Disability-relevance of quality assurance systems in social services

Liechtenstein

State of affairs May 2023



human european consultancy

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

European Commission
B-1049 Brussels

EUROPEAN COMMISSION

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

Directorate-General for Employment, Social Affairs and Inclusion

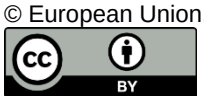
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PDF ISBN 978-92-68-10820-8 DOI: 10.2767/06563 KE-06-23-083-EN-N

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1 Executive summary

1.1 Definition and framework of the quality of personal social services

Liechtenstein signed the UN Convention on the Rights of Persons with Disabilities (CRPD) on 8 September 2020, but as yet has not enforced it. The Liechtenstein Government sets standards for the administration of social benefits to ensure that they are distributed fairly and efficiently. A national, overall valid quality assurance system for public and private social service providers is not in place. Thus, no standardised measurements and factors have been implemented to develop a comparable, equal quality assurance system among all social service providers acting in Liechtenstein. Nevertheless, the legal framework with regard to equal treatment and inclusion of people with disabilities states in general terms that public and private entities that offer social services must take into account all aspects of accessibility. Thus, social service providers in Liechtenstein are expected to provide high-quality services and to document these by establishing internal quality assurance schemes. Social service providers hence looked into other industries for conceptual orientation on how to assure the quality of services. Quality management systems (including ISO) or corresponding models in other fields of human service delivery (e.g. healthcare in hospitals) mainly provided the basis for the implementation of quality assurance systems.

1.2 Evaluation of the quality of social services

According to Article 19a of the Health Insurance Act,[1] service providers (of residential homes for people with disabilities, sheltered workplaces, etc.) must agree with the Health Insurance Association on measures to ensure the quality and appropriate use of healthcare services and on the exchange of information. Regarding the quality standards of social services, the law defines a quality assurance framework. Pursuant to Article 5 of the Ordinance on Cost Targets and Quality Assurance in Compulsory Healthcare Insurance (KQV),[2] the type and scope of quality assurance measures shall be governed by the agreements approved by the Government between the Health Insurance Association[3] and the service providers in accordance with Article 19a(1) of the Act. If there is no approved quality assurance agreement, the service providers are obliged to define quality indicators and standards on their own, fulfilling market standards.

The responsibility for implementing the quality assessment of social services lies with the service providers, as stated in Article 6 of the KQV. Further, service providers must initiate quality assessment processes including details on the type of assessment, the assessor and the timetable for implementation. These must be laid down in internal guidelines based on the quality strategy of the institution. According to Article 7 of the KQV, the Office of Public Health must verify compliance with the quality assurance

[1] Health Insurance Act (*Gesetz über die Krankenversicherung*, KVG), 24 November 1971, LGBl. 1971, No. 50, 1971050000 (gesetze.li).

[2] Ordinance on Cost Targets and Quality Assurance in Compulsory Healthcare Insurance (*Verordnung über die Kostenziele und die Qualitätssicherung in der obligatorischen Krankenpflegeversicherung*, KQV), 22 May 2007, LGBL. 2007, No. 123, 2007123000 (gesetze.li).

[3] Health Insurance Association (Liechtensteinischer Krankenkassenverband, LKV): Über den LKV: Liechtensteinischer Krankenkassenverband (CONCORDIA, FKB, SWICA).

measures with the involvement of the Health Insurance Association and the associations of service providers.

The Old Age and Survivors Insurance (AHV)[4] and Disability Insurance (IV)[5] organisations are responsible for ensuring the prescribed quality of social services based on service-level agreements between the social service provider and the Liechtenstein Government, as well as for fulfilling any legal requirements with regard to the monitoring of social service provision. To fulfil this duty, these institutions avail themselves of the support of independent experts and well-known organisations.

1.3 Impact of quality assurance mechanisms

All Liechtenstein service providers surveyed by the Liechtenstein Institute in March 2023[6] have ensured that the impact of quality assurance mechanisms leads to corrective action in cases of non-conformities or deviations noted by the testing organisation. Details about the concrete processes, the possible involvement of experts or new reviews after implementation were not disclosed. Within the framework of quality assurance processes and reviews, neither the Association for Human Rights in Liechtenstein, the Office for the Equality of Persons with Disabilities, the Disability Association nor any other ombudsman institution is mandated by a specific legal provision, nor do they have a legally defined role as assessor. These institutions are available to the social service provider in an advisory and supportive capacity. Thus, human rights organisations in Liechtenstein can be involved in monitoring the quality of services provided to persons with disabilities on a voluntary basis.

1.4 Recommendations for Liechtenstein

The various national representatives of persons with disabilities should be involved in the design of a national quality assurance mechanism.

A set of performance indicators should be developed to measure the effectiveness of a national quality assurance mechanism. These indicators should be based on the UN CRPD and should be regularly monitored and evaluated by independent expert organisations.

Staff training and capacity building is currently done on an individual level by the social service provider. More effectiveness could be achieved by standardisation of measures, including best practice.

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4 Old Age and Survivors Insurance (*Alters- und Hinterlassenenversicherung, AHV*), AHV - IV - FAK Liechtenstein: Allgemeines.

5 Disability Insurance (*Invalidenversicherung, IV*), AHV - IV - FAK Liechtenstein: Allgemeines.

6 The participants in the Liechtenstein Institute's March 2023 survey on social service quality systems and standards were the Therapeutic Pedagogical Centre Liechtenstein, Liechtenstein Old Age and Sickness Assistance, the Association for Assisted Living, the Office of Education, the Office for Vocational Training and Career Counselling, Old Age and Survivors Insurance (AHV) and Disability Insurance (IV).

1.5 Recommendations for the European Commission

For more transparency and EU-wide comparability detailed rules or guidelines to evaluate the quality of social services through independent assessments or monitoring approaches by third parties should be anchored in place.

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

2.1 Definitions and frameworks

In Liechtenstein there is no official definition of the term ‘social services’.

In the opinion of the Government of Liechtenstein, the term ‘social benefits’ cannot be defined exclusively by the two criteria of need and income (see Government statement from 2011, Report and Motion of the Government of Liechtenstein, 2011/96).[7] Liechtenstein has a strong tradition of social welfare and places a high value on providing support for its citizens, including those with disabilities.

To ensure that all social services provided directly to persons with or without disability meet the needs of individuals and provide high-quality care, the Liechtenstein Government places a strong emphasis on social welfare, housing and childcare. Liechtenstein provides a comprehensive social security system that covers a wide range of benefits such as retirement, disability and unemployment benefits. The Government sets standards for the administration of these benefits to ensure that they are distributed fairly and efficiently. These standards include:

- Transparency: the Government requires that all social benefits be administered in a transparent manner, with clear guidelines and procedures for determining eligibility and distributing benefits. This ensures that the process is fair and equitable for all citizens;

- Accessibility: the Government aims to make social benefits accessible to all citizens who are eligible. This includes providing information about benefits and how to apply, as well as offering support for those who need help with the application process;

- Timeliness: the Government aims to distribute social benefits in a timely manner to ensure that citizens receive the support they need when they need it. This includes setting deadlines for applications and processing applications quickly;

- Accountability: the Government holds itself accountable for the administration of social benefits by regularly monitoring and evaluating the system to ensure that it is effective and efficient. This includes collecting data on the distribution of benefits and using that data to identify areas for improvement.

The national bodies that set the standards for social services are the Ministry of Social Affairs and Culture, the Office for Social Services and the Office of Public Health. For education, it is the Ministry of Foreign Affairs, Education and Sport, together with the Office of Education and the Office for Vocational Training and Career Counselling. It should be noted that social services are provided by various social institutions in Liechtenstein, which are financed by means of a service agreement with the

[7] Report and Motion of the Government of Liechtenstein, 2011/96 (*Interpellationsbeantwortung der Regierung an den Landtag des Fürstentums Liechtenstein betreffend den Sozialmissbrauch*), Berichte und Anträge (regierung.li).

Government (e.g. the Office for Social Services on behalf of the Government). According to the service agreement, quality assurance is the responsibility of these private institutions. Their supervisory authority is the Office for Social Services, which carries out on-site inspections to ensure service quality.

