

**Deanship of Graduate Studies  
Al-Quds University**



**( The Quality Standards of Services Provided in Residential Institutions  
for Persons with Disabilities in the West Bank / Palestine)**

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**The Quality Standards of Services Provided in Residential Institutions  
for Persons with Disabilities in the West Bank / Palestine.**

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Thesis Approval

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Institutions for Persons with Disabilities in the West Bank /  
Palestine.**

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**1445/2024**

## **Dedication**

I dedicate this thesis,

In honor and appreciation of the dearly passed brothers Salah Ajjarmeh and Waseem Ghabbash, who were taken from us prematurely. Yet, they left their beautiful marks in our hearts, teaching us resilience and dedication to serving the community." May their souls rest in peace".

**With pride and gratitude, I present this work to my beloved small family,**

To My lovely husband Anan Ghabash, who has always been my anchor and supporter through every challenge and distress.

To my precious children Qais, Sara, Salma, and Laila,

To my parents, my sister, and my brothers, They have been the constant support and endless source of strength and encouragement I needed throughout my educational journey.

I thank them all for their support, and patience, and for providing a helpful environment for me to continue my academic pursuit.

Lastly, I dedicate this thesis to all individuals with disabilities, whose resilience, courage, and determination inspire me every day. May this research contribute to enhancing their well-being and empowering them to achieve their full potential.

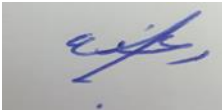
With love and respect all of you

**Raghda Waleed AL-Azzeh.**

**Declaration:**

I certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis ( or any part of the same ) has not been submitted for s higher degree to any other university or institution.

Signed:

A rectangular box containing a handwritten signature in blue ink. The signature is cursive and appears to be 'Raghda'.

Raghda Waleed AL-Azzeh.

Date: 28/5/2024

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## **Abstract**

**Background:** This study examines the quality standards implemented by residential institutions for persons with disabilities in the West Bank, Palestine, with insights from managers, staff, and individuals with disabilities.

**Aim:** The study aims to explore and assess the quality standards followed by residential institutions for persons with disabilities in the West Bank / Palestine.

### **Methods:**

In this study, a mixed-methods approach was used, as combining qualitative interviews and quantitative surveys conducted among participants from the selected institutions. A sample of 60 individuals, comprising managers and staff members, completed self-evaluation paper-based surveys, achieving a response rate of 40%. Additionally, residents meeting eligibility criteria were invited to participate in semi-structured interviews. Seven residents from various institutions volunteered for the interviews.

**Result:** The findings of the study phase one focused on eight key variables to enhance the quality of life in institutional settings. Statistical analysis revealed significant disparities between institutional service quality assessments for persons with disabilities and local and international standards. Participants rated the quality standards in these institutions as higher than local and global standards, particularly in physical environment, individual care plans, and healthcare. While the results from the phase two indicated that cultural, social, and administrative factors significantly impact the quality of services provided to people with disabilities. The study themes highlighted the impact of disability identity and its effect on daily life, along with administrative issues affecting the satisfaction of persons with disabilities in these institutions.

### **Conclusion:**

In conclusion, this study emphasizes the importance of clear policies, continuous monitoring, and government oversight in enhancing service quality and compliance with established standards. It also calls for increased involvement of persons with disabilities in decision-making and providing professional development opportunities for staff to effectively meet diverse needs, thereby improving the quality of care provided in institutional settings. The study focus on the significance of cultural, social, and administrative factors in impacting the quality of services provided to people with disabilities. Finally, it emphasizes the importance of establishing comprehensive legal frameworks and culturally responsive policies to protect the rights and promote the well-being of all persons with disabilities in Palestine.

**Keywords:** Quality Standard, Residence, Service Provider, Residenc, Persons with Disability, Resident.

## " معايير جودة الخدمات المقدمة في المؤسسات الايوائية للأشخاص ذوي الإعاقة في الضفة الغربية/ فلسطين".

اعداد: رعدة وليد العزة .

اشراف: دكتورة اسراء حمدان.

### ملخص.

**المقدمة :** تبحث هذه الدراسة في معايير الجودة التي تطبقها المؤسسات الايوائية للأشخاص ذوي الإعاقة في الضفة الغربية/ فلسطين"، من وجهات نظر المديرين والموظفين والزلاء المقيمين من ذوي الإعاقة.

**الهدف من الدراسة:** تهدف الدراسة إلى استكشاف وتقييم معايير جودة الخدمات التي تتبعها المؤسسات لإيوائية للأشخاص ذوي الإعاقة في الضفة الغربية/فلسطين. في ثلاث مؤسسات شملت الدراسة : جمعية الملجأ الخيري الارثوذكسي (القدس)، جمعية تأهيل الخليل (الخليل)، ومؤسسة يميمة (بيت لحم).

**منهجية :** في هذه الدراسة، تم استخدام نهج مختلط الأساليب، حيث يجمع بين المقابلات النوعية والمسوحات الكمية التي أجريت بين المشاركين من المؤسسات المشاركة . أكملت عينة مكونة من 60 شخص ، من المديرين والموظفين، بإكمال استبيانات للتقييم الذاتي، وحقت نسبة استجابة بلغت 40%. بالإضافة إلى ذلك، شارك بعض النزلاء الذين يستوفون معايير الأهلية للمشاركة في مقابلات شبه منظمة. وشارك سبعة نزلاء من مختلف المؤسسات لإجراء المقابلات.

**نتائج:** ركزت نتائج الدراسة على ثمانية متغيرات أساسية لتعزيز جودة الحياة في المؤسسات الإيوائية. أظهر التحليل الإحصائي وجود تباينات كبيرة بين تقييمات جودة الخدمة المؤسسية للأشخاص ذوي الإعاقة والمعايير المحلية والدولية. قيم المشاركون معايير الجودة في هذه المؤسسات كأعلى من المعايير المحلية والعالمية، خاصة في البيئة الفيزيائية وخطة الرعاية الفردية والصحية. ومع ذلك، تواجه هذه المؤسسات تحديات مثل نقص الموارد المالية والدعم الحكومي، مما يبرز أهمية تطوير الموظفين وتحسين السياسات. وأظهرت نتائج المقيمين أن العوامل الثقافية والاجتماعية والإدارية تؤثر بشكل كبير على جودة الخدمات المقدمة للأفراد ذوي الإعاقة. تركزت الدراسة على هوية الإعاقة وتأثيرها على الحياة اليومية، إلى جانب المشاكل الإدارية التي تؤثر على رضا الأفراد ذوي الإعاقة في هذه المؤسسات. وقد أظهرت آراء المشاركين تبايناً كبيراً في تجاربهم، حيث عبر البعض عن امتنانهم للرعاية الاستثنائية التي يتلقونها، بينما أشار البعض الآخر إلى انتهاك حقوقهم وعدم احترامهم.

**الخلاصة :** وفي الختام , توضح هذه الدراسة أهمية السياسات الواضحة والمراقبة المستمرة والرقابة الحكومية في تعزيز جودة الخدمة والامتثال للمعايير المعمول بها. كما تدعو إلى زيادة مشاركة الأفراد ذوي الإعاقة في صنع القرار وتوفير فرص التطوير المهني للموظفين لتلبية الاحتياجات المتنوعة بشكل فعال، وذلك لتحسين جودة الرعاية المقدمة في المؤسسات الإيوائية. وتسلط الدراسة الضوء على أهمية العوامل الثقافية والاجتماعية والإدارية في تأثير جودة الخدمات المقدمة للأفراد ذوي الإعاقة، مع التأكيد على تأثير جائحة COVID-19 الكبير على تلك الخدمات وتحدياتها. واخيرا ، تؤكد على أهمية إنشاء أطر قانونية شاملة وسياسات متجاوبة ثقافياً لحماية حقوق وتعزيز رفاهية جميع الأفراد ذوي الإعاقة في فلسطين.

**الكلمات المفتاحية :** معايير الجودة, الايواء, مقدم الخدمة , الاشخاص ذوي الاعاقة, نزلاء.

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**List of Abbreviations:**

CRPD	Convention of Rights of Persons with Disability
MOH	Ministry of Health
MOSD	Ministry of Social Development
NGO	Non-Governmental Organization
PWDs	Persons with Disability
oPt	Occupied Palestinian Territory
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics

## Chapter One

### Introduction

#### 1.1. Introduction:

Persons with disabilities (PWDs) constitute a significant number markedly increasing worldwide. Their number exceeds one billion persons globally, nearly 15% of the global population. Many factors have contributed to this number, including population aging, the prevalence of non-communicable diseases, some genetic disorders, injuries, and environment-related issues (WHO, n.d.).

Disability is any impairment of the body that causes activity restriction and limits participation in the surrounding world (CDC, 2020). A set of international human rights charters and declarations were issued that stipulated the rights of PWDs and guaranteed their respect and protection. In general, the rights of PWDs are based mainly on human rights principles that guarantee equality among all human beings.

In April 2014, Palestine acceded to the Convention on the Rights of PWDs without making reservations about its articles, confirming that disabled people have the same rights as the rest of Palestinian citizens (The State of Palestine, 2019). Local statistics showed that 93 thousand PWDs make up 2.1% of the total population, distributed as 48% and 52% in the West Bank and Gaza Strip, respectively, according to Population, Housing, and Establishment Census, 2017. With mobility disability constituting 51% of the total disability in Palestine (PCBS, 2019). The census of 2017 also showed that almost 20% of PWDs are children under 18 years old and about 75% of the total number live in urban areas of Palestine (PCBS, 2019).

The Palestinian Basic Law stated the right to health insurance for persons with disabilities in Article 22 (paragraph 2), which is specific to the second concerns constitutional rights and freedoms, specifically Martyrs, prisoners, wounded, and people with disabilities” with the same constitutional and societal value Health care is due by the Palestinian Authority by force of the Constitution.

The primary legislation defining the rights of PWDs in Palestine is Law No. 4 of 1999; however, this is outdated. In addition, not all Palestinian legal obligations align with the rights of PWDs. The first state report for the occupied Palestinian territory submitted to the Committee on the Rights of PWDs has been in development for two years. It is currently in draft form pending official approval (Lee et al., 2019).

Moreover, there is no defined and transparent policy for dealing with PWDs. However, at the local level, some associations and institutions that care about PWDs have created strategies to help and empower this marginalized group of people in Palestine. Regarding disabled persons, the number of persons with disabilities in Palestine exceeds 255,000 in 2017, according to the Palestinian Statistics Center, only 18,000 of whom have health insurance. (Lee et al., 2019).

Health insurance for PWDs depends on the percentage of disability determined by the medical committees of the Ministry of Health, and according to this percentage, the Ministry of Social Development grants health insurance. A person with a disability is granted health insurance, if the percentage of disability is 60% or more, based on the policies of the Ministry of Social Development regarding assistance. . (Alhaq,2021)

No special health policies have been approved for PWDs, but rather they receive the services provided by the basket of health services covered by the system of Health insurance in force in Palestine. we have two health insurance systems, the first system Governmental Health Insurance No. (113) for the year 2004 and the second for people with disabilities, which is the government health insurance system for people with disabilities No. 2 for the year 2021. (Alhaq,2021)

Persons with disabilities in Palestine face different types of challenges in various aspects of their life, in addition to the lack of agreed national professional standards between the providers which is the non-governmental, and the government as a policy maker. It is a fact that services are provided by low educational qualification professionals and of the government's weak supervision and monitoring of the quality of services provided for people with disabilities (The Palestinian Independent Commission for Citizens Rights,2001).

Before the establishment of the Palestinian Authority, the services were provided by nongovernmental institutions, and they still have a major role in providing these services. The importance of having clear and systematic quality standards is important for maintaining and improving the quality of services that are provided for persons with disability in residential institutions, especially when there is a violation of human rights and service abuses of persons with disabilities, which is due to the implementation of low-quality of standard (MacKenzie et al., 2020)

In view of the growing attention to the rights of persons with disabilities and based on the International Convention for the Protection and Promotion of the Rights of Persons with Disabilities, to appropriate services. The rights of persons with disabilities, which were approved in 2006, it dictate that services provided should be high-quality service standards compatible with the requirements of persons with disabilities (Radwan, 2011). The State of Palestine ensure that all persons with disabilities have the right to live, regardless of their health status, in quality with other persons and by those who provided the services in the public and private sectors, through monitoring their medical and rehabilitation practices and compliance with these practices (Sidoti, 2015).

As a result of the charitable institutions and societies carrying out the social and rehabilitation care for persons with disability, and their complementary role of the government after the establishment of the Palestinian Authority, this led to the increase in the number and spread of these institutions. lack of government supervision and monitoring led to weakness in the development of policies and procedures in approving and licensing these institutions by the Palestinian Ministry of Health and Social Development (The Palestinian Independent Commission for Citizens Right, 2001).

According to the researcher's knowledge, this study could be considered as a few studies to identify the quality of residential services provided for persons with disabilities in the West Bank.

## **1.2. Statement of the Problem :**

Persons with disabilities are among the groups who have their civil, social, and health rights restricted because they are perceived as needing protection and are therefore unable to integrate into society on an equal with others(CDC, 2020).

Palestine as a state agreed with the Convention on the Rights of Persons with Disabilities, in particular Article (10) of the Convention. (Essam,2020). However, Palestinian society is still living in a state of political and security confusion imposed on it by the Israeli occupation, which has had negative effects on the work of Palestinian organizations, especially in the social and rehabilitation work sector, This might hinder the progress of these institutions towards adherence to international standards and conventions for persons with disabilities.(WHO POLICY ON DISABILITY, 2021).

Based on the Convention on the Rights of Persons with Disabilities; there is a need to develop the quality of services provided by residential institutions for persons with disabilities in Palestine, and there is a need to study the extent of application and commitment of institutions that provide services to governmental quality standards or others if they exist. (Radwan, 2011).

Thus, the problem of this research is to assess and explore the extent to which quality standards are applied in the delivery of services from the management and resident point of view in institutions in the West Bank\Palestine. Furthermore, to identify the competence of the services provided to persons with disabilities and the consistency of their needs.

Hence, the essential issue under examination is the degree to which residential institutions in the West Bank/Palestine adhere to quality standards in service delivery, as gauged by the perspectives of both management and residents. Moreover , the research seeks to determine the effectiveness of services provided to persons with disabilities and the comparison between these services and their dynamic requirements.

This all will be based on the principles of dignity, privacy, the right to determination, security, the right for the residents to realize their potential, equality, individuality, and

diversity of the Physical Environment, the location of the institution (south, central, north), and the field of work of the institution disabled or elderly (Ministry & Development, 2022).

### **1.3. Justification of the Study:**

This research is considered one of the few studies to assess the quality of residential services provided for persons with disabilities in the West Bank in Palestine.

Thus, the importance of this research relies first in exploring the quality of residential institution services for persons with disabilities. secondly exploring the reality of applying the international and local quality standers of services provided for persons with disabilities.

Furthermore, this research will be significant for all institutions that provide residential services for persons with disabilities in Palestine. In addition, it will be vital for the ministries especially the Palestinian Ministry of Social Development and the Palestinian Ministry of Health that may benefit from this study information in identifying the extent of obstacles in applying the quality standards of services within these residential institutions.

This research will be a scientific knowledge for researchers and policymakers to develop strategies and policies to guide institutions providers and staff within the framework of the variables addressed by the study.

### **1.4. Aim of the Study:**

The overall study aim is to assess and explore the quality standards followed by residential institutions for persons with disabilities in the West Bank / Palestine.

### **1.5. Objectives of the Study**

#### **Research Objectives ( general and specific):**

### **1.5.1. Main Objective for Quantitative Methods:**

The study aims to assess and explore the quality standards followed by residential institutions for persons with disabilities in the West Bank / Palestine.

### **1.5.2 Specific Goals for Quantitative Methods:**

- To recognize to what extent the residential institutions are committed to follow and apply international and local standards.
- To measure the knowledge and capability of institutions to define quality standards for their services.
- To assess the residential institution orientations for quality standards from the view of the point of workers as well as the managers.
- To Measure the extent of residents' satisfaction with the quality of services provided.
- To highlight the standards of quality of services, that are significant to the formation of a safe environment and a dignified life for residents.
- To offer recommendations to the relevant authorities, for example, the Palestinian Ministry of Social Development and the Palestinian Ministry of Health.

### **1.5.3. Specific Goals for Qualitative Methods:**

- To explore what are the standards of quality of care that exist in residential care from the point of view of persons with disabilities.
- To discover what are the obstacles in reaching the quality standards in residential care from the perspectives of persons with disabilities.
- To compare the results of the self-evaluation that the institution has carried out with the answer managers and the resident's opinions regarding the extent of their commitment to applying quality standards.
- To gain insights into persons with disabilities' perceptions of the most significant quality of care standards
- To explore the gap between the applicable international and local standards apply in these residential institutions.

### **1.6. This research attempts to answer the main question:**

- What is the nature of the standards of quality of services provided in residential institutions for persons with disabilities in the West Bank / Palestine?
- What are global standards and principles that have an impact on the evaluation of residential institutions?
- How we can improve the standards of quality of services provided in residential institutions for persons with disabilities in the West Bank / Palestine from the view of the point of residence, workers as well as managers in the intended residential institutions?
- Which of the eight standards are critical from the perspectives of managers, staff, and persons with disabilities in measuring the quality of care in residential institutions in the West Bank-Palestine?
- What are the commonalities and differences in perspectives among managers, staff, and persons with disabilities regarding what they consider the most important of the eight standards of quality of care?

### **1.7. Summary**

This chapter provides an overview of the importance of assessing residential services for persons with disabilities in the West Bank, Palestine. It's one of the few studies on this topic in the area. It looks at service quality and how well international and local standards are followed. The findings are useful for institutions and government ministries, helping them understand the challenges in meeting quality standards. Plus, it adds to the knowledge base, guiding future strategies and policies. It also contains the problem statement, study justification, aim and objectives, and research questions.

## Chapter Two

### Literature Review

#### 2.1. Introduction.

Caring for persons with disabilities is one of the priorities of contemporary states and organizations worldwide(WHO POLICY ON DISABILITY, 2021). This stems from the legitimacy of the right of persons with disabilities to have equal opportunities with others in all aspects of life to live in dignity and freedom(MacKenzie et al., 2020)

Historical perspective many organizations and institutions in Palestine were established on a charity and religious basis in the 1960's so the organization aimed to provide shelter and basic needs to people in need especially persons with disability (Radwan, 2011).

In the 1980s there was an increase in the number of organizations providing services for persons with disabilities. Nongovernmental organizations play the role of the government in providing their services for persons with disabilities, 80% of the whole sector until now, these organizations depend on external funds (The Palestinian Independent Commission for Citizens Rights,2001). Moreover, these organizations were residential institutions and center-based that take the integration of persons with disability into the society approach.

In addition to the first intifada which started in 1987 and then there was an increase in the number of persons with disability due to injuries which lead to an increase in demand for real organizations that can provide rehabilitation services for persons with disability. Due to the political situation at that time in the West Bank and Gaza, however, these organizations have had no governmental monitoring and supervision(Giacaman, 2021).

These organizations lacked equal geographical distribution in addition to low quality in part of these institutions. Until the Palestinian Authority started in 1991 the Palestinian Ministry of Social Development established a department for persons with disability and one of its main duties was to follow and monitor the work of these organizations(CDC, 2020).

Thus, based on the previously mentioned facts about the Palestinian context of a person with a disability it was found that Only 37% of these organizations have an agreement with the Palestinian Ministry of Social Development (MoSD) to provide services (MAPPING OF ORGANIZATIONS PROVIDING, West Bank, 2018).

According to the statistics done by the Palestinian Ministry of Social Development in cooperation with UNICEF in 2021, the survey results report shows several residential institutions that provide services to persons with disabilities in the West Bank ranges between 27-30 residential institutions that provide residential services, for the persons with disabilities or elderly(Khalidi et al., 2021).

This growing need to evaluate the work of the residential institutions for persons with a disability according to established standards of care that ensure the efficiency and effectiveness of these residential institutions (Lebrasseur et al., 2021). Particularly during the COVID-19 pandemic many of residential institutions were absent from the Palestine government's attention, especially the Palestinian Ministry of Social Development during the emergency and the Corona pandemic. The institutions closed their doors during the state of emergency closure in the Palestinian territories in March 2020 without supervision on a process that is extremely dangerous to their health and lives. The government and the Palestinian Ministry of Social Development missed the complex nature of relations with families in such cases, and that there are cases that do not have parents, which is the reason for their presence mainly in shelter centers, and not in their best interest, and there are several people with severe and complex mental disabilities whose fate is not known after they left the institutions during the closure.

The decision to return a large group of residents to their families since the declaration of the state of emergency affected rehabilitation services for a long period. A great burden was placed on families in the ability to serve their children, which forced some families to transfer them to other institutions, this constitutes a financial burden(Turk & McDermott, 2020). Furthermore, many organizations and institutions took advantage of restructuring the work and programs provided, whether by reducing the number of staff or changing the type of service as stopped providing residential care and moving to daycare centers which

reflects the instability of services and policies for the person with a disability in Palestine (Mitwalli et al., 2022).

Persons with disabilities (PWDs) constitute a significant number markedly increasing worldwide (WHO POLICY ON DISABILITY, 2021). Their number exceeds one billion persons globally, nearly 15% of the global population. Many factors have contributed to this number, including population aging, the prevalence of non-communicable diseases, some genetic disorders, injuries, and environment-related issues (MacKenzie et al., 2020). Disability is any impairment of the body that causes activities restriction and limits participation with the surrounding world (CDC, 2020). A set of international human rights charters and declarations were issued that stipulated the rights of PWDs and guaranteed their respect and protection. In general, the rights of PWDs are based mainly on human rights principles that guarantee equality among all human beings.

In April 2014, Palestine acceded to the Convention on the Rights of PWDs without making reservations about its articles, confirming that disabled people have the same rights as the rest of the Palestinian citizens (The State of Palestine, 2019). Local statistics showed that 93 thousand PWDs make up 2.1% of the total population, distributed as 48% and 52% in the West Bank and Gaza Strip, respectively, according to Population, Housing, and Establishment Census, 2017. With mobility disability constituting 51% of the total disability in Palestine (PCBS, 2019).

The primary legislation defining the rights of PWDs in Palestine is Law No. 4 of 1999 (Lee et al., 2019). There is no national policy for dealing with persons with disabilities in the West Bank or Gaza Strip. However, some organizations and institutions have developed strategies to help and empower this marginalized group of people.

The first state report for the occupied Palestinian territory submitted to the Committee on the Rights of PWDs has been in development for two years. It is currently in draft form pending official approval (Lee et al., 2019).

## **2.2. Disability Context:**

Disability has always been associated with stigma and marginalization of their ability to participate in everyday life on an equal basis with others and access to basic services has been hampered as a result(WHO Report oPt 2021).

Disability theory and the social model of disability offer valuable frameworks for understanding disability as a social construct and identifying and dismantling the barriers that hinder the full inclusion and participation of disabled individuals in society. Through literature and literary review, these perspectives can contribute to a more nuanced and inclusive understanding of disability. (Connon, 2022.)

### **2.2. 1 Understanding Disability: Perspectives from Disability Theory and the Social Model:**

Disability is increasingly viewed through the perspectives of social constructivism rather than a mere medical condition. Disability theory and the social model of disability offer nuanced frameworks for comprehending disability as a multifaceted phenomenon deeply embedded within societal structures and attitudes. (Connon, 2022 .)

Disability theory challenges the conventional medical model, which pathologizes disability as an individual deficit requiring medical intervention. Instead, disability theorists assert that disability is socially constructed, and shaped by cultural, political, and economic forces. This perspective emphasizes the importance of societal context in shaping the experiences of disabled individuals. Through disability theory, scholars explore issues of identity, empowerment, and the pervasive impact of ableism on both individual lives and broader social systems.(Essam,2023)

Central to the social model of disability is the notion that disability is not inherent to the individual but arises from the interaction between individuals with impairments and an inaccessible or discriminatory society. This model identifies various barriers—physical, attitudinal, architectural, and systemic—that hinder the full participation of disabled individuals in society. By removing these barriers and promoting inclusivity and accessibility, the social model seeks to empower disabled individuals to exercise their rights and fulfill their potential.(Mladenov, n.d.)

Additionally, systemic barriers, including discriminatory laws and policies, further marginalize disabled people, limiting their opportunities for social, economic, and political participation.

Understanding disability through the perspective of disability theory and the social model has profound implications for literature and literary review. By interrogating societal norms, representations, and narratives surrounding disability, literary scholars can uncover deeper insights into the construction of disability within cultural and literary texts. Moreover, such analyses provide opportunities to challenge existing stereotypes and promote more inclusive and diverse portrayals of disabled individuals in literature. (Connon, 2022.)

Poverty and disability are intimately related because poor individuals are more likely to develop persistent impairments. Persons with disabilities have obstacles in the pursuit of a job, education, and access to healthcare. The inclusion of persons with disabilities is essential for human development and humanitarian crisis response (World Bank Disability Study oPt, 2016.). Furthermore, in the 1980s, the number of persons with long-term disabilities as a result of combat injuries increased. Large segments of society still stigmatize disability, particularly intellectual and mental disabilities (Khalidi et al., 2021). These beliefs make it difficult for PWDs to join educational institutions, access services, and apply for jobs.

Based on the previously mentioned facts about the Palestinian context of a person with a disability it was found that Only 37% of these organizations have an agreement with the Palestinian Ministry of Social Development (MoSD) to provide services (MAPPING OF ORGANIZATIONS PROVIDING, West Bank, 2018).

These organizations lacked equal geographical distribution in addition to low quality in part of these institutions. Until the Palestinian Authority started in 1991 the Ministry of Social Development established a department for persons with disability and one of its main duties was to follow and monitor the work of these organizations (Sidoti, 2015).

### **2.3. Legislative and Institutional Framework in Palestine:**

Since the Convention of Rights of Persons with Disability “CRPD” was established in 1999, a number of strategies and plans have been created with poor ownership and implementation, which may not be much different from much of the developing world(CDC, 2020). The Palestinian national authority must ensure that PWDs have access to social insurance, health care, and education. Law No. 4 Concerning the Rights of the Disabled was passed in 1999. Not much progress has been made thus far in the application of the law(Sidoti, 2015).

Disability is largely excluded from mainstream legislation, national plans, and programs with a historic focus on service provision in the field of medical rehabilitation(Mitwalli et al., 2022). A significant contributing factor is the unstable security environment as well as donor dependence regards related resources. The Palestinian Authority plays only a minor role in the provision of services. The private sector and NGOs are the key players in the provision of social and employment services in the disability sector that are adequately funded and often subcontracted by the government. The United Nations Relief Works Agency for Palestine Refugees in the Middle East (UNRWA) is responsible for providing services to registered refugees. It is the task of the Ministry of social development (MOSD) to register the NGOs.(Disability\_inclusion\_report\_2019) . NGOs it defines as all organizations and institutions that are registered and licensed by government agencies to provide services to persons with disabilities (*WHO POLICY ON DISABILITY*, 2021). The advantages of NGOs they have specialized employees, extended alliances, a variety of resources, and board members with practical expertise. In many cases, they do not respond to the needs and requirements of the field, due to restrictions of occupation and political disagreement. However, once registered, NGOs are free to choose where and for what to work. This led to an unequal distribution of service providers in Palestine Overlapping roles of various organizations and the frequency of some programs and failure to have access to some groups or areas(The National Strategic Plan of the Disability oPt, 2012).

This prevents many persons with disabilities from accessing the main rehabilitation services. Especially when we speak about complex disabilities that need long-term intervention and treatment because of the nature and severity of the disability. Where

rehabilitative services are financially costly, many families do not continue to monitor their children healthily, which leads them to send their disabled children to residential institutions, regardless of their age or the type of services provided, as much as they need any institution that embraces their children because they are unable physical and financial to provide for all their needs (Giacaman,2021).

NGOs provide most specialist rehabilitation services. The mapping revealed 33 NGOs in Gaza and 55 NGOs in the West Bank that offer rehabilitative services for health. It was discovered that just 37% of these organizations have a contract for service provision with the Ministry of Social Development (MoSD) and as well The Ministry of Health “MOH” (MAPPING OF ORGANIZATIONS PROVIDING, West Bank, 2018).

#### **2.4. Analysis of Health Services in Palestine:**

Historically, NGOs have offered most of these services; however, their capabilities are constrained. There are waiting lists and delays in receiving the necessary support or service due to the high demand for NGOs' rehabilitation services and the lack of government services. Most of NGOs are solely dependent on donations, which increases their susceptibility to fluctuations and non-sustainable issues (PCBS, 2019).

The majority of specialized rehabilitation programs are not available for people living in rural parts of the government. Rural locations are so underserved because they need accessible transportation and may also need to pass through checkpoints, both of which are more expensive. Although community-based rehabilitation “CBR “programs are widespread locally, they are unable to provide such specific rehabilitation treatments (PCBS, 2007).

The Palestinian Ministry of Health (MOH) has not yet assumed a leading regulatory role in the field of rehabilitation for persons with disabilities (PWD). There are significant differences and disparities across rehabilitation facilities, and residential institutions as well as fragmentation that inhibits a comprehensive solution to the multifaceted demands of PWD. It is still unclear who supervises service providers and determines and keeps monitoring on the standards and procedures of service delivery due to the lack of a coordinating organization. between the many NGOs and with key authorities, policymakers, and decision-makers (Khalidi et al., 2021).

During the last several years, Palestine has adopted a few strategies targeting disability. While the Palestinian Ministry of Social Development “MOSD has taken some measures toward developing a regulatory framework that is embedded in normative and corrective functions, the Palestinian MOSD needs significant help in developing regulatory mechanisms that are effective, cost-efficient, implementable, and acceptable to the needs of the PWD in Palestine(AGS for Social Services, 2018).

in 2014-2016 the Palestinian Ministry of Social Development (MoSD) was working in improve and develop the social protection system in Palestine through partnership planning and institutional capacity building, with support from EUREP (AGS for Social Services, 2018). The project aims to improve standards and accreditation procedures for social services in Palestine, particularly for persons with disabilities in residential institutions. A measurement tool for quality standards of services application was developed based on the evaluation of quality standards that focus on the health and safety of employees and beneficiaries, ethical practices, and governance within these institutions.

The self-evaluation of the institution aims to approve the quality of service for it by the MOSD in order to increase the percentage of purchasing approval for the service for the beneficiaries from the Palestinian MOSD. In addition, an accreditation guide was developed that clarifies the steps and procedures for the Palestinian MOSD.

The accreditation system is very essential for the Palestinian Ministry and the institutions that provide social services, as it is a tool for measuring and evaluating the quality of services provided through the application of the unified quality standards system.

When looking at the measurement tool quality standards of services application and after reviewing the study, the following issues emerges:

- The measurement tool is based on measuring quantitative indicators focused on 11 chapters that measure (information, initial assessment of beneficiaries: social care plans, center, infection control, personal care services, social integration activities, rights and ethics, complaints procedures, protection from abuse and neglect, professional support center staff) and lacks the quality of indicators that need clarification or observations

- The measurement tool does not reflect the extent of beneficiaries' satisfaction with the quality of service provided to them at all levels.
- The measurement tool focuses on a quantitative variable for approving the quality of service rather than the quality of international indicators that must be adhered to, and which reflect the extent of the decent life that the residents live within these institutions.
- This tool has been adopted and applied experimentally to some institutions, Since the adoption of the accreditation system for the year 2018 until this time, there has been no application or generalization of the use of this matrix for the standards of quality of services, for several reasons related to the training and development of the staff working within the Ministry of Development, the impact of the Corona pandemic on programs and policies provided by residential institutions, this needs to be reconsidered and need evaluation of the quality of services provided to persons with disabilities (AGS for Social Services, 2018).

After exploring literature on how to design the quality standards that must be adhered to within the residential institutions, they were compared with other countries such as Malta, they develop, the National Minimum Standards for Care Homes for Older Persons are being published by the Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing. Quality of life had from the start been this government's major target and it had to achieve, among other methods, through high-quality services(Scotland. Scottish Executive., 2005).

These Standards focus on the home's obligations to health, personal care, complaints and protection, environment, staffing, and management and administration. They stipulate the minimum requirements as regards the required knowledge, skills and competencies needed by management and staff (Scotland. Scottish Executive., 2005). The Standards are qualitative, but they are also quantifiable; they give the independent regulator a useful tool to evaluate the extent to which the Standards are being met by:

Regular interaction with residents, staff, managers, and family members; observation of daily operations and management of the facility; auditing of written policies, procedures, and records (Scotland. Scottish Executive., 2005).

In Ireland and New Zealand, the Health Information and Quality Authority was established to drive continuous improvement in Ireland's health and social care services. The Authority's mandate extends across the quality and safety of the public, private and voluntary sectors(Ireland Executive, 2016). It has statutory responsibility for developing person-centered standards based on evidence and best international practice. This document sets out standards that have been developed for use in the inspection of these services. The standards embody the principles of enablement and possibility.

They focus on what people can do when provided with the right support. A new set of standards has been published by the Health Protection Authority (HPA) for residential care settings for older people in Northern Ireland. They are based on seven fundamental principles: quality of life, safety, rights, antidiscrimination, person-centeredness, community integration, and responsive services(Indd, 2015).

## **2.5. The previous Similar Studies :**

Reviewing the literature that addressed the evaluation of service quality in residential institutions for persons with disabilities, it was noted that this topic is relatively new to Palestinian society. The researcher found a lack of any Palestinian studies attempting to investigate the standards of service quality in residential institutions for people with disabilities. This scarcity of literature addressing the topic may have contributed to the limited research in this area. Most of the studies and literature that focused on residential services primarily examined the quality standards in terms of the residential environment of orphanages and nursing homes.

1. An evaluative study was conducted in Palestine in 2011 to analyze the effectiveness of services provided by social institutions for persons with disability in the northern governorates of the West Bank. The study aimed to understand the impact of variables such as gender, governorate, educational qualification, years of experience, and nature of work on the effectiveness of these institutions.(Radwan, 2011)

The study concluded the necessity of enacting legislation to enhance the rights of persons with disabilities in society and activating such legislation to ensure their access

to basic needs in areas such as education, health, nutrition, housing, rehabilitation, training, suitable employment opportunities, recreation, and sports. (Radwan, 2011)

The study also emphasized the importance of supporting the role of families in the early detection of the needs of persons with disabilities, providing support and guidance to them, and offering training to enhance their capabilities and integrate them into society. (Radwan, 2011)

2. Another study in Palestine in 2009 focused on assessing the quality of social and educational residential care in orphanages in the West Bank from the perspective of residents. The study aimed to evaluate the suitability of services provided to residents according to their needs. Researcher Mutassim Al-Abd found that improving the level of educational services is essential, with a focus on providing modern educational technology. This improvement facilitates residents' engagement with educational advancements, thereby facilitating their integration into society upon leaving the institution.(AL-Abed,2009 .)
3. Previous regional studies in Egypt in 2020 have focused on measuring quality standards by examining the relationship between the development of social workers' skills in childcare institutions and improving their professional performance in service delivery. These studies aimed to understand the professional development and performance of social workers in childcare institutions at the major unit level in Cairo governorate. The results of previous studies concluded that the professional development level of practitioners in these institutions, as well as their professional performance at the major unit level, was weak.(Khaled Fawzi,2020)

## **2.5. Summary :**

This chapter provides a comprehensive overview of the landscape of caring for individuals with disabilities in Palestine, spanning historical developments, current challenges, and proposed solutions. Key points include:

**Historical Perspective:** The chapter traces the evolution of organizations and institutions catering to individuals with disabilities in Palestine, from their charitable and religious

roots in the 1960s to the proliferation of NGOs in the 1980s. Despite this growth, persistent challenges such as unequal distribution and low-quality services persist.

**Impact of Political Unrest:** Political events such as the first intifada in 1987 disrupted service provision for individuals with disabilities, underscoring the need for robust government oversight and support during times of crisis.

**Legislative and Institutional Framework:** While Palestine has made strides in ratifying international conventions like the CRPD and enacting laws to protect disability rights, challenges remain in translating these commitments into effective policies and programs on the ground.

**COVID-19 Pandemic:** The pandemic exacerbated existing vulnerabilities in residential institutions, highlighting the critical need for government attention and support, particularly for marginalized populations like persons with disabilities.

**Strategies and Initiatives:** Efforts to address these challenges include the development of quality standards and accreditation procedures for social services, aimed at enhancing the effectiveness and efficiency of service delivery.

**Comparison with International Models:** Drawing on examples from countries like Malta, Ireland, and New Zealand, the chapter explores potential models for improving service quality and regulatory oversight in Palestine, offering valuable insights for policymakers and practitioners.

Overall, the chapter underscores the importance of a comprehensive and integrated approach to caring for individuals with disabilities in Palestine, one that prioritizes human rights, quality standards, and equitable access to services.

## Chapter Three

### Conceptual Framework

#### 3.1. Introduction

A conceptual framework helps to first identify and then clarify what is known, and value as central aspects of a study and then to connect these with the various other aspects of and influences on the research (Ravitch & Riggan, 2016). Further, the philosophical approach to a study determines the logical reasoning of the researcher. Hence, the pragmatic approach is multi-purpose in nature and therefore allows questions to be addressed which do not sit comfortably within a wholly quantitative or qualitative approach. Hence, the pragmatic approach is better for answering the “what”, “why” and “how” research questions (Creswell, 2013).

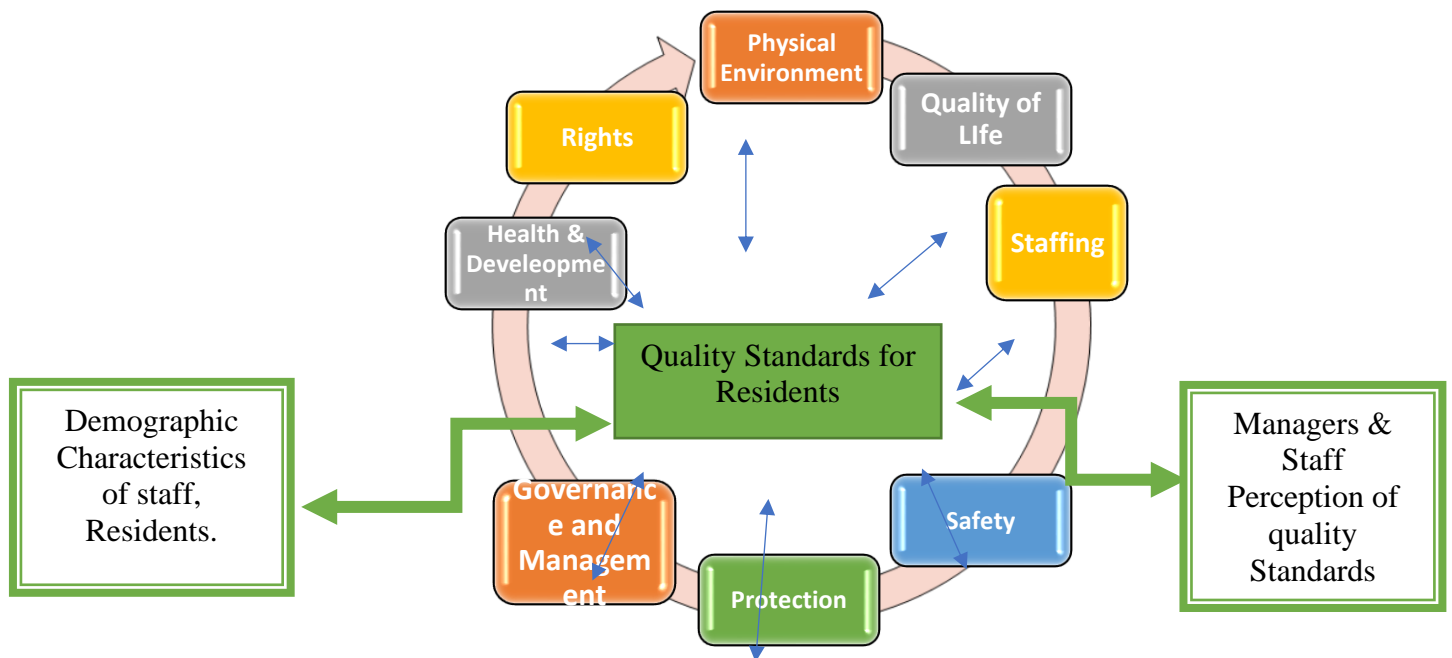
The residential institutions for persons with a disability in Palestine need to be evaluated according to established standards of care that ensure the efficiency and effectiveness of these residential institutions. Particularly after the COVID-19 pandemic, many residential institutions need assessment and evaluation to identify the extent to which quality standards are applied in the delivery of services from the management, workers, and residents' point of view in institutions in the West Bank (Turk & McDermott, 2020). The Standards focus on the obligations to health, personal care, daily life, and social activities, complaints and protection, safety, environment, staffing, and management and administration. These standards follow a similar structure as the Authority's National Quality Standards for Residential Care Settings for persons with disability in Ireland. They are based on eight fundamental principles: quality of life, safety, rights, antidiscrimination, person-centeredness, community integration, and responsive services (Scotland. Scottish Executive., 2005).

Thus, this research adopts a mixed research method conceptual framework to explore and assess the quality standards followed by the residential institutions for persons with disabilities in the West Bank / Palestine, the first was focused on measuring the knowledge and capability of institutions to define quality standards for their services, in addition, to evaluating the residential institution's orientation towards quality standards from the point

of view of staff as well as managers, consider the extent to which the institutions are committed to applying the local standards adopted by the Ministry of Development by comparing local standers with international standards, which focus on eight fundamental variables that effect on the quality of residential services that are important to create a safe environment and a decent life for the residents.

The second focuses on the commonalities and differences in perspectives among managers, staff, and persons with disabilities regarding what they consider the most important of the eight qualities of standards to gain an in-depth understanding of the perceptions or opinions of residents. Then, to measure the extent of residents' satisfaction with the services provided. Furthermore, it explore the gap between the applicable international and local standards that apply in these residential institutions. The standards and criteria set out how a service may be judged as to whether it meets the standard. They are indicative, rather than prescriptive, and will take account of competing demands and priorities.

### Maine Domain of Quality Standard Car for PWDs / Ireland



**Figure 1: The Conceptual Framework.**

## **3.2. Conceptual Definitions:**

### **3.2.1. Quality of Life:**

The purpose of residential services for persons with disabilities should be to provide them with the support they require. The concept of quality of life is central to the standards. People who live in residential services should enjoy a good quality of life. They should have a range of opportunities to make relationships, participate in the community and engage in life-enhancing activities. This requires, among other things, that they are supported by staff who respect their individuality, dignity, and privacy (Indd, 2015).

### **3.2.2. Safety:**

People living in residential care homes and support services should not be subjected to any form of abuse, neglect, exploitation, intimidation, bullying, or harassment. Unacceptable practices such as personalized criticism, inappropriate jokes, favoritism, and subtle forms of ostracism should be avoided(Ireland Executive, 2016).

### **3.2.3 Staffing:**

Staff working with people with disabilities in residential services have a major impact on the quality of life of those individuals. While having requisite knowledge and skills is vital, qualities such as respect, empathy, and enthusiasm are equally as important. Each individual receives sensitive and personalized support from staff who are selected in accordance with the best recruitment practices. (Ireland Executive, 2016).

### **3.2.4. Protection:**

Each resident is protected from physical, psychological, and financial abuse, and each individual exercises control over their personal finances. Everyone's basic needs are met and the assurance that basic needs will be met are prerequisite for an acceptable quality of life(Scotland. Scottish Executive., 2005)

### **3.2.5. Development and Health Personal Planning:**

Each person has a personal plan to maximize his/her personal development, which includes health, education, and employment needs. Individuals should enjoy the best possible health as this is essential to the fulfillment of most individuals' life plans. Services are organized to ensure that they support individuals in their personal development(Scotland. Scottish Executive., 2005).

### **3.2.6. Rights:**

The rights of individuals who live in residential services include the right to be treated equally in the allocation of services and support and to refuse service. Each individual's admission and discharge are determined on the basis of fair and transparent criteria and his/her placement is based on a written agreement with the registered provider (Ireland Executive, 2016).

The standards are intended to ensure adherence to human rights generally and with specific focus on the Disability Convention. The rights of individuals who live in residential services include the right to be treated equally in the allocation of services and support, and to refuse a service or some element of a service(Scotland. Scottish Executive., 2005).

### **3.2.7. The Physical Environment:**

The management of risks and safety concerns should be informed by, and balanced against, the need to ensure a good quality of life for the individuals. Access to all the facilities within residential service is homely and accessible and promotes the privacy and dignity of each individual. Everyone's health and safety must be promoted and protected while safeguarding each person's right to a good Quality of Life (Ireland Executive, 2016).

### **3.2.8. Governance and Management:**

The residential service is governed and managed in a manner that supports the creation and continuous improvement of a person-centered service. There is a written statement of purpose and function that accurately describes the service that is provided and the manner

in which it is provided. Each resident is supported by appropriate record-keeping policies and procedures(Indd, 2015).

### **3.3. Operational definitions and definitions of terms:**

#### **3.3.1 A person with a disability (PWD)**

A person who has prolonged physical, mental, intellectual, or sensory problems that when these relate to various obstacles can interfere with fully and effectively participating in society on an equal basis as others, as defined in Article 1 of the United Nations Convention on the Rights of Persons with Disabilities(WHO POLICY ON DISABILITY, 2021).

#### **3.3.2. Service provider (national definition of the United Nations):**

Organizations with a specific vision are interested in providing their services to groups and individuals, to improve the situations of groups that are ignored by development, and their work is determined in the fields of project development, emergency, and rehabilitation, as well as concerned with the culture of society and the defense of social-economic rights for individuals (Radwan, 2011).

#### **3.3.3. Service Provider (operational definition) :**

All organizations and institutions that are registered and licensed by government agencies; the Ministry of Interior or the Ministry of Social Development or the Ministry of Health, to provide residential services to persons with disability on a long-term basis.

#### **3.3.4 Residence (national)**

Places that have been purposely built or adapted to provide services and accommodate persons with disabilities on a long-term stay or a facility used as a place for the care and housing of persons with a disability whether for reward or not(Newcomer & Maynard, 2002).

### **3.3.5. Residence(operational):**

The place helps and supervises the daily life activities of persons with disabilities to provide assistance to them and ensure their health and safety. Assistance may include management, supervision of treatment, and provision of medicines or personal care services by a specialized employee.

### **3.3.6. Resident (operational definition )**

Any person with a disability aged eighteen or over who enters into an agreement with a service provider to live in and make use of services offered by the residence.

### **3.3.7. Quality Standard: (JCIA defines)**

means a statement that sets out the requirements to achieve compliance with a standard to achieve optimal therapeutic benefit and avoidance of risk and minimization of harm”(Dimitriadis et al., 2013).

### **3.3.8. Quality standard (operational)**

A statement or document that defines services provided requirements, specifications, guidelines, or characteristics that can be used consistently to ensure that processes and services are fit for their purpose.

## **3.3. Summary**

To summarize this chapter provides an overview of the conceptual framework developed based on review studies focusing on the quality standards practiced by residential institutions for persons with disabilities in the West Bank/Palestine. The chapter presents conceptual definitions for the main concepts within the framework.

This chapter is the foundation for data analyses, discussion, and conclusion of the subsequent study sections.

## **Chapter Four**

### **Methodology**

#### **4.1. Introduction**

This chapter introduces and justifies the study methods, including study design, setting, eligibility (inclusion and exclusion Criteria), and study period. It also represents the study's population, sample, study tools, validity and reliability, data collection method, ethical considerations, data analyses, and the study's limitations.

#### **4.2. Study Design**

Research strategy enables the researcher to answer the research questions or the elementary questions which shape the flow and structure of the study. Thus, once the researcher has selected the research approach, the next step is to decide on a specific design that best addresses the research problem (Moule et al., 2017). Research designs serve as frameworks for collecting, analyzing, interpreting, and reporting data in research studies. Thus, for this study, opted for the mixed methods approach as it's the most appropriate methodology. This choice is crucial, as it guides the method decisions necessary for addressing research questions (Wahyuni, 2012). As an important point, the concept of triangulation fits with pragmatism as it asserts that multi-methods can be combined in the same design.

Triangulation generally involves the concurrent, but separate, collection and analysis of data so that the researcher may best understand the research problem (Creswell & Plano Clark, 2011). Triangulation can improve the validity and accuracy of the findings and confirm results, or can add to the scope of the findings (Moule et al., 2017). Thus, the researcher chose to use triangulation because of the paucity of research on this topic and in particular in the West Bank / Palestine.

Moreover, the rationale behind choosing this design was to complement and expand sets of results, aiming to unveil insights that might have been missed with a single approach (Cameron, 2009). This mixed methods study focuses on collecting information to assess the quality of services provided by residential institutions for individuals with disabilities in the Palestinian West Bank. Its objective is to identify the current situation and evaluate strengths and weaknesses in adherence to international and local standards. Furthermore,

collecting data will be in two phases, each phase from several perspectives and several sources then attempted to merge the two data sets. Thus, the purpose of these two-phases was to explore, assess and generate a holistic view about the quality standards of services provided in residential institutions for persons with disabilities in the West Bank / Palestine. The integration of quantitative and qualitative data in a mixed methods study has the potential to enhance rigor and enrich the analysis and findings regarding the quality of services in residential institutions for individuals with disabilities. The advantages of using mixed methods extend to reflecting participants' opinions, providing them a voice, and ensuring study outcomes align with their experiences (Timans et al., 2019).

Moreover, this research relies on measurable indicators, such as the establishment of a safe environment and a dignified life for residents. The researcher chose triangulation due to the scarcity of research on this topic, particularly in the oPt. Triangulation involves concurrent, separate data collection and analysis to better understand the research problem (Creswell & Plano Clark, 2011). It enhances the validity and accuracy of findings, confirming results or broadening their scope (Moule et al., 2017).

### **4.3. Study Setting.**

The study setting for this research focus on the residential institutions catering to persons with disabilities in Palestine primarily focus on the West Bank, as accessing organizations in Gaza is challenging due to the current political restrictions on entry to the Gaza Strip. Institutions and organizations providing long-term residential services to persons with disabilities are required to be registered and licensed by government agencies, including the Ministry of Interior, the Palestine Ministry of Social Development, or the Ministry of Health.

According to a statistical survey conducted by the Palestine Ministry of Social Development in collaboration with UNICEF in 2021, there are approximately 143 institutions spread across all governorates of the West Bank. Among these, 105 institutions offer day-care services for persons with disabilities, while 38 residential institutions provide services for both the elderly and individuals with disabilities.

Given the constraints posed by the political situation in Gaza, our focus has been on institutions in the West Bank. We conducted phone consultations with these residential institutions to determine the types of services they provide to individuals with disabilities. The selection of this sample of residential institutions was based on specific criteria outlined in the table below.

**Table 4.3 Number of Palestinian institutions that provided services for PWD in the West Bank/ Palestine.**

	Name of Governorate	Total N.o of Institution type		Total N/o	Type of Services Provider N.o	
		NGO	Gov		Daycare	Residential
1	Ramallah	15	0	15	7	8
2	Nablus	19	1	20	16	4
3	Salfit	4	1	5	4	1
4	Tulkarm	10	0	10	6	4
5	Qalqilya	7	0	7	7	0
6	Jenin	15	0	15	14	1
7	Jericho	2	2	4	3	1
8	Jerusalem	12	0	12	8	4
9	Bethlehem	27	0	27	12	15
10	Hebron	27	1	28	27	1
	Total	135	5	143	105	38

Based on this table the study was conducted in three, a purposeful sample that was chosen for this study, making it a non-probability sample. This decision was influenced by the limited number of organizations or institutions in Palestine that either have a proven record or currently provide residential care for persons with disabilities in Palestine/West Bank.

The study was conducted using a convenient sample comprising three institutions, chosen due to the limited number of organizations or institutions in Palestine/West Bank that offer residential care for persons with disabilities. This approach was influenced by the scarcity

of such facilities with a proven track record. The selection of these institutions was informed by a review of statistics from a survey conducted by the Palestine Ministry of Social Development in collaboration with UNICEF in 2021. Subsequently, contact was made with these residential institutions via phone to ascertain the types of services they provide, guiding the selection process based on the data obtained from this review.

The researcher had identified five organizations for potential inclusion: The Four Houses of Mercy (Jerusalem), the Hebron Rehabilitation Association (Hebron), Al-Jami'a (Bethlehem), the Arab Women's Union Association (Ramallah), and the Hogar Niño Dios Association (Bethlehem). However, despite efforts to communicate and correspond with these institutions to secure their participation in the study, approval was obtained from only three residential institutions, as following:

- The Hebron Rehabilitation Society is an independent non-governmental organization established in 1983 with the mission of caring for and rehabilitating individuals with intellectual disabilities, whether mild or severe. The institution provides residential and day-care services and operates in the fields of rehabilitation, education, and care for individuals with disabilities across all Palestinian regions. The institution offers around-the-clock residential, rehabilitation, and medical care in various departments catering to children, youth, young women, and boys. Its target age group spans from 3 to 45 years old, with a capacity to serve approximately 80 residents. Currently, there are 70 residents in the internal departments.

Distinguished by its purely humanitarian nature, the institution also oversees the Mohammed bin Rashid Al Maktoum School for Special Needs, providing educational services to approximately 25 students. This collaborative effort reflects society's commitment to delivering comprehensive support and care for individuals with disabilities in the community.

- The Four Homes Of Mercy institution was established in Al-Eizariya, Jerusalem, in 1940 as an independent Palestinian non-governmental charitable organization. It provides nursing and rehabilitative residential care services for individuals with severe and complex intellectual and physical disabilities. The institution aims to care for and rehabilitate individuals with severe disabilities, focusing its efforts on the fields of

rehabilitation and around-the-clock nursing care in various departments, including children, men, and women from various Palestinian regions.

The institution targets individuals of various age groups, ranging from 3 to 60 years and above, with a capacity to serve approximately 80 residents. Currently, there are 61 residents in the institution.

- The Iemima institution was founded in Bethlehem in 1982 as an independent Palestinian non-governmental charitable organization. It provides nursing and rehabilitative residential care services for individuals with severe and complex intellectual and physical disabilities, to care for and rehabilitate individuals with severe disabilities. The institution focuses its efforts on the fields of rehabilitation and around-the-clock nursing care in various departments, including children, men, and women from various Palestinian regions.

The society targets individuals of various age groups, ranging from 3 to 47 years, with a capacity to serve approximately 31 residents. Currently, there are 19 residents in the internal departments. Additionally, there are daycare educational services that cater to around 40 students with various disabilities in special education programs.

#### **4.4. Period of the Study.**

The study was conducted in four academic semesters. The two first semesters were for preparing the proposal and obtaining approval to use the survey tool recognized by the Ministry of Social Development for its application on the institutions that participated in the study. The third semester was for data collecting, data analysis, and completing writing the thesis. However, due to political circumstances during the third semester, I was unable to complete the writing of the thesis within the specified time frame. This was a result of some institutions delaying the submission of data, in dates, data collection was from February 2023 to February 2024.

**Table ( 4.4 ) Timetable Period of the Study:**

Task / Time	Jnu, 23	Feb, 23	March, 23	Apr, 23	May, 23	Jun, 23	July, 23	Aug, 23	Sept, 23	OCT, 23	Nov, 23	Dec, 23	Jun, 24	Feb, 24	Mar, 24	Apr, 24	May, 24
Preparing the questioner	Yellow	Yellow	Yellow														
Filed work																	
Data Collection		Green	Green	Green	Green	Green	Green	Green	Green	Green							
Data Analysis											Orange	Orange	Orange				
These writing & Discussion											Blue	Blue	Blue	Blue	Blue	Blue	Blue

**4.5. Population of the Study.**

The focus of this research was on the population of residential institutions for Persons with Disabilities in Palestine, primarily in the West Bank. that are registered and licensed by government agencies, the Ministry of Interior or the Palestine Ministry of Social Development, or the Ministry of Health, provide residential services to persons with disability on a long-term basis.

Three organizations were involved: Four Homes of Mercy (Jerusalem), Hebron Rehabilitation Society (Hebron), and Jameah (Bethlehem). The targeted population includes both Persons with Disabilities and workers at these residential institutions. The selection of this specific population aligns with the study's objective. The study sample has a non-probability sample, specifically a convenient sample. This choice was made due to the limited number of organizations/institutions in Palestine that provide residential care for persons with disabilities in the West Bank.

A convenience sample is a type of non-probability sampling method where participants are selected based on their availability and accessibility to the researcher and according to the inclusion and exclusion critertai as following:

#### 4.5.1. Inclusion Criteria

Group of Sample	Inclusion Criteria
1. Residential Institutions	<ul style="list-style-type: none"> <li>- All Residential Institutions for Persons with Disabilities in Palestine in the West Bank provide residential services to persons with disability on a long-term basis.</li> <li>- All organizations and institutions that are registered and licensed by government agencies, the Ministry of Interior or the Palestine Ministry of Social Development, or the Ministry of Health.</li> </ul>
2. Persons with disability residence	<ul style="list-style-type: none"> <li>- Different ages above 17 years old.</li> <li>- Who are willing to participate they have good Cognitive Ability and awareness of their Rights.</li> <li>- Residents who have multiple disabilities.</li> <li>- Any residents who live in the residential institution for more than 3 months.</li> </ul>
3. Staff	<ul style="list-style-type: none"> <li>- Different ages above 18 years old.</li> <li>- Who is willing to participate.</li> <li>- Any employee who still working in the residential institution for more than 6 months.</li> </ul>

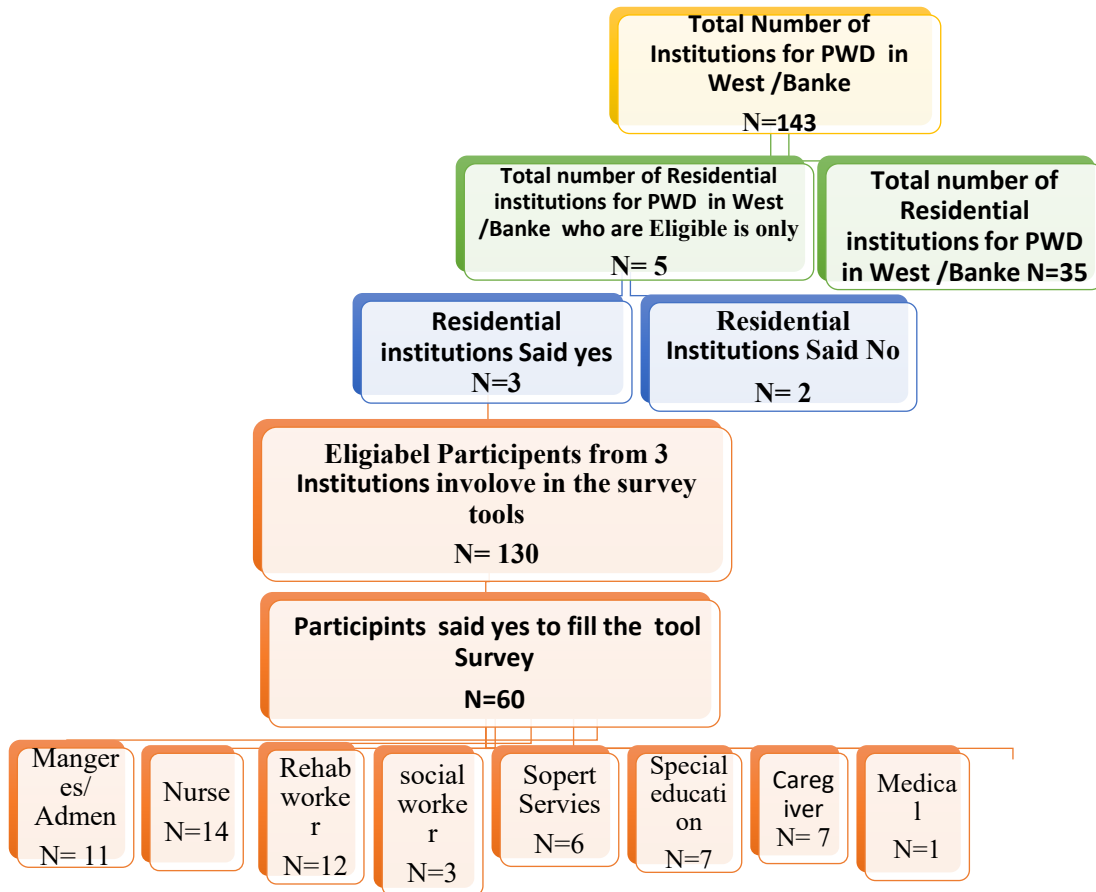
#### 4.6.2. Exclusion Criteria

Group of Sample	Exclusion Criteria
1. Residential Institutions	<ul style="list-style-type: none"> <li>- All the residential institutions that do not provide services for persons with disabilities were excluded,</li> <li>- The exclusion of all institutions that are outside the West Bank, such as the Gaza Strip, and Jerusalem institutions that are subject to laws other than the Palestinian Authority.</li> </ul>
2. Persons with disability residence	<ul style="list-style-type: none"> <li>- Age below years 17 old and does not have the willingness to participate.</li> <li>- Residents who have severe intellectual disabilities or are not able to communicate verbally.</li> <li>- Any residents who do not live in the residential institution for less than 3 months.</li> </ul>
3. Staff	<p>Age below 18 years old does not have the willingness to participate.</p> <ul style="list-style-type: none"> <li>- Any employee who still working in the residential institution for less than 6 months.</li> </ul>

#### 4.6. Study Sample.

The study employed a convenient sample, specifically selected due to the scarcity of institutions in Palestine providing residential care for individuals with disabilities in the West Bank. The designated sample size was decided based on a sample size calculator as evenly distributed among all strata of institutions, each representing different specialties. The self-evaluation survey tool were distributed according to the total number of workers in each institution as well as according to the inclusion and exclusion criteria.

**4.6.1. Phase one.** Total Number of workers (130 ) and according to the sample size calculator , the sample size should be (98). Thus , in total, 100 copies of the self-evaluation survey tool were distributed in phase one (Figure 2)



**Figure 1 : Total Number of participants in each Institution**

Phase one included meetings that were conducted with the directors of each institution to confirm their agreement to participate in the study. The primary objective of the study phase one was explained and the process of filling out the self-evaluation survey tool was outlined.

Each institution received a number of copies of the self-evaluation survey tool, that matched their worker's number, with instructions to submit a minimum of 20 completed forms for each participating institution in the research.

At the time of the survey tool, the number of workers per each group who had experience for more than six months at each institution were as represented in Table (4.5):

**Table 4.5: Population Size Distribution According to the Study Settings**

Name of institution	Number of Participants According to the job description								Total
	Adm	Nur	Rehab	Special education	Social's	Supports	Caregiver	Medical	
Jameah (Bethlehem)	3	1	3	6	1	4	2	-	20
Hebron Rehabilitation Society (Hebron)	6	5	5	-	1	1	2	-	20
Four Homes of Mercy (Jerusalem)	2	8	4	-	1	2	3	-	20
Total /N.o	11	14	12	6	3	7	7	-	60

## 4.5.2. Phase two.

### Preparing the protocol/topic guide

The interview guide was developed after the research proposal was accepted and before data collection. Since the main language in the West Bank\Palestine is Arabic, the interviews were conducted in this language. The topic guide had open questions, designed not to be leading, with suggested prompts included if required.

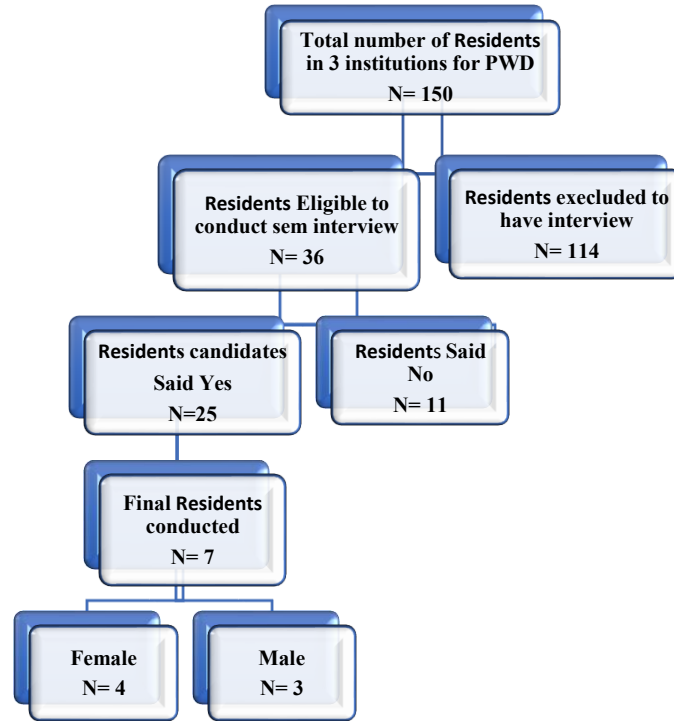
Then, in the second phase of this study, the researcher arranged semi-structured interviews with persons with disabilities who are residents from each of the three institutions. Field visits were scheduled for this purpose.

The researcher carefully selected participants based on specific eligibility criteria, focusing on factors such as intellectual capacity, length of residency within the institution, and age (over 17 years). Administrators of the institutions supervised the selection process to ensure adherence to ethical guidelines.

Each person with disability who are resident was approached individually, and their voluntary consent to participate in the research was obtained before conducting the interviews.

The following table demonstrates the number of residents that participated in this research and the figure of conducting a semi-structured interview with the residents for each institution.

	Name of institution	N.o of Residents		Total N/o
		Male	Female	
1	Jameah (Bethlehem)	1	1	2
2	Hebron Rehabilitation Society (Hebron)	1	1	1
3	Four Homes of Mercy (Jerusalem)	1	2	3
	Total	3	4	7



**Figure 3: Distribution of residents who participated voluntarily from different institutions.**

#### 4.7. Study Tools

This study adopted a mixed research method as it has first a self-survey questionnaire (Quantitative) followed by a semi-structured interview (Qualitative) and observational methods. In this study, the researcher uses two tools:

##### 4.7.1. Phase One:

The instrument tool that has been used in this study is a self-evaluation tool to measure the quality of services for persons with disabilities within the residential institutions in the West Bank, which were developed and approved by Palestinian decision-makers in the MOSD and technical experts from the European Union in partnership with a group of specialists from the MOSD and specialists from partner civil institutions (AGS for Social Services, 2018).

The measurement tool was developed based on the Evaluation of quality standards that focus on the health and safety of employees and beneficiaries, ethical practices, and

governance within these institutions, which are based on the self-evaluation of the institution that wishes to approve the quality of service for it by the Ministry of Development to increase the percentage of purchasing approval for the service (AGS for Social Services, 2018).

After obtaining the informed consent of the Palestinian MOSD, as well as the informed consent of these institutions participating in the research sample, then a paper-based survey of this quantitative tool was distributed for each institution hard copies to complete independently. (Annex12) shows the self-evaluation tool in Arabic and filled out by the (administration, and staff) according to the eligibility criteria of the study sample.

The study tool was divided into four parts, as follows, and Table (4.) summarizes the domains and number of statements for each division:

1. The first part includes informed consent for accepting the participation while explaining the aim and objectives.
2. The second part is the demographic information includes information about the institution and personal information. Also, the researcher added open-ended questions for other reasons such as any specialized training provided on how to deal with people with disabilities.
3. The third part of the matrix of quality standards focuses on self-evaluating to measuring indicators (information, admission , initial evaluation of beneficiaries: individual care plans, the center, infection control, personal care services, social integration activities, rights and ethics, complaints procedures, and protection from abuse and neglect, professional support for the center staff).

*	Domain	Number of statements
1	Demographic information includes information about the institution and personal information.	Nineteen questions and four open-ended questions.
2	The matrix of quality standards self-evaluating tools	Eleven chapters were assessed, each chapter consisting of several critical standards, the total number of these indicators is(108)

#### **4.7.2. Phase two Interview/ semi-structured**

In the second phase of this study, the researcher conducted a semi-structured interview with the residents of each institution. This qualitative method aims to understand the commonalities and differences in perspectives among managers, staff, and persons with disabilities employers regarding what they consider the most important of the eight standards. The goal is to compare the results of the self-evaluation conducted by the institution from the viewpoint of the manager and staff. Furthermore, it aims to gain an in-depth understanding of the perceptions or opinions of residents, providing valuable information. This method is employed to identify the positive advantages of achieving standards and to determine the obstacles in reaching the quality standards.

After obtaining informed consent from the residents to participate in the research, participants were identified in coordination with the institution's management to assess the eligibility of the sample according to the study criteria. Additionally, voluntary consent was obtained from each resident to participate in this research. (Annex5) The scenario of the interview questions is explained in Arabic, and the interviews are conducted by the residents of each institution according to the eligibility criteria for the study sample.

The study tool was divided into three parts, as follows,

1. The first part includes informed consent for accepting the participation while explaining the aim and objectives.
2. The second part is the demographic information about the residents' personal information.
3. The third part is the interview scenario questions for the residents with disabilities living in residential institutions in the West Bank – Palestine, Also, the researcher added open-ended questions.

All interviews were digitally recorded and transcribed verbatim by the researcher. Interviews will be conducted in Arabic and transcribed into English by the researcher.

#### **4.8. Data Collection**

After receiving approval from the ethical committee at the School of Public Health / Al-Quds University, three organizations are involved: Four Homes of Mercy (Jerusalem), Hebron Rehabilitation Society (Hebron), and Jameah (Bethlehem).

##### **4.8.1 Phase one using survey.**

All targeted workers in all institutions (managers, and employees) were invited to participate in the study by self-answering a paper-based survey as a total of one hundred questionnaires was distributed, and in total, 60 questionnaires were returned from the three institutions, and the response rate was 40%. This low response rate can be attributed to employees' apprehension about job security, as well as the relatively small sample size, both of which may have influenced the overall response rate.

##### **4.8.2. Phase two Interview/ semi-structured**

All the eligibility criteria of residents were chosen for a semi-structured interview, who voluntarily participated from different institutions. In total, 7 residents agreed to participate in the interview.

#### **4.9. Validity:**

##### **4.9.1. Phase One**

A letter was sent to the Ministry of Social Development After obtaining the informed consent of the Palestinian MOSD, (Annex 12). The measurement tool used to measure the quality of services for persons with disabilities within the residential institutions has a significant level of validity, as it was developed and approved by decision-makers in the MOSD and technical experts from the European Union in partnership with a group of specialists from the MOSD and specialists from partner civil institutions (AGS for Social Services, 2018). This tool was approved and has been a pilot experimental application on two institutions in Palestine, the West Bank.

#### **4.9.2. Phase two Interview/ semi-structured**

A letter was sent to five experts in the academic and research–conducting fields (Annex.14) to validate the constructed tool and ensure relevance, clarity, and compliance. The letter includes the designed questions for the semi-structured interview, the study title, and the study’s objectives. The purpose of this consultation was to get their expert opinion. The expert panel, comprising five individuals, received feedback from three members. They request for some changes and modifications to the tool, and all were integrated into the final version.

#### **4.10. Reliability**

The technique of measuring variables must be reliable as this reflects the extent to which the questionnaire is stable and consistent. This means that a measure is reliable if it gives the same result each time the scale or the factor is measured. Since the variables of this study are measured by a questionnaire consisting of items of a 3-point scale, the evaluation of the reliability can be conducted by the method of Cronbach’s’ alpha coefficients. Cronbach’s’ alpha coefficients are usually used to estimate the internal consistency and to evaluate the reliability of the study tool (the questionnaire). The results in the next table show Cronbach’s’ alpha coefficient computed for the main measurement scale that used to evaluate the institutional service quality standards for persons with disabilities and its criteria:

***Table 4.10. The Cronbach alpha coefficient for the scale of the Main quality standard of the institutions service quality standards for persons with Disability and its criteria ( N=60)***

Domain	Number of items/criteria	Cronbach's alpha
Total evaluation scale of the institutional service quality standards for persons with disabilities and its criteria.	108	0.91
Information	5	0.77
Initial assessment of beneficiaries	14	0.76
Individual care plans	8	0.73
Facility	20	0.80
Infection control	10	0.29
Personal care services	27	0.76
Social integration activities	7	0.76
Rights and Ethics	1	-----
Complaint procedures and protection from mistreatment and neglect	12	0.65
Professional support for the staff	4	0.53

The results in the table above show that the value of Cronbach's alpha coefficient for the total evaluation measurement is very high (91%), and this value is acceptable as a value of reliability because it is higher than 70% which is the least acceptable value of Cronbach's alpha, indicating a very high internal consistency and Reliability for the used questionnaire.

#### **4.11. Internal Consistency Reliability**

The researcher conducted the construct validity by two methods: the first method is testing the validity of the main domain for the total evaluation scale of the institutional service quality standards for persons with disabilities by computing Pearson correlations between each sub-scale and the total measurement scale.

#### 4.11.1 Persons Correlation Methods

The following table (4.11) shows the results of Pearson correlations for the study subscales measured by the questionnaire using the full sample of 60 respondents:

**Table 4.11. Person Correlations for the subscale of the study (N=60)**

Subscale	Pearson Correlation	P-value
Information	0.757	0.000
Initial assessment of beneficiaries	0.699	0.000
Individual care plans	0.787	0.000
Facility	0.379	0.003
Infection control	0.480	0.000
Personal care services	0.866	0.000
Social integration activities	0.548	0.000
Rights and Ethics	0.318	0.013
Complaint procedures and protection from mistreatment and neglect	0.585	0.000
Professional support for the staff	0.662	0.000

The results in the table above show that all the values of Pearson correlation coefficients are significant between the subscales and the total scale of the evaluation of the institutional service quality standards for persons with disabilities; since all the P-values are less than 0.05, indicating high construct validity.

#### 4.11.2. Factor Analysis Based on the Principal Component Methods

The second method is the Factor Analysis based on the principal component method; this method measures how much the sub-scales are related to their main domain by computing the Extraction Communalities (E.C.) for each subscale. As these values are higher than or equal 0.5, a high explained amount of the variance of each individual subscale is obtained, and so a high extent of the construct validity.

The following table shows the results of the extraction communalities (E.C.) for the study subscales measured by the questionnaire using the full sample of 60 respondents:

**Table 4.11.2. The Extraction Communalities (E.C.) for the subscale of the study (N=60).**

Subscale	The Extraction Communalities (E.C.)
Information	0.766
Initial assessment of beneficiaries	0.909
Individual care plans	0.768
Facility	0.815
Infection control	0.746
Personal care services	0.837
Social integration activities	0.855
Rights and Ethics	0.818
Complaint procedures and protection from mistreatment and neglect	0.804
Professional support for the staff	0.811

The results in the table above show that there is a high degree of validity for the total scale of the evaluation of the institutional service quality standards for persons with disabilities because all of extraction communalities (E.C.) are higher than 0.5.

#### **4.12. Data Analysis**

The researcher used a specific questionnaire to achieve the objectives of this study. This questionnaire was designated to evaluate and assess the institutional service quality for persons with disabilities, and it consists of several measurement scales and criteria. After collecting the questionnaires, the researcher prepared the data for the analysis; the answers of the respondents on the items of the questionnaires were recoded to numeric values. The measurement scales consisted of items and criteria recorded from 1-3, and the total values were transformed to measurements of values from 1-100.

#### **4.12.A.1. The Quantitative (Descriptive and Analytic)**

Methodology used in this research, the statistical package for Social Sciences Software (SPSS) Version 23 was used for the data analysis in this study. The researcher conducted descriptive statistics (Frequencies, Percentages) for all the personal data, and the Means and Standard Deviations were used to describe all the quantitative outcomes. The following statistical tests and methods were used to analyze the results and to test the study hypotheses or answer the study questions assuming that the P-Value  $\leq 0.05$  is significant :

1. Kolmogorov-Smirnov test to test the normality of study variables.
2. The one-sample T-test of differences between the mean values of the respondents' answers and their evaluations toward the study questions and the international and local standards for institutional service quality.
3. The one-way analysis of variance (one-way ANOVA) test of differences in the respondents' evaluations toward the institutional service quality standards according to the Institution, Age, Educational Level, and Years of Experience.
4. The two independent samples T-test of differences of the respondents' evaluations toward the institutional service quality standards according to the Job type, Gender, and Received Training.
5. Cronbach's alpha coefficients to examine the reliability of the measurement scales.
6. Pearson Correlations and the Extraction Communalities (E.C.) resulted from the Factor Analysis based on the principal component method to examine the validity of the measurement scales.

#### **4.12.A.2. Answers Coding**

The respondents' answers to the questionnaires were recorded to numeric values using a measurement scale ranging from 1 to 3. The measurement scales comprised items and criteria recorded within the range of 1-3, and the total values were transformed into measurements ranging from 1 to 100. the creation of a matrix, using a measurement mechanism spanning 11 chapters. Each chapter contains various criteria designed for

assessing the fulfillment of quality standards. The evaluation process employs a three-level scale, with specific scores assigned to each level:

- A score of three (3) indicates full compliance with the standard,
- A score of two (2) signifies partial fulfillment of the criterion,
- A score of one (1) is given when the criteria are not met or poorly met.

#### **4.12. B. The Qualitative Methods of Analysis.**

Data analysis was conducted by the principal researcher using thematic analysis and content analysis.

Thematic analysis is a flexible, and increasingly popular method of qualitative data analysis (Braun and Clarke, 2006). The analysis chosen for this study was a hybrid approach of thematic analysis, as it incorporated both the deductive approach based on the phase one quantitative framework and the data-driven inductive approach (Fereday and Muir-Cochrane, 2006). Thus, the researcher used this deductive thematic analysis approach to explore recurring and relevant patterns within the Phase One of this research.

Furthermore, many qualitative analytic strategies rely on an approach called “constant comparative analysis”, as the precise nature of each individual’s view can be captured and recalled, and data can be presented in a logical sequence in relation to the research questions addressed in the study (Hewitt-Taylor, 2001). Using an adaptive constant comparative analysis in this qualitative phase was a strategy to analyse the data.

Contributing to identifying factors affecting measuring the quality standards of services provided in shelter institutions for persons with disabilities in the West Bank / Palestine.

It also reduces ambiguities and improves the quality and rigour of data analysis, as the findings of the qualitative phase of this study offer a deeper understanding of the complexities of human experiences (Vaismoradi et al., 2016).

Through this, it was possible to uncover meanings behind persons with disabilities and this process can be used to find consistencies and differences, with the aim of continually refining concepts and theoretically relevant categories (Fram, 2013).

Throughout the analysis for phase two of the study, the researcher followed the process described below.

**Step One:** The data collected from each set of participants were analyzed separately to ensure a comprehensive exploration of the themes arising from each participant. Although presented as a linear, step-by-step procedure, the research analysis was an iterative and reflexive process.

**Step Two:** The researcher started independently reading the interview transcripts as well the demographic information as a whole, in an attempt to gain a general understanding of the data.

**Step Three :** During analysis, summarized the transcripts separately by outlining the key points made by participants (noting individual comments) in response to the questions asked. These key questions formed the framework for the semi-structured interviews. This process of analysis was carried out systematically, incorporating a degree of intuition, perhaps due to familiarity with the data and the subject matter. Still, this was a difficult process of close reading, re-reading, analysing, and going back and forth among interview data.

**Step Four:** Further, themes were presented to the supervisor for more review and discussion, supported by anonymised quotes from the different participants. Although the initial analysis was done by the main researcher, it was assisted by regular meetings with my supervisor .

**Step Five :** Finally , the second checking of themes from data was well-advised (where feasible) to enhance the face validity of the work and to demonstrate reliability. Through this process, it was possible to identify clearly how themes were generated from the raw data to uncover meanings in relation to study participants (Fereday and Muir-Cochrane, 2006).

This interactivity, applied throughout the process of qualitative inquiry, is described by Tobin and Begley (2004) as the overarching principle of “goodness.”

#### 4.12.C Data trustworthiness

Trustworthiness criteria are pragmatic choices for researchers concerned about the acceptability and usefulness of their research (Nowell et al., 2017). Several definitions and criteria of trustworthiness exist, but the best-known criteria defined by Lincoln and Guba (1985) are credibility, transferability, dependability and confirmability.

Credibility corresponds roughly with the positivist concept of internal validity. Transferability is a form of external validity. Dependability relates more to reliability, and confirmability is largely an issue of presentation (Shenton, 2004).

In addition, rich descriptions, with the use of quotes of participants, are considered to contribute to trustworthiness in qualitative research (van Nes et al., 2010).

#### 4.13. Tasting of Normality

The normality of the quantitative dependent study variables is an important condition that should be tested before carrying out the statistical analysis. In order to test the normality of study variables, the Kolmogorov-Smirnov test used for this purpose and the following table shows the results of this test:

**Table 4.13.: The result of Komogorov-Smirnov Normality Test**

Study Variables	test statistics	P-value
Information	0.203	0.012
Initial assessment of beneficiaries	0.146	0.141
Individual care plans	0.148	0.132
Facility	0.181	0.035
Infection control	0.174	0.046
Personal care services	0.143	0.154
Social integration activities	0.116	0.372
Rights and ethics	0.341	0.000

Complaint procedures and protection from mistreatment and neglect	0.160	0.084
Professional support for the staff	0.293	0.000
Total evaluation for the institutional service quality standards	0.109	0.438

The results of the normality test in the table above show that most of the variables are normally distributed since most of the resulted P-values of the Kolmogorov-Smirnov test are higher than 0.05. So, the results ensure that the normality condition of most of the study variables is satisfied, and it is allowed to use of parametric statistical methods for them. On the other hand, for the other un-normal variables, since the study sample is high, so it is allowed also for these variables to use the parametric methods, so we will use the usual parametric methods in this research.

#### **4.14 Ethical Considerations**

After the proposal approval from the committee of the School of Public Health at Al-Quds University, submitted all related documents and forms, an official approval letter to conduct the study was granted from the ethical committee (Annex 13).

Additionally, an official approval letter from the Palestinian MOSD used the matrix of quality standards to build (Annex 12), and an official approval letter from the three institutions of PWD to conduct the study (Annex 9, Annex10, and Annex 11, respectively) was obtained.

Furthermore, members of the team for each institution (including managers, available staff, and residents) were informed through an information sheet detailing the purpose of the study, its advantages and disadvantages. Participants will be notified that participation is voluntary, with no obligation, and no incentives will be provided to encourage participation (Annex 6).

- Preserving the confidentiality of information related to each institution and not sharing it without their consent is a key consideration. This extends to information obtained from employees or residents during interviews. Different opinions will be recognized, respected, and encouraged without any bias from the researcher.
- Ethical considerations will also be prioritized during data collection and analysis. The method of saving and storing data must ensure protection, and access to information should be restricted to concerned specialists, maintaining confidentiality.
- Each institution will have the opportunity to receive and engage with the research outcomes, providing valuable information for their development and improvement of quality standards in services. This information can also be utilized for fundraising and the development of strategic planning for each institution.

#### **4.15. Limitations of the Study**

Conducting a comprehensive study on the reality of disability poses inherent challenges and complexities. Identifying the contextual nuances of disability, understanding its nature, and discerning various types of disabilities require substantial effort and precision.

This is particularly true in Palestine, where assessing the effectiveness of services provided to persons with disabilities and ensuring alignment with their diverse needs demands meticulous attention.

**Limited Local Studies and Literature:** The absence of pertinent local studies and literature addressing the quality of residential services for persons with disabilities in the West Bank hampers the comprehensive understanding of the subject.

**Time Constraints:** A notable limitation arose from a delay of more than a month in obtaining approval from the Palestinian (MOSD) to use the matrix of quality standards. This delay impacted the overall timeline of the study. Furthermore, obtaining approval from the three institutions of PWD to conduct the study affects collecting data.

**Sample Size Challenges:** The study faced challenges related to the sample size, given the limited number of organizations in Palestine providing residential care for individuals with disabilities in the West Bank. Additionally, some institutions, although initially part of the

research sample, declined to participate. This refusal has implications for the generalizability of the study's findings.

#### **4.16. Summary**

The chapter illustrated the study methodology, including study design, sitting, eligibility (inclusion and exclusion Criteria), and study period. It also includes information about the population, sample, study tools, validity and reliability, data collection method, ethical considerations, data analyses, and the study's limitations were also presented.

## Chapter Five

### Results of the study

#### 5.1. Introduction

This chapter focuses on the statistical analysis of the collected data, describing participant demographics and job-related characteristics. It further delves into the analysis of several domain studies, including Quality of Life, Safety, Staffing, Protection, Development and Health Personal Planning, Rights, The Physical Environment, and Governance and Management. Additionally, the chapter aims to determine whether a significant relationship exists between the adherence of residential institutions to international and local standards and the quality standards within all the studied domains.

#### 5.2. A. The Quantitative (Descriptive and Analytic) Results

##### 5.2.A.1 Demographic and Job-Related Characteristics

The study sample consisted of workers from three residential institutions for persons with disabilities, distributed evenly across institutions. Most workers were employees rather than directors, and there was a slightly higher representation of males compared to females.

The sample was diverse in terms of age, educational background, and years of experience, with a significant portion having received training related to persons with disabilities.

These findings indicate a varied and potentially well-prepared workforce, which could positively impact the quality of care provided in residential institutions for people with disabilities. The following table shows the frequencies and percentages of the staff.

**Table (5.1.a ): Frequencies and Percentages of the Worker demographic and personal data distributed according to the intervention groups (N=60).**

**Table 5.1.a: Frequencies and Percentages of the Woker Demographic**

Demographic Variable	Category	N	%
<b>Institution</b>	A	20	33.3%
	B	20	33.3%
	C	20	33.3%
	Total	60	100.0%
Job type	Director	18	30.0%
	Employee	42	70.0%
	Total	60	100.0%
Gender	Male	22	36.7%
	Female	38	63.3%
	Total	60	100.0%
Age	30-20	10	16.7%
	31-40	22	36.7%
	41-50	19	31.7%
	51 or More	9	15.0%
	Total	60	100.0%
Educational level	Tawjihi	7	11.7%
	Diploma	24	40.0%
	B.A	23	38.3%
	Post graduate	6	10.0%
	Total	60	100.0%
Years of experience	Less than Year	4	6.7%
	2-5 Years	20	33.3%
	6-10 Years	10	16.7%
	11-20 Years	15	25.0%
	21 Years or More	11	18.3%
	Total	60	100.0%
Received Training	Yes	42	70.0%
	No	18	30.0%
	Total	60	100.0%

In terms of institutional distribution, each institution contributed an equal share of workers, with 33.3% from Institution A, 33.3% from Institution B, and 33.3% from Institution C.

Regarding job type, the majority of workers were employees (70%), while 30% held directorial positions.

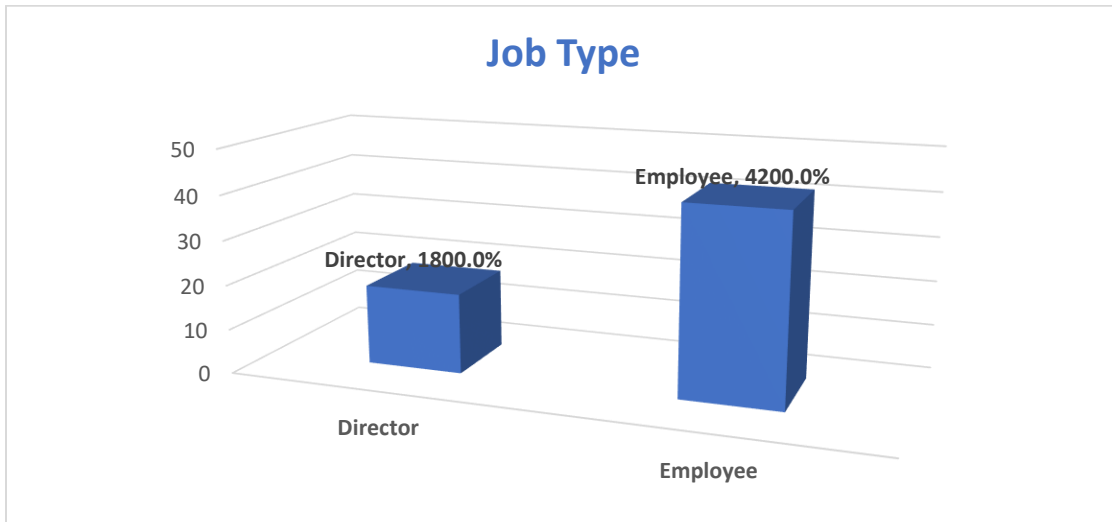


Figure 4 : The Job Type Of Participants.

*Figure (5). Gender distribution among the sample revealed that 63.3% were male and 36.7% were female*

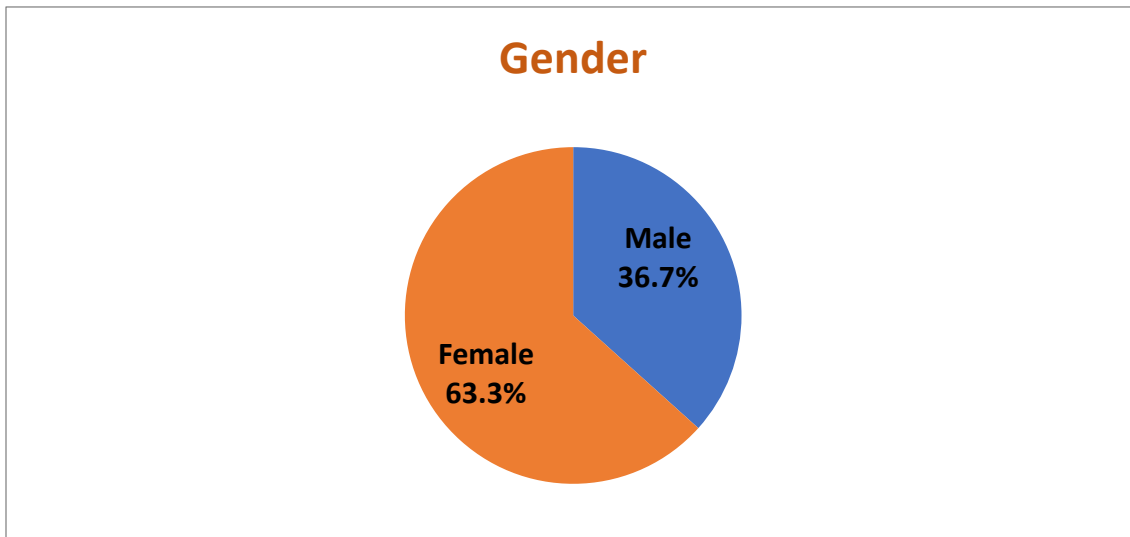
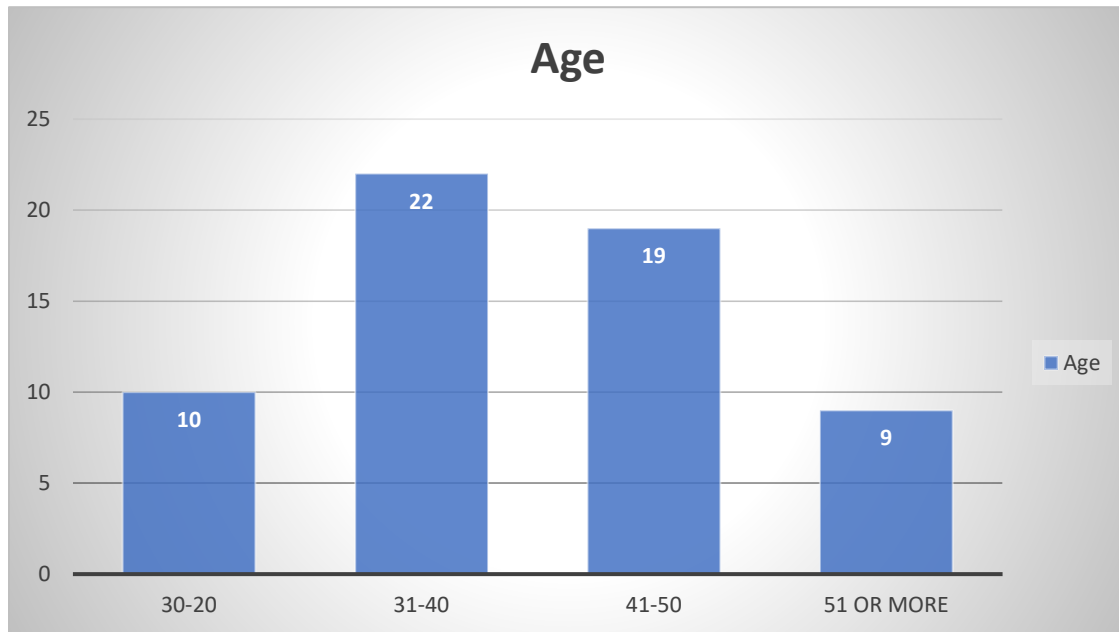


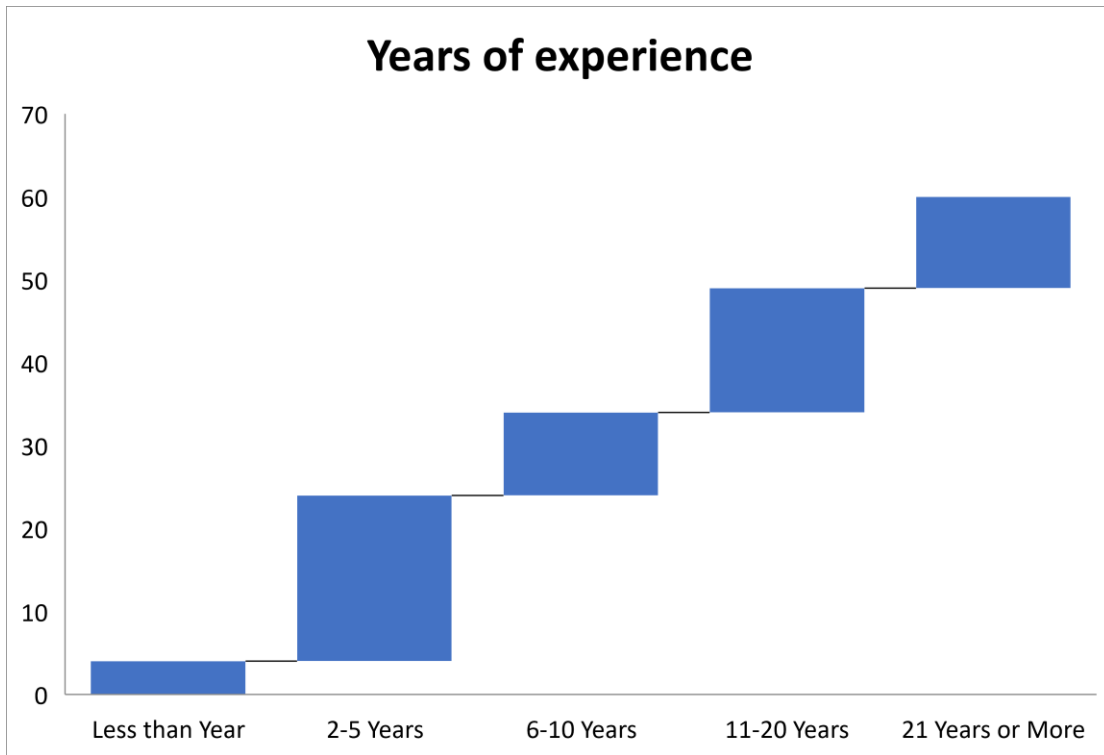
Figure 5: Gender distribution among the sample male and female

**Figure (6).** Age categories were well represented, with approximately 17% falling in the 30-20 years range, 37% in the 31-40 years range, 32% in the 41-50 years range, and 15% aged 51 years or older.



**Figure 6: Age Categories years Range.**

**Figure (7).** In terms of experience, 33.3% of respondents had 2-5 years of experience, 25% had 11-20 years of experience, and 18.3% had 21 years or more. Figure (6).



**Figure 7: years of Experience Range for participants.**

In terms of educational background, 40% of the respondents held a Diploma, while approximately 38% held a Bachelor's degree.

Regarding training, the majority of respondents (70%) had received training related to persons with disabilities.

As a researcher, I find these results both informative and encouraging. The diverse composition of the workforce, coupled with their educational background and training initiatives, indicates a well-equipped workforce ready to address the complex needs of individuals with disabilities.

However, there were variations observed in the staffing levels concerning the number of residents receiving daily care, as well as disparities in the presence of qualified nursing staff across some institutions.

Nonetheless, further exploration is warranted to understand how these demographic factors intersect with attitudes, practices, and the quality of care provision. Additionally,

prioritizing efforts to promote diversity, inclusivity, and ongoing professional development is essential to ensure the delivery of person-centered and culturally responsive services within residential institutions.

### 5.3. The Analysis of the items of the Eight Domains (self-evaluation matrix)

This section aims to address the primary study questions along with their sub-questions. Additionally, the application of the one-sample T-test will be employed to examine the extent of variation between the mean values of respondents' answers and evaluations regarding each question in comparison to both international and local benchmarks for institutional service quality. Specifically, the international standard for institutional service quality is set at ( $\geq 75\%$ ), while the local standard stands at ( $\geq 70\%$ ). The T-test will be conducted with test values of 70 and 75, representing the thresholds for comparison.

**Table 5.3: Mean, Standard Deviation, and the result of the sample T-test for the respondent's evaluation compared with the international standards and local standards: (N=60).**

Variable	Mean ± S.D	Local Standards ( $\geq 70\%$ ) T(P-value)	International Standards ( $\geq 75\%$ ) T(P-value)
Total evaluation for the institutional service quality standards	82.85 ± 5.66	17.572(0.000)*	10.734(0.000)*

\* The mean difference is significant at 0.05.

#### **Main Question: To what extent are the institutional service quality standards for persons with disabilities evaluated?**

The table presents the mean, standard deviation, and results of the one-sample T-test for respondents' evaluations of institutional service quality standards for persons with disabilities, with a total sample size of N=60.

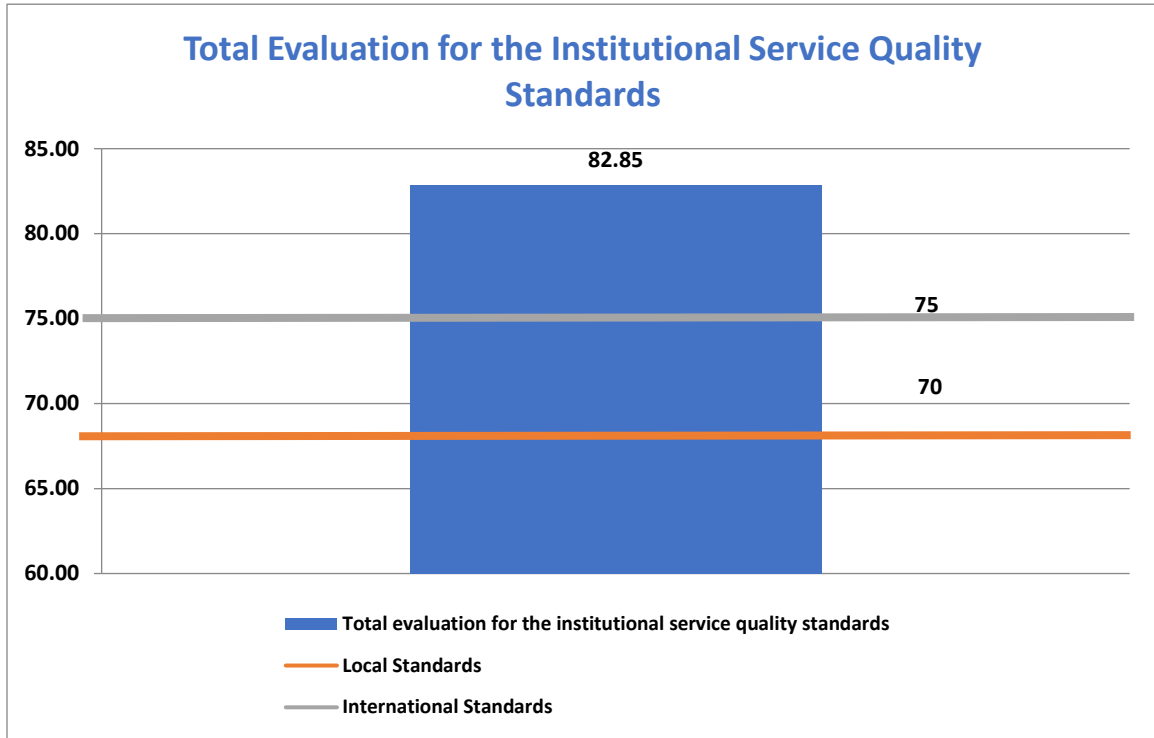
The mean score for the total evaluation of institutional service quality standards is  $82.85 \pm 5.66$ . The one-sample T-test results indicate significant differences between respondents' evaluations and both the local and international standards.

Specifically, the T-test values for comparison with the local standard ( $\geq 70\%$ ) and the international standard ( $\geq 75\%$ ) are 17.572 (p-value=0.000) and 10.734 (p-value=0.000) respectively.

This analysis suggests that respondents perceive the institutional service quality standards for persons with disabilities to be significantly higher than both the local and international benchmarks.

As a researcher, these findings are promising and suggest that the efforts invested in maintaining and improving institutional service quality have been effective. However, it is essential to acknowledge that this conclusion is based solely on respondents' perceptions and evaluations.

Therefore, further research involving objective measures and feedback from persons with disabilities themselves would provide a more comprehensive understanding of the actual quality of services provided within these institutions. Nonetheless, the current results provide valuable insights into the overall effectiveness of service provision for persons with disabilities in the studied context.



**Figure 8: Total Evaluation for the Institutional Service Quality**

Based on my observations as a researcher within these institutions, I noticed some disparities in the implementation of quality standards for services for persons with disabilities. Some institutions exhibit a high commitment to providing a safe, effective environment conducive to activities and ensuring privacy for each resident.

However, others face challenges in providing spaces that meet residents' needs, especially regarding privacy protection, safeguarding against neglect or abuse, and maintaining cleanliness and appropriate furniture usage to prevent the spread of infections among residents.

Moreover, there is variation in the standard of continuous staff development, especially concerning how to handle severe disabilities. The extent of institutions' commitment to ensuring the availability of qualified doctors and nurses for necessary healthcare was also noted. It is imperative to develop an effective system for complaints and address them promptly and efficiently.

Additionally, there is a need to reinforce the standard of having an effective complaints system and an effective cleanliness monitoring system to maintain the health of residents and staff. Regarding governance and management standards, differences were observed among these institutions in organizing and managing residential services in a way that supports the creation of a person-centered service and continuous improvement. Each resident is supported through appropriate record-keeping policies and procedures, with a clear statement describing the purpose and function of the service provided and how it is delivered.

### 5.3.1. Domain One, Governance and Management

In summary, the evaluation of service quality standards related to information and its criteria and accessibility, dissemination, and updates exceed local standards but do not significantly differ from international standards. However, the evaluation of management and governance standards surpasses both local and international standards significantly.

**Table(5.3.1 ): Means, Standard Deviations, and the results of the one sample T-test for the respondents’ evaluations compared with the international standards and local standards: (N=60).**

Table 5.3.1: Means Standard Deviations and the result of the one sample T-test for the evaluations compared with international and local standards

Variable	Mean ± S.D	Local Standards (≥70%) T(P-value)	International Standards (≥75%) T(P-value)
Information and its criteria	78.11 ± 13.73	4.577(0.000)*	1.755(0.084)
Accessibility, dissemination, and updates	74.26 ± 14.39	2.292(0.025)*	-0.399(0.692)
Management and governance	83.89 ± 16.52	6.514(0.000)*	4.169(0.000)*

\* The mean difference is significant at 0.05.

The findings from the table indicate significant variations in the evaluation of institutional service quality standards for persons with disabilities across different domains.

**5.3.1. a. Information and Its Criteria:**

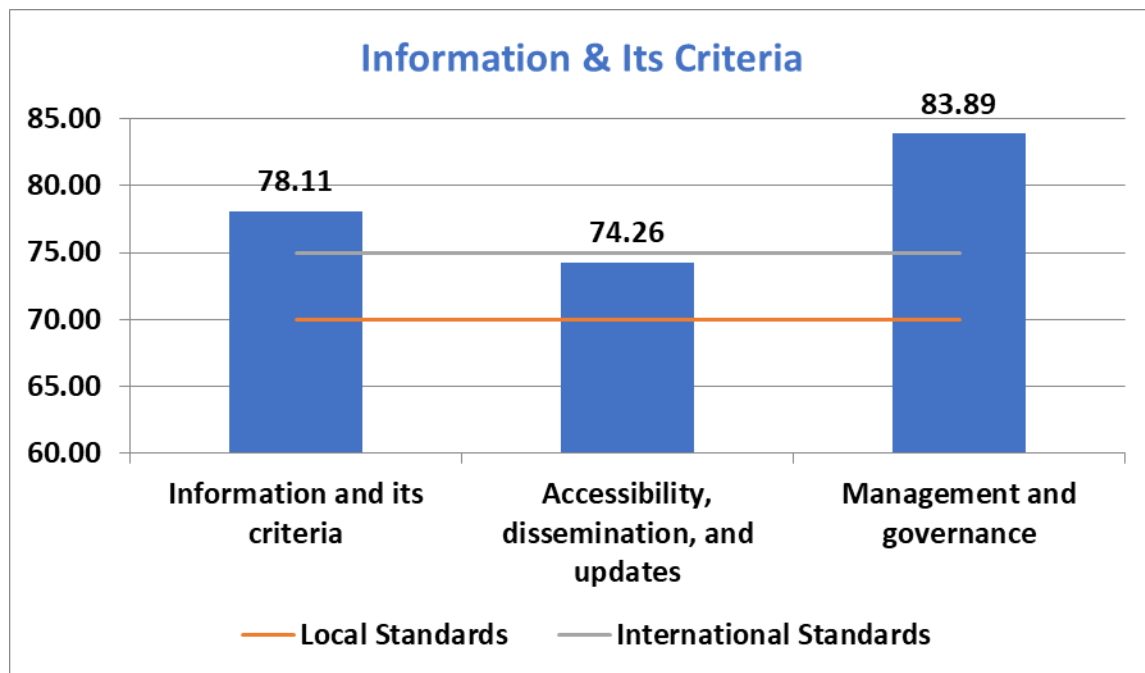
The total mean evaluation (Mean=78.11) significantly exceeds the local standards ( $\geq 70\%$ ), with a P-value of 0.000, indicating statistical significance.

However, the total mean (Mean=78.11) does not significantly differ from the international standards ( $\geq 75\%$ ), as evidenced by a P-value of 0.084, which is higher than 0.05.

**Accessibility, Dissemination, and Updates:** The total mean evaluation (Mean=74.26) significantly surpasses the local standards ( $\geq 70\%$ ), with a P-value of 0.025, demonstrating statistical significance.

Conversely, the total mean (Mean=74.26) does not significantly differ from the international standards ( $\geq 75\%$ ), with a P-value of 0.962, higher than 0.05.

**Management and Governance:** The total mean evaluation (Mean=83.89) significantly exceeds both local and international standards, with P-values of 0.000 for both comparisons, indicating statistical significance.



**Figure 9 :Total Evaluation for Information & its Criteria**

**5.3.1.b. Initial assessment of beneficiaries and its criteria**

Across all evaluated aspects, the mean evaluation of institutional service quality standards significantly exceeds both local and international standards, highlighting a robust and positive assessment across the board.

**Table (5.3.2): Means, Standard Deviations, and the results of the one sample T-test for the respondents’ evaluations compared with the international standards and local standards: (N=60).**

**Table 5.3.2: Means, Standard Deviations, and the result of the one sample T-test for the Initial assessment of beneficiaries and its criteria**

Variable	Mean ± S.D	Local Standards (≥70%) T(P-value)	International Standards (≥75%) T(P-value)
Initial assessment of beneficiaries	83.06 ± 9.3	10.874(0.000)*	6.709(0.000)*
Involvement in the assessment process	80.69 ± 10.12	8.187(0.000)*	4.359(0.000)*
Involvement in initial assessment process	83.56 ± 11.21	9.364(0.000)*	5.91(0.000)*

\* The mean difference is significant at 0.05.

The analysis from the provided table reveals significant disparities in the evaluation of institutional service quality standards for persons with disabilities across different aspects:

**Initial Assessment of Beneficiaries and its Criteria:** The total mean evaluation (Mean=83.06) significantly surpasses both local and international standards (≥70% and ≥75% respectively), with P-values of 0.000, indicating statistical significance.

**Involvement of Residents in Assessment Process and Eligibility Procedures:** The total mean evaluation (Mean=80.69) significantly exceeds both local and international standards (≥70% and ≥75% respectively), with P-values of 0.000, demonstrating statistical significance.

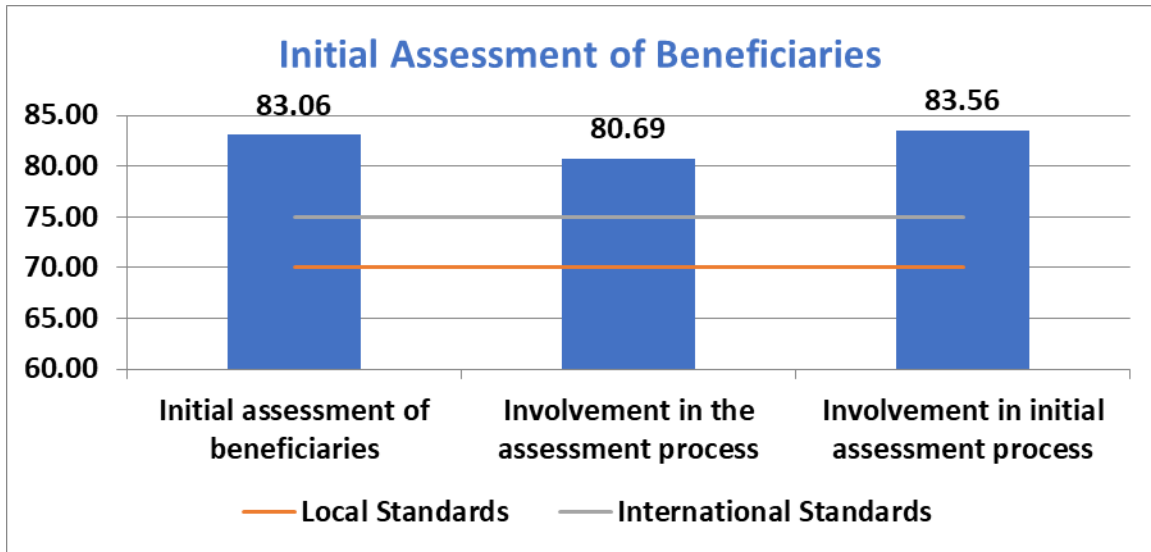
**Involvement of Specialized Team in Assessment and Admission Procedures:** The total mean evaluation (Mean=83.56) significantly surpasses both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, indicating statistical significance.

In conclusion, the results indicate that institutional service quality standards evaluated for persons with disabilities excel in various aspects, including the initial assessment of beneficiaries, involvement of residents in assessment processes, and engagement of specialized teams in assessment and admission procedures. These findings highlight the effectiveness of the implemented practices and underscore the commitment of these institutions to providing high-quality services to individuals with disabilities, exceeding both local and international standards.

Upon my observation and analysis of these institutions regarding healthcare standards for residents, I noticed disparities and variations in the implementation and adherence to assessment processes. Specifically, clarity and comprehensiveness were evident in some institutions' internal procedures related to admission and intake, such as using appropriate documentation forms to record data and track case progress, signing agreements between the center and beneficiaries after intake, and involving families in understanding the nature of services provided.

Regarding the criterion of involving residents in assessment processes, including the participation of specialized teams in assessment and admission procedures, some institutions showed inconsistency in applying this standard. They lacked the involvement of families in developing individualized plans for residents' post-admission and the engagement of staff in executing these plans within departments and programs. Here, institutions need to develop an effective monitoring and evaluation system.

Therefore, while the evaluated standards demonstrate significant achievements in many areas, there remains room for improvement in ensuring consistent adherence to assessment processes and enhancing the involvement of residents and their families in care planning and implementation. Implementing a robust monitoring and evaluation system will be crucial for addressing these gaps and further improving the quality of services provided to persons with disabilities.



**Figure 10: Total Evaluation for Initial Assessment of beneficiaries and its criteria**

### 5.3.2 Domain Tow, Quality of Life.

#### 5.3.2.1. *Social Integration Activities, and Their Criteria*

The evaluation of service quality standards for family and community reintegration, based on the individual reintegration plan of the residents from the perspectives of both workers and administrators, the analysis reveals significant disparities in the evaluation of service quality standards for persons with disabilities across two key domains:

**Social Integration Activities:** The total mean evaluation stands at 65.56, significantly lower than both local ( $\geq 70\%$ ) and international ( $\geq 75\%$ ) standards. The statistical test yields a P-value of 0.026, indicating statistical significance.

#### 5.3.2.2. *Family and Community Reintegration:*

The total mean evaluation for family and community reintegration is 63.7, significantly lower than both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively). The statistical tests yield P-values of 0.002 and 0.000 respectively, indicating statistical significance.

**Table (.53.2): Means, Standard Deviations, and the results of the one sample T-test for the respondents' evaluations compared with the international standards and local standards: (N=60).**

**Table 5.3.2: Means Standard Deviations and the Result of the one sample T-test for the Social Integration Activities and Family Reintegration.**

Variable	Mean ± S.D	Local Standards (≥70%) T(P-value)	International Standards (≥75%) T(P-value)
Social integration activities	65.56 ± 15.12	-2.277(0.026)*	-4.839(0.000)*
Family and community reintegration	63.7 ± 14.66	-3.326(0.002)*	-5.968(0.000)*

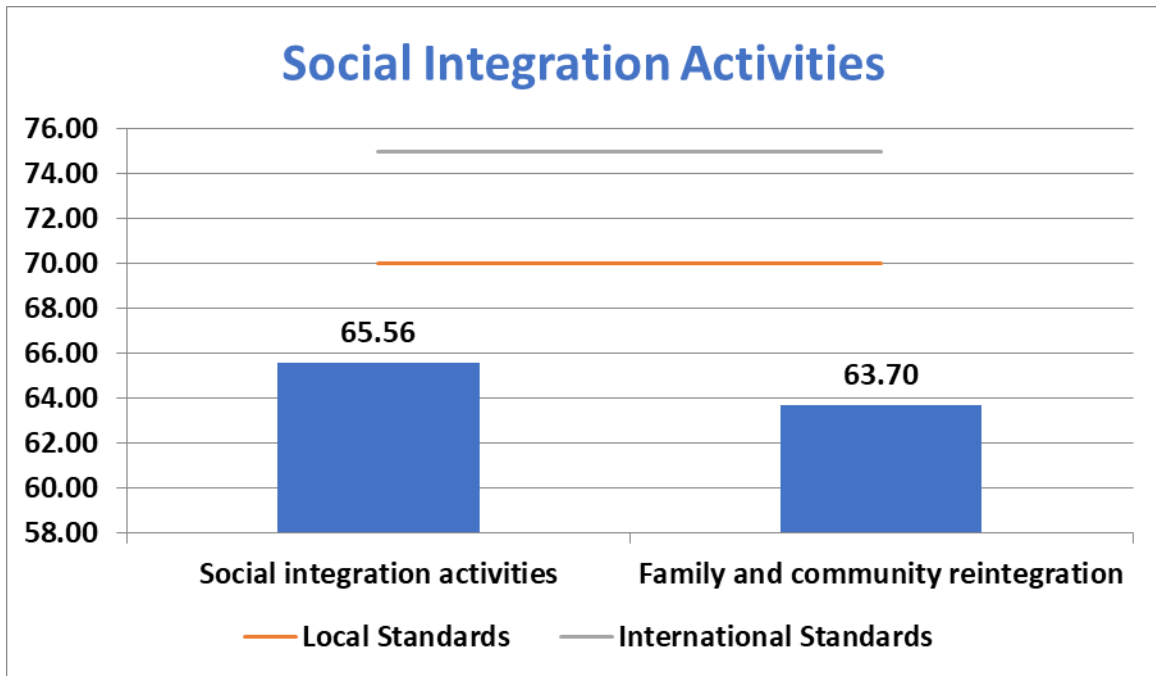
\* The mean difference is significant at 0.05.

These findings highlight a notable gap in meeting the established service quality standards for social integration activities and family/community reintegration. Further attention and intervention are warranted to bridge these gaps and ensure that individual reintegration plans effectively align with the needs and preferences of residents.

There is an urgent need for intervention and additional attention to address these gaps and ensure that individual reintegration plans effectively align with the needs and preferences of the residents.

As a researcher, I see that family and community reintegration services are essential as a fundamental criterion within these institutions. A clear policy should be established and included in the individual care plans provided by service providers.

It is evident that this aspect was lacking within institutions, where policies and procedural guidelines were not adequately followed. Additionally, the residential center should encourage beneficiaries to express their opinions and preferences, especially when developing daily programs.



*Figure 11: Total Evaluation of Social Integration Activities and their Criteria*

### 5.3.3. Domain Three, Development and Health Personal Planning:

#### 5.3.3.1. Individual Care Plans and their criteria.

While the evaluation of individual care plans meets local standards but falls short of international standards, involvement in activities and consultation significantly lags behind both standards. On the other hand, the review process for residents' plans exceeds local standards but does not significantly differ from international standards.

**Table (5.3.3): Means, Standard Deviations, and the results of the one sample T-test for the respondents' evaluations compared with the international standards and local standards: (N=60).**

**Table 5.3.3: Mean Standard Deviations and the result of the one T-test for the individual care plans.**

Variable	Mean ± S.D	Local Standards (≥70%) T(P-value)	International Standards (≥75%) T(P-value)
Individual care plans	70.21 ± 13.63	0.118(0.906)	-2.722(0.009)*

Involvement in activities and consultation	65 ± 13.79	-2.808(0.007)*	-5.616(0.000)*
Reviewing the plan for the residents	75.19 ± 13.47	2.981(0.004)*	0.106(0.916)

\* The mean difference is significant at 0.05.

The analysis from the provided table indicates notable differences in the evaluation of institutional service quality standards for persons with disabilities across various dimensions:

**Individual Care Plans:** The total mean evaluation (Mean=70.21) does not significantly differ from local standards ( $\geq 70\%$ ), as evidenced by a P-value of 0.906, higher than 0.05.

However, the total mean is significantly lower than international standards ( $\geq 75\%$ ), with a P-value of 0.009, indicating statistical significance.

**Involvement in Activities and Consultation:** The total mean evaluation (Mean=65) significantly falls below both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.007 and 0.000 respectively, demonstrating statistical significance.

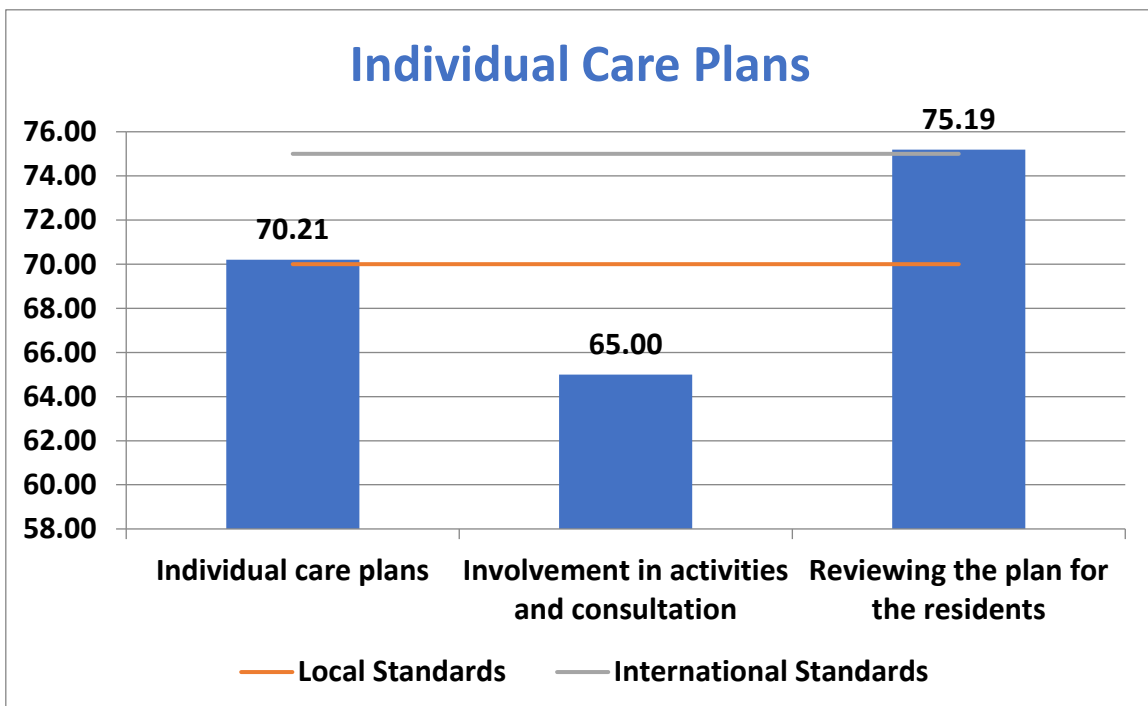
**Reviewing the Plan for the Residents:** The total mean evaluation (Mean=75.19) significantly exceeds local standards ( $\geq 70\%$ ), with a P-value of 0.004, indicating statistical significance. However, the total mean is not significantly different from international standards ( $\geq 75\%$ ), as evidenced by a P-value of 0.916, higher than 0.05.

Based on my observations and visits to these institutions, clear gaps are evident in several areas, including individual care plans and their regular review, where a notable absence of effective involvement of families or residents has been observed. Additionally, there is a gap in having a specific timeframe for periodic reassessment, negatively impacting the quality of care provided.

Furthermore, residents' participation in internal social activities that cater to their preferences and interests seems relatively limited, which may result from financial constraints, or an administrative culture not based on the principle of aligning services and programs with residents' needs and interests.

These institutions should enhance transparency and effective participation of all stakeholders to ensure improved quality of care and better meet the needs of the residents.

*Figure 12; Total Evaluation Development & Health Personal Planning Domain*



### 5.3.3.2 Personal Care Services, and their Criteria

These results underscore the effectiveness and adequacy of institutional service quality standards in delivering personalized care, maintaining residents' health, involving them in individual plans, and providing rehabilitation services. The evaluations consistently exceed both local and international benchmarks, highlighting a strong commitment to meeting the diverse needs of persons with disabilities in the West Bank/Palestine.

**Table (5.3.3 ): Means, Standard Deviations, and the results of the one sample T-test for the respondents' evaluations compared with the international standards and local standards: (N=60).**

**Table 5.3.3: Mean Standard Deviation and the results of the one sample T-test for the Personal care Services and their criteria**

Variable	Mean ± S.D	Local Standards (≥70%) T(P-value)	International Standards (≥75%) T(P-value)
Personal care services	87.8 ± 5.45	25.314(0.000)*	18.203(0.000)*
Maintaining the health of residents	87.01 ± 8.3	15.876(0.000)*	11.21(0.000)*
Involving in the individual plan	79.67 ± 8.18	9.153(0.000)*	4.418(0.000)*
Rehabilitation services	85 ± 9.18	12.657(0.000)*	8.438(0.000)*

\* The mean difference is significant at 0.05.

The provided table presents significant insights into the evaluation of institutional service quality standards for persons with disabilities across various domains, with particular emphasis on personal care services, health maintenance, resident involvement in individual plans, and rehabilitation services:

**Personal Care Services:** The total mean evaluation (Mean=87.8) significantly exceeds both local and international standards (≥70% and ≥75% respectively), with P-values of 0.000, indicating statistical significance.

**Maintaining the Health of Residents:** The total mean evaluation (Mean=87.01) significantly surpasses both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, demonstrating statistical significance.

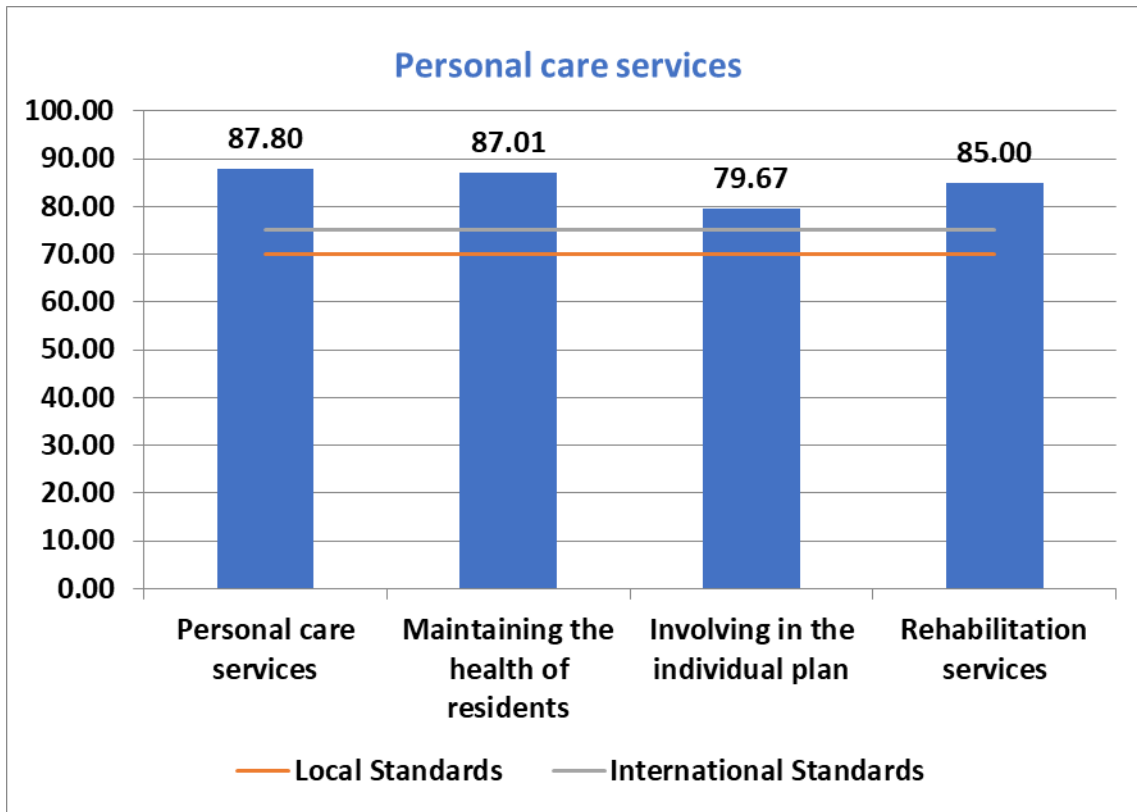
**Involving Residents in Individual Plans:** The total mean evaluation (Mean=79.67) significantly exceeds both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, indicating statistical significance.

**Rehabilitation Services:** The total mean evaluation (Mean=85) significantly surpasses both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, demonstrating statistical significance.

Based on my analysis and observation of several files within these institutions, I found variability among them despite the results confirming the effectiveness and adequacy of institutional service quality standards.

The results demonstrate the effectiveness of institutions in providing personal care, maintaining population health, involving them in individual plans, and offering rehabilitation services, consistently surpassing both local and international standards. However, I noticed weaknesses in the comprehensiveness of individual plans for individuals, as they did not include some essential aspects related to individual healthcare, such as medical, therapeutic, psychological, social, and rehabilitation care.

Also, the participation of residents or their families in the decision-making process regarding their care was not adequately ensured. On the other hand, I observed variations in how these institutions adhere to standards of inclusivity and coordination. This relates to the effective integration between individual plans and comprehensive institutional care plans, such as increasing recreational activities in the evenings, which should be supported by effective coordination mechanisms with relevant entities. Coordination within the institution between programs and services provided, as well as networking with external entities, should be ensured to guarantee the effectiveness of the care provided.



*Figure13; Total Evaluation Development and Health Personal Planning*

**5.3.4. Domain Four, The Physical Environment.**

**5.3.4.a. Facility, and Its Criteria**

Across all evaluated aspects, the mean evaluation of institutional service quality standards significantly surpasses both local and international standards, reflecting a high level of quality and adequacy in facilities, accessibility, adaptability, safety, and provision of stimulating environments for persons with disabilities.

**Table ( 5.3.4 ): Means, Standard Deviations, and the results of the one sample T-test for the respondents’ evaluations compared with the international standards and local standards: (N=60).**

**Table 5.3.4: Mean Standard Deviation the results of the one sample T-test for the Facility and its Criteria**

Variable	Mean ± S.D	Local Standards a(≥70%) T(P-value)	International Standards (≥75%) T(P-value)
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Facility	86.75 ± 8.7	14.908(0.000)*	10.458(0.000)*
Facility of access and use of public transportation	81.67 ± 19.58	4.616(0.000)*	2.638(0.011)*
Environmental and physical adaptability	89.54 ± 9.76	15.502(0.000)*	11.534(0.000)*
Safety, protection, and privacy	87.08 ± 15.83	8.36(0.000)*	5.913(0.000)*
Providing a stimulating environment	80.19 ± 17.61	4.48(0.000)*	2.281(0.026)*

\* The mean difference is significant at 0.05.

The provided table defines significant findings regarding the evaluation of institutional service quality standards for persons with disabilities across various domains:

**Facility:** The total mean evaluation (Mean=86.75) significantly exceeds both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, indicating statistical significance.

**The facility of Access and Use of Public Transportation:** The total mean evaluation (Mean=81.67) significantly surpasses both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000 and 0.011 respectively, demonstrating statistical significance.

**Environmental and Physical Adaptability:** The total mean evaluation (Mean=89.54) significantly exceeds both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, indicating statistical significance.

**Safety, Protection, and Privacy:** The total mean evaluation (Mean=87.08) significantly surpasses both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, demonstrating statistical significance.

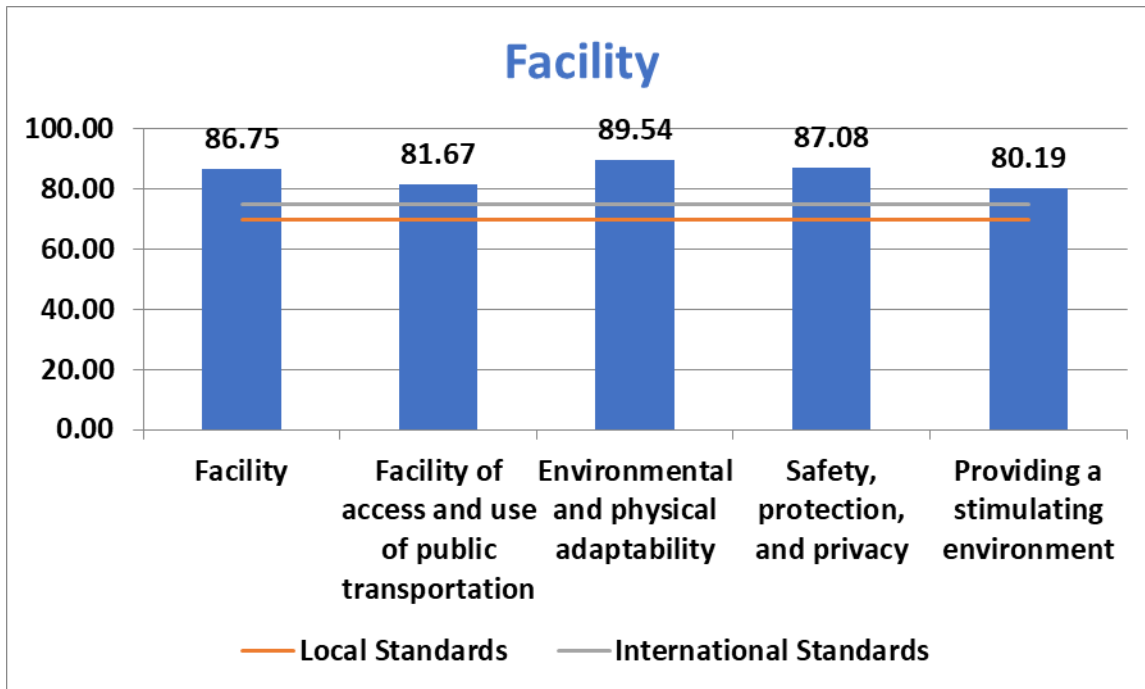
**Providing a Stimulating Environment:** The total mean evaluation (Mean=80.19) significantly exceeds both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000 and 0.026 respectively, indicating statistical significance.

The analysis reveals that the institution generally excels in meeting or exceeding both local and international standards across various domains of service quality for individuals with disabilities. The mean evaluations consistently surpass established benchmarks, indicating a high level of satisfaction with the facility's overall quality, accessibility, adaptability, safety, and provision of a stimulating environment. However, there are minor disparities in adherence to international standards in some areas.

During visits to these institutions, as a researcher, I noticed some key points that affect the quality of services provided to individuals with disabilities. Some institutions stand out due to their convenient locations and easy accessibility, in addition to providing a safe and stimulating environment that complies with international and local standards. These institutions also offer an encouraging environment for residents, with adequate spaces for communal activities suitable for different types of disabilities, along with providing suitable outdoor spaces such as courtyards and gardens.

However, it was observed that this standard is not achieved in some institutions, as some lack sufficient and safe spaces that comply with local and international standards, especially in living rooms, such as ventilation, good lighting, and cleanliness. The internal environment of these institutions needs improvement to meet the needs of residents, including comfortable and age-appropriate decorations that cater to their interests.

Finally, there are significant gaps in providing protection and privacy for residents, as some institutions lack policies to ensure the preservation of residents' privacy at all times. This exposes them to potential risks of neglect and violation of their privacy, such as the use of cameras for surveillance. These institutions should develop policies and procedures to protect the rights of residents and ensure the preservation of their privacy effectively.



*Figure 14: Total Evaluation, Facility & Criteria*

**5.3.3.b Infection Control, and Its Criteria.**

The results indicate a strong adherence to institutional service quality standards and their effectiveness in reducing infection transmission, promoting health and safety, and maintaining infection control measures. Additionally, they underscore the commitment of the institutions to ensuring the well-being of both residents and employees, surpassing both local and international benchmarks.

**Table (5.3.3.b): Means, Standard Deviations, and the results of the one sample T-test for the respondents’ evaluations compared with the international standards and local standards: (N=60).**

**Table 5.3.3.b: Means Standard Deviations and the result of the one sample T-test for the infection control**

Variable	Mean ± S.D	Local Standards (≥70%)T(P-value)	International Standards (≥75%) T(P-value)
Infection control	88.61 ± 6.76	21.329(0.000)*	15.599(0.000)*

Reduce the transmission of infections	93.24 ± 7.45	24.154(0.000)*	18.958(0.000)*
Promotion and protection the health and safety of employees	81.67 ± 11.86	7.617(0.000)*	4.352(0.000)*

\* The mean difference is significant at 0.05.

The provided table presents significant findings regarding the evaluation of institutional service quality standards for persons with disabilities, particularly in the context of infection control and promotion of health and safety:

**Infection Control:** The total mean evaluation (Mean=88.61) significantly exceeds both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, indicating statistical significance.

**Reduction of Transmission of Infections:** The total mean evaluation (Mean=93.24) significantly surpasses both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, demonstrating statistical significance.

**Promotion and Protection of Health and Safety of Employees:** The total mean evaluation (Mean=81.67) significantly exceeds both local and international standards ( $\geq 70\%$  and  $\geq 75\%$  respectively), with P-values of 0.000, indicating statistical significance.

The analysis indicates the institution's excellence in the areas of infection control, transmission reduction, and health and safety standards, surpassing both local and international benchmarks.

This reflects the institution's commitment to maintaining a clean, safe, and healthy environment for individuals with disabilities and its employees.

As a researcher, I observed a pressing need for increased awareness and reinforcement of training on infection control, evident through my observations and discussions with some staff members. There seems to be a problem and inconsistency among professionals in the procedures followed. Additionally, some residents pointed out issues in daily practices,

such as sharing personal items, with varying responses indicating a lack of attention to personal hygiene.

This problem was exacerbated during the COVID-19 pandemic, as some institutions failed to provide services adequately due to a lack of resources and clear guidelines on handling infections and communicable diseases within the facilities. Some institutions were forced to close or reduce the number of residents and staff. Therefore, it appears that responses from participants in the study may lack a deep understanding or sufficient knowledge of these standards.

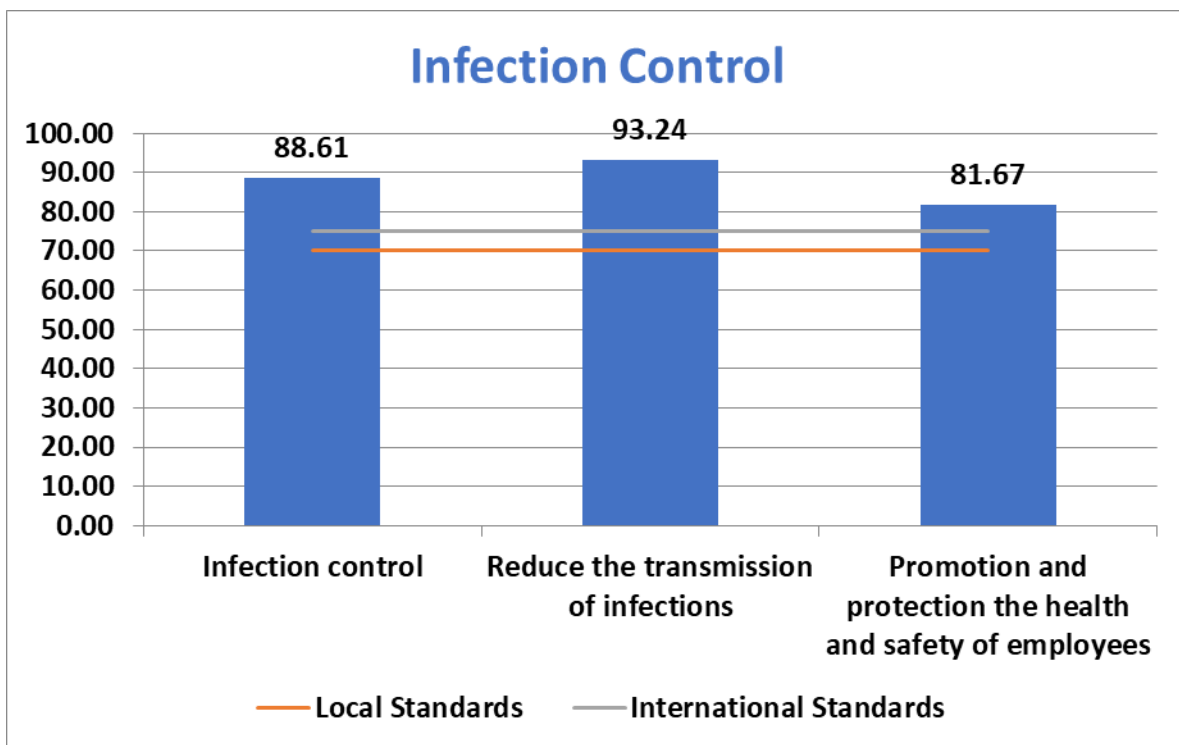


Figure 15: Total Evaluation Infection control and its criteria

### 5.3.5. Domains Five and Six, Safety & Protection.

**Table(5.3.5 ): Means, Standard Deviations, and the results of the one sample T-test for the respondents' evaluations compared with the international standards and local standards: (N=60).**

**Table 5.3.5: Mean Standard Deviations, and the results of the one sample T-test for the safety & Protection standard**

<b>Variable</b>	<b>Mean ± S.D</b>	<b>Local Standards (≥70%) T(P-value)</b>	<b>International Standards (≥75%) T(P-value)</b>
Complaint procedures and protection from mistreatment and neglect	82.36 ± 9.73	9.842(0.000)*	5.861(0.000)*
Professional ethics	89.33 ± 8.34	17.95(0.000)*	13.308(0.000)*
Complaint procedures and protecting residents from mistreatment	86.85 ± 10.73	12.17(0.000)*	8.559(0.000)*
Knowledge in the complaint procedures system	69.86 ± 16.74	-0.064(0.949)	-2.377(0.021)*

\* The mean difference is significant at 0.05.

The results in the table above show significant findings across various domains.

**Complaint Procedures and Protection from Mistreatment and Neglect:** The mean evaluation stands at 82.36, significantly exceeding both local (≥70%) and international (≥75%) standards. The statistical tests yield P-values of 0.000 for both comparisons, indicating statistical significance.

**Professional Ethics:** The mean evaluation for professional ethics is 89.33, significantly surpassing both local and international standards. The statistical tests yield P-values of 0.000 for both comparisons, demonstrating statistical significance.

**Complaint Procedures and Protecting Residents from Mistreatment:** The mean evaluation is 86.85, significantly higher than both local and international standards. The statistical tests yield P-values of 0.000 for both comparisons, indicating statistical significance.

**Knowledge in the Complaint Procedures System:** The mean evaluation is 69.86. Although it is lower than both local and international standards, the statistical test yields a non-significant P-value of 0.949 for the comparison with local standards. However, the comparison with international standards yields a significant P-value of 0.021, indicating a statistically significant difference.

Overall, these results suggest a strong emphasis on and adherence to complaint procedures, protection from mistreatment, and professional ethics within the evaluated institutions. However, there may be capacity for improvement in ensuring knowledge and understanding of the complaint procedures system to meet international standards.

The concept of safe protection and safety for institutional facilities has been linked to the necessity of thorough monitoring and continuous improvement through these explanations, for several reasons:

- Ensuring the safety of beneficiaries: Protection and safety are considered essential to ensure the safety and well-being of beneficiaries in institutional facilities, whether they are children, elderly individuals, or persons with disabilities. In addition to the importance of preserving their physical safety, protection and safety also include protection from exploitation, torture, and other forms of violence.
- Building trust and credibility: When institutional facilities demonstrate commitment to providing a safe and secure environment for beneficiaries, this enhances trust in the system and contributes to building the institution's credibility with the public, donors, and government agencies.

On the other hand, as a researcher, based on my observations of these institutions in general, some of them have a safe and secure environment that provides suitable facilities for activities that meet the residents' needs and are easily accessible. However, I noticed that surveillance and monitoring of residents are more limited during the morning period.

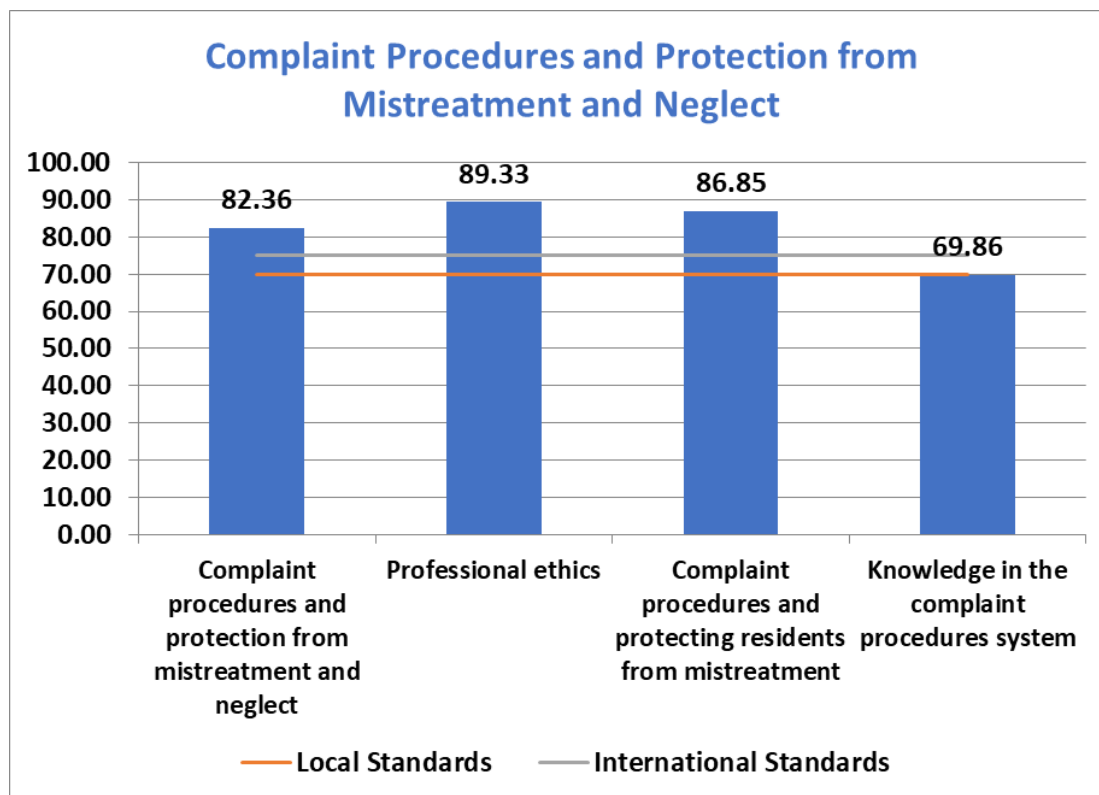
Furthermore, during an open-ended questionnaire, some employees emphasized the importance of greater monitoring and follow-up during the evening period, especially regarding the availability of an adequate number of staff during evening shifts.

This is crucial given the nature of tasks such as feeding, cleaning, and changing residents, which require adequate support.

I observed that some of these institutions heavily rely on volunteers to provide support, often without proper training or familiarity with handling severe disabilities, especially in emergencies such as sudden health incidents for any resident. One employee even admitted lacking basic first aid skills.

In one institution, it was noted that the living room where residents stay does not prioritize residents' privacy in terms of overcrowding and the nature of disabilities. It felt more like a large prison, especially with the presence of round-the-clock surveillance cameras monitoring residents by anyone without considering the standards of protection and safety.

From my perspective as a researcher, the standard of protection, safety, and security is fundamental and requires diligent monitoring both within and outside institutions. Institutions should collaborate with relevant entities, such as government agencies and non-governmental organizations, to improve surveillance and monitoring processes and ensure the highest levels of protection and safety for the beneficiaries.



### **5.3.6. Domaine Seven, Rights and Ethics.**

The analysis presents significant findings regarding the evaluation of service quality standards for persons with disabilities in the domain of rights and ethics.

**Table (5.3.6): Means, Standard Deviations, and the results of the one sample T-test for the respondents' evaluations compared with the international standards and local standards: (N=60).**

**Table 5.3.6: Means Standards Deviations and the result of the one sample T-test for the Rights & Ethics**

<b>Variable</b>	<b>Mean ± S.D</b>	<b>Local Standards (≥70%) T(P-value)</b>	<b>International Standards (≥75%) T(P-value)</b>
Rights and Ethics	83.33 ± 17.89	5.772(0.000)*	3.608(0.001)*

\* The mean difference is significant at 0.05.

The results in the table above show the total mean evaluation stands at 83.33, significantly exceeding both local (≥70%) and international (≥75%) standards. The statistical tests yield P-values of 0.000 and 0.001 respectively, indicating statistical significance.



*Figure 16: Total Evaluation, Right and Ethics, Domain.*

These results demonstrate a commendable adherence to and emphasis on rights and ethics within the evaluated institutions.

The significantly higher mean evaluations compared to both local and international standards suggest a strong commitment to upholding the rights and ethical considerations of persons with disabilities.

The study indicates that the evaluated institutions demonstrate a strong commitment to ensuring the rights and ethics of persons with disabilities, with their evaluations significantly surpassing both local and international quality standards. The results also suggest that this commitment is statistically significant, reflecting dedication to improving services and practices related to rights and ethics within these institutions.

Based on these results, indicate that the evaluated institutions demonstrate a strong commitment to ensuring the rights and ethics of person with disabilities, as their evaluations significantly exceed both local and international quality standards.

The results also suggest that this commitment is statistically significant, reflecting dedication to improving services and practices related to rights and ethics within these institutions.

Overall, this standard is not easy to measure as a researcher through observation and monitoring, but it was clear and tangible to me through its measurement in analyzing the consistency of the institution's environment and culture towards work and respecting the rights of residents.

However, measuring it solely through the relationships between staff and residents was not sufficient, as some institutions were positive and apparent points for me as a researcher, while others were difficult to perceive.

Therefore, this study was designed in a mixed method to conduct interviews with residents specifically to measure the extent of compliance with this standard and their level of satisfaction, and not just from the point of view of employees.

### **5.3.7. Domaine Eghit, Staffing.**

The analysis of the service quality standards for persons with disabilities highlights significant findings in the areas of professional support for staff and the provision of qualified personnel.

the findings underscore a strong dedication within the evaluated institutions to providing robust professional support, enhancing staff capacity, and ensuring the presence of qualified personnel, all essential elements for maintaining high-quality service standards for persons with disabilities.

**Table (5.3.7): Means, Standard Deviations, and the results of the one sample T-test for the respondents' evaluations compared with the international standards and local standards: (N=60).**

**Table 5.3.7: Mean Standards Deviation and the results of the on-sample T-test for the professional support for the staff**

<b>Variable</b>	<b>Mean ± S.D</b>	<b>Local Standards (≥70%) T(P-value)</b>	<b>International Standards (≥75%) T(P-value)</b>
Professional support for the staff	77.64 ± 9.52	6.216(0.000)*	2.147(0.036)*
Professional support for the staff (building staff capacity)	79.07 ± 8.21	8.565(0.000)*	3.846(0.000)*
Providing qualified staff	84.81 ± 8.67	13.234(0.000)*	8.768(0.000)*

\* The mean difference is significant at 0.05.

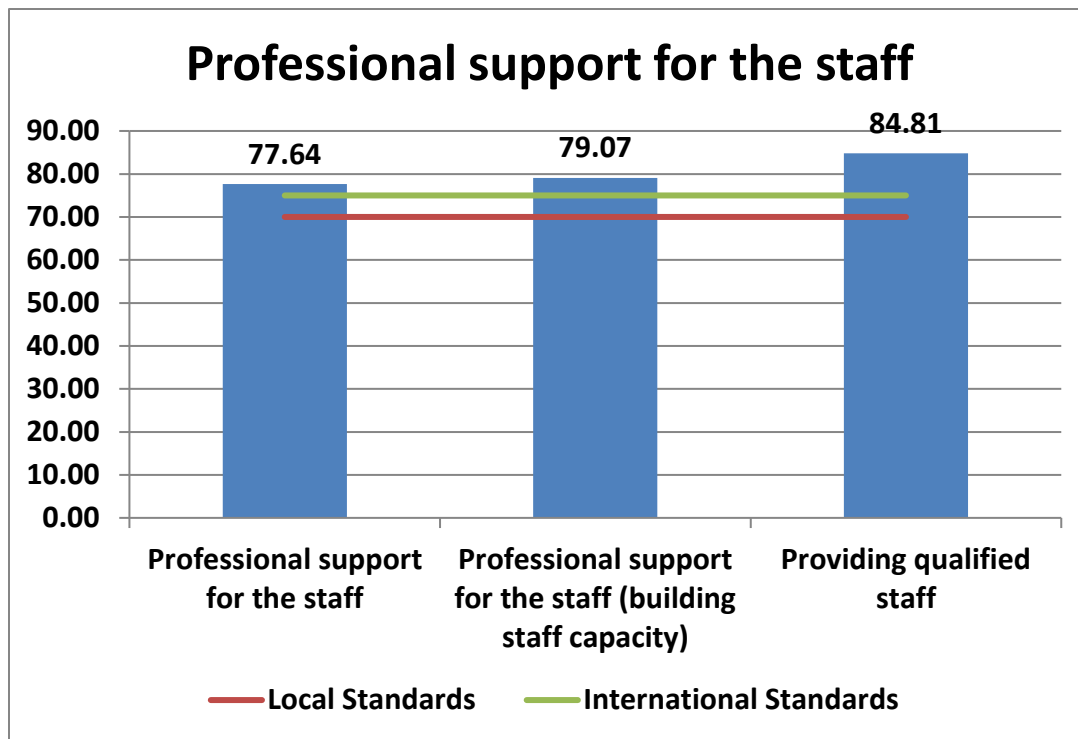
The analysis of the service quality standards for persons with disabilities highlights significant findings in the areas of professional support for staff and the provision of qualified personnel:

**Professional Support for the Staff:** The mean evaluation for professional support for the staff is 77.64, significantly surpassing both local (≥70%) and international (≥75%) standards. The statistical tests yield P-values of 0.000 and 0.036 for local and international standards respectively, indicating statistical significance.

**Professional Support for the Staff (Building Staff Capacity):** The mean evaluation for building staff capacity is 79.07, significantly exceeding both local and international standards. The statistical tests yield P-values of 0.000 for both comparisons, demonstrating statistical significance.

**Providing Qualified Staff:** The mean evaluation for providing qualified staff is 84.81, significantly higher than both local and international standards. The statistical tests yield P-values of 0.000 for both comparisons, indicating statistical significance.

These results underscore the importance of professional support for staff and the provision of qualified personnel in delivering effective services to residents with disabilities. The findings suggest a strong commitment to building staff capacity and ensuring the presence of qualified personnel within the evaluated institutions, which is essential for maintaining high-quality service standards.



*Figure 17: Total Evaluation, Professional Support for the staff*

Based on these results, it is generally observed that institutions in Palestine are committed to providing qualified staff to deliver services, considering diversity and team integration, despite financial difficulties in sustaining their operations.

As a researcher, I noted that institutions are facing financial constraints in increasing their workforce, attributed partly to the repercussions of the COVID-19 pandemic and the absence of governmental support.

Additionally, variations were observed among these institutions in providing professional support, especially for new employees lacking experience in dealing with disabilities.

Furthermore, a significant impact was detected due to staff turnover and attrition in some institutions on the quality of services provided to people with disabilities in residential services, significantly affecting their quality of life.

While obtaining knowledge and skills is essential, personal qualities such as respect, empathy, and enthusiasm are also crucial.

Moreover, differences in employee practices were noted, impacting their sense of belonging and appreciation within the institution, necessitating the systematic provision of psychological and professional support to become part of the institution's culture that respects individuals' rights and adheres to ethical practices in dealing with residents.

#### **5.4. Testing differences in the assessment scores and evaluations of the institutional service quality standards for PWD, considering the following personal and demographic variables for the respondents.**

The following are the results of testing for differences in the assessment scores and evaluations of the institutional service quality standards for PWD, considering to the following personal and demographic variables for the respondents: (Institution, Job Title, Gender, Age, Education Level, Years of Experience, Received Training).

##### **5.4.1 Differences in the respondents' evaluations according to the institution:**

No significant differences were found across institutions for individual care plans, complaint procedures and protection from mistreatment and neglect, professional support for the staff, and total evaluation of institutional service quality standards.

Post-hoc pairwise comparisons revealed additional insights into specific differences between institutions for each variable.

**Table (5.4.1): Means, Standard Deviations, and the results of the one-way ANOVA test of differences in the respondents' evaluations toward the institutional service quality standards according to the institution (N=60).**

**Table 5.4.1: Mean Standards Deviations and the results of the one-way ANOVA test of differences in the evaluations toward the institutional service quality**

Dependent Variable	Institution			F(P-value)
	A (N=20)	B (N=20)	C (N=20)	
Information	85.67 <sup>b</sup> ± 14.06	80.33 <sup>b</sup> ± 10.92	68.33 <sup>a</sup> ± 10.12	11.278(0.000)*
Initial assessment of beneficiaries	91.07 <sup>c</sup> ± 5.12	82.02 <sup>b</sup> ± 7.51	76.07 <sup>a</sup> ± 8.12	23.053(0.000)*
Individual care plans	73.54 ± 12.48	72.08 ± 14.5	65 ± 12.92	2.349(0.105)
Facility	81.17 <sup>a</sup> ± 9.93	87.58 <sup>b</sup> ± 5.06	91.5 <sup>b</sup> ± 7.33	9.178(0.000)*
Infection control	86.33 <sup>a</sup> ± 6.48	92.67 <sup>b</sup> ± 6.27	86.83 <sup>a</sup> ± 5.87	6.426(0.003)*
Personal care services	89.38 <sup>b</sup> ± 3.68	88.95 ± 6.39	85.06 <sup>a</sup> ± 5.08	4.238(0.019)*
Social integration activities	74.05 <sup>b</sup> ± 11.4	57.86 <sup>a</sup> ± 17.77	64.76 ± 11.18	6.938(0.002)*
Rights and Ethics	83.33 ± 17.1	93.33 <sup>b</sup> ± 13.68	73.33 <sup>a</sup> ± 17.44	7.657(0.001)*
Complaint procedures and protection from mistreatment and neglect	80.69 ± 11.02	85.56 ± 8.39	80.83 ± 9.27	1.654(0.200)
Professional support for the staff	79.58 ± 8.75	77.08 ± 11.11	76.25 ± 8.67	0.656(0.523)
Total evaluation for the institutional service quality standards	84.07 ± 4.86	83.7 ± 6.14	80.77 ± 5.61	2.118(0.130)

\* The mean difference is significant at 0.05.

\*\* Different lowercase superscript letters show significant differences between the institutions based on Post-hoc pairwise comparisons test.

The table presents the means, standard deviations, and results of a one-way analysis of variance (ANOVA) test, examining differences in respondents' evaluations of institutional

service quality standards across different institutions (A, B, and C). Overall, significant differences were found in evaluations across institutions for several variables:

**Information provision:** Institution A (Mean=85.67) and Institution B (Mean=80.33) scored significantly higher than Institution C (Mean=68.33).

**Initial assessment of beneficiaries:** Institution A (Mean=91.07) received significantly higher scores compared to Institution B (Mean=82.02) and Institution C (Mean=76.07).

**Facility standards:** Institution C (Mean=91.5) received significantly higher scores than both Institution A (Mean=81.17) and Institution B (Mean=87.58).

**Infection control:** Institution B (Mean=92.67) scored significantly higher than both Institution A (Mean=86.33) and Institution C (Mean=86.83).

**Personal care services:** Institution A (Mean=89.38) scored significantly higher than Institution C (Mean=85.06), with no significant difference found with Institution B.

**Social integration activities:** Institution A (Mean=74.05) scored significantly higher than Institution B (Mean=57.86), while no significant difference was found with Institution C.

**Rights and ethics:** Institution B (Mean=93.33) scored significantly higher than Institution A (Mean=83.33) and Institution C (Mean=73.33).

The analysis indicates the presence of significant differences between institutions in their performance across various service quality standards, suggesting that each institution has areas of strength and weakness. The significant differences in specific areas such as Information, Initial assessment of beneficiaries, Facility, Infection control, Personal care services, Social integration activities, and Rights and ethics highlight the variability in institutional performance and suggest areas where each institution excels or requires improvement. For example:

**Institution A** demonstrated strength in Information and Personal care services, suggesting effective communication and care practices.

**Institution B** excelled in Infection control and Rights and ethics, indicating a strong emphasis on health safety and ethical standards.

**Institution C** was notably higher in Facility evaluations, suggesting superior physical infrastructure or maintenance.

The lack of significant differences in areas like Individual care plans, Complaint procedures, Professional support for the staff, and the overall evaluation suggests that there might be a baseline of quality standards that all institutions meet or that these areas are less variable between institutions.

This analysis underscores the importance of continuous quality improvement efforts within institutions, highlighting the need for targeted improvements in specific areas to enhance overall service quality. It also suggests that standard and sharing best practices between institutions could be beneficial in raising standards across the board.

As a researcher, this analysis indicates significant differences in respondents' evaluations of the institutional service quality standards across various institutions. The large statistical differences suggest variations in the quality of services provided by these institutions, possibly due to differences in organization, resource management, training, guidance, and other factors that may affect service quality. It is essential for institutions to closely consider these findings and take necessary actions to improve the quality of their services and better meet the needs of beneficiaries.

This reflects the significant importance of continuous monitoring and performance evaluation in those institutions, in addition to the focus on providing appropriate support and training for employees to ensure the delivery of high-quality services.

#### **5.4.2. Differences of the respondents' evaluations According to the job type:**

The analysis of the differences in the evaluations of institutional service quality standards according to the job type (Director vs. Employee) based on the provided data does not reveal any statistically significant differences between the groups for any of the dependent variables, as all the P-values exceed the commonly accepted alpha level of 0.05 for statistical significance.

**Table (5.4.2): Means, Standard Deviations, and the results of the two independent samples T-test of differences in the respondents' evaluations toward the institutional service quality standards according to the job type (N=60).**

**Table 5.4.2. Means Stander Deviations and the results of the two independent samples T-test of differences according to the job type**

Dependent variable	Job type		T(P-value)
	Director	Employee	
Information	80.74 ± 11.86	76.98 ± 14.44	0.971(0.336)
Initial assessment of beneficiaries	86.11 ± 7.67	81.75 ± 9.71	1.692(0.096)
Individual care plans	72.22 ± 12.86	69.35 ± 14.01	0.746(0.459)
Facility	87.78 ± 8.36	86.31 ± 8.91	0.596(0.554)
Infection control	89.26 ± 6.42	88.33 ± 6.96	0.483(0.631)
Personal care services	89.16 ± 4.97	87.21 ± 5.59	1.278(0.206)
Social integration activities	67.72 ± 15.37	64.63 ± 15.1	0.725(0.472)
Rights and Ethics	79.63 ± 16.72	84.92 ± 18.34	-1.051(0.298)
Complaint procedures and protection from mistreatment and neglect	81.94 ± 9.54	82.54 ± 9.92	-0.215(0.830)
Professional support for the staff	79.17 ± 9.15	76.98 ± 9.71	0.812(0.420)
Total evaluation of the institutional service quality standards	84.22 ± 5.66	82.26 ± 5.63	1.237(0.221)

The results of the two independent samples T-test in the table above show that there are no significant differences at 0.05 level between the directors and the employees in all the

dependent variables under study since the P-values corresponding to all these variables are higher than 0.05.

The main findings of the analysis indicate that there are no statistically significant differences in the evaluations of situational service quality between administrators (directors) and employees within the institutions. This means:

**Uniform Perception Across Job Roles:** Both administrators and employees have a similar perspective regarding the quality of services in the institution.

**Effective Communication within Institutions:** The uniform evaluation of service quality demonstrates that there is effective communication that enables all levels to understand and share service quality standards.

**Consensus on Service Quality Priorities:** There appears to be an agreement between managers and employees on the strengths and weaknesses in service delivery.

**Potential for Collaborative Improvement:** Given the consensus on the quality of provided services, institutions can motivate both managers and employees towards shared goals for service improvement.

**Indication of a Strong Organizational Culture:** The similarity in perceptions may reflect the presence of a strong organizational culture that similarly affects all employees, helping to guide them towards the same goals.

It is important to understand that the lack of significant differences in evaluations between different job roles regarding service quality while indicating effective communication and mutual understanding, does not necessarily mean there are no areas for improvement. Continuous improvement is necessary and requires ongoing evaluation and maintaining open channels for feedback at all levels of the organization to adapt to changes in service requirements and expectations. Additionally, during my observations as a researcher while visiting institutions, there was a fear or reluctance among some employees to openly discuss and critique the quality of services provided. This was particularly evident in responses to open-ended questions included in the survey.

### 5.4.3. Differences of the Respondents' Evaluations According to the Gender

In summary, both males and females provide similar evaluations of institutional service quality standards across various domains, including Information, Initial assessment of beneficiaries, Individual care plans, Facility, Infection control, Personal care services, Social integration activities, Rights and ethics, Complaint procedures and protection from mistreatment and neglect, Professional support for the staff, and Total evaluation for the institutional service quality standards.

**Table 5.4.3. Means Standard Deviations and the result of the two independent sample T-tests of differences in according to the respondents' evaluations toward the institutional service quality standards according to the gender (N=60).**

Dependent variable	Gender		T(P-value)
	Male	Female	
Information	79.7 ± 14.9	77.19 ± 13.12	0.678(0.501)
Initial assessment of beneficiaries	85.17 ± 9.26	81.83 ± 9.22	1.351(0.182)
Individual care plans	73.11 ± 13.59	68.53 ± 13.55	1.259(0.213)
Facility	87.12 ± 9.65	86.54 ± 8.23	0.249(0.804)
Infection control	88.18 ± 5.88	88.86 ± 7.28	-0.372(0.712)
Personal care services	88.1 ± 5.25	87.62 ± 5.62	0.327(0.745)
Social integration activities	70.35 ± 15.27	62.78 ± 14.51	1.909(0.061)
Rights and Ethics	81.82 ± 19.86	84.21 ± 16.87	-0.496(0.622)
Complaint procedures and protection from mistreatment and neglect	83.33 ± 10.64	81.8 ± 9.26	0.586(0.560)
Professional support for the staff	79.55 ± 10.83	76.54 ± 8.63	1.184(0.241)
Total evaluation for the institutional service quality standards	83.99 ± 6.37	82.19 ± 5.19	1.193(0.238)

The results of the two independent samples T-test reveal that there are no significant differences at the 0.05 level between males and females in their evaluations of institutional service quality standards across all the dependent variables examined.

This indicates that gender does not have a statistically significant impact on respondents' assessments of these standards. The P-values associated with each variable are greater than 0.05, indicating a lack of statistically significant differences between males and females.

For instance, social integration activities show a p-value of 0.061, indicating a borderline significance level, suggesting that there may be some differences in evaluations between males and females regarding this aspect of institutional service quality. Additionally, the initial assessment of beneficiaries also has a p-value of 0.182, which is above the significant level but relatively close, suggesting a possible trend.

Overall, while there may be some minor differences in evaluations between genders for certain aspects of institutional service quality, the analysis suggests that these differences are not statistically significant at the given significance level.

From my perspective as a researcher, the decision to compare genders was rooted in the acknowledgment of culture's significant role in service delivery to residents, particularly concerning daily care and the maintenance of privacy, especially in personal hygiene matters.

#### 5.4.4. Differences in the Respondents' Evaluations According to Age.

**Table 5.4.4. Means Standard Deviation and the result of the one-way ANOVA test of differences in the respondents' evaluations toward the institutional service quality standards according to age (N=60).**

Dependent Variable	Age				F(P-value)
	20-30	31-40	41-50	51 or More	
Information	78.67 ± 13.26	81.52 ± 15.66	74.04 ± 12.55	77.78 ± 11.06	1.017(0.392)
Initial assessment of beneficiaries	81.19 ± 8.43	84.09 ± 9.79	82.71 ± 9.42	83.33 ± 9.96	0.227(0.877)
Individual care plans	68.75 ± 13.5	72.92 ± 13.65	66.01 ± 12.82	74.07 ± 14.99	1.18(0.325)
Facility	91.67 ± 4.23	84.55 ± 9.91	84.91 ± 8.67	90.56 ± 6.61	2.583(0.062)
Infection control	88.33 ± 6.14	87.88 ± 7.67	88.77 ± 6.4	90.37 ± 6.55	0.288(0.834)

Personal care services	88.02 ± 5.27	88.83 ± 5.49	85.96 ± 5.08	88.89 ± 6.17	1.115(0.351)
Social integration activities	59.52 ± 12.94	70.35 ± 14.62	61.65 ± 14.76	68.78 ± 17.02	1.91(0.138)
Rights and Ethics	76.67 ± 22.5	84.85 ± 16.99	84.21 ± 17.1	85.19 ± 17.57	0.55(0.65)
Complaint procedures and protection from mistreatment and neglect	80 ± 8.86	86.11 <sup>b</sup> ± 8.22	77.19 <sup>a</sup> ± 11.25	86.73 <sup>b</sup> ± 4.11	4.294(0.009)*
Professional support for the staff	73.33 <sup>a</sup> ± 10.24	81.82 <sup>b</sup> ± 10.17	73.68 <sup>a</sup> ± 6.95	80.56 <sup>b</sup> ± 7.22	4(0.012)*
Total evaluation for the institutional service quality standards	82.59 ± 5.14	84.02 ± 5.62	80.56 ± 5.43	85.12 ± 5.95	1.926(0.136)

\* The mean difference is significant at 0.05.

\*\* Different lowercase superscript letters show significant differences between the age groups based on Post-hoc pairwise comparisons test.

The results of the one-way ANOVA test indicate significant differences at the 0.05 level between age groups in the evaluations of Complaint procedures and protection from mistreatment and neglect, as well as in Professional support for the staff.

For Complaint procedures and protection from mistreatment and neglect, both the age group 51 or More and the age group 31-40 demonstrate significantly higher mean evaluations compared to the age group 41-50. This suggests that older respondents (51 or More) and those in the age range of 31-40 are more satisfied with the institution's procedures and protection measures in place, as indicated by their evaluations.

Similarly, in Professional Support for the staff, both the age group 51 or More and the age group 31-40 exhibit significantly higher mean evaluations compared to both the age group 41-50 and the age group 20-30. This implies that older respondents and those in the age range of 31-40 perceive a higher level of professional support provided to the staff compared to the younger age groups.

Conversely, no significant differences were observed between age groups in the evaluations of other dependent variables, including Information, Initial assessment of beneficiaries, Individual care plans, Facility, Infection control, Personal care services,

social integration activities, Rights and ethics, and Total evaluation for the institutional service quality standards. This indicates that age does not play a significant role in shaping perceptions across these domains.

The analysis results indicate differences between generations regarding their needs and aspirations for work, which affect their responses. For example, younger individuals require more professional support and lack sufficient experience in dealing with disabled residents compared to older, more experienced individuals.

As a researcher, I observed that some new employees praised the training process but felt it lacked adequate supervision and guidance, especially considering many lacked previous experiences in this field. This led to a high turnover rate, impacting on the quality of service provided within these institutions.

**5.4.6. Differences of the respondents’ evaluations according to the educational level:**

The next table shows the means, standard deviations, and the results of the one-way analysis of variance (one-way ANOVA) test of differences in the respondents’ evaluations toward the institutional service quality standards according to the educational level.

**Table 5.4.6. Means Standard Deviations and the result of the one-way ANOVA test of differences in the respondents’ evaluations toward the institutional service quality standards according to the educational level (N=60).**

Dependent Variable	Educational level				F(P-value)
	Tawjihi	Diploma	B. A	Postgraduate studies	
Information	71.43 ± 5.04	74.72 ± 12.58	83.19 ± 13.76	80 ± 19.78	2.264(0.091)
Initial assessment of beneficiaries	78.23 <sup>a</sup> ± 6.36	79.46 <sup>a</sup> ± 10.85	87.78 <sup>b</sup> ± 5.93	84.92 ± 8.61	4.593(0.006) *
Individual care plans	62.5 <sup>a</sup> ± 9.32	66.15 ± 13.7	75.91 <sup>b</sup> ± 11.92	73.61 ± 16.6	3.255(0.028) *
Facility	84.29 ± 7.63	88.26 ± 8.88	84.78 ± 8.09	91.11 ± 10.63	1.346(0.269)

Infection control	90.95 ± 3.71	88.33 ± 6.14	87.68 ± 7.42	90.56 ± 9.53	0.592(0.623)
Personal care services	85.36 ± 1.81	86.47 ± 5.92	89.16 ± 4.47	90.74 ± 7.84	2.117(0.108)
Social integration activities	53.06 <sup>a</sup> ± 10.07	64.48 ± 14.99	68.74 ± 14.05	72.22 <sup>b</sup> ± 18.67	7.917(0.048) *
Rights and ethics	90.48 ± 16.27	83.33 ± 19.66	79.71 ± 16.63	88.89 ± 17.21	0.873(0.460)
Complaint procedures and protection from mistreatment and neglect	83.73 ± 8.7	82.52 ± 9.95	82.13 ± 8.37	81.02 ± 16.05	0.087(0.967)
Professional support for the staff	72.62 ± 4.07	76.74 ± 10.98	79.35 ± 6.59	80.56 ± 15.52	1.165(0.331)
Total evaluation for the institutional service quality standards	79.72 ± 2.29	81.76 ± 6.29	84.22 ± 4.41	85.6 ± 8.21	2.026(0.121)

\* The mean difference is significant at 0.05.

\*\* Different lowercase superscript letters show significant differences between the educational levels based on Post-hoc pairwise comparisons test.

The results of the one-way ANOVA test revealed significant differences at the 0.05 level between educational levels in the evaluations of the Initial assessment of beneficiaries, Individual care plans, and social integration activities.

For the Initial assessment of beneficiaries, respondents with a B. A educational level demonstrates significantly higher mean evaluations (Mean=87.78) compared to those with a Diploma (Mean=79.46) and Tawjihi (Mean=78.23). This suggests that individuals with higher educational attainment perceive a more comprehensive and satisfactory initial assessment process.

Regarding Individual care plans, respondents with a B.A educational level exhibits a significantly higher mean evaluation (Mean=75.91) compared to those with a Tawjihi qualification (Mean=62.5). This indicates that individuals with a higher educational background perceive greater effectiveness and detail in the formulation of individual care plans.

Similarly, for social integration activities, respondents with Postgraduate studies report significantly higher mean evaluations (Mean=72.22) compared to those with a Tawjihi qualification (Mean=53.06). This implies that individuals with advanced educational qualifications perceive a more robust and meaningful engagement in social integration activities.

Conversely, no significant differences were observed between educational level groups in the evaluations of other dependent variables, including Information, Facility, Infection control, Personal care services, Rights and ethics, Complaint procedures and protection from mistreatment and neglect, Professional support for the staff, and Total evaluation for the institutional service quality standards. This suggests that educational level does not significantly influence perceptions across these domains.

From my perspective as a researcher, the analysis indicates differences in the level and quality of education across generations, especially considering that many workers received remote education during the COVID-19 pandemic.

Graduates from this period often lacked the necessary skills and readiness to work with persons with severe disabilities due to insufficient practical training opportunities. Regarding their needs and aspirations toward work, this significantly influences their responses. For example, experienced workers noticed that newcomers lacked sufficient experience and ability to handle the work pressure according to the requirements of working with persons with severe disabilities.

#### 5.4.7. Differences in the respondents' evaluation according to the years of experience:

**Table 5.4.7: Means Standard Deviations and the result of the one-way test of differences in the respondents' evaluations toward the institutional service quality standards according to the years of experience (N=60).**

Dependent Variable	Years of experience					F(P-value)
	Less than Year	2-5 Years	6-10 Years	11-20 Years	21 Years or More	
Information	76.67 ± 11.55	81.33 ± 12.91	75.33 ± 15.73	73.33 ± 14.91	81.82 ± 11.96	1.047(0.392)
Initial assessment of beneficiaries	81.55 ± 11.4	83.57 ± 8.56	83.81 ± 9.71	80 ± 9.89	86.15 ± 9.15	0.754(0.560)
Individual care plans	69.79 ± 17.14	73.96 ± 13.71	66.67 ± 13.03	62.78 <sup>a</sup> ± 8.69	76.89 <sup>b</sup> ± 14.83	2.571(0.048)*
Facility	91.25 ± 4.17	85.67 ± 9.42	83.83 ± 8.86	86.78 ± 8.44	89.7 ± 8.62	0.937(0.450)
Infection control	87.5 ± 5	88.5 ± 7.13	86.67 ± 7.03	89.11 ± 5.56	90.3 ± 8.36	0.411(0.800)
Personal care services	86.73 ± 3.55	88.09 ± 5.07	86.54 ± 6.03	86.67 ± 5.62	90.35 ± 5.84	0.947(0.444)
Social integration activities	66.67 ± 16.03	69.05 ± 17.17	60 ± 9.58	57.78 <sup>a</sup> ± 11.08	74.46 <sup>b</sup> ± 14.95	2.882(0.031)*
Rights and Ethics	66.67 ± 0	83.33 ± 20.23	83.33 ± 17.57	88.89 ± 16.27	81.82 ± 17.41	1.272(0.292)
Complaint procedures and protection from mistreatment and neglect	82.64 ± 6.16	84.86 ± 9.73	80 ± 10.21	81.3 ± 10.31	81.31 ± 10.18	0.538(0.709)

Professional support for the staff	77.08 ± 4.17	79.58 ± 12.23	74.17 ± 4.73	77.22 ± 9.69	78.03 ± 8.56	0.539(0.708)
Total evaluation for the institutional service quality standards	82.95 ± 4.99	83.78 ± 5.76	80.77 ± 5.69	80.86 ± 4.6	85.72 ± 6.23	1.718(0.159)

\* The mean difference is significant at 0.05.

\*\* Different lowercase superscript letters show significant differences between the years of experience groups based on Post-hoc pairwise comparisons test.

The results of the one-way ANOVA test indicate significant differences at the 0.05 level between years of experience groups specifically in Individual care plans and social integration activities.

For Individual care plans, respondents with 21 years or more of experience show a significantly higher mean evaluation (Mean=76.89) compared to those with 11-20 years of experience (Mean=62.78). This suggests that individuals with more extensive experience perceive a more detailed and effective approach to formulating individual care plans.

Similarly, in social integration activities, respondents with 21 years or more of experience report a significantly higher mean evaluation (Mean=74.46) compared to those with 11-20 years of experience (Mean=57.78). This implies that individuals with longer tenure perceive a more robust and meaningful engagement in social integration activities.

Conversely, no significant differences were observed between years of experience groups in the evaluations of other dependent variables. This indicates that years of experience does not significantly influence perceptions across these other domains.

The analysis results indicate differences among workers in terms of years of experience in the field, particularly evident in the criteria for selecting appropriate social activities to enhance residents' quality of life, as well as in the standards for the care plans provided to them.

Through my professional experience in this field, I believe that the issue of creativity in the context of cumulative experience in working with persons with disabilities is multifaceted. On one hand, accumulated experience can provide valuable insights and practical knowledge, enabling professionals to develop innovative solutions and approaches to meet the diverse needs of individuals with disabilities. Over time, exposure to different situations and challenges can foster creativity and resourcefulness in problem-solving.

However, there's also a risk of complacency or stagnation in creativity with prolonged experience. Professionals may become entrenched in familiar practices or routines, potentially overlooking new opportunities for innovation. Additionally, creativity often thrives in environments that encourage experimentation, collaboration, and openness to new ideas. Therefore, fostering a culture of continuous learning, reflection, and adaptation is crucial to sustaining creativity throughout one's profession in disability services.

#### 5.4.8. Differences in the Respondents' Evaluations According to the received training

**Table 5.4.8: Means, Standard Deviations, and the results of the two independent samples T-test of differences in the respondents' evaluations toward the institutional service quality standards according to the received training (N=60).**

Dependent variable	Received Training		T(P-value)
	Yes	No	
Information	77.14 ± 12.85	80.37 ± 15.76	-0.832(0.409)
Initial assessment of beneficiaries	82.94 ± 9.44	83.33 ± 9.24	-0.15(0.881)
Individual care plans	71.43 ± 14.27	67.36 ± 11.89	1.06(0.293)
Facility	86.98 ± 7.63	86.2 ± 11.05	0.316(0.753)
Infection control	89.6 ± 7.11	86.3 ± 5.35	1.768(0.082)
Personal care services	87.77 ± 5.79	87.86 ± 4.7	-0.057(0.955)
Social integration activities	64.85 ± 16.76	67.2 ± 10.57	-0.547(0.587)
Rights and ethics	86.51 ± 16.56	75.93 ± 19.15	2.164(0.035)

Complaint procedures and protection from mistreatment and neglect	82.54 ± 10.16	81.94 ± 8.9	0.215(0.83)
Professional support for the staff	77.78 ± 9.85	77.31 ± 8.95	0.171(0.865)
Total evaluation for the institutional service quality standards	83.02 ± 6.14	82.46 ± 4.49	0.347(0.73)

The results of the two independent samples T-test reveal a significant difference at the 0.05 level only in the domain of rights and ethics between respondents who received training related to persons with disabilities and those who did not.

Specifically, respondents who received such training reported significantly higher evaluations regarding rights and ethics (Mean=86.51) compared to those who did not receive training (Mean=75.93), with a p-value of  $0.035 < 0.05$ .

Conversely, there were no significant differences at the 0.05 level between the two groups in the evaluations of all other dependent variables studied. The p-values corresponding to these variables were higher than 0.05, indicating no significant disparities between respondents who received training related to persons with disabilities and those who did not cross these domains.

From a researcher's perspective, the findings on training and workforce diversity are both enlightening and promising. It's encouraging to note that 70% of respondents have received training related to persons with disabilities, indicating a prepared workforce. However, there are observed inconsistencies in staffing levels and the presence of qualified nursing staff across some institutions. Further exploration is needed to understand how these demographic factors intersect with attitudes and practices in care provision. Prioritizing initiatives that foster diversity, inclusivity, and ongoing professional development is essential to ensure the delivery of person-centered and culturally responsive services within residential institutions.

## 5.5. Content Analysis

Since it was a key goal of this study to capture the point of view of both workers as well as people with different disabilities directly and explore their experiences with the quality standards of services provided in shelter institutions for persons with disabilities in the West Bank / Palestine. The qualitative data collection took place after the quantitative survey had been completed, which, as noted above, allowed us to finely contextualize our questions with regularly scheduled time for discussion to address emerging issues and fine-tune the research instruments as needed.

### 5.5.A. Results of the qualitative phase:

#### 5.5.A.1. *Quantitatively content analysis*

The questionnaire used in this study contained three open-ended questions and the answers were as follows:

**Question number one.:** clarify the content of the training you received for people with disabilities. And from your perspective, what specific training or courses do you feel you need regarding people with disabilities?

Forty-two respondents (70%) received training related to persons with disabilities. On the other hand, 18 respondents (30%) don't receive training, all participants who responded to this question indicated a critical need for specialized training, including rights of persons with disabilities and protection policies, as well as advanced courses in first aid. Furthermore, the workers emphasized their need and the importance of training in effective communication skills with individuals with severe disabilities and how to interact with them appropriately. Additionally, workers expressed a desire to learn about different methods for dealing with this group of individuals and enhancing skills in stress management and psychological support. Finally, workers highlighted the necessity for training in raising awareness about how to interact and engage with families of persons with severe disabilities.

**Question number Two:** What obstacles prevent you from participating in training specifically for caring for persons with disabilities?

Out of 60 participants, 14 respondents only answered this question (24%) and provided insights into the challenges faced by the team in attending training sessions focused on caring for persons with disabilities. These challenges include limited training opportunities, difficulty accessing courses outside of work, and the high costs associated with some courses. Some necessary training sessions are either not readily available or lack the required specialization. Moreover, the team struggles to attend training sessions regularly due to time constraints and long working hours. The absence of suitable courses tailored for persons with severe disabilities is concerning. Consequently, there is a need for institutions to enhance the accessibility and inclusivity of training sessions and broaden their scope to cater to a wider audience.

**Question number Three:** Please mention any other comments you would like to add regarding the quality standards of services provided within the institution.

Out of 60 participants, 18 participants answered this question (30%), all of them who responded to this question indicated the challenges facing services within the institution regarding the quality standards of services including a lack of resources and government support, along with the continuous need for staff development and policy as well as procedure manuals.

Further, the insufficient number of staff and limited spaces contribute to the reduction in service quality, so those participants suggested that it is recommended to enhance recreational activities and develop a monitoring and surveillance system. Improving communication and interaction with residents, as well as involving families in monitoring operations, are essential. Additionally, improving cleanliness standards, and documentation systems, and ensuring continuous training for staff and the availability of medical expertise are crucial. Enhancing communication between departments and providing guidelines for emergencies are essential for improving service quality. Finally, providing psychological support for staff and continuously improving safety and cleanliness procedures within the institution are also necessary.

## **5.5.B. Result of the qualitative phase**

### ***5.5.B.1. Qualitative content analysis***

#### **Step one:**

After finishing the analysis of phase one (quantitative) analysis, the researcher read the interview transcripts as well as the demographic information as a whole, in an attempt to gain a general understanding of what the participants expressed regarding all the factors that might affect measuring the quality standards of services provided in shelter institutions for persons with disabilities in the West Bank / Palestine.

#### **Step two:**

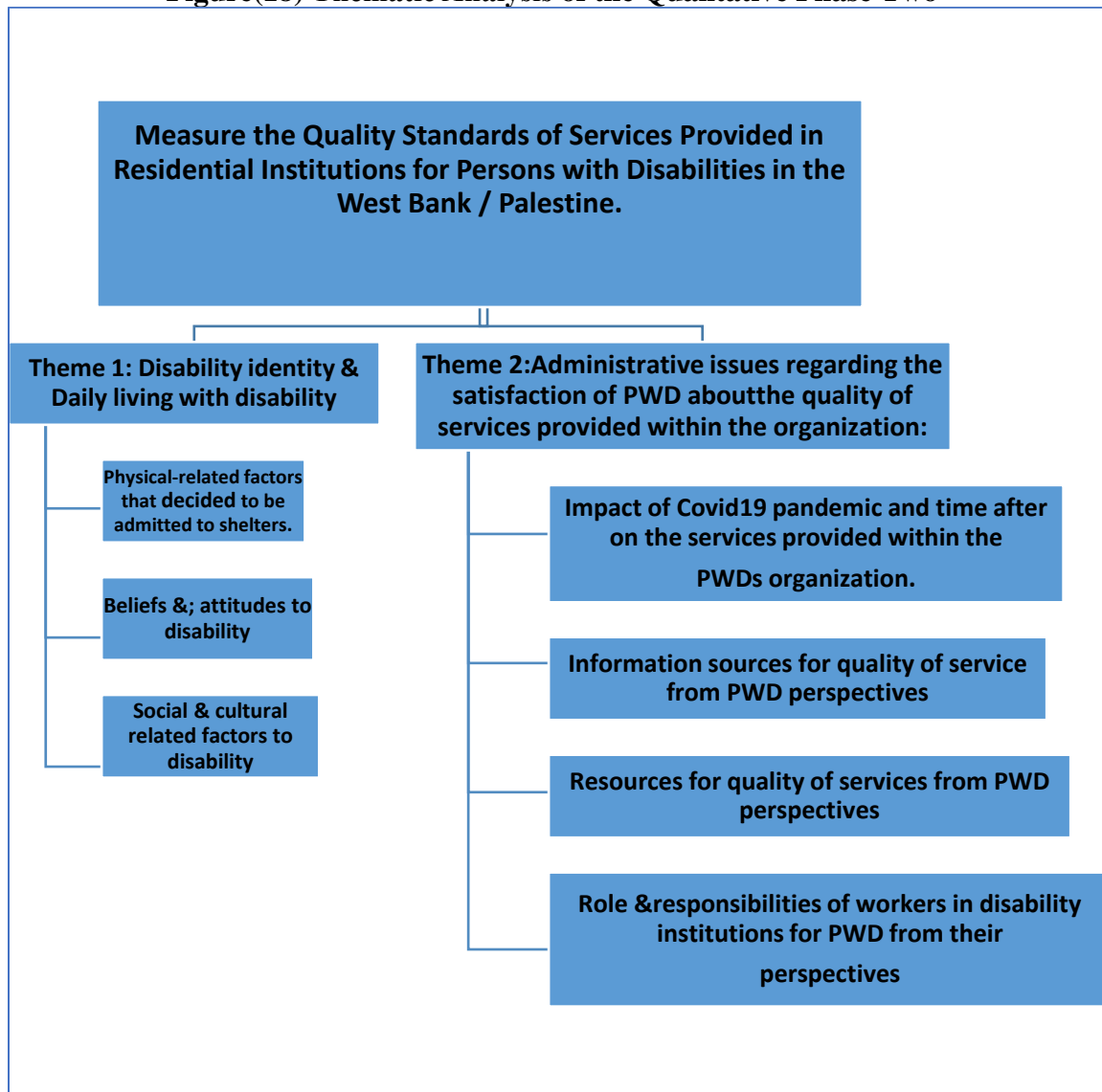
Then, categories derived from each data collection method were then clustered around each research question they contributed to answering the theme category, encompassing the research purpose, to mark text in the interview transcripts of phase two to identify subcategories and emerging themes.

**Step Three:** during analysis, the transcripts were summarized separately by outlining the key points made by participants (noting individual comments) in response to the questions asked. These key questions formed the framework for the semi-structured interviews. This process of analysis was carried out systematically, incorporating a degree of intuition, perhaps due to familiarity with the data and the subject matter.

### ***5.5.B.2. Thematic Analysis of the Qualitative Phase Two:***

Through the qualitative interviews and dialogues, the researcher wove a complex stories about life inside the institution, discovering that each experience reveals a different aspect of the quality of care and the daily challenges faced by the residents, underscoring the importance of listening to their voices in the quest to improve the services provided to them.

**Figure(18) Thematic Analysis of the Qualitative Phase Two**



**5.5.B.2.1. Theme 1: Disability identity & Daily living with disability**

From the qualitative interviews with the residents, the researcher has noticed that the issue of disability identity and daily living with disabilities was evident in their overall perception, as it was noticed that their personality was influenced by their perceptions of their disabilities and their daily interactions with the challenges they present within their complex society culture.

In Palestine, issues of disability identity and daily living for people with disabilities are of great importance within the broader social and political environment. Disability identity is influenced by cultural beliefs, social attitudes, and the impact of the occupation, creating challenges and discrimination that affect individuals with disabilities. Daily living faces multiple difficulties due to conflict, lack of services and infrastructure, and limited access to education, employment, healthcare, and community participation. (Abdel-Salam Al-Masri, 2024.)

The history of the development of the concept of disability and its treatment within institutional settings in Palestine reflects the social, cultural, and political changes the country has undergone over the ages. Palestinian culture and unique political challenges provide a complex background for understanding the historical evolution of disability in Palestinian society. (Abdel-Salam Al-Masri, 2024.)

Despite the existing challenges, institutional settings in Palestine continue to play a vital role in supporting people with disabilities and their families, striving to improve services and promote the rights and dignity of this segment of society. Thus, developing this identity and addressing these challenges requires overcoming stigma, challenging stereotypes, and advocating for inclusivity and access. Furthermore, forming a positive disability identity, which includes pride, empowerment, and addressing practical aspects of disabilities such as mobility and self-care, is essential for individual well-being and quality of life (Commission for Western Asia, 2018)

Moreover, advocating the daily interactions with the challenges people with disability present within their society. Thus, at the societal level, it is necessary to promote disability rights and provide supportive environments and services to empower individuals to lead fulfilling lives and promote a more inclusive and just society. (CDC, 2020b)

One of the residents 46-year-old male with intellectual difficulties, emphasized the lack of acceptance and adaptation within the family compared to the comfort and freedom he feels within the institution, stating: *"I feel more comfortable and freer here than at home. Here, I can go out and roam around the facility, engage in activities I enjoy, and talk to others. Whereas at home, I find myself confined to the room, surrounded by four walls, not allowed to go out, not doing anything, and no one talks to me."*

This testimony clearly reflects the non-acceptance of disability within the family, as the resident prefers staying in the institution rather than at home, where he finds comfort and freedom not experienced in his family environment. This impression demonstrates the resident's desire to escape the constraints and challenges he faces at home due to feeling incapable of doing anything useful or communicating with others. This testimony highlights the urgent need to increase awareness and understanding of disability in society and to provide a supportive and encouraging environment for people with disabilities within their homes and communities.

- **Subthemes:**
- **Physical-related factors that decided to be admitted to shelters.**

Overall, the qualitative interview revealed a notable dissatisfaction with the decision-making process related to admission to shelters based on the physical-related factors. Participants' quotes underscored feelings of alienation and disapproval toward the institution. (Essam, 2020)

Physical-related factors are critical determinants for individuals seeking admission to shelters. Mobility issues play a significant role, as individuals with physical disabilities may require shelters equipped with accessible facilities and assistance for navigation. Additionally, those with ongoing medical needs, such as regular healthcare services, may seek shelter admission to ensure access to necessary medical care. Safety concerns also influence decisions, especially for vulnerable individuals who may seek refuge in shelters during emergencies. (Giacaman, 2021.)

The participants' quotes vividly express the reasons for their presence within this institution. A 54-year-old resident, who has a spinal cord injury, recounted her experience: *"When I was 16 years old, I was referred to this place by the police and social services. My family refused to take me in, especially after I became physically disabled and needed a lot of care, particularly after the fall. My family didn't accept my presence, and as a result of all these problems, this place became the best and safest option for me, both physically and mentally. I received nursing and rehabilitation care."*

When asked about her satisfaction and acceptance of being in the institution, she responded emphatically: *"I am very satisfied. I consider this place my home, and I am content with my presence here. I am comfortable."*

These testimonies clearly reflect the difficulties faced by the participants in integrating into their social and family environments due to their disabilities. Despite the challenging circumstances that led them to seek refuge in the institution, they found a haven and a source of care and support that they did not find in their communities. These stories demonstrate courage and resilience in overcoming challenges and persevering in life despite the harsh conditions they encountered.

Furthermore, the accessibility of shelter facilities, including features like wheelchair ramps, is crucial for attracting individuals with disabilities. Transportation limitations can also prompt shelter-seeking, particularly for those facing challenges in accessing public transportation. (Giacaman, 2021.)

Moreover, shelters offering specialized support services, such as medical monitoring or rehabilitation, may appeal to individuals with disabilities seeking temporary or long-term accommodation. Loss of housing due to eviction or natural disasters may also drive individuals to seek shelter until stable housing is secured. (عابدين عصام, 2020)

Finally, individuals lacking familial, or caregiver support may turn to shelters for assistance and resources, including access to social services and advocacy. Overall, these factors highlight the importance of addressing accessibility, safety, medical needs, and support services for individuals with disabilities when considering shelter admission. ref

*One resident, a 48-year-old woman with severe mobility impairment, expressed, 'I didn't feel any bond or comfort here: it's not my place. There are no alternative options to go to, and I don't feel like I fit in here.'* She further elaborated on her reluctance to stay, citing the absence of alternative accommodation and internal issues that couldn't be adequately addressed within the institution. Reflecting on her childhood experience, she recalled being initially unwilling to come to the institution due to its elderly population.

However, familial aging, economic constraints, and challenging circumstances compelled her to seek shelter despite her reservations. Limited options and high transportation costs further constrained her choices, ultimately leading to her admission to the shelter.

**- Social & cultural related factors to disability**

Most of our people with disability mention the issue of the social and cultural factors that played a crucial role in their experiences as persons with disabilities, as they face discrimination, stigma, and difficulties accessing education and employment. Additionally, they encounter challenges in accessing appropriate healthcare. Social support plays a significant role in providing emotional and social support. Moreover, cultural beliefs and values influence society's perception of disability. (Abdel-Salam Al-Masri, n.d.)

Reflecting Palestinian culture's attitudes toward disability, various challenges and concepts related to disability and those experiencing it emerge. Despite society's appreciation for humanitarian values and solidarity, some traditional beliefs may impose barriers that hinder the progress of people with disabilities. (A Study on the Institutionalization of Persons with Disabilities in Select Arab Countries, 2019)

Historically, there have been reservations and discrimination against PWDs, in Palestinian society, which may be reinforced by cultural and social factors such as shyness and fatigue from interacting with PWDs, leading to their exclusion or marginalization in some cases. (Commission for Western Asia, 2018)

Legal and policy frameworks promote disability rights and the integration of individuals with disabilities into society fully and comprehensively. In Palestine, social and cultural factors influence society's perception of disability in various ways. Traditions and social values play a significant role, sometimes positively contributing to the appreciation and support of individuals with disabilities, but they can also lead to discrimination and stigma. (Abdel-Salam Al-Masri, n.d.)

Economic challenges, such as poverty and economic instability, also affect the experiences of PWDs, in accessing services and opportunities. On the other hand, legislation and

policies play a vital role in defining the rights of individuals with disabilities and protecting them from discrimination. (Commission for Western Asia, 2018)

Awareness-raising and education can contribute to changing attitudes towards disability, building a culture of solidarity and tolerance, thereby reducing discrimination, and promoting the active participation of individuals with disabilities in society.

#### - **Beliefs & attitudes to disability**

We have noticed that beliefs and attitudes towards disability were deeply ingrained in cultural and societal norms, as well as influencing how individuals perceive and interact with persons with disabilities. These beliefs can be shaped by various factors, including religious teachings, cultural traditions, media portrayals, and personal experiences. (Al Ghassani & Rababa, 2021)

Positive beliefs and attitudes towards disability often stem from values of empathy, compassion, and human rights. In societies where disability is viewed positively, individuals with disabilities may be fully integrated into community life, with access to education, employment, healthcare, and social support services. They may be seen as valuable members of society, capable of making meaningful contributions and deserving of equal rights and opportunities. (Giraldi et al., 2022)

Conversely, negative beliefs and attitudes towards disability can lead to exclusion, discrimination, and social marginalization. Stereotypes and misconceptions about disability may perpetuate harmful attitudes, such as pity, fear, or aversion. This can result in individuals with disabilities facing barriers to participation, limited access to resources and services, and heightened vulnerability to abuse and exploitation. (A Study on the Institutionalization of Persons with Disabilities in Select Arab Countries, 2019)

Asked a 30-year-old resident about the factors he believed would enhance the quality of his life within the shelter institution. He replied candidly and earnestly:

*"I believe that integrating into community activities will greatly help me and make life more enjoyable and fulfilling." When asked if he had any other choice, he sadly responded, "I wished I could attend school and engage in social life like others, but for me, there was no*

*other option than the shelter institution."* His difficult social situation affected his outlook on life, as he mentioned entering the institution at the age of three without knowing his family or even his social identity, leaving him feeling lonely and in a mysterious environment.

Challenging and changing negative beliefs and attitudes toward disability requires concerted efforts at multiple levels, including education, advocacy, policy reform, and community engagement. Promoting awareness, empathy, and understanding can help combat stigma and discrimination, fostering environments where people with disabilities are accepted, respected, and empowered to live fulfilling lives.

In summary, beliefs and attitudes towards disability profoundly shape social perceptions and behaviors, influencing the inclusion and well-being of individuals with disabilities within society. By fostering positive attitudes and challenging negative stereotypes, we can create more inclusive and equitable communities where everyone has the opportunity to thrive regardless of their abilities.

#### **5.5.B.2.2. Theme 2: Administrative issues regarding the satisfaction of PWD about the quality of services provided within the organization:**

The second theme that emerged from our qualitative interviews was regarding the administrative issues regarding the satisfaction of PWD about the quality of service. Thus, ensuring the satisfaction of PWDs, regarding the quality of services provided within the organization requires creating an administrative environment that enhances awareness and effective interaction with their needs. For instance, providing appropriate training for employees on how to interact with PWD can improve communication and interaction, increasing their satisfaction and meeting their expectations. (Matérne & Holmefur, 2022)

Administrative policies play a vital role in improving the quality of services provided, designed to promote transparency in operations and encourage effective participation of beneficiaries. For example, implementing mechanisms to assess customer satisfaction and using the results to improve performance can enhance interaction between the institution and PWD. Continuous improvement of services must align with the requirements of local and international laws and regulations to ensure the rights of PWD are protected from

discrimination. For instance, applying human rights principles in the context of service provision can enhance the experience of PWD and increase their satisfaction. (Matérne & Holmefur, 2022)

Collaboration with the local community and relevant organizations is highlighted as a crucial means to enhance service quality and meet the needs of PWD. Forming partnerships with local community organizations to provide necessary support for PWD can enhance the services offered, promoting their satisfaction and involvement in decision-making. (Kalideen et al., 2022)

It's also important to promote inclusivity and diversity in service delivery to meet the diverse needs of PWD. For example, services should be varied and cater to the physical, mental, auditory, and visual needs of PWD equally.

Residential institutions must adhere to legal and political guidelines and ensure a safe and suitable environment for PWD. Implementing safety and protection measures against abuse and neglect can increase the confidence of PWDs in the services provided. (Kalideen et al., 2022)

- **Subthemes:**
  - **Impact of Covid19 pandemic and time after on the services provided within the PWDs organization.**

Many respondents' illustrate how Covid19 pandemic had affected the services as a whole as well as the quality provided within the PWD institutions. The COVID-19 pandemic has disrupted various systems, prompting a necessary overhaul of healthcare systems to address modern challenges. However, it's not just the disease itself causing disruption, but it's acting as a catalyst for a profound historical shift, challenging societal norms and triggering a new era (Mitwalli et al., 2022).

This crisis has led to unprecedented economic downturns, strained healthcare systems, and widespread fatalities, particularly affecting vulnerable groups like PWD in institutional settings. These people face higher infection and mortality rates due to barriers in implementing hygiene measures and accessing healthcare. In Palestine, the pandemic has

worsened existing discrimination against persons with disabilities, making it harder for them to access essential services and supplies (Mitwalli et al., 2022).

During the interview conducted to measure the satisfaction of residents with the services provided within the institution, one of the residents expressed his dissatisfaction, saying: *"Things were acceptable before the COVID-19 pandemic and before the change in staff, but the current situation is extremely terrible. Insufficient staff compared to the number of residents makes some employees leave their jobs. There are no effective administrative procedures to hold employees accountable for their mistakes, such as lack of supervision during the nurse's shift, like not answering the phone or leaving residents unattended while providing services to them. Many activities and trips outside the institution have stopped, so there is no life as it used to be."*

Residential institutions have faced significant challenges during the pandemic and its aftermath, as they care for a large number of persons with disability in a communal environment. These challenges include maintaining safety and health as top priorities amid logistical restrictions imposed by government measures such as lockdowns.

Financially, institutions have struggled due to reduced funding, affecting their ability to cover basic expenses like employee salaries and sanitation materials. Additionally, the pandemic has taken a toll on the mental and social health of residents, necessitating additional support ( Qader Report, 2021).

Decisions such as returning residents to their families have further complicated matters, leading to health deterioration due to interrupted services and difficulties in follow-up care. Families faced challenges in providing adequate care, increasing financial burdens and, tragically, resulting in deaths due to neglect.

As institutions aim to resume services and bring back residents and staff, they encounter obstacles such as ineffective management and overlapping government agencies, delaying the process. In response, institutions have restructured operations, adjusted resident and staff numbers, and revised financial agreements to maintain service continuity. In essence, the pandemic has forced residential institutions to adapt, requiring innovative solutions to

ensure care and services for vulnerable populations amidst challenging circumstances. (Qader Report, 2021).

**- Information sources for quality of service from PWD perspectives**

From the perspective of residents, especially those with disabilities, the quality standards regarding information sources for service quality are crucial.

Overall, residents with disabilities value clear and accessible information sources that enable them to understand and assess the quality of services provided within institutions, empowering them to advocate for their needs and rights effectively. Residents rely on various sources to assess the quality of services provided to them within institutions. These sources may include; Staff Interaction as Residents often gauge service quality based on their interactions with staff members. This includes the responsiveness, empathy, and professionalism demonstrated by staff in addressing their needs and concerns. (Matérne & Holmefur, 2022)

Further, they mention the communication channels: Effective communication channels are essential for residents to access information about the services offered, their rights, and any changes or updates within the institution. Clear and accessible communication methods, such as written materials, verbal communication, and digital platforms, are vital for residents to stay informed(Commission for Western Asia, 2018)

Also, resident feedback mechanisms: Institutions should have structured feedback mechanisms in place that allow residents to express their opinions, provide suggestions, and raise any issues regarding service quality. Regular surveys, suggestion boxes, and resident councils are examples of feedback channels that empower residents to voice their perspectives. (Kalideen et al., 2022)

Many respondents' mention the accessibility of information: Information about services, policies, and procedures should be presented in accessible formats for residents with disabilities, ensuring equal access to information. This includes providing information in multiple languages, braille, large print, and assistive technologies for residents with diverse communication needs.

Moreover, External Advocacy and Support: Residents may also seek information and support from external advocacy organizations, disability rights groups, or legal services to ensure that their rights are upheld and that the quality of services meets appropriate standards.

One testimonial described the current situation as "*completely unacceptable*," citing the absence of a responsive system to address their complaints, leaving them feeling disheartened and considering it an unwanted change in the environment they spend their days in.

Another resident added: "*We are isolated from the world, the place has become like a prison for us, and there is no one we can trust in the institution, as there is no one we can speak to safely and comfortably like a friend.*"

As thoughts embrace those isolated corridors, the question remains suspended about how to effectively communicate between management and residents and how to achieve continuous improvement in information accessibility to ensure everyone's comfort and peace within the institutional walls.

Amidst discussions about the standard of information accessibility as a measure of quality, questions swirled around the satisfaction and improvement in services provided within the institution.

While the numbers indicate a significant surpassing of local standards, the voices emanating from within the institution told a different story altogether. While staff attempted to praise the efforts made and the noticeable improvements in service quality, residents' voices reflected anger and frustration at the ease of access to information and its availability.

**- Resources for quality of services from PWD perspectives**

The respondent also mentions that resources for quality of services is one issue of its effectiveness.

Effective resources for service quality for persons with disabilities include effective communication, easy access to information, providing support and training for staff,

respect, and dignity in interactions, and responding to individual needs. These resources are essential for improving service quality and ensuring effective and appropriate meetings of the needs of people with disabilities. (Al Ghassani & Rababa, 2021; Matérne & Holmefur, 2022)

The study results indicate a strong commitment by the evaluated institutions to understanding and respecting the individual needs and preferences of each person with a disability. This includes providing assistance in daily activities, medical care, and emotional support tailored to their unique requirements.

Additionally, it involves promoting principles of respect, equality, and dignity for these individuals. The responsibilities of these institutions also entail ensuring the rights and ethics of people with disabilities, with their evaluation significantly surpassing both local and international quality standards. The results also suggest that this commitment is statistically significant, reflecting ongoing efforts to improve services and practices related to the rights and ethics of individuals within these institutions.

As the researcher engaged in conversations with the residents, he noticed a significant variance in their experiences and interactions with the level of care provided. While there were stories filled with gratitude for exceptional care and individual consideration, there were also tales of criticism and complaints about a lack of attention and disrespect for the residents' rights.

While gathering voices and stories from within the institution's walls, the researcher inquired about the quality of healthcare through the eyes of the residents, asking about their perception of the service level provided.

Among the group, an elderly man, with the lines of time etched on his face, stepped forward to express his opinion with a tone filled with experience and emotion.

*"The essence of care quality lies in how privacy is preserved, our rights respected, and the human treatment we receive with all love and compassion. However, the significant disparity among the staff here cannot be overlooked. And I, after living in this place for more than four decades, have personally felt this variance."*

Another resident shared his experience, showing his dissatisfaction with the lack of care. *"Things are far from the required level. I have the right for my privacy to be respected, for my personal belongings to remain alone, and to be treated with dignity even in the simplest matters, like changing clothes or using the bathroom. Although I have my room, I sadly observed that many residents do not enjoy these privileges, and the attention to them varies greatly from one person to another, all due to the constant change in staff and administrative policies."*

A female resident continued, shedding light on what she believed would improve the quality of life within the institution.

*"The psychological factor and mental comfort are essential, along with the need for trustworthy individuals. The sense of belonging, respect, and the desire to work with us, the people who are working with us, is crucial. It is vitally important that the staff are capable of taking responsibility and changing their negative attitudes towards us, especially the perspective that underestimates our capabilities."*

**- Role & responsibilities of workers in disability institutions for PWD from their perspectives**

From the viewpoint of workers in institutions caring for individuals with disabilities in Palestine, their roles are multifaceted and crucial. They are tasked with providing comprehensive care, including meeting daily, medical, and social needs, while also offering ongoing training and rehabilitation to enhance beneficiaries' skills and integration into daily life. Additionally, they work to raise awareness and combat the societal stigma surrounding disabilities, ensuring the safety and overall well-being of residents while addressing any emerging challenges. (Al Ghassani & Rababa, 2021)

On the other hand, residents in these institutions expect workers to provide personalized care and support, both physically and emotionally, while fostering a safe and supportive environment that respects their individuality. They anticipate workers to facilitate their participation in activities that promote well-being and community integration. Overall, residents rely on workers to be collaborative partners in enhancing their quality of life and overall satisfaction within the institution. (Al Ghassani & Rababa, 2021)

From the researcher's perspective, the study's findings on training and workforce diversity are both illuminating and promising. It's heartening to observe that 70% of the study participants have received training related to persons with disabilities, indicating a prepared workforce. However, noticeable inconsistencies exist in staffing levels and the presence of qualified medical personnel across some institutions. Further exploration is necessary to comprehend how these demographic factors intersect with attitudes and practices in care provision. Prioritizing initiatives that foster diversity, inclusivity, and continuous professional development is imperative to ensure the delivery of person-centered and culturally responsive services within residential institutions.

These results underscore the importance of professional support for staff and the provision of qualified personnel to effectively serve residents with disabilities. The findings indicate a strong commitment to building staff capacities and ensuring the availability of qualified personnel within the evaluated institutions, which is essential for maintaining high-quality service standards.

Additionally, it's noteworthy that institutions in Palestine face financial constraints in increasing their workforce, partly due to the repercussions of the COVID-19 pandemic and the lack of government support. Variations in the provision of professional support were also observed among these institutions, especially for new staff lacking experience in dealing with individuals with disabilities.

Furthermore, a significant impact was noted due to staff turnover and attrition in some institutions, affecting the quality of services provided to individuals with disabilities in residential services, highlighting the urgent need for psychological and professional support for staff to become an integral part of an institutional culture that respects individuals' rights and adheres to ethical practices in dealing with residents.

Continuing the exploration of residents' satisfaction with the quality of services within the institution, one of the residents added when asked for their perspective, "*What can you tell us about the staff's knowledge and skills, especially in terms of respect and empathy?*"

*" They expressed a lack of interest from the staff in engaging with them, listening to them, or having conversations. They described the current nursing care as viewing residents like*

*a picture frame that they just attend to and feed, without any emotional connection or exchange of care, communication, or conversation with them.*

Another resident expressed general acceptance, primarily relying on individual staff members. They praised the rehabilitation department for their excellent knowledge and skills in meeting residents' needs, particularly in terms of respecting their rights and individual differences.

However, they emphasized the need to improve the nursing department and other sections, noting that many staff members need training on how to effectively interact with residents, especially newcomers lacking experience and sufficient knowledge. They stressed the importance of treating residents as humans with emotions and feelings deserving of respect and appreciation.

Regarding safety and protection measures to safeguard residents from neglect and mistreatment, one resident mentioned not personally experiencing neglect or mistreatment.

However, they pointed out specific instances where verbal communication could be harsh or where their needs were not adequately addressed. They couldn't speak on behalf of others but hinted at neglect for some residents, especially those who do not speak, indicating occasional lapses in conscientiousness among staff members.

Finally, with every new story, it became clear to the researcher that the challenge was not only in providing healthcare and psychological support but also in ensuring a safe and comfortable environment that reflects the respect and dignity of the individual, which is the essence of the services offered by these institutions.

Despite the diversity of opinions and experiences, there was a clear consensus on the importance of listening to the residents' voices and including them in decision-making and service provision. The involvement of residents in evaluating care quality and completing satisfaction surveys highlighted crucial aspects for improving service quality and better meeting their needs.

Based on my perspective as a researcher, I see that institutions still play a crucial role in supporting persons with disabilities, but the preference for living in these institutions

indicates a lack of acceptance in mainstream society. This reflects the urgent need to increase awareness and support for disability rights at the community level.

Disability identity and daily life with disabilities are central for persons with disabilities in Palestine, where social, cultural, political, and economic factors significantly impact their experiences. These persons face challenges in accessing services and opportunities, including education, employment, and healthcare. Cultural values and beliefs also influence society's perception of disability, which can either contribute to support or discrimination, while laws and policies play a role in protecting the rights of persons with disabilities from discrimination.

To address discrimination and improve the situation, multi-level efforts are required, including education and policy reform. Awareness and understanding can contribute to combating discrimination and building environments that accept a person with disabilities. It is also essential to promote inclusivity and diversity in service provision to effectively meet the diverse needs of these individuals.

Qualitative interviews revealed administrative challenges affecting the satisfaction of individuals with disabilities regarding service quality within institutions. To address these challenges, we need to create an administrative environment that enhances awareness and effective interaction with the needs of individuals with disabilities, provides appropriate staff training, implements administrative policies that promote transparency and participation, and ensures compliance with legal principles and human rights.

Overall, this analysis shows that effective resources for service quality for persons with disabilities include effective communication, easy access to information, providing support and training for staff, respecting dignity in interactions, and responding to individual needs. These resources must be available to improve service quality and ensure an effective and appropriate response to the needs of persons with disabilities.

Finally, the study underscores the significance of understanding and achieving the comprehensive and efficient requirements of persons with disabilities. Equally crucial is the emphasis on listening to their perspectives and integrating them into decision-making processes and service delivery across the board. Additionally, there's a critical need for

continuous monitoring and government oversight: Establishing transparent policies and mechanisms for ongoing monitoring and governmental supervision is essential to uphold international standards and elevate the quality of services delivered by residential institutions.

## Chapter Six

### Discussion, Conclusion, and Recommendation.

#### 6.1. Introduction

The chapter examines the study's findings regarding previous research. It specifically delves into the importance of the eight standards in evaluating the quality of care within residential institutions in the West Bank/Palestine. This evaluation is approached from the viewpoints of managers, staff, and individuals with disabilities. Finally, the chapter concludes by offering recommendations based on the study's findings.

#### 6.2. Demographic and Personal Information.

The study sample consisted of 60 workers in three care institutions for PWDs, The sample included 18 directors (30%) and 42 employees (70%).

Most of the respondents in the study sample are males (63.3%) and 36.7% are females. The study sample was distributed in the age categories: 30-20 years (about 17%), 31-40 years (about 37%), 41-50 years (about 32%), and 51 years or More (15%).

Regarding the educational level of the respondents in the study sample, most of them have a Diploma (40%) and a B. A (about 38%), and regarding the years of experience, most of the respondents in the study sample have 2-5 years of experience (about 33%) and 11-20 years of experience (25%), and 70% of the respondents in the sample received training related to persons with disabilities.

Tasting differences in all the study domains according to educational level, Job type, years of experience, and received training: Based on the analysis, significant differences were found among educational levels in the evaluations of Initial assessment of beneficiaries, Individual care plans, and social integration activities. Specifically, individuals with a B.A education level rated Initial assessment of beneficiaries higher than those with Diploma or Tawjihi qualifications. Similarly, B.A degree holders gave higher evaluations for Individual care plans compared to those with Tawjihi qualifications, and post-graduate studies participants rated social integration activities higher than Tawjihi graduates.

However, no significant differences were observed among educational levels in evaluations related to Information, Facility, Infection control, Personal care services, Rights and ethics, Complaint procedures and protection from mistreatment and neglect, Professional support for the staff, and total evaluation for the institutional service quality standards.

Similarly, there were no significant differences among years of experience groups in the evaluations of various variables.

Furthermore, the analysis of the two independent samples T-test revealed a significant difference in evaluations of Rights and ethics between respondents who received training related to persons with disabilities and those who did not. Those who received training rated Rights and ethics significantly higher compared to those who did not.

Overall, while educational background appears to influence certain aspects of the evaluation of institutional service quality standards, years of experience and job type did not show significant effects. However, training related to persons with disabilities was associated with higher ratings in evaluations of Rights and ethics.

The researcher believes that these results reflect a deep understanding of the impact of educational level and training on the quality of institutional services for people with disabilities. They argue that it is essential to develop new strategies to improve communication and interaction with individuals with disabilities and to encourage their active participation in programs and services provided to them. This is consistent with a study conducted in 2022.(Matérne & Holmefur, 2022) .This study focuses on the importance of residential care staff in ensuring the quality of care for people with Profound Intellectual and Multiple Disabilities.

Despite the significant responsibility they hold for the health, well-being, and societal participation of individuals with disabilities, care staff often feel their role is undervalued, as it does not require extensive training or educational qualifications.

The study suggests that ongoing on-the-job training for care staff, focusing on disabilities and the specific needs of individuals they support, could enhance the quality of care. Furthermore, the essential role of residential care staff in various healthcare settings for

PWD. They operate within complex collaboration networks and must demonstrate flexibility and adaptability. Their unique understanding of each individual's needs and disabilities enables them to tailor care solutions, thus contributing to the quality of care provided.(Matérne & Holmefur, 2022)

### **6.3. Discussion of results unveils the nature of quality standards for services provided to persons with disabilities in the West Bank/Palestine by assessing the extent to which residential institutions adhere to and implement both international and local standards.**

The statistical analysis in this study revealed statistically significant differences between evaluations of institutional service quality for PWDs, and local and international standards. Additionally, participants considered the quality standards in these institutions significantly higher than local and global standards.

When analyzing participants' evaluations of institutional service quality across different institutions, significant differences in performance were evident, with each institution demonstrating strengths and weaknesses in various areas. For example, Institution A excelled in providing information and personal care services, while Institution B stood out in infection control, rights, and ethics. On the other hand, Institution C demonstrated superior evaluations for its facilities. This finding raises several important points for discussion:

Firstly, the report indicates that internal institutions are making concerted efforts to meet and even exceed recognized quality standards for services provided to PWDs. This reflects a commitment to ensuring that residents receive high-quality care and support in line with international best practices.

Secondly, the high-quality standards within these institutions may indicate a culture of continuous improvement and responsiveness to evolving standards and expectations. Institutions may actively seek ways to enhance their services and ensure compliance with or surpassing established standards, reflecting dedication to providing the best possible care to residents.

The results of this study are consistent with a similar study conducted in 2011 by Radwan in the West Bank, which evaluated the services provided by social institutions for persons with disabilities in the northern West /Bank. The findings indicate that residential institutions are established based on experiences from developed countries and international organizations.

They primarily receive funding through grants and aid from countries and charitable organizations, subjecting their activities to constant monitoring. The humanitarian need within Palestinian society drives individuals to provide the best services to the beneficiaries of these institutions. These institutions prioritize the training and development of their human resources and adopt curricula specifically designed for individuals with special needs. The researcher recommends paying attention to these aspects in these institutions. (Radwan, 2011).

However, it is essential to interpret these results cautiously. While participants' perceptions provide valuable insights, they may not fully reflect the actual implementation of standards within these institutions. Therefore, complementing these results with objective assessments is necessary for a more comprehensive understanding of compliance with quality standards.

Furthermore, there is justification for further investigation to explore specific strategies and practices used by residential institutions to achieve and maintain the delivery of high-quality services. Understanding the factors contributing to their success in meeting quality standards can benefit best practices and guide other institutions seeking to improve their services.

In general, while significant commitment to international and local standards is promising, continuous monitoring and evaluation are essential to ensure ongoing compliance and continuous improvement in the quality of care provided by residential institutions for individuals with disabilities.

This aligns with a 2018 study conducted by the Inclusive Social Development Section (ISDS) of the Social Development Division (SDD) within the Economic and Social Commission for Western Asia (ESCWA). Based on qualitative interviews, field research,

and a brief study by the Lebanese Center for Studies (CLS), it delves into the obstacles facing the implementation of Article 19 concerning the institutionalization of persons with disabilities in selected Arab institutions.(Commission for Western Asia, 2018)

The study sheds light on a critical issue concerning the rights of persons with disabilities and the challenges they encounter in residential institutions. While Article 19 of the United Nations Convention on the Rights of Persons with Disabilities affirms their right to independent living and integration into their communities, challenges arise when individuals are placed in residential institutions, where these institutions often operate in isolation, limiting their freedom and independence.

Studies conducted in the region indicate the prevalence of public residential institutions in most countries, except for Lebanon, where all institutions are managed and funded by civil society organizations. Private institutions often face issues such as high turnover rates, low job satisfaction, and low wages.(Commission for Western Asia, 2018)

Regarding the types of care provided in these institutions, range from basic services like food and shelter to specialized services such as medical rehabilitation, formal and informal education, vocational support, psychosocial support, assistance with transportation, and extracurricular activities.

Concerning institutional monitoring, the report notes that institutions undergo regular inspections by government bodies, but there is variation in monitoring processes between public and private institutions, sometimes resulting in government officials having a limited impact on private institutions.

In conclusion, the report emphasizes the need to improve local services and enhance accessibility, ultimately advocating for the closure of residential institutions. It focuses on various Arab countries, with the caveat that the findings may not apply universally across the region.

#### **6.4. Discuss the evaluation of what are global standards and principles that have an impact on the evaluation of residential institutions.**

Global standards and principles play a crucial role in evaluating residential institutions. These standards include accessibility, quality of care, safety, human rights, staff training,

community integration, and governance. They ensure that residents receive high-quality care, feel safe, have their rights respected, and are integrated into the community. Adhering to these standards is essential to ensure the well-being and dignity of residents in residential institutions.

The evaluation of residential institutions in the West Bank/Palestine is influenced by several global standards and principles. These include commitments to the United Nations Convention on the Rights of Persons with Disabilities, which emphasizes the rights of individuals with disabilities to live independently and integrate into their communities. Additionally, standards set by international organizations such as the World Health Organization (WHO) and the United Nations (UN) regarding the quality of care, accessibility, and human rights have a significant impact on the evaluation process.

However, residential institutions in Palestine still largely follow the charitable and medical approach in dealing with disability, which is predominant in most Arab countries. This was highlighted in previous reports by the Arab Organization of Persons with Disabilities (AOPD) and in analytical studies on the situation of persons with disabilities in Palestine. (A Study on the Institutionalization of Persons with Disabilities in Select Arab Countries, 2019) .

Despite Palestine's ratification of the Convention on the Rights of Persons with Disabilities and the enactment of new laws regarding the rights of persons with disabilities, the charitable and medical approach continues to prevail, unfortunately.

Because prevailing models of disability fall under the medical or charitable paradigm, policies and programs tend to focus on medical services, based on a segregated approach, without initiatives and political frameworks based on integration. This has resulted in structures and policies that are incapable of understanding disability according to the rights-based model, as evidenced in the analysis showing disparities between staff and residents within these residential institutions in terms of quality service standards for family and community reintegration. These disparities are particularly evident in the criteria for selecting appropriate social activities to improve residents' quality of life, as well as in the standards of care plans provided to them.

These fall under both local and international standards, with statistically significant differences. Imposing an institutional character on residential facilities contradicts the principles of Article 19 of the United Nations Convention on the Rights of Persons with Disabilities, which enshrines the right of individuals with disabilities to live independently and fully integrate into their communities. However, the widespread practice of placing individuals in residential institutions poses a significant barrier to the realization of these rights.

The study revealed that understanding individual needs and ensuring the respect of rights and dignity are among the most important factors in improving the quality of care for people with disabilities in institutions. Involving residents in the decision-making process and evaluation enhances their participation and overall well-being.

As a researcher, I perceive that family and community reintegration services are essential criteria within these institutions. Clear policies should be developed and included in individual care plans provided by service providers. It is evident that this aspect was lacking within institutions, where policies and procedural guidelines were not adequately followed. Additionally, residential centers should encourage beneficiaries to express their opinions and preferences, especially when developing daily programs. Furthermore, there is a need to focus on continuous monitoring and evaluation to ensure compliance continuity and performance improvement by activating the supervisory role of government ministries over these institutions.

#### **6.5. Discussion result, which of the eight standards are critical from the perspectives of managers, staff, and persons with disabilities in measuring the quality of care in residential institutions in the West Bank.**

The standards considered critical for measuring the quality of care in residential institutions in the West Bank vary depending on the context and individual needs. Analysis indicates that Palestinian institutions dedicated to caring for PWD generally exceed both local and international standards from the perspectives of staff and managers, particularly in areas of Physical Environment such as infection control, Development and health personal planning, and safety & protection professional ethics.

However, they also face challenges such as financial resource shortages and lack of government support, highlighting the need for professional development for staff and improvement of policies and procedures.

Discussions with residents of these institutions revealed significant differences in their experiences and perceptions of the care provided. While some expressed gratitude for exceptional care and individual attention, other residents neglect and lack of respect for their rights.

Residents expect staff to provide personal care and emotional support, create a safe and supportive environment, and facilitate participation in activities that enhance well-being and community integration. Overall, residents rely on staff as collaborative partners in improving their quality of life and overall satisfaction within the institution.

A literature review of international models in residential care indicates that interpreting gaps in evidence related to residential care in different cultural, social, and economic contexts is challenging. (Giraldi et al., 2022)

It is noticeable that there is variation in priorities among managers, staff, and individuals with disabilities regarding quality standards in residential institutions. Managers typically focus on technical and health aspects, such as ensuring health and safety standards and providing good medical care, while individuals with disabilities may prioritize emotional and social support and achieving effective communication.

Despite this variation, there is a general trend towards enhancing all aspects of care, which includes attention to medical and health aspects as well as emotional and social support. This highlights the necessary balance between technical and human aspects to provide comprehensive and quality service in residential institutions.

These differences in priorities emphasize the importance of understanding the preferences and needs of different individuals and the necessity of adopting a comprehensive approach that effectively considers those needs. Recognizing these differences enhances communication and collaboration among all parties to ensure the needs are met appropriately and to improve the overall quality of care.

## **6.6. Discussion of how we can improve the standards of quality of services provided in residential institutions for persons with disabilities in the West Bank / Palestine from the view of the point of residence, workers as well as managers in the intended residential institutions.**

To improve the quality of services in care facilities for persons with disabilities in the West Bank/Palestine, it is essential to engage with various stakeholders. Continuous training must be provided to staff to enhance their skills and facilitate better communication and interaction with residents.

Additionally, enhancing the institutional environment, offering psychological and social support, and advocating for the rights and dignity of individuals are crucial. Clear policies, procedures, and ongoing monitoring are also necessary to ensure adherence to required standards. Implementing these measures can enhance the well-being and quality of life of individuals with disabilities in care facilities.

The analysis highlighted the pressing need for ongoing staff training, despite a 70% participation rate in disability care-related training. Some participants highlighted challenges they encounter in attending disability care courses, including limited opportunities, accessibility issues, and high costs, time constraints and long working hours further impede regular attendance. The lack of suitable courses for severe disabilities is also concerning, emphasizing the need to improve access to training programs in these facilities. Additionally, some residents observed discrepancies in staff skills during service provision and noted a lack of effective communication grounded in a rights-based approach.

They need training and development in how to deal with them. This is consistent with the findings of a study (Khaled Fawzi,2020). which confirmed that the level of professional development for specialists in institutional care facilities, as well as their professional performance at the macro level, is weak.

From the researcher's perspective, these findings about training and workforce diversity are beneficial and promising for enhancing skills and understanding the needs of persons with disabilities. Moreover, enhancing communication and collaboration among all

stakeholders is necessary for better understanding of problems, needs, and exchange of ideas and solutions.

Additionally, the results highlight the crucial role of professional support for staff and deploying competent staff in providing optimal services for PWD. The data indicates a strong commitment to enhancing the capacities of staff and ensuring the availability of qualified professionals within the institutions included in the study, which is crucial for maintaining standards of optimal service quality. This aligns with a study ( Dr, Khaled, Fawzi,2020). suggesting that it is necessary to review the recruitment system and improve professional training for specialists to improve service quality, as specialists do not have regular training programs to update their knowledge and skills, and training programs do not consider their training needs assessment, and there is a lack of necessary funding to implement these programs.

Improving the institution's environment and providing a comfortable and safe environment that meets residents' needs is also an essential part of enhancing service standards. Both staff and residents have highlighted the need for financial resources to enhance these institutions' capacity to provide a stimulating and safe environment. Additionally, there is a need to integrate family caregivers into the care process and establish long-term effective links between them and social systems and formal care institutions.

Active social participation among PWD is associated with feelings of security and comfort, which aligns with the results of a study confirming the greater impact of the social environment on PWD than the physical environment. This social environment includes human contact, attachment, stimulation, assistance, supervision, and social integration.

Moreover, the absence of clear policies and procedures in guiding work and defining the necessary standards for delivering high-quality services, coupled with continuous monitoring and evaluation procedures and the establishment of a systematic complaint system, is needed to ensure the continuity of improvement and development.

The analysis reveals a commendable focus on implementing and supporting complaint procedures, safeguarding against abuse, and supporting professional ethics in all evaluated institutions. However, there seems to be an opportunity to enhance employees'

understanding of the complaint procedures system to align with global standards. This is consistent with the findings of a study (Evaluative study Qader, 2021.) which confirmed that it is not possible to establish and implement a responsive complaints system for women with disabilities and develop a program for this purpose without undertaking general reforms in the justice and legal sector and related institutions by developing complaints systems and establishing clear and specific protocols.

From my researcher perspective Understanding how institutional analysis interacts with resident satisfaction in institutions for PWD is crucial. When the institution is well-analyzed and its staff recognizes the importance of meeting residents' needs, it can lead to improved efficiency and quality of services provided. On the other hand, when residents feel satisfied and cared for, they interact better with their environment and the institution's staff, promoting harmony and cooperation.

Moreover, institutional analysis reveals strengths and weaknesses in infrastructure, management, and services provided. Consequently, this knowledge can guide improvement efforts to better meet residents' needs and enhance their experience.

It is also important to understand that resident satisfaction is not only a result of the quality of services provided but is also influenced by other factors such as respect, empathy, and personal attention from staff and management. Therefore, the analysis should be comprehensive, encompassing all aspects that impact residents' experiences.

Through this discussion, institutions for PWD, can improve the quality of their services and enhance resident satisfaction by focusing on institutional analysis and understanding residents' needs comprehensively, guiding improvement efforts based on data-driven insights and resident experiences.

## **6.7. Conclusion**

This study aimed to assess and explore the quality standards followed by residential institutions for persons with disabilities in the West Bank / Palestine., taking into account the perspectives of managers, staff, and individuals with disabilities. The sample included 60 workers from three institutions, the majority of whom were male, with diverse educational backgrounds. The statistical analysis conducted in this study shed light on significant differences between the institutional service quality assessments for people with disabilities (PWDs) and local and international standards.

Participants rated the quality standards in these institutions much higher than local and international standards. Additionally, when comparing assessments across different institutions, distinct strengths and weaknesses were evident, with each institution excelling in various areas such as information provision, infection control, and facility quality. This indicates a commitment to meeting or exceeding recognized standards. However, caution is needed in interpreting these results, as participant perceptions may not fully reflect actual implementation. Further investigation into specific strategies and practices to guide improvement efforts is warranted.

Global standards and principles, including accessibility, quality of care, safety, human rights, staff training, community integration, and governance, play a crucial role in evaluating residential institutions. In Palestine, these standards are influenced by commitments to international conventions such as the United Nations Convention on the Rights of Persons with Disabilities, in addition to standards set by organizations like the World Health Organization and the United Nations. However, residential institutions in Palestine often follow a charitable and medical approach, focusing on medical services without adequately addressing integration. This approach leads to variations in service quality, especially regarding family and community reintegration. Despite legal frameworks that promote rights, institutional practices are often lacking. Understanding individual needs and involving residents in decision-making processes is crucial to improving care quality. Clear policies, continuous monitoring, and governmental oversight are essential to enhancing residential institution services and ensuring compliance with global standards.

The study highlights disparities between staff and residents in meeting service quality standards, particularly in family and community reintegration. Engaging residents in decision-making enhances their well-being, still challenges like resource scarcity persist, necessitating professional development for staff and policy improvements.

Discussions with residents reveal diverse experiences, with some praising care while others indicate neglect. Residents expect personal care, emotional support, a safe environment, and participation in promoting well-being. Literature reviews emphasize challenges in interpreting evidence related to residential care across different contexts. Differences in priorities among managers, staff, and individuals with disabilities underscore the need for a comprehensive approach balancing technical and human aspects to effectively meet diverse needs. Understanding these differences enhances communication and collaboration to improve overall care quality.

Actively involving persons with disabilities in decision-making processes regarding their care and the functioning of residential institutions is crucial. This inclusion enhances their well-being and ensures that their individual needs are understood and addressed effectively. This study underscores the significance of recognizing and respecting the rights and dignity of individuals with disabilities, highlighting their participation in decision-making as a vital aspect of improving care quality in institutional settings.

The analysis reveals a commendable focus on implementing and supporting complaint procedures, protecting against mistreatment, and promoting professional ethics in all evaluated institutions. However, there appears to be an opportunity to enhance staff awareness of complaint procedures to align with global standards.

Furthermore, the results highlight on the essential role of professional support for staff and the deployment of qualified personnel to provide optimal services for persons with disabilities. Data indicates a strong dedication to enhancing staff capabilities and ensuring the availability of professional skills within the institutions covered by the study, which is vital to maintaining exemplary service quality standards.

In conclusion, there is an urgent need for in-depth studies to assess and improve the quality of services and community care provided in Palestinian residential institutions in the West Bank, where there have not been sufficient studies conducted on this matter.

These studies should be based on reliable evidence and longitudinal in nature to understand the living conditions and their impact on the quality of life of residents in these institutions. Additionally, a comprehensive legal framework for disability should be established to protect the rights of persons with disabilities in community settings, and strategic plans should be developed to account for the expected increase in the number of persons with disabilities of all types. Moreover, relevant legislation and plans should be aligned with Palestinian cultural beliefs and values, with further encouragement for related research and ongoing support and guidance provision. Coordination of all these efforts is also necessary to achieve social integration, and social justice, and improve the quality of life for all persons with disabilities.

#### **6.8.Recommendation:**

After studying the quality standards in institutions accommodating persons with disabilities in the West Bank/Palestine, the study reached several key recommendations:

1. **Alignment with Global Standards:** Ensure that residential institutions for persons with disabilities in Palestine align with global standards and principles such as accessibility, quality of care, safety, human rights, staff training, community integration, and governance. This includes adherence to international conventions like the United Nations Convention on the Rights of Persons with Disabilities and standards set by organizations like the World Health Organization and the United Nations.
2. **Shift from a Charitable/Medical Approach to Comprehensive Care:** Move away from a purely charitable and medical approach towards a more comprehensive care model that emphasizes integration, individual needs, and rights. Address the disparities in service quality, especially concerning family and community reintegration.
3. **Involvement of Persons with Disabilities in Decision-Making:** Actively involve persons with disabilities in decision-making processes regarding their care and the

functioning of residential institutions. This involvement enhances their well-being and ensures that their individual needs are understood and met.

4. **Professional Development and Continuous Training for Staff:** Emphasize the importance of ongoing professional support and training for staff to train them with the essential skills and knowledge required to deliver high-quality services to persons with disabilities. This involves enhancing staff understanding of complaint procedures and promoting adherence to professional ethics.
5. **It is recommended to incorporate the concept of comprehensive protection and safety** into the research framework for residential institutions, with a focus on the importance of continuous improvement and ongoing monitoring. Future research should focus on providing practical recommendations to enhance the safety of beneficiaries and strengthen trust and credibility in these institutions, using multiple research methodologies that support the implementation and evaluation of protection and safety policies and procedures.
6. **Continuous monitoring and government oversight:** Clear policies and mechanisms for ongoing monitoring and government oversight should be established to ensure compliance with international standards and enhance the quality of services provided by residential institutions.
7. **It is recommended to reconsider the matrix of quality service standards adopted** by the Ministry of Social Development, with a focus on the units used to measure the extent of compliance with these standards. Minimum standards should be defined for each standard and their compliance should be more accurately assessed, with space provided to clarify any standard in need of development. Additionally, it is advisable to avoid the repetition of some standards in their measurement and to detail the standards related to protection and safety to ensure their full and effective assessment.
8. **The need for the development of relevant laws, policies, and research:** The conclusion indicates a pressing need for a comprehensive legal framework for disabilities and the development of direct strategic plans to enhance care and services.

Based on these conclusions, it is recommended to conduct further research to gain a better understanding of the challenges and develop effective strategies to improve the quality of services and care for people with disabilities in institutions.

Based on my perspective as a researcher, I perceive the comprehension of the interaction between institutional analysis and resident satisfaction within institutions catering to persons with disability as fundamental. Research underscores that conducting a comprehensive institutional analysis, combined with an awareness of the imperative to address residents' needs, holds the potential to enhance the quality and efficacy of provided services.

Conversely, when residents experience satisfaction and attentive care, they exhibit improved engagement with their surroundings and institution personnel. Furthermore, institutional analysis shows the strengths and weaknesses essential in infrastructure, management, and service provision, thereby serving as a compass for improvement initiatives aimed at optimizing residents' experiences and meeting their needs more effectively.

Consequently, institutions are urged to prioritize the establishment of a raising and supportive environment for residents, with particular emphasis on elements such as respect, empathy, and individualized attention from both staff and management.

Based on my expertise as a researcher and practitioner in the rehabilitation field, particularly in my experience working with persons with disabilities in residential institutional settings, I argue that these findings accurately describe the functioning realities of such institutions. However, it's imperative to exercise concern against making broad generalizations, emphasizing the need for strong empirical evidence and practical insights.

Hence, I strongly advocate for ongoing and comprehensive institutional analyses within these settings, with a strategic focus on addressing residents' multifaceted needs. Furthermore, the active engagement of residents in decision-making processes and the integration of their preferences into daily program design, coupled with the establishment of transparent and consistent procedural policies depend on the rights-based framework across all service provisions. Moreover, supporting oversight mechanisms and perpetually evaluating performance by relevant stakeholders is necessary for maintaining a sustained commitment to enhancing both performance and residents' experiences. Additionally, providing training for staff and administrators on safeguarding individuals from neglect to improve a safe environment for residents are equally essential aspects to consider.

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## Annexes

### Annexes 1: Arabic Questionnaire

#### Annex 1: Arabic Questionnaire

اولا - المعلومات الخاصة بالمؤسسة التي تعمل / ين بها :

1. اسم المؤسسة:.....
2. رقم الهاتف:.....
3. البريد الالكتروني:.....
4. المحافظة : .....
5. ما هي المناطق المستهدفة لتقديم خدمات المؤسسة : .....
6. نوع المؤسسة :  حكومية  اهلية  دولية .

يمكن الاجابة باكثر من خيار

7. نوع الخدمة المقدمة :  نهارية  ايوائية  كلاهما.
8. طبيعة الخدمات المقدمة :  عاية طبية  تأهيلية  تعليمية  رعاية مسنين  غير ذلك.
9. الفئة المستهدفة (نوع الاعاقة):  حركية  ذهنية  بصرية  سمعية  مركبة  اخرى....
10. عمر الفئة المستهدفة :  0-16 سنوات  17- 60  61 - فاكثر.
11. القدرة الاستيعابية لتقديم الخدمة :  2-30 نزيل  31-60 نزيل  أكثر من 61 .
12. كم عدد الموظفين العاملين في المؤسسة بشكل عام : الرجاء وضع العدد ان امكن .....
13. كم عدد الموظفين العاملين في المؤسسة حسب التخصصات الاتية :

ادارة	اطباء	تمريض	تاهيل	اخصائي اجتماعي	اخصائي نفسي	عامل نظافة	عامل مطبخ	غير ذلك / حدد

ثانيا - المعلومات الشخصية :

14. المسمى الوظيفي : -----
15. الجنس  ذكر  انثى .
16. العمر :  30-20  40 - 31  50- 41  60-51 اكثر من 61.
17. المستوى التعليمي:  جيهي  بلوم  كالوريوس  بلوم عالي  ماجستير  كتورة  غير ذلك/ الرجاء التوضيح -----.
18. عدد سنوات الخبرة :  اقل من سنة  5- سنوات  10- سنوات  20- سنوات  سنة فأكثر.
19. هل تلقيت أي تدريب محدد للأشخاص ذوي الإعاقة؟ نعم / لا  
- اذا كان الجواب نعم -- ارجو توضيح محتوى التدريب ؟

- اذا كان الجواب لا -- من وجهة نظرك ما الذي تحتاج له من تدريب او دورات خاصة بذوي الاعاقة ؟

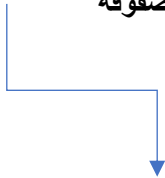
- ما هي المعوقات التي تمنعك من المشاركة في التدريبات المحددة للعناية بذوي الاعاقة ؟

-الرجاء ذكر اي ملاحظات اخرى ترغبون باضافتها حول معايير جودة الخدمات المقدمة داخل المؤسسة؟

ثالثا - الرجاء تعبئة الاستمارة الخاصة (تقييم معايير جودة الخدمات المؤسساتية المقدمة للأشخاص ذوي الاعاقة الشديدة) . تحتاج هذه المصفوفة ل20 دقيقة على الاقل لتعبئتها

نتمنى من حضرتكم تعبئتها ونشكر لكم وقتكم وبوركت جهودكم

الى المصفوفة



**Annexe 2 :**

*Annex 2*

**English Questionnaire**

**First: Information about the institution in which it works:**

- 1. Institution Name:.....
- 2. Phone Number:.....
- 3. Email:.....
- 4. Governorate: .....
- 5. What are the targeted areas to provide the services of the institution:  
.....
- 6. Type of institution:  Governmental  NGOs  International.

**You can answer more than one option**

- 7. Type of service provided:  Daycare  shelter  both.
- 8. The nature of the services provided:  Educational  Rehabilitation  Medical care,  Elderly care, etc.
- 9. Target group (type of disability): mental motor visual audio other compound....
- 10. Age of the target group:  0-16 years  17-60  61 - More.
- 11. Capacity to provide the service:  20-30 Residents  31-60 Residents  More ≤ 61.
- 12. How many employees work in the institution in general: Please put the number if possible.....
- 13. How many employees work in the institution by specialties:

Management	Doctors	Nursing	Rehabilitation	Social Worker	Psychologist	Cleaner	Kitchen worker	Other/ defined that

**Second: Personal Information:**

- 14. Job Title: -----
- 15. Gender:  Male  Female.
- 16. Age:  20-30  31 - 40  41 -50  51-60  over 61.

17. Educational level:  Tawjihi  Diploma  Bachelor  Higher Diploma  Master  PhD  other. / Please explain-----.

18. Number of years of experience:   $\geq 2-5$  years  6-10 years  11-20 years  21 years  $\leq$  more.

19. Have you received any specific training for persons with disabilities? Yes / No .

20. If yes - please clarify the content of the training.

21. If the answer is no - from your point of view, what do you need from training or courses for people with disabilities?

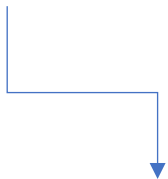
22. What are the obstacles that prevent you from participating in specific training for the care of people with disabilities?

23. Please provide any other comments you would like to add about the quality standards of services provided within the institution?

**Third: Please fill out the special form (Evaluation of the Quality Standards of Institutional Services Provided to Persons with Severe Disabilities). This matrix needs at least 20 minutes to fill it out,**

We hope you fill it out, and we thank you for your time and bless your efforts

**Matrix / Self Evaluation**



### Annexes 3 : Arabic Consent Form/ Self Evaluation.

Annex 3

الموضوع : تعبئة اداة مسح الدراسة الذاتية لمقدمي الرعاية لذوي الاعاقة داخل المؤسسات

الايوائية في الضفة الغربية- فلسطين

بداية اتقدم لكم بجزيل الشكر والتقدير لاعطائنا جزء من وقتكم وجهودكم لتعبئة هذا الاستبيان. مشاركيننا الأعزاء، انا طالبة دراسات عليا - من كلية الصحة العامة في جامعة القدس -أبوديس- ، ارغب بعمل بحث غير ممول لاستكمال متطلبات الحصول على درجة الماجستير التخرج من برنامج سياسات الادارة الصحية بعنوان:

" قياس معايير جودة الخدمات المقدمة داخل المؤسسات الايوائية لذوي الاعاقة في الضفة الغربية/ فلسطين"

**“ Measure the Quality Standards of Services Provided in Residential Institutions for Persons with Disabilities in the West Bank / Palestine.”**

والتي تهدف من خلال هذا البحث إلى استطلاع آراء العاملين وتقييمهم لمعايير جودة الخدمات التي تطبق داخل المؤسسات الإيوائية للأشخاص ذوي الإعاقة في الضفة الغربية / فلسطين .

تم اختيار هذا الموضوع بناء على ملاحظتي لوجود نقص في الأبحاث التي توضح وتركز على تقييم مدى تطبيق معايير الجودة في تقديم الخدمات من وجهة نظر الإدارة والعاملين والنزلاء في المؤسسات الايوائية للأشخاص ذوي الإعاقة في الضفة الغربية - فلسطين.

ونؤكد أن مشاركتك / ي طوعية في هذا البحث و لن يمس المشارك/ة أي ضرر ناتج عن مشاركته / ا في هذا البحث. ولن تؤثر مشاركته/ا على الخدمات التي تقدم له/ا بأي شكل من الاشكال.

الباحثة: رغدة العزة [raghda.azzeh@students.alquds.edu](mailto:raghda.azzeh@students.alquds.edu)

ومشرفة البحث : الدكتورة اسراء حمدان [ehamdan2@staff.alquds.edu](mailto:ehamdan2@staff.alquds.edu)

لطفا ، هل يمكنكم الاجابة على الاسئلة التالية سواء كنتم مدراء في ادارة المؤسسة او ضمن الطاقم العامل في المؤسسة :

#### **Annexes 4: English Consent Form/ Self Evaluation.**

**Subject: Filling out the self-study survey tool for caregivers of persons with disabilities within residential institutions in the West Bank - Palestine.**

First of all, I would like to thank you very much for giving us part of your time and efforts to fill out this questionnaire. Dear participants, I am a graduate student - from the Faculty of Public Health at Al-Quds University - Abu Dis - and I want to do unfunded research to complete the requirements for obtaining a master's degree graduation from the Health Administration Policy Program entitled:

'Measure the Quality Standards of Services Provided in Residential Institutions for Persons with Disabilities in the West Bank / Palestine', which aims through this research to survey the opinions of workers and their evaluation of the quality standards of services applied within residential institutions for persons with disabilities in the West Bank / Palestine.

This topic was chosen based on my observation of a lack of research that clarifies and focuses on evaluating the extent to which quality standards are applied in service delivery from the point of view of management, workers, and residents in residential institutions for persons with disabilities in the West Bank - Palestine. We confirm that your participation is voluntary in this research and the participant will not be harmed by his participation in this research. his/her participation will not affect the services provided to him/her in any way.

Researcher: Raghda Al-Azza [raghda.azze@students.alquds.edu](mailto:raghda.azze@students.alquds.edu)

Research Supervisor: Dr. Esraa Hamdan [ehamdan2@staff.alquds.edu](mailto:ehamdan2@staff.alquds.edu)

Kindly, can you answer the following questions whether you are managers in the Department of the organization, or institution.

## Annexes 5: Arabic Consent Form / Interview

### نموذج الموافقة على المشاركة في الدراسة

مشاركينا الأعزاء، انا طالبة دراسات عليا - من كلية الصحة العامة في جامعة القدس -أبوديس- ، ارغب بعمل بحث غير ممول لاستكمال متطلبات الحصول على درجة الماجستير التخرج من برنامج سياسات الادارة الصحية بعنوان: " قياس معايير جودة الخدمات المقدمة داخل المؤسسات الايوائية لذوي الاعاقة في الضفة الغربية/ فلسطين"

### **“ Measure the Quality Standards of Services Provided in Residential Institutions for Persons with Disabilities in the West Bank / Palestine.”**

تم اختيار هذا الموضوع بناء على ملاحظتي لوجود نقص في الأبحاث التي توضح وتركز على تقييم مدى تطبيق معايير الجودة في تقديم الخدمات من وجهة نظر الإدارة والعاملين والنزلاء في المؤسسات الايوائية للأشخاص ذوي الإعاقة في الضفة الغربية - فلسطين.

لقد تم اختيارك عشوائيا للمشاركة في هذا البحث كونك/ي نزيل/ة مقيم في هذه المؤسسة ، وعمرك أكثر من 18 عام. لذا ارجو من حضرتك التفضل باجراء المقابلة معي والاجابة على الاسئلة التي تتكون من عدة اقسام والتي أعدت لهذا الغرض من تحري الصدق والموضوعية في الإجابة لان مشاركتك /ي ستساعدني للوصول الى الأهداف المرجوة.

سيتم ادخال المعلومات عند تفريغ الاستمارة في حاسوب خاص وبرموز خاصه وباستعمال كلمة سر خاصه سيستخدمها فقط اعضاء البحث العلمي والمشرف على الدراسة. مع التأكيد بأنه ستستخدم هذه البيانات لأغراض البحث العلمي فقط. علما أنه سيتم التعامل مع الإجابات بسرية تامة بوصفها مجاميع إحصائية لذلك لا داعي لأن تأخذ اسمك أو ما يشير الى شخصيتك عند المقابلة .

ونؤكد أن مشاركتك / ي اختيارية في هذا البحث و لن يمس المشارك/ة أي ضرر ناتج عن مشاركته / ا في هذا البحث. ولن تؤثر مشاركته/ا على الخدمات التي تقدم له/ا بأي شكل من الاشكال. ونعتذر مسبقا عن بعض الأسئلة التي من الممكن ان تثير لديكم بعض المشاعر والاحاسيس الغير مرغوب بها . لذلك بإمكانك أخذ الوقت الذي تحتاجه للإجابة وبالإمكان طلب وقت للاستراحة كما ويمكن الانسحاب من المشاركة في أي وقت تريده تحتاج هذه المقابلة (30) دقيقة لتعبئتها.

الباحثة: رغدة العزة [raghda.azzeh@students.alquds.edu](mailto:raghda.azzeh@students.alquds.edu)

ومشرفة البحث : الدكتورة اسراء حمدان [ehamdan2@staff.alquds.edu](mailto:ehamdan2@staff.alquds.edu)

نتمنى لكم موفور الصحة والعافية وبالتوفيق في دراستكم

إذا كنت موافق على اجراء المقابلة معنا

الرجاء التوقيع هنا .....

## Annexes 6 :Arabic Interview Scenario

سيناريو المقابلة / النزلاء المقيمين من ذوي الإعاقة داخل المؤسسات الايوانية في الضفة الغربية- فلسطين

تجمع الباحثة من جامعة القدس معلومات حول " قياس معايير جودة الخدمات المقدمة في المؤسسات الايوانية للأشخاص ذوي الإعاقة في الضفة الغربية / فلسطين". كجزء من رسالة ماجستير للسيدة رعدة العزة و التي تهدف من خلال هذا البحث إلى استطلاع آراء العاملين والنزلاء وتقييمهم لمعايير جودة الخدمات التي تطبق داخل المؤسسات الايوانية للأشخاص ذوي الإعاقة في الضفة الغربية / فلسطين .

لطفاً ، هل يمكنكم الاجابة على الاسئلة التالية في المقابلة بصفتمك نزلاء مقيمين في هذه المؤسسة بعد توقيعكم على النموذج الموافقة .

### اولا - المعلومات الشخصية :

1. الجنس :  ذكر  انثى .
2. العمر :  20-18 سنة  21-30 سنة  31-40 سنة  41-50  60 – اكثر.
3. مكان السكن :  مدينة  قرية  مخيم  المجتمع البدوي .
4. اسم المحافظة : .....
5. نوع الاعاقة : .....
6. التشخيص الطبي ان كان معروفا : .....
7. المدة الزمنية للاقامة :  اقل من سنة  2-5 سنوات  6-10 سنوات  11-20 سنوات  21 سنة فأكثر.
8. مستوى الاستقلالية في نشاطات الحياة اليومية:  مستقل بشكل كامل  يحتاج الى مساعدة جزئية  غير مستقل.

### بعض الأسئلة المقترحة للمقابلة مع النزلاء من ذوي الإعاقة:

9. هل يمكن أن تعطينا فكرة عن نفسك من حيث الحالة الصحية وسبب الاعاقة ؟ إذا كنت لا ترغب/ي بالإجابة على هذا السؤال ، فيمكننا تخطيه.

10. ما هو سبب وجودك في داخل هذه المؤسسة؟ إذا كنت لا ترغب/ي بالإجابة على هذا السؤال ، فيمكننا تخطيه.

11. وكيف تم قبورك؟ إذا كنت لا ترغب/ي بالإجابة على هذا السؤال ، فيمكننا تخطيه.

12. هل انت موافق على وجودك داخل مؤسسة ابوائية؟ نعم /لا

- ارجو توضيح ذلك اذا كان لديكم الرغبة في ذلك .

✓ سنبدأ الان بطرح بعض الاسئلة التي ستوضح لنا ارائكم عن جودة الخدمات المقدمة داخل المؤسسة كالتالي

13. ما مدى رضاك/ي عن الخدمات المقدمة داخل المؤسسة بشكل عام؟ ارجو تحديد درجة الرضا من (1-5)

كما هو موضح

5 فأكثر, مقبول جدا

4-3 مقبول

1-2 غير مقبول

14. هل يمكن ان تعطينا فكرة من واقع تجربتك عن اهم نقطة تميز جودة الرعاية؟ ارجو توضيح ذلك مع امثلة

15. هل يمكن ان تعطينا فكرة عن مدى معرفة الطاقم من حيث امتلاك المعرفة والمهارات اللازمة خاصة

الاحترام والتعاطف؟

16. كيف ترى/ي الممارسات المتبعة في احترام وتعزيز خصوصية وكرامة كل نزير داخل المؤسسة؟

17. كيف ترى/ي الممارسات المتبعة في احترام الخصوصية في استخدام مرافق المؤسسة مثل الحمام ,غرفة

النوم, ممتلكات؟

18. كيف ترى مدى جودة موائمة المرافق المستخدمة من حيث التنقل وسهولة الوصول للخدمة ؟

19. كيف ترى جودة الