1](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/04_GUIDELINES_OUTCOME_IMPACT_EVALUATION_PRINT.pdf#page=1).

<sup>96</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/02\\_GUIDELINES\\_DESIGN\\_EVALUATION\\_PRINT.pdf#page=1](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/02_GUIDELINES_DESIGN_EVALUATION_PRINT.pdf#page=1).

<sup>97</sup> See: [https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/03\\_GUIDELINES\\_IMPLEMENTACION\\_EVALUATION\\_PRINT.pdf#page=1](https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/evaluacion-politicas-publicas/Documentos/Metodologias/03_GUIDELINES_IMPLEMENTACION_EVALUATION_PRINT.pdf#page=1).

<sup>98</sup> See: <https://funcionpublica.hacienda.gob.es/dam/es/portalsefp/gobernanza-publica/inspeccion/guia-auditoria/Guia-metod-Inspecc-Ser-AGE-INTERNET.pdf>.

The different Autonomous Communities also have their own social services quality assurance services. An example of this is the general plan for the inspection of social services for 2022 and 2023 in Castile and León.<sup>99</sup> Another example is that developed by the Community of Madrid for 2023-2024.<sup>100</sup> The Community of Madrid publishes the results of its annual reviews.<sup>101</sup> The document on the results of the evaluation of social services for 2021-2022 provides data on the inspections carried out, the deficiencies detected, the proposals for administrative sanctions, corrections, etc. Quality assurance for social centres and services is set out in law and is annual or biennial. The regulation establishes that all residential and day-care centres are to be inspected at least once a year, and that all care centres for priority sectors (such as centres for dependent elderly persons or for persons with mental disabilities) are to be inspected twice a year. In turn, all priority services must be inspected during the period of a plan; all services that start their activity during the period of a plan must be inspected within three months of their registration in the registry, and 30 % of the remaining services are to be inspected within the plan period. The annual reports must indicate the number and percentage of measures adopted by centres and services in relation to guaranteeing that the care provided to users is of the suitable dignity and quality, of an individualised and comprehensive nature, and at the same time respectful of their rights. Secondly, the reports must detail the facts that have led to the presentation of any complaints or claims, and finally any facts that have been the subject of an administrative sanction in the area of social services during the previous year. Plans shall also establish measures to improve the quality of centres and services and measures to improve the systems for evaluating quality and user satisfaction, as well as setting out the use of indicators and the implementation of good care practices, paying special attention to personal hygiene, monitoring departures and absences, any transfer to emergency services, prevention and risk of falls, suggestions and complaints, mobilisation and prevention of pressure ulcers (bedsores), prevention of incontinence, food and hydration, the administration of medication and communication with users and, where appropriate, with their relatives or representatives.

In Spain, infringements in the field of public social services are governed by Law 39/2015 of 1 October 2015 on the Common Administrative Procedure for Public Administrations<sup>102</sup> and by the regulations developed in each Autonomous Community. According to the regulations, the deadline for correcting formal faults is 10 days. The time that elapses between the initiation of a sanctioning procedure and the final resolution is a maximum of six months, in accordance with Law 39/2015. In the annual reports mentioned above, the number and/or percentage of corrections etc. are specified.

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<sup>99</sup> See:

[https://serviciossociales.jcyl.es/web/jcyl/binarios/515/624/Plan%20General%20Inspeccion%20SS%20bienio\\_correccion.pdf?blobheader=application%2Fpdf%3Bcharset%3DUTF-8&blobnocache=true](https://serviciossociales.jcyl.es/web/jcyl/binarios/515/624/Plan%20General%20Inspeccion%20SS%20bienio_correccion.pdf?blobheader=application%2Fpdf%3Bcharset%3DUTF-8&blobnocache=true).

<sup>100</sup> See: [https://www.bocm.es/boletin/CM\\_Orden\\_BOCM/2022/12/16/BOCM-20221216-39.PDF](https://www.bocm.es/boletin/CM_Orden_BOCM/2022/12/16/BOCM-20221216-39.PDF).

<sup>101</sup> See, for example: [https://www.comunidad.madrid/sites/default/files/doc/servicios-sociales/plan\\_de\\_calidad\\_e\\_inspeccion\\_2021-2022\\_-\\_resultados\\_a\\_31-12-2021\\_1.pdf](https://www.comunidad.madrid/sites/default/files/doc/servicios-sociales/plan_de_calidad_e_inspeccion_2021-2022_-_resultados_a_31-12-2021_1.pdf).

<sup>102</sup> See: <https://www.boe.es/buscar/pdf/2015/BOE-A-2015-10565-consolidado.pdf>.

The reflection document published in 2017 by the Ethics Committee of the Social Services of Catalonia entitled *Privacy in residential centres for persons with functional diversity: On the use, access and supervision of spaces*<sup>103</sup> refers to the social services inspection service established by the Catalan Law on Social Services and in Law 16/1996 of 27 November 1996, regulating inspection and control activities in the field of social services.<sup>104</sup> The reflection paper alludes, on page 30, to the risk that:

‘A literal interpretation [of the regulation] may lead to the conclusion that the inspecting staff may freely access, at any time and without prior notification, any place in a residential care home, for example rooms, cupboards or drawers or even toilets and showers when they are occupied, which is clearly disproportionate and contrary to higher legal standards and good moral judgement.’

The criticism is also made that Law 16/1996 at no time considers that the authorisation and presence of the resident is necessary for the inspection of the places that belong to him/her; rather, it accepts authorisation from the person responsible for the service. This reflects ‘a model inspired by the inspection of hotel facilities’ (page 31). The document makes a number of proposals for carrying out inspections of residential facilities that are respectful of residents with disabilities.

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

Quality assurance or quality accreditation in the management of services and programmes (i.e. external evaluation) is carried out by certifying bodies, both in the case of public social services and in the case of NGOs representing the disability sector. Spanish human rights NGOs, Ombudsman, and other related offices do not play a significant role in this regard.

#### 4.3 Promising practice

First case study	Public service	Private	NGO
Describe the type, scope and aim of the service used by persons with disabilities.			“Mi casa: Una vida en Comunidad”/ “My Home: A Life in Community” [or “Mi Casa project”] by Plena Inclusión. is a 3-year (2022-2024) project that seeks to explore ways for persons with disabilities to live and be included in their villages and neighbourhoods, with the support they need. <sup>105</sup> The project has its own web page, where the activities carried out are continuously updated. Persons with disabilities are the protagonists and show what they are doing in different videos.
Which quality assurance systems exist? Is there a			1. Through a longitudinal study, an external mechanism (INICO, Instituto

<sup>103</sup> See:

[https://dixit.gencat.cat/web/.content/home/04recursos/02publicacions/02publicacions\\_de\\_bsf/03\\_di\\_scapacitat\\_i\\_salut\\_mental/intimitat\\_centres\\_residencials\\_persones\\_diversitat\\_funcional/intimitat\\_centres\\_residencials\\_persones\\_diversitat\\_funcional\\_cast.pdf](https://dixit.gencat.cat/web/.content/home/04recursos/02publicacions/02publicacions_de_bsf/03_di_scapacitat_i_salut_mental/intimitat_centres_residencials_persones_diversitat_funcional/intimitat_centres_residencials_persones_diversitat_funcional_cast.pdf).

<sup>104</sup> See: <https://www.boe.es/buscar/pdf/1997/BOE-A-1997-304-consolidado.pdf>.

<sup>105</sup> See: <https://www.micasauvc.org/proyecto/>.

<p>timeframe? What is the relevant authority? (questions under Section 3.1, 3.2, 3.3)</p> <p>Does the quality assurance system explicitly address disability issues?</p>			<p>Universitario de Integración en la Comunidad, University of Salamanca) is conducting a three-year analysis of the project's impact on the quality of life of persons with intellectual and developmental disabilities with greater support needs.</p> <p>2. The Quality of Life Framework from Schalock and Verdugo (2002),<sup>106</sup> which is composed of several domains: emotional well-being, interpersonal relations, material well-being, personal development, physical well-being, self-determination, social inclusion, social supports and rights.</p>
<p>Which methods and methodologies were used in the quality assurance system? (questions Section 3.4)</p>			<p>Plena Inclusión, which has developed an adaptation of the EFQM model, is certified in <i>NGO Quality Standard Version 5</i>.<sup>107</sup></p>
<p>How are people with disabilities / disability organisations involved in the assessment process? Are they consulted? (questions under Section 3.5)</p>			<p>Persons with disabilities are the main actors and key stakeholders in the process.</p>
<p>What indicators are used in this particular quality assurance system?</p>			<p>See Figure 2 (Section 3.6).</p>
<p>Which CRPD principles are included in the quality assurance framework?</p>			<p>Art. 19 (independent living), Art. 22 (respect for privacy); Art. 23 (respect for home and the family), etc.</p>
<p>What evidence is there that the relevant quality assurance system has an impact on the quality of the social service delivered to persons with disabilities, on the attractiveness of the sector and on the skills of the workforce?</p>			<p>As Figure 2 depicts, people-oriented and organisation-focused principles and values have a clear impact on the quality of the service and on the attractiveness of the sector and the skills of the workforce.</p>

Second case study	Public service	Private	NGO
<p>Describe the type, scope and aim of the service used by persons with disabilities.</p>	<p>Public social services for persons with disabilities in the Autonomous Community of Madrid.</p>		
<p>Which quality assurance systems exist? Is there a timeframe? What is the relevant authority?</p>	<p>It has its Social Services Portfolio.<sup>108</sup></p> <p>Some of the services, as is the case with the nationally established portfolio of services,</p>		

<sup>106</sup> More information is available at: [https://www.researchgate.net/publication/225939030\\_Quality\\_of\\_Life\\_Model\\_Development\\_and\\_Use\\_in\\_the\\_Field\\_of\\_Intellectual\\_Disability](https://www.researchgate.net/publication/225939030_Quality_of_Life_Model_Development_and_Use_in_the_Field_of_Intellectual_Disability).

<sup>107</sup> See: <https://www.plenainclusion.org/publicaciones/buscador/certificado-norma-ong-calidad-version-5/>.

<sup>108</sup> See: <https://www.comunidad.madrid/servicios/servicios-sociales/cartera-servicios-sociales-comunidad-madrid>.

(questions under Section 3.1, 3.2, 3.3)  Does quality assurance system explicitly address disability issues?	are specific for persons with disabilities and/or persons in a situation of dependency.		
Which methods and methodologies were used in the quality assurance system? (questions Section 3.4)	There is an inspection service established by legal regulations.		
How are people with disabilities / disability organisations involved in the assessment process? Are they consulted? (questions under Section 3.5)	The data collected in the annual reports of the quality and inspection plans do not provide such detailed information. However, the plan explicitly emphasises the collection of data on user satisfaction and perception of the quality of services and centres.		
What indicators are used in this particular quality assurance system?	It includes indicators <sup>109</sup> of compliance with the minimum material, functional and quality conditions required; individualised use of restraints; evidence of respect for the rights of users; verification of the existence of an individualised intervention plan and of the participation of the user in decision making; evaluation indicators and improvement of the quality of social service centres.		
Which CRPD principles are included in the quality assurance framework?	The plan makes explicit reference to users' rights to receive prescribed medication; to privacy, personal dignity and self-image; to maintain interpersonal relations, including the right to receive visits; to give their consent to people to enter and stay in the centre; and to be allowed to stay in the centre.		
What evidence is there that the relevant quality assurance system has an impact on the quality of the social service delivered to persons with disabilities, on the attractiveness of the sector and on the skills of the workforce?	Yearly reports are published with data relating to the above-mentioned indicators.		

<b>Third case study</b>	<b>Public service Private</b>	<b>NGO</b>
Describe the type, scope and aim of the service used by persons with disabilities.	<p>Tele-assistance/telecare (public and/or private service) for persons in a dependency situation. This is one of the services included in the System for Autonomy and Care for Dependency (SAAD), and it contributes to the ability of persons to remain in their usual living environment.</p> <p>Public telecare is free (or co-financed by the user depending on their income) in many Autonomous Communities in Spain. Private telecare can range from €1 per month to €25 depending on the operating company.</p>	

<sup>109</sup> See: [https://noticias.juridicas.com/base\\_datos/CCAA/743735-orden-familia-juventud-y-politica-social-2943-2022-de-13-dic-ca-madrid-plan.html](https://noticias.juridicas.com/base_datos/CCAA/743735-orden-familia-juventud-y-politica-social-2943-2022-de-13-dic-ca-madrid-plan.html).

<p>What quality assurance systems exist? Is there a timeframe? What is the relevant authority? (questions under Section 3.1, 3.2, 3.3)</p> <p>Does the quality assurance system explicitly address disability issues?</p>	<p>As a public social service existing in all the Autonomous Communities, telecare is evaluated under the parameters included in the second example. Moreover, the Dependency Evaluation System has its own common criteria for accreditation and quality.<sup>110</sup></p>	
<p>Which methods and methodologies were used in the quality assurance system? (questions Section 3.4)</p>	<p>In the Agreement on Common Criteria for the accreditation and quality of the centres and services of the System for Autonomy and Care for Dependency (SAAD), the technical characteristics etc. that this service must meet in order to be accredited and offered are specified.</p> <p>In addition, and as in the second example, this public social service has an inspection service established by legal regulations</p>	
<p>How are people with disabilities / disability organisations involved in the assessment process? Are they consulted? (questions under Section 3.5)</p>	<p>The Agreement on Common Criteria document indicates that work is in progress to develop quality criteria and indicators for the evaluation, continuous improvement and comparative analysis of SAAD centres and services. In addition, as in the second example, users are involved in the evaluation.</p>	
<p>What indicators are used in this particular quality assurance system?</p>	<p>This service is evaluated under the framework of the Social Services Reference Catalogue and its evaluation.</p>	
<p>Which CRPD principles are included in the quality assurance framework?</p>	<p>Above all, Art. 19 (Living independently and being included in the community).</p>	
<p>What evidence is there that the respective 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>In the portfolio of services in which telecare is included and in the documents related to the quality of SAAD services, the concepts of quality of life and quality of services are emphasised.</p>	

#### 4.4 Analytic reflection

In Spain there is a formal and very extensive structure of social services. Social services for persons with disabilities are equally extensive. State and regional regulations on social services in general and on services for persons with disabilities in particular establish various means for the external evaluation of services. This relates to audits and inspections, which are based on compliance with standards and which allow services to be accredited. Failure to meet quality criteria set by external agencies is an infringement that must be remedied, and this is followed up by the inspection services.

However, it is important to bear in mind that obtaining external accreditation or certification is based on compliance with indicators that tend to focus on effectiveness, efficiency, transparency and other criteria that are more related to the principle of good administration than to a focus on social aspects. Consequently, the exclusion of indicators on the alignment of services with frameworks such as the quality of life

<sup>110</sup> See: <https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/docs/AcuerdoSAAD.pdf>.

paradigm or the rights of persons with disabilities can lead to the accreditation of a service even if these concepts are not mentioned, are not taken into consideration by the centre or service and are not subject to evaluation or monitoring using the appropriate tools.

In Spain, although quality of life and rights are principles mentioned in the different social policies and services, the concern towards the evaluation of improvements in quality of life and the rights of persons with disabilities comes from organisations representing different groups of users with disabilities. It is from this level that procedures, tools and actions aligned with a mission and vision of centres and services that promote quality of life and defend the rights of persons with disabilities are proposed.

Therefore, in order to improve their alignment, centres, resources and social services for persons with disabilities should include – both in external audits and internal evaluations carried out by the organisations on aspects that they consider important and where the satisfaction of clients and professionals is a priority – aspects related to the concepts of quality of life and rights from a multidimensional perspective among their domains and indicators.

Research and proposals such as that developed by Verdugo et al (2021)<sup>111</sup> for combining the quality-of-life and supports paradigms in the new Quality of Life Supports Model (QOLSM), could be adopted to develop and evaluate social services. This proposal integrates current transformations in the field of intellectual and developmental disabilities, encompassing a holistic and integrated approach focused on the human and legal rights of persons with disabilities, eligibility for services and supports based on significant limitations in major areas of life activity, an emphasis on supports provided within inclusive community settings, and outcome assessment. The study describes and indicates: (a) the four elements of the Model of Quality of Life and Supports (MOCA), i.e. fundamental values, individual and family quality-of-life domains, support systems and facilitating conditions; (b) how MOCA can be used as a framework for the provision of supports, person-centred outcome assessment, organisational transformation and systems change; and (c) how MOCA is essential to the current paradigm shift in the field of intellectual and developmental disabilities.

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<sup>111</sup> See Verdugo, M.A., Schalock, R.L., and Gómez, L.E. (2021), 'The quality of life supports model: twenty-five years of parallel paths have come together', *Siglo Cero*, vol. 52, No. 3, pp. 9-28, <https://revistas.usal.es/tres/index.php/0210-1696/article/view/scero2021523928>.

## 5 Recommendations

### 5.1 Recommendations for Spain

The Spanish Disability Strategy 2022-2030 must be aligned with the rights set out in the UN CRPD and with the principles of the European Pillar of Social Rights. To this end, the progress reports on the Strategy (to be carried out in 2024, 2026 and 2028) and the final evaluation (2030) must establish a clear relationship between the objectives and results indicators of the Strategy, the rights recognised in the CRPD and the 20 principles of the European Pillar of Social Rights.

Representative organisations of persons with disabilities should be encouraged to review their strategic plans to analyse the extent to which they relate to the rights recognised in the CRPD. This will enable them to identify priorities that have not been considered enough or that need to be worked on in the light of the rights set out in the CRPD.

The internal quality assessment processes of public social services, service provider organisations and representative organisations of persons with disabilities should include in their self-assessments multidimensional indicators (using corresponding questionnaires or data collection with quality tools that should be robust and statistically validated) of achievements in terms of quality of life and rights. These assessments may constitute evidence for external (audit-type) evaluation.

### 5.2 Recommendations for the European Commission




In its analysis and recommendations on social policies and social services for persons with disabilities in Member States, the European Commission should include a rights perspective that considers progress and gaps related to the UN CRPD. This recommendation is in line with the Strategy for the Rights of Persons with Disabilities 2021-2030,<sup>112</sup> that aims to progress on all areas of the United Nations Convention on the Rights of Persons with Disabilities, both at EU and Member State level.

This requires that, in the framework for such assessments, advisory policy committees such as the Social Protection Committee should include progress in relation to the CRPD when monitoring the social situation and the development of social protection policies in the Member States and in the EU. For this purpose, it may be useful to consult documents (such as the document produced by FRA and summarised in Table 3, on structural, process and outcome indicators) extracted from *Implementing the UN Convention on the Rights of Persons with Disabilities: Human rights indicators – Guidance for independent national monitoring frameworks*.

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<sup>112</sup> See: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8376&furtherPubs=yes>.

Table 3. Structural, process and outcome indicators

Indicator type	Key concerns	Focus	Description	Actors concerned
 Structural	Legal, policy and institutional framework	Commitment	<ul style="list-style-type: none"> <li>• Commitment to international human rights law</li> <li>• Legislation in place</li> <li>• Policies, strategies, action plans and guidelines adopted</li> <li>• Institutional framework</li> <li>• Existence of complaints and support mechanisms</li> </ul>	Duty-bearers
 Process	Policy implementation and effectiveness of complaints and support mechanisms	Effort	<ul style="list-style-type: none"> <li>• Budgetary allocations</li> <li>• (Implementation of) policies, strategies, action plans, guidelines, etc.</li> <li>• Effectiveness of complaints and support mechanisms</li> </ul>	Duty-bearers
 Outcome	Situation on the ground – rights realised in practice	Results	<ul style="list-style-type: none"> <li>• Actual awareness of rights</li> <li>• Actual impact of policies and other measures</li> <li>• Actual occurrence of violations</li> </ul>	Rights-holders

Source: European Union Agency for Fundamental Rights (FRA) (2023). *Implementing the UN Convention on the Rights of Persons with Disabilities: Human rights indicators – Guidance for independent national monitoring frameworks* (page 18)<sup>113</sup>

In relation to the above recommendation, it is also proposed that the European Commission continue to encourage the availability of data on persons with disabilities in Member States. As pointed out in the document published by FRA in 2023, 'National frameworks have reported challenges in relation to both the difficulties inherent in collecting disability information and their capacity to do so'. Some of these challenges relate to a 'Lack of available disability-specific data at national level', 'Inaccurate interpretation of the data protection frameworks pertaining to collection and processing of personal data such as data concerning health', 'Difficulty in precisely delimiting specific groups of persons with disabilities', and 'the time and financial resources available for developing indicators for all articles of the CRPD' (page 35).

In turn, and related to the above, it is recommended that the Commission funds innovative projects and actions focused on the harmonisation of the collection of key indicators in the different European States, in order to monitor progress and gaps in social policies in the defence of the rights of persons with disabilities as set out in the CPRD.

<sup>113</sup> See: [http://fra.europa.eu/sites/default/files/fra\\_uploads/fra-2023-uncrpd-human-rights-indicators\\_en.pdf](http://fra.europa.eu/sites/default/files/fra_uploads/fra-2023-uncrpd-human-rights-indicators_en.pdf).

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