As the standards used are not publicly available, no statement can be made to provide details about the type or scope of standard. Thus, to the best knowledge of the author, there is no information available about any specific standards related to the quality of life of citizens with disability. The publicly available information regarding social services provided directly by state organisations contains annual data about the number of people who have received different types of social benefits and the Government's financial contribution.

In addition to these general standards, the Liechtenstein Government has set specific standards for the administration of different types of social benefits. These standards include guidelines for determining eligibility, calculating benefit amounts and distributing benefits. The Government also provides training and support to those who administer social benefits to ensure that they have the necessary knowledge and skills to do so effectively. The standards for social benefits set by the Liechtenstein Government are primarily written and published in various laws, regulations and guidelines. Some of the key laws and guidelines related to the social service quality standards set by the Liechtenstein Government are:

- The Social Assistance Act (*Sozialhilfegesetz, SHG*).[8] This law regulates the granting of social assistance to those in need of help, such that social assistance must enable those in need of help to live in dignity. The Act sets the framework for the administration of social benefits in Liechtenstein, including sickness assistance, assistance for the elderly and persons in need of care, family assistance, assistance for the mentally and socially vulnerable and assistance for persons with disabilities.

- The Social Assistance Ordinance (*Sozialhilfeverordnung, SHV*).[9] The Social Assistance Ordinance provides a framework for the provision of financial and social services to persons in need. The ordinance sets out the criteria for eligibility for social assistance, the types of assistance available, and the procedures for applying for and receiving assistance. It also outlines the responsibilities of the Government and social services providers in administering social assistance programmes.

- The Law on Old Age and Survivors Insurance (*Gesetz über die Alters- und Hinterlassenenversicherung, AHVG*).[10] This law sets the standards for the administration of retirement benefits, including eligibility criteria and benefit calculation methods.

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8 Social Assistance Act (*Sozialhilfegesetz, SHG),* 15 November 1984, LGBl. 1985, No. 17, https://gesetze.li/konso/pdf/1985017000?version=12.

9 Social Assistance Ordinance (*Sozialhilfeverordnung, SHV*), 7 April 1987, LGBl. 1987, No. 18, 1987018000 (gesetze.li).

10 Law on Old Age and Survivors Insurance (*Gesetz über die Alters- und Hinterlassenenversicherung, AHVG*), 14 December 1952, LGBl. 1952, No. 29, https://www.gesetze.li/konso/pdf/1952029000?version=56.

- The Law on Disability Insurance (*Gesetz über die Invalidenversicherung*).[11] This law sets the standards for the administration of disability benefits, including eligibility criteria and benefit calculation methods.

- The Law on Health Insurance (*Gesetz über die Krankenversicherung, KVG*).[12] The Law on Health Insurance regulates health insurance in Liechtenstein. It requires all residents to have health insurance coverage and sets minimum standards for the benefits provided by insurers. The KVG also establishes the framework for the organisation and funding of healthcare services in Liechtenstein.

- The Law on Unemployment Insurance (*Arbeitslosenversicherungsgesetz, ALVG*).[13] This law sets the standards for the administration of unemployment benefits, including eligibility criteria and benefit calculation methods.

- The Act on Equality of People with Disabilities (*Gesetz über die Gleichstellung von Menschen mit Behinderungen, BGlG*).[14] The purpose of this Act is to eliminate or prevent discrimination against persons with disabilities and thus to ensure the equal participation of persons with disabilities in life and in society and to enable them to lead a self-determined life.

- The Children and Youth Act (*Kinder- und Jugendgesetz*).[15] This law sets the standards for the administration of childcare services in Liechtenstein, including service agreements for childcare providers.

In Liechtenstein, both state-owned and private social service institutions exist. However, there are some differences in the way that quality standards are set and enforced between these two types of institutions. State-owned social service institutions in Liechtenstein are typically subject to stricter regulations and oversight than private institutions. This is because these institutions are directly operated by the Government and are funded by public funds. As a result, they are required to comply with a wide range of legal and regulatory requirements related to quality standards, financial management and transparency. Article 35(1) of the Ordinance on Social Assistance[16] serves as an example. This legislation governs the quality standards for publicly run retirement and nursing homes, while making no specific reference to privately run entities. As stated in Article 35(1) of the Ordinance, publicly run retirement and nursing homes are subject to quality standards set by the Liechtenstein

[11] Law on Disability Insurance (*Gesetz über die Invalidenversicherung, IVG*), 23 December 1959, LGBl 1960, No. 5; https://gesetze.li/konso/pdf/1960005000?version=41.

[12] Law on Health Insurance (*Gesetz über die Krankenversicherung, KVG),* 24 November 1971, LGBl 1971, No. 50, 1971050000 (gesetze.li).

[13] Law on Unemployment Insurance *(Arbeitslosenversicherungsgesetz, ALVG),* 24 November 2010, LGBl. 2010, No. 452; https://gesetze.li/konso/pdf/2010452000?version=19.

[14] Act on Equality of People with Disabilities *(Gesetz über die Gleichstellung von Menschen mit Behinderungen, Behindertengleichstellungsgesetz*, *BGlG)*, 25 October 2006, LGBl. 2006, No. 243, https://gesetze.li/konso/pdf/2006243000?version=5.

[15] Children and Youth Act (*Kinder- und Jugendgesetz),* 10 December 2008, LGBl. 2009, No. 29; https://gesetze.li/konso/pdf/2009029000?version=8.

[16] Ordinance on Social Assistance (*Sozialhilfeverordnung, SHV*), 7 April 1987, LGBl. 1987, No. 18, https://www.gesetze.li/konso/pdf/1987018000.

Government, although this may also include quality standards set by other public or private institutions.

Publicly run retirement and nursing homes include the homes run by Liechtenstein Old Age and Sickness Assistance;[17] and homes run by a municipality, whether directly or indirectly.

Private social service institutions in Liechtenstein are either (a) subject to similar quality standards and regulated by independent bodies or accreditation agencies, or (b) obligated to comply with quality standards in accordance with state requirements through service agreements with the state. In the case of (a), these bodies may set their own standards for quality and may undergo regular inspections and audits to ensure compliance with the standards. In the case of (b), the quality standard issue is a crucial component of the service agreements between the Liechtenstein Government and private social service providers. These agreements typically include provisions that specify the quality standards that must be met by the service providers in order to receive payment for the services they provide. The quality standards set out in the service agreements are designed to ensure that the services are provided in a safe, effective and efficient manner. These standards may cover a range of issues, including staff qualifications and training, service delivery methods, health and safety requirements and monitoring and evaluation procedures. In order to ensure that the quality standards are met, the service agreements typically include provisions for monitoring and evaluation. This may involve regular inspections and audits of the services provided, as well as ongoing performance monitoring and reporting. The service agreements may also include provisions for continuous improvement, with service providers being required to develop and implement quality improvement plans that address any deficiencies or areas for improvement identified through monitoring and evaluation.

Payment arrangements for the services are typically based on a fee-for-service model, with providers being reimbursed for the services they provide. Payment rates are set based on the costs of providing the services and may be adjusted periodically to reflect changes in costs or other factors.

In Liechtenstein, service agreements between the Government and private social service providers are typically not made publicly available. This is because they contain sensitive financial and operational information that is considered confidential. However, while the service agreements themselves are not available to the public, the Government publishes a certain amount of information about the quality standards that must be met by service providers within its annual Government Accountability Report.[18] Unfortunately, these reports do not contain detailed information about the quality standards, about how they are measured or about the findings. Thus, there is no published information about services that do not meet the standards.

[17] Liechtenstein Old Age and Sickness Assistance (Liechtensteinische Alters- und Krankenhilfe, LAK): https://lak.li/.

[18] Ministry of Social Affairs and Culture, Government Accountability Report, latest edition (2021), https://www.llv.li/files/srk/ii_3_gesellschaft_und_kultur.pdf.

The service agreements between the Liechtenstein Government and private social service providers are an important part of the social welfare system in the country. By setting clear quality standards and providing a framework for monitoring and evaluation, the service agreements help to ensure that social services are provided in a safe, effective and efficient manner, fulfilling accountability requirements. They help to ensure that citizens in need receive high-quality services that meet their specific needs.

2.2 Research studies and national debates

To the best knowledge of the author, no research studies, reports, etc. have been created or commissioned by local authorities, nor by any research institution in Liechtenstein, on the topic of the quality standards or quality systems of social services provided to persons with disabilities in Liechtenstein.

3 Evaluation / assessment of quality assurance for social services

3.1 Types of quality assurance

According to Article 19a of the Health Insurance Act,[19] service providers must agree with the Health Insurance Association on measures to ensure the quality and appropriate use of healthcare services, and on the exchange of information. Further, Article 5 of the Ordinance on Cost Targets and Quality Assurance in Compulsory Healthcare Insurance[20] states that the type and scope of quality assurance measures are based on the agreements between the Health Insurance Association and the service providers. These agreements require the approval of the Government pursuant to Article 19a of the Health Insurance Act.

According to Article 7 of the Ordinance on Cost Targets and Quality Assurance in Compulsory Healthcare Insurance, the Office of Public Health must verify compliance with quality standards as defined by the Health Insurance Association. The review of quality assurance measures under Articles 10 and 11 of the Ordinance includes steps defined within the framework of a quality assurance agreement (under Article 5(1)) and measures taken in accordance with Article 5(2). If the quality assurance measures are not implemented, the Office of Public Health shall request the service provider to submit a written and substantiated response within a period of 30 days from the date of notification of the request. In addition, the service providers concerned must submit annual quality reports to the Office of Public Health. If the required reports are not submitted or not submitted on time, the quality assurance measures shall be deemed not to have been implemented. If a service provider provides evidence that the required quality assurance measures have been implemented retrospectively, the Office of Public Health shall make a corresponding correction to the published summary.

Based on the legal provisions stated above, Liechtenstein Old Age and Sickness Assistance (Liechtensteinische Alters- und Krankenhilfe, LAK)[21] has assigned quality management directly to its executive board. The management of LAK is thus responsible for:

- the framework conditions for quality management;
- the assurance and promotion of quality; and
- ensuring and promoting process-oriented and interdisciplinary cooperation in all areas of quality management.

Measuring service quality satisfaction provides Liechtenstein Old Age and Sickness Assistance with valuable information on how residents feel about the care and support services it provides. Such quality measurements are carried out in a three-year cycle and are based on one of the following instruments:

[19] Health Insurance Act, 1971050000 (gesetze.li.
[20] Ordinance on Cost Targets and Quality Assurance in Compulsory Healthcare Insurance, https://www.gesetze.li/konso/pdf/2007123000?version=3.
[21] Liechtenstein Old Age and Sickness Assistance: https://lak.li/.

- Mecon: a patient survey and a staff survey are conducted on the basis of the satisfaction measurement established by Mecon, the market leader in the Swiss healthcare system. The interpretation of the results and the adequate derivation of optimisation measures is carried out on the basis of benchmark organisations evaluated and determined by Mecon.

- Picker: this standardised patient survey method can be used to review and monitor the overall performance or quality of the services provided. The current average Picker benchmark for care facilities in Switzerland serves as a benchmark for Liechtenstein.

- Quality of life measurement by Qualis: this is another standard procedure that includes the requirements for a quality management system. It was created specifically to ensure and develop quality in the area of services.

The Therapeutic Pedagogical Centre Liechtenstein (Heilpädagogisches Zentrum Liechtenstein, HPZ)[22] is a non-profit foundation organised under private law. With its registered office in Schaan, HPZ's purpose is to support people with special needs. The Therapeutic Pedagogical Centre Liechtenstein cares for people according to their needs from infancy to old age and offers a holistic range of services, including a special education day school, therapy, housing and workshops. The Centre uses the following two quality assurance processes:

- SODK Ost+: this framework lays the foundation to ensure the protection of the personality and integrity of clients and to promote self-determination and autonomy. The SODK OST+ quality guidelines are the most frequently used instrument for quality assurance in institutions for people with disabilities in German-speaking Switzerland; and

- ISO standard 9001:2015: this certification specifies requirements for a quality management system and states that an organisation is demonstrating its ability to consistently provide services that meet customer needs and the applicable statutory and regulatory requirements. By combining SODK OST+ and ISO 9001 (quality management), the Therapeutic Pedagogical Centre Liechtenstein has expanded its framework to a process-oriented and integrated quality assurance system.

The Association for Assisted Living (Verein für Betreutes Wohnen, VBW)[23] is a non-profit organisation in Liechtenstein providing social psychiatric, therapeutic and socio-educational services to persons with mental illness. The association has undergone the European Foundation for Quality Management (EFQM) assessment process and was successfully certified in 2022. The EFQM assessment process is an objective learning process on the path of continuous improvement, and is carried out by experienced and trained assessors using a peer-to-peer method. The process concludes with an assessment for improvement, reviewed every three years.

[22] Therapeutic Pedagogical Centre Liechtenstein: https://www.hpz.li/.
[23] Association for Assisted Living: https://www.vbw.li/.

3.2 Types of services

All social services provided by residential care or temporary residential care facilities in Liechtenstein which are used by persons with disabilities are required to carry out assessment processes or quality assurance evaluations. Thus, quality measurement in care includes all types of services used by persons with disabilities in Liechtenstein. Given the small size of the country, these include the public and private service providers who have all service agreements with the Government.

In Liechtenstein, there are various options for persons with disabilities to choose their form of housing and level of service. The most common ones, aside from living arrangements within the family, involve specialised institutions offering different supported forms of living. These include the Therapeutic Pedagogical Centre Liechtenstein, Liechtenstein Old Age and Sickness Assistance and the Association for Assisted Living. All these institutions are financially supported by a service agreement with the Government (specifically, with the Office for Social Services). To the best knowledge of the author, there is no information to indicate that the evaluation of quality services is not consistent with the UN CRPD.

Based on the expert report on the implications of ratifying the UN CRPD for Liechtenstein[24] it can be said, that the requirements of the CRPD regarding deinstitutionalisation mean a critical review of existing housing institutions and the promotion of inclusive forms of housing. This with the aim of enabling people with disabilities to have a real and effectively exercisable right of choice to decide for themselves where and with whom they live. The corresponding freedom of choice has not yet been fully established in Liechtenstein, as institutionalised forms of housing are overrepresented and there is corresponding pressure towards the priority use of these forms of housing. The challenges for Liechtenstein lie less in the relevant legal framework, but rather in the administrative and application practice and the necessary human and material resources so that persons with disabilities can autonomously decide on their place of residence and form of living.

However, as the CRPD is currently not in force in Liechtenstein, it can be assumed that such reconciliations have not been made in detail so far. It will be seen in the upcoming years how the CRPD, once it is in force, affects the quality evaluation of social services in Liechtenstein.

As mentioned above, the Therapeutic Pedagogical Centre Liechtenstein cares for people according to their needs from infancy to old age and offers a holistic range of services, including special education day schools, therapy, housing and the provision of workplaces. The Centre works in four main social service areas:

- school: support for children and young people aged 4-18 with special learning needs;

[24] Expert Report “implications of ratifying the UN CRPD for Liechtenstein”, link: https://www.llv.li/serviceportal2/amtsstellen/amt-fuer-soziale-dienste/un-behindertenrechtskonvention---gutachten-fuer-liechtenstein-2019-.pdf.

- therapy: a wide range of therapies for all children and adolescents in Liechtenstein (occupational therapy, physiotherapy, early remedial education, psychomotor therapy, speech therapy);
- craft training centres: offer of individual workplaces and apprenticeships in various occupational fields; and
- residential: offer of different forms of living, designed individually, needs-oriented, both partially and fully supervised, for adults with cognitive, mental, psychological or multiple impairments up to the last stage of life.

Within these social service areas the following types of service are provided and are subject to a quality assurance system:

- short-term care and support;
- providing residential care for people with disabilities;
- services providing community-based living and support (residential groups);
- services providing day activities, employment, training for work or independent living (sheltered workshops, employment support services, social housing services); and
- specialised services that promote human rights, self-determination, interpersonal relationships, social inclusion, personal development, material well-being and physical and emotional well-being.

The conditions for the quality standards which are relevant for the Therapeutic Pedagogical Centre Liechtenstein are set by the Ministry of Social Affairs and Culture (Office for Social Services and Office of Public Health) and the Ministry of Foreign Affairs, Education and Sport (Office of Education and Office for Vocational Training and Career Counselling).

All these services are part of the quality management system of the HPZ. There are no specific categories that are left out.

In terms of quality assurance the Therapeutic Pedagogical Centre Liechtenstein is ISO 9001-2015 and SODK Ost+ certified. The latter certification is specifically designed for social institutions. The quality requirements for SODK Ost+ certification lay the foundation to ensure the protection of the personality and integrity of clients and to promote their self-determination and autonomy, as well as orienting the provision of services towards the satisfaction and quality of life of the clients. The audit is carried out by qualified employees of an independent third party, the Swiss Association for Quality and Management Systems (SQS).[25] The certification achieved is valid for three years and, in the spirit of continuous development, it is reviewed annually by a maintenance audit and every three years by a recertification audit. If these reviews are successful, the certification is renewed.

In addition, the Therapeutic Pedagogical Centre Liechtenstein uses survey methodology by means of questionnaires and interviews. This involves regular surveys of the guardians and legal representatives of clients who receive social services provided by the Therapeutic Pedagogical Centre Liechtenstein as well as

[25] Swiss Association for Quality and Management Systems (SQS): https://www.sqs.ch/de/dienstleistungen/produkte.

surveys of the clients, with supportive communication methods if required. The staff of the Centre regularly evaluate service levels and processes through surveys and compare them with the standards that have been set. Some specific quality development methods are also used: MarteMeo[26] and ProDeMa.[27] The central focus of the MarteMeo method is to recognise and highlight daily interactions that provide opportunities for personal growth, which helps service providers to use such interactions to improve the quality of life of their clients. MarteMeo is a video-based method for providing information about how to support development in daily interactions. It provides professionals of the Therapeutic Pedagogical Centre Liechtenstein with detailed and practical information to support children, adolescents and adults through important developmental steps. The results of these quality assurance processes are not published, however, not even in a summarised version.

Quality measurement in Liechtenstein Old Age and Sickness Assistance includes all types of services used by persons with disabilities in residential care or in temporary residential care. These include the following service areas:

- geriatric and gerontopsychiatric long-term care;
- short-term care (transitional care, vacation care, day care);
- social psychiatric long-term care;
- services that provide residential care for people with disabilities;
- services that provide day activities, occupation; and
- special services that support human rights, self-determination, interpersonal relationships, social inclusion, and material, physical and emotional well-being.

In the context of quality requirements, the following basic requirements and framework conditions are relevant for Liechtenstein Old Age and Sickness Assistance:

- specifications regarding quality management according to the Government‘s participation strategy,[28] as listed in Chapter 3.2;

- according to Article 19a of the Law on Health Insurance, Liechtenstein Old Age and Sickness Assistance is obliged to agree on measures to ensure quality. There is a quality assurance agreement with the Health Insurance Association Liechtenstein (Liechtensteinischer Krankenkassenverband, LKV[29]), which has been approved by the Government;[30] and

- according to Article 35(1c) of the Social Assistance Ordinance, retirement and nursing homes run by the public authorities must meet the relevant quality standards that the Government sets or declares to be relevant.

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26 MarteMeo: https://www.martemeo.com/en/about-marte-meo/.
27 ProDeMa: Institut - Institut ProDeMa (prodema-online.de).
28 Government’s participation strategy with Liechtenstein Old Age and Sickness Assistance: Beteiligungsstrategie.pdf (lak.li).
29 Health Insurance Association Liechtenstein: Liechtensteinischer Krankenkassenverband (CONCORDIA, FKB, SWICA) (lkv.li).
30 For the quality assurance agreement with the Health Insurance Association Liechtenstein, see 2010-01-14_Anhang_3_Qualitaetssicherungsvereinbarung_LAK-APH_ab_2010_ohne_Unterschrift.pdf (lkv.li).

The following different quality processes have been established:

- fall management (quality standard: fall prophylaxis in care, as used by the German Network for Quality Development in Care);[31]
- movement-restricting measures: internal guidelines are in use, based on the recommendations of Curaviva Switzerland.[32] Quality audits are carried out by the Office of Public Health, with supplementary audits by external experts;
- advanced care planning: implementation of external monitoring (e.g. guardianship);
- cross-divisional hygiene concept: hygiene audits take place every two years at each site run by Liechtenstein Old Age and Sickness Assistance. In addition, a hygiene forum with a hygiene expert is held annually; and
- strategic education planning concept for employees to ensure the quality standard (implemented in 2017), including the following defined goals:

    - employees are enabled to fulfil the tasks listed in their role description independently and competently;
    - a training schedule promotes staff development and increases job satisfaction;
    - interdisciplinary and inter-professional cooperation is promoted through level-appropriate educational planning;
    - education planning ensures that the available resources are used appropriately, economically and effectively; and
    - educational planning fulfils the requirements for meeting quality standards and accreditations.

The strategic education planning programme was evaluated in 2019, and in 2020 the concept was updated, with even more importance attached to the care of people with dementia in further education and training.

These quality standards are in line with the principles of the CRPD. The results are annually documented and published in a quality report.[33]

The Association for Assisted Living (VBW) is a non-profit organisation in Liechtenstein providing social psychiatric, therapeutic and socio-educational services to persons with mental illness in the following areas:

- services that provide residential care;
- services that provide community-based living and support;
- services that provide short-term care and support; and
- services that provide day activities, occupation, training for work or independent living.

[31] German Network for Quality Development in Care: https://www.dnqp.de/expertenstandards-und-auditinstrumente/.
[32] Curaviva Switzerland: https://www.curaviva.ch/Fachwissen/Pb6Tj/.
[33] Liechtenstein Old Age and Sickness Assistance, *Quality Report 2022*.

All these services are part of the quality management system of the VBW. The VBW has been validated as an organisation using the EFQM model. At the Association for Assisted Living, the standards of the Convention on the Rights of Persons with Disabilities are observed. These are not explicitly mentioned in the social service agreements, but all concepts and goals comply with these standards.

There are further social service providers offering services to persons with disabilities in Liechtenstein. For a comprehensive overview, the following institutions should be mentioned.

1. In Liechtenstein's public kindergartens and compulsory schools, which operate under the Office of Education, a culture of inclusion applies. Inclusion is anchored as one of the central themes in the Liechtenstein Education Strategy 2025plus: 'The focus of the education system is increasingly on ensuring the educational success of all and promoting lifelong learning. Learning-friendly educational institutions represent an inclusive attitude and are based on the realisation of the rights of all learners.'[34] The relevant legal requirements are defined in various acts.[35]

There is a service agreement between the Foundation of the Therapeutic Pedagogical Centre Liechtenstein and the Government of the Principality of Liechtenstein (Office of Education) concerning the special education day school[36] of the Therapeutic Pedagogical Centre Liechtenstein.

The following services are provided by the Education Authority:

- school-based family counselling for children living in their family home environment; and

- special services that promote human rights, self-determination, interpersonal relationships, social inclusion, personal development and physical and emotional well-being (early childhood social services, educational services for children with disabilities, etc.).

Quality assurance measures for social services providers are defined by the Office of Education, in line with the principles of the UN Convention on the Rights of Persons with Disabilities. The Office of Education has a quality assurance framework, which is evaluated by the inspectorate and checked by means of on-site assessments. The Office uses interviews, observation methods, document review and questionnaire-based surveys as part of the quality assurance or evaluation process. As a further measure to ensure quality standards, reports and hearings from various institutions such as the Association for Human Rights, the Office of the Ombudsperson for

[34] Education Strategy 2025plus: https://www.bildungsstrategie.li/de/default.asp.

[35] The main legal requirements are contained in the following legislation:
- the School Act (*SchulG*), Arts. 15 a and b, 23a paras. 4 and 5, 34ff, 82, 89;
- the School Organisation Ordinance (*SchulOV*), Art. 6a(e);
- the Ordinance on School Support Measures (*SchulFMV*); and
- the Disability Equality Act (*BGIG*).

[36] The special education day school of the Therapeutic Pedagogical Centre Liechtenstein can be seen as an exception to the inclusion principle in the area of compulsory schools in Liechtenstein, where in principle the culture of inclusion applies.

Children and Young People, Amnesty International and other national bodies are regularly consulted.

2. The Office for Vocational Training and Career Counselling provides specialised services that promote human rights, self-determination, interpersonal relationships, social inclusion, personal development, material well-being and physical and emotional well-being. These include:

- equalising educational opportunities and helping to eliminate disadvantages for persons with disabilities within the vocational education and training system;
- offering advice in the search for individual solutions (occupation-oriented integration) in cooperation with the places of learning (company, school, vocational training provider, etc.) and in cooperation with specialised bodies such as Parawork;[37]
- granting compensation for disadvantages, e.g. in the form of time bonuses, and providing aids on the basis of medical reports;
- providing support in the context of occupation-specific checks, e.g. assessment of interests and corresponding exchange of information with Disability Insurance;
- supporting teachers, parents and young people who have questions about early disability insurance assessment.

The Office for Vocational Training and Career Counselling is subject to the provisions of the Vocational Training Act.[38] Article 6 of the Act states that vocational training providers must ensure quality development. The law stipulates that the state promotes quality development, establishes quality standards and monitors compliance with them.

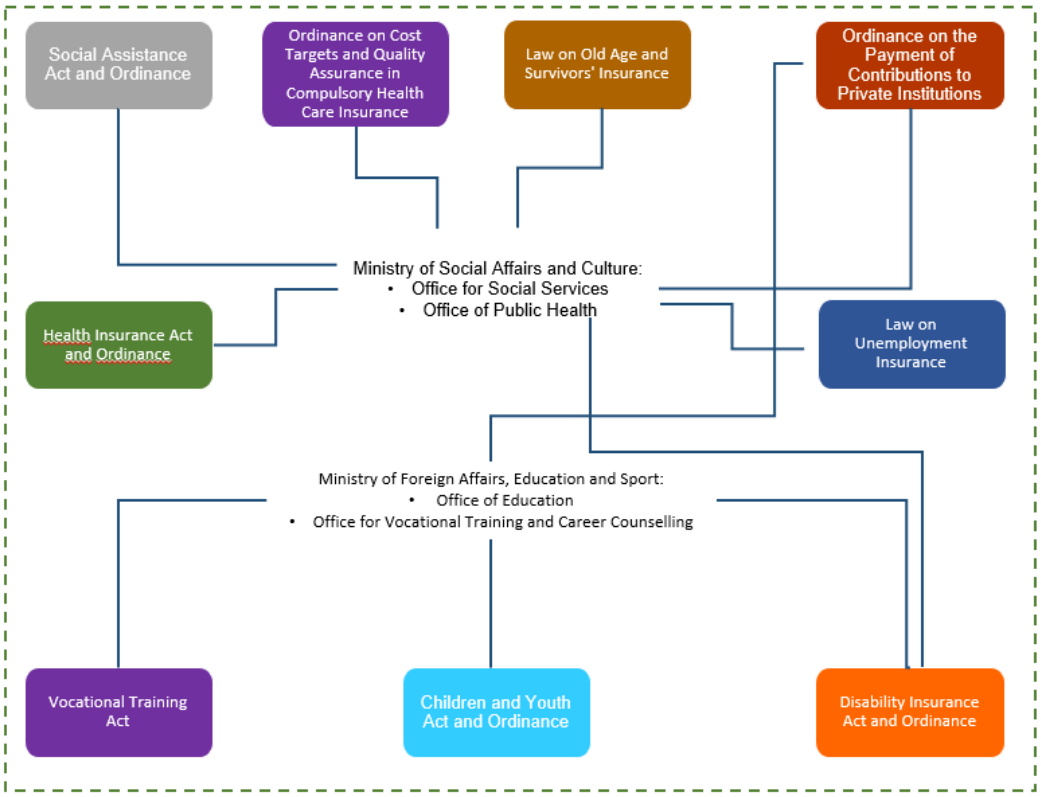
Quality assurance is carried out via the ICS internal quality assurance system.

3.3 The formal bodies

The following graph gives an overview of the different laws and bodies that set the quality standards for social services and act as the national supervisory authority that monitors compliance with legal requirements and the quality of the social services provided by private organisations on the basis of service agreements.

[37] ParaWork, a Swiss-based organisation, supports persons with disabilities who want to integrate into the general labour market and offers individually adapted measures. See https://www.paraplegie.ch/spz/de/ueber-uns/partizipation/parawork/.

[38] Vocational Training Act (*Berufsbildungsgesetz, BBG),* 13 March 2008, LGBl. 2008, No. 103, https://www.gesetze.li/konso/pdf/2008103000?version=4.



Association for Human Rights in Liechtenstein, Office for the Equality of Persons with Disabilities, Disability Association and Ombudsman can be involved in monitoring the quality of services provided to persons with disabilities on a voluntary basis.

The responsibility for implementing the quality assessment of social services lies with the service providers, as stated in Article 6 of the Ordinance on Cost Targets and Quality Assurance in Compulsory Healthcare Insurance.[39] Further, service providers must initiate quality assessment processes including details on the type of assessment, the assessor and the timetable for implementation. These must be laid down in internal guidelines based on the quality strategy of the institution.

The law defines the framework for social service providers regarding quality standards and strategy, referred to as a quality assurance framework. Pursuant to Article 5 of the Ordinance on Cost Targets and Quality Assurance in Compulsory Healthcare Insurance, the type and scope of quality assurance measures shall be governed by the agreements approved by the Government between the Health Insurance Association and the service providers in accordance with Article 19a(1) of the Act. If there is no approved quality assurance agreement, the service providers are obliged to:

- define quality indicators for their area, which must be designed in such a way that an accurate assessment of the quality of care in a selected area is possible;
- determine quality standards (which may be set as minimum standards) on the basis of the quality indicators;
- establish or participate in topic-based and goal-oriented quality circles;
- establish requirements for continuing education;

[39] Ordinance on Cost Targets and Quality Assurance in Compulsory Healthcare Insurance, 2007123000 (gesetze.li).

- set standards in the area of documentation quality, in particular with regard to the uniform and transparent keeping of medical records, the issuing of referral letters and the keeping of examination reports; and
- establish selected and evidence-based clinical performance indicators or standards.

Old Age and Survivors Insurance (AHV) and Disability Insurance (IV) are social security systems in Liechtenstein that aim to provide financial support and security to individuals in the event of retirement, disability, or loss of a breadwinner caused through illness or accident. These two funds do not provide social services themselves, but they act as a financial assistance provider to individuals who are unable to work due to a long-term disability, for example. They are responsible by law[40] for providing financial support with regard to integration, retraining, work trials in sheltered workshops, pensions, daily allowances, wage subsidies, early diagnosis and much more. Both social security systems are administered by the Liechtenstein Social Security Office and are funded through contributions from employees and employers.

Nevertheless, the AHV and the IV are responsible for ensuring the prescribed quality of social services based on service agreements between the social service provider and the Liechtenstein Government, as well as for fulfilling any legal requirements with regard to the monitoring of social service provision.

To ensure quality standards, both institutions rely on third-party experts and organisations (see Subsection 3.4) who are mandated by the social service providers to perform regular and ad hoc quality service reviews and on-site visits. Only in the area of reintegration – through attempts at work, integration support and vocational assessments – does the selection and quality control of the service providers lie with the IV itself. Finally, the quality of the work of AHV and IV is itself ensured by internal and external audits and by their boards of directors.

Quality standards at the Association for Assisted Living are monitored through inspections and quality assessments authorised by the budget-holding authority, which is the Office for Social Services, as part of the Ministry of Social Affairs and Culture, on the basis of the service agreement. The quality levels and social service standards are defined and signed off by the two parties. The basis of this agreement – or rather the prerequisite for such a service agreement – is the proof of a basic level of quality, which can be described in four subject areas:

- infrastructure;
- personnel (professional requirements);
- basics (concepts, mission statement, quality management, etc.); and
- clients (rights and duties, treatment concepts, objectives).

[40] Under the Law on Old Age and Survivors Insurance and the Law on Disability Insurance.

The following legislation serves as the legal basis for the service agreement between the Association for Assisted Living and the Office for Social Services under the Ministry of Social Affairs and Culture:

- the Social Assistance Act and Ordinance;
- the Children and Youth Act and Ordinance;
- the Ordinance on the Payment of Contributions to Private Institutions; and
- the Data Protection Act.

The Association for Assisted Living is responsible for the employment of qualified personnel in appropriate numbers. Employees regularly participate in training. The Association for Assisted Living is responsible for the quality of the services provided and complies with the quality management system as required by the service agreement. The Office for Social Services regularly verifies the level of quality on the basis of defined impact targets.

Additionally, in terms of quality assurance measures for social services providers operating under a service agreement for which the Office of Education (acting on behalf of the Government) is responsible, there is a framework in line with the principles of the Convention on the Rights of Persons with Disabilities. The quality assurance framework of the Office of Education incudes the work of the inspectorate (on-site inspections).

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

The Old Age and Survivors Insurance (AHV) and Disability Insurance (IV) organisations are responsible for ensuring the prescribed quality of social services based on service-level agreements between the social service provider and the Liechtenstein Government, as well as for fulfilling any legal requirements with regard to the monitoring of social service provision. To fulfil this duty, these institutions avail themselves of the support of independent experts and well-known organisations as follows:

- Expert opinion prepared by MEDAS[41] medical appraisal services through on-site visits;

- Medical evaluations by the Regional Medical Service of the Social Insurance Institution of St. Gallen, Switzerland;

- The quality of dental treatment is ensured by the Liechtenstein Dental Association in cooperation with the SSO, the Swiss Dental Association. By law, dental treatment must be effective, expedient and economical. This is checked by the IV, if necessary with the help of the ‘dentist of confidence’ (independent third-party expert);

[41] MEDAS is a medical appraisal institute which is legally neutral and independent of the state (see leading decision BGE 123 V 175, with confirmation from the European Court of Human Rights). There are no powers of instruction by official bodies or clients. See Home - Medas Zürich (medas-zuerich.ch).

- Budgetary assessments in the course of approval of care and nursing allowances are made by Family Assistance Liechtenstein (*Familienhilfe e.V. Liechtenstein*) using its own quality management;[42]

- In the area of advice on aids and the management of aids, the Swiss Association for Advice on Aids for the Disabled and the Aged (*Schweizerische Arbeitsgemeinschaft Hilfsmittelberatung für Behinderte und Betagte*) acts as an independent specialist agency to verify service quality and ensure good standards;

- Vocational and career counselling is supervised and checked by the Social Insurance Institution of St. Gallen (an official public administration department in Switzerland) acting as an independent third party;

- Social services for retraining and for vocational measures in general are verified by the disability insurance section of the Social Insurance Institution of the Canton of St. Gallen, Switzerland (*IV der SVA St. Gallen*);[43]

- Quality control for the treatment of birth defects and for medical services through supplementary benefits for disabled persons is carried out by or through established doctors and specialised clinics (via the respective professional association or clinic management);

- Work trials: quality specifications are set contractually via the Federal Social Insurance Office (BSV), and onside quality control lies with the respective employer or the HPZ.

The Office of Education regularly consults various institutions such as the Association for Human Rights, the Office of the Ombudsperson for Children and Young People, Amnesty International and other national bodies to ensure quality standards under the contractual relationship with social service providers, public schools and kindergartens. This helps to identify gaps regarding the quality assurance framework and the processes agreed on.

The Office of Public Health must ensure that the social services that are provided are compliant with the quality assurance measures defined by the Health Insurance Association in accordance with Article 7 of the Ordinance on Cost Targets and Quality Assurance in Compulsory Healthcare Insurance.

The Office for Social Services is responsible for setting the conditions for the quality standard in respect to social service providers that provide therapeutic, pedagogical and other services to persons with disabilities.

The social service providers set the quality standards themselves, and these are included in the service agreements with the Government or competent supervisory authority. The involvement of organisations of people with disabilities and/or family

[42] Family Assistance Liechtenstein: Organigramm_Januar_2023.pdf (familienhilfe.li).
[43] Social Insurance Institution of the Canton of St. Gallen, Switzerland: Invalidenversicherung (IV) – SVA St.Gallen (svasg.ch).

members of people with disabilities in monitoring or evaluating social services can therefore form part of the monitoring approaches. As the service agreements are not made publicly available, the extent of the involvement of such groups cannot be evaluated. For further information see Subsection 3.5.

Social service providers that advise and assist apprentices in relation to basic vocational training have to fulfil the quality standards set by the Office of Education and the Office for Vocational Training and Career Counselling. The Office for Vocational Training and Career Counselling bases its quality assurance processes on the quality standards that are set out in the service agreement. The Office for Vocational Training and Career Counselling is subject to the provisions of the Vocational Training Act.[44] Article 6 of the Act states that vocational training providers must ensure quality development. The law stipulates that the state shall promote quality development, establish quality standards and monitor compliance with them. Quality assurance is carried out via internal quality assurance systems.

3.5 Methods and methodologies

Liechtenstein Old Age and Sickness Assistance measures service quality satisfaction through questionnaires and surveys (including interviews where required). It is not only the residents who are consulted in regular cycles about their satisfaction with the services provided; so are their relatives and the staff of the nursing and care facilities. The surveys cover a total of 12 different dimensions, including freedom of movement, freedom from pain and emotionality. Based on a statement from Old Age and Sickness Assistance, potential for improvement is also noted, and this flows into the improvement of service quality through the implementation of concrete measures. Results or reports are not made publicly available. The measurement and collection of quality factors are carried out by external assessors. The results are reported in an annual quality report, which is published and made available to the Government, the Health Insurance Association and the general public.[45] Such quality measurements are carried out according to a three-year cycle and are based on one of the quality assessment systems as set out in Subsection 3.1.

In terms of quality assurance the Therapeutic Pedagogical Centre Liechtenstein is ISO 9001-2015 and SODK Ost+ certified. The ISO certification[46] is intended to verify the efforts made in quality management, but also in risk and error management, on the basis of defined minimum standards. In this context, particular emphasis is placed on patient safety. From the outside, it seems possible that these safety standards could work against other aspects of people's quality of life according to the CRPD. However, details about the standards and the effect on people's lives are not publicly available, so it is not possible to make concrete statements. It will be seen in the upcoming years how the CRPD, once it is in force, affects the quality standards of the Therapeutic Pedagogical Centre Liechtenstein.

The quality assurance process is a conformity assessment carried out by an accredited organisation (with no self-assessment). The SODK Ost+ certification is specifically designed for social institutions. The quality requirements of the SODK Ost+

[44] Vocational Training Act, https://www.gesetze.li/konso/pdf/2008103000?version=4.
[45] See https://lak.li/die-lak/qualitaet/.
[46] Therapeutic Pedagogical Centre Liechtenstein: https://www.hpz.li/organisation/.

certification lay the foundation to ensure protection of the personality and integrity of clients, to promote clients' self-determination and autonomy and to orient the provision of services towards the satisfaction and quality of life of the clients. The auditing is carried out in accordance with a large number of specifications and standardised methods so that the status of achieving the targeted quality objectives can be credibly demonstrated. The audit is carried out by qualified employees of an independent third party, the Swiss Association for Quality and Management Systems (SQS).[47] The certification achieved is valid for three years and, in the spirit of continuous development, it is reviewed annually by a maintenance audit and every three years by a recertification audit. If these are successful, the certification is renewed.

In addition, the Therapeutic Pedagogical Centre Liechtenstein uses survey methodology in the form of questionnaires and interviews. This involves regular surveys of the guardians and legal representatives of clients who receive social services provided by the Therapeutic Pedagogical Centre Liechtenstein as well as regular surveys of the clients, with supportive communication methods if required. It is not known to the author if any specific groups of people, such as disabled persons, are excluded from the survey methods. The staff of the Therapeutic Pedagogical Centre Liechtenstein regularly evaluate the given service levels and processes through surveys and compare them with the standards that have been set. Specific quality development methods are also used: MarteMeo[48] and ProDeMa.[49]

The Association for Assisted Living (VBW) has used the European Foundation for Quality Management assessment process in 2022. The EFQM process involves a comprehensive assessment of the organisation's strengths and weaknesses, as well as identifying areas for improvement. It is carried out by experts as a 'self-assessment'. This self-assessment is roughly comparable to the internal audits of EN ISO 9001 and is supported by a structured questionnaire as well as interviews with key stakeholders. A key specification of EFQM certification is the focus on persons receiving social services. This means that the organisation must have a strong commitment to providing high-quality, safe and effective care to its patients. The organisation has a system in place to ensure that patients are involved in the evaluation of the social service and that their needs and preferences are taken into account. The EFQM assessment leads to a report which includes recommendations for improvement and a roadmap for implementing these recommendations.

Included in the social services evaluation procedure provided by the Association for Assisted Living are:

- staff;
- a quality management representative; and
- clients, through a survey and evaluation of social services.

[47] Swiss Association for Quality and Management Systems (SQS): https://www.sqs.ch/de/dienstleistungen/produkte.
[48] MarteMeo: https://www.martemeo.com/en/about-marte-meo/.
[49] ProDeMa: Qualitätssicherung - Institut ProDeMa (prodema-online.de).

The Association for Assisted Living uses the following evaluation systems (including informal systems) for evaluating and monitoring the quality of social services:

- regular visits from the Office for Social Services (on-site assessments, interviews, etc.);
- regular reporting to the Office for Social Services; and
- information about staff qualifications provided to the Office for Social Services.

Within this quality assurance process, no specific service categories are left out.

3.6 The indicators and the principles

The central focus of the MarteMeo method is to recognise and highlight daily interactions that provide opportunities for personal growth, which helps service providers to use such interactions to improve the quality of life of their clients. In the case of the Therapeutic Pedagogical Centre Liechtenstein, these are persons with disabilities who are provided with social services. MarteMeo is a video-based method for providing information about how to support development in daily interactions. It provides professionals of the Therapeutic Pedagogical Centre Liechtenstein with detailed and practical information to support children, adolescents and adults through important developmental steps.

The purpose of the ProDeMa quality assurance method is to ensure that social service provision does not lead to psychological and physical injuries of any kind, either to the staff of the service provider or to the people with disabilities being cared for. This is because every person has a right to have trained staff who can professionally deal with their inevitable states of tension and aggressive behaviour. The objective of this quality assurance method is to test the effectiveness of the measures and processes that have been implemented against the benchmark and to identify potential improvements in practice.

To the best knowledge of the author, there is no information to indicate that the quality assurance and its indicators are not consistent with the CRPD. However, as the CRPD is currently not in force in Liechtenstein, it can be assumed that such reconciliations have not been made in detail so far. It will be seen in the upcoming years how the CRPD, once it is in force, affects the quality evaluation of social services in Liechtenstein.

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

4.1 The impact of quality assurance mechanisms

The Therapeutic Pedagogical Centre Liechtenstein has stated that it takes prompt corrective action if the auditing organisation detects non-conformities or deviations in the quality of social services. First, the necessary corrective actions are defined, together with the parties involved in the quality assurance process. Then, the specification for the implementation of the approved corrective measures is formulated and the responsible persons in the organisation are entrusted with the implementation of these measures. Compliance with the measures and their effectiveness are subsequently included as a fixed component of the quality assurance processes.

All service providers surveyed have internally ensured that the impact of quality assurance mechanisms leads to corrective action in cases of non-conformities or deviations detected by the testing organisation. Details about the concrete processes, the possible involvement of experts or new reviews after implementation were not disclosed.

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

Liechtenstein has several human rights organisations that work to promote and protect human rights. Some of the major human rights organisations relevant for persons with disabilities in Liechtenstein are:

- The Association for Human Rights in Liechtenstein (Verein für Menschenrechte, VMR),[50] an independent national non-profit organisation that promotes and defends human rights in Liechtenstein. It works to raise awareness about human rights issues in the country, conducts research and advocacy, and provides support and assistance to victims of human rights violations. The status of this association and the relevant legal provisions were laid down in a new law, the Act on the Association for Human Rights in Liechtenstein *(Gesetz über den Verein für Menschenrechte in Liechtenstein, VMLG)*;[51]

- The Association for Human Rights in Liechtenstein includes the Office of the Ombudsperson for Children and Young People (Ombudsstelle für Kinder und Jugendliche, OSKJ),[52] which acts as an independent, neutral and universally accessible contact and complaints office on child and youth issues (as provided for by the Act on Children and Youth). Where children's rights are violated, the Ombudsperson's Office may conduct investigations, submit complaints to the competent bodies and suggest improvements. It also provides counselling to

[50] Association for Human Rights in Liechtenstein: https://www.menschenrechte.li/category/ueber-uns/.

[51] Act on the Association for Human Rights in Liechtenstein (*Gesetz über den Verein für Menschenrechte in Liechtenstein, VMRG*), 4 November 2016, LGBl. 2016, No. 504, 2016504000 (gesetze.li).

[52] Office of the Ombudsperson for Children and Young People: OSKJ Ombudsstelle für Kinder und Jugendliche.

children who feel violated in their rights and supports victims of human rights violations;

- The Office for the Equality of Persons with Disabilities (Liechtensteiner Behinderten-Verband – Büro für Gleichstellung)[53] has been established as an independent institution, integrated into the organisational set-up of the Liechtenstein Association of Persons with Disabilities by the Government in accordance with Article 22 of the Act on Equality of People with Disabilities (BGIG).[54] The Office is politically independent and denominationally neutral, and it acts on its own initiative, without any commitment to fulfil any requirements or instructions from the Government. Its focus lies on promoting the integration and equality of people with disabilities in all areas of life in Liechtenstein. The Office does public relationship management work to raise awareness, and it develops and implements projects in cooperation with public and private organisations for people with disabilities. The Office is often contacted by private individuals seeking advice in relation to non-discrimination regarding people with disabilities.

Within the framework of quality assurance processes and reviews, neither the Association for Human Rights in Liechtenstein, the Office for the Equality of Persons with Disabilities, the Disability Association nor any other ombudsman institution is mandated by a specific legal provision, nor do they have a legally defined role as assessor of social service quality standards or systems. These institutions are available to the social service provider in an advisory and supportive capacity. However, they do not constitute an official 'review body'. Thus, human rights organisations in Liechtenstein can be involved in monitoring the quality of services provided to persons with disabilities on a voluntary basis, although there is no legal obligation for the service provider, the Government or its authorities to do so.

To the best knowledge of the author, there are no standard procedures at a national level in quality assessments, inspections or evaluations of social services provided to persons with disabilities that take into consideration the involvement of human rights organisations in Liechtenstein.

4.3 Promising practice

While it is true that national quality assurance systems can provide a framework for organisations to follow, the absence of such systems does not necessarily mean that promising practices cannot be developed or implemented. In fact, the various organisations that provide social services to persons with disabilities in Liechtenstein have their own internal quality assurance systems that are tailored to their specific needs and objectives. They have drawn on industry standards in Europe, as well as soliciting feedback from stakeholders such as customers, employees and third parties in order to continuously improve their systems. The national insurance providers, who act as cost centres, have their own quality assurance systems to fulfil the legal requirements of monitoring and supervising social service providers with a service agreement within their area of responsibility.

[53] Office for the Equality of Persons with Disabilities: http://www.lbv.li/Buero-Gleichstellung.php.
[54] Act on Equality of People with Disabilities, 2006243000 (gesetze.li).

As the information about these individual quality assurance systems is not fully public (even the service agreements with the Government of Liechtenstein are not publicly available), no analysis of promising practices can be made.

The Government already concluded in 2010, however, that for a healthcare market the size of Liechtenstein, the establishment of its own structures for evidence-based medicine and health technology assessment, which belong to the category of 'best practice models', was not practicable.[55] It can be assumed that such structures will not make a significant contribution to securing the evaluation of social services in Liechtenstein, especially for people with disabilities.

In conclusion, while national-level quality assurance systems can be helpful according to the publicly available data regarding social services provided directly by state organisations, they are not the only means for developing promising practices in this area. Organisations can still develop effective quality assurance systems through internal efforts and collaboration with peers and industry associations. As such information is not (fully) publicly available in Liechtenstein, the author had to rely on a survey conducted especially for this report. However, the information obtained from this survey does not permit an assessment of best practices in Liechtenstein.

Three case studies	**Public service**	**Private**	**NGO**
Describe the type, scope and aim of the service used by persons with disabilities			
What quality assurance systems exist? Is there a timeframe? What is the relevant authority? (questions under Section 3.1, 3.2, 3.3) Does the quality assurance system explicitly address disability issues?			
Which methods and methodologies were used in the quality assurance system? (questions in Section 3.4)			
How are people with disabilities / disability organisations involved in the assessment process? Are they consulted? (questions under Section 3.5)			
What indicators are used in this particular quality assurance system?			
Which CRPD principles are included in the quality assurance framework?			

[55] Report and Motion of the Government of Liechtenstein to the Parliament of Liechtenstein regarding the further development of the Liechtenstein healthcare system, 2010, Gesamtschau und Weiterentwicklung Gesundheitswesen.doc (regierung.li).

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?			

4.4 Analytic reflection

Liechtenstein is a small country with a lack of comparable institutions in many areas of social service providers. For example, only the Association for Assisted Living offers social psychiatric services in this broad form in Liechtenstein. This probably explains why superordinate regulations are not known or not made transparent. There is close cooperation with the offices in charge (authorities). Individual service agreements ensure quality standards on an individual level, which are assigned to the social service provider. The focus lies less on an overall standard quality assurance system.

Against this background, it can be assumed that there is a great depth of knowledge about the quality of social services provided in Liechtenstein on the part of the authorities and review bodies. The supervision of social services providers in Liechtenstein might be even more robust than elsewhere precisely because of this manageability of social services for persons with disabilities.

In terms of comparable national quality assurance mechanisms in Liechtenstein, however, the current situation shows room for improvement. In 2010, the Government of Liechtenstein stated that clinical care pathways are an effective means of improving the quality of care for a defined group of patients.[56] By coordinating and ensuring the chain of care through guideline-based treatment pathways (disease management), it is possible to assure treatment quality. Consequently, the Government has commissioned an implementation concept for the development of corresponding treatment paths, especially for certain conditions (including stroke and heart attacks).

This approach encourages providers in the healthcare sector to focus on the outcomes that matter most to their clients and ensures that services are designed to achieve the desired outcomes. Any enforcement of such outcome-based performance measures used in the healthcare sector for social services in Liechtenstein would be of added value. Further, this would provide a common quality assurance mechanism for all social service providers and would therefore ensure standardised principles and factors. These would lead to a more comparable situation for the social service quality offered and could have a positive effect on the development of fruitful processes and services.

However, this approach is not fully applicable to other areas where social services are provided, nor would it bring positive results in the quality assurance of these services. The described approach is not applicable, as standard, to different areas of social services (e.g. education), and it is not comparable for other groups of social service recipients, especially persons with disabilities.

[56] Report and Motion of the Government of Liechtenstein regarding the further development of the healthcare system, Gesamtschau und Weiterentwicklung Gesundheitswesen.doc (regierung.li).

5 Recommendations

5.1 Recommendations for Liechtenstein

Quality assurance systems play an important role in ensuring that social services meet the needs of their clients and are delivered in a consistent, effective and efficient manner. However, such overarching national quality assurance mechanisms are not clearly in place in Liechtenstein. They are defined on an individual level and are mostly not publicly communicated (service agreements are not publicly available), and they are therefore not sufficiently well known. An overarching transparent framework would create a level playing field for the various social service providers.

As part of the process of transposing the requirements of the UN CRPD into national law, a verification of the existing national laws was performed.[57] This resulted in a recommendation for a legislative measure within the framework of the inclusive education strategy. This could tie approval for establishing new educational institutions to the inclusivity of the school, and it could make the equality of persons with disabilities a quality standard criterion for the evaluation of educational institutions.

A quality assurance mechanism should be put in place to ensure that all social services provided to persons with disabilities in Liechtenstein are in line with these standards. Thus, the following recommendations should be considered.

Involvement of persons with disabilities: The various national bodies and NGOs (including the Association for People with Disabilities, the Office for Equal Opportunities and the Association for Human Rights) that act as representatives of persons with disabilities should be involved in the design of a national quality assurance mechanism. This can be achieved through consultations, surveys and focus group discussions.

Performance indicators: A set of performance indicators should be developed to measure the effectiveness of a national quality assurance mechanism. These indicators should be based on the CRPD and should be regularly evaluated by specific expert organisations (e.g. the current processes of the AHV and IV could be standardised for all relevant areas of social services in Liechtenstein).

Independent evaluation would be helpful to achieve more transparency and the further proactive development of social services. Independent assessments should result in monitoring reports, which should be made publicly available in accordance with the Data Protection Act.

Training and capacity building: Staff involved in the delivery of social services should receive regular training on the CRPD and the quality assurance mechanism to ensure they have the necessary skills and knowledge to provide high-quality services. Capacity building is also required. This is currently done on an individual level by the social service provider, but greater effectiveness could be achieved through a standardisation of measures.

[57] Ganner, M., Müller, A.Th. and Voithofer, C. (2019), *Rechtliche Implikationen einer Ratifikation der UN-Behindertenrechtskonvention für Liechtenstein*, Innsbruck, Universität Innsbruck, p. 95, note 221, https://www.llv.li/files/asd/gutachten-liechtenstein-unbrk-28-10.pdf.

Complaints and feedback mechanisms: Complaints and feedback mechanisms are in place. Complaints are currently taken into account in order to improve the quality of services at the level of the respective service provider. For more general improvement, the position of independent institutions (national bodies and the relevant NGOs) could be strengthened so that they can address the relevant service provider with concrete proposals and acquire the right to information about how the service provider deals with complaints. Solutions should be proposed to enable persons with disabilities to report any issues or concerns with the quality of services provided. These mechanisms should be accessible and easy to use, and they should allow for timely responses.

By implementing these recommendations, an effective quality assurance mechanism can be put in place to ensure that social services provided to persons with disabilities are in line with the CRPD.

5.2 Recommendations for the European Commission

Liechtenstein signed the UN Convention on the Rights of Persons with Disabilities on 8 September 2020, but as yet has not enforced it. Based on that background, it is not possible to make recommendations on any gaps in the quality assurance framework or mechanisms proposed by the Convention.

The vast majority of the provisions of the CRPD have already been implemented in Liechtenstein through existing laws, in particular in the Act on Equality of Persons with Disabilities.[58] In the run-up to ratification, some legal provisions were identified as being contrary to the Convention. Thus, necessary legislative amendments have to be made (such as on legal capacity with appointment of a guardian and on restriction of testamentary capacity in the Common Civil Code).[59]

For more transparency and EU-wide comparability, rules or at least recommended guidelines for states having implemented the CRPD with respect to evaluating the quality of social services should be given. These should mainly include the obligation of independent assessments or evaluating/monitoring approaches, carried out by independent experts (third parties). Further, the involvement of persons receiving these social services, especially members of relevant groups such as persons with disabilities and their legal representatives, should be anchored in such guidelines. These independent assessments should result in monitoring reports, which should be made publicly available in accordance with the Data Protection Act.

[58] Act on Equality of Persons with Disabilities, 2006243000 (gesetze.li).
[59] Common Civil Code (*Allgemeine Bürgerlich Gesetzbuch, ABGB*), 1 June 1812, LGBl. 1003.001, 1003001000 (gesetze.li).

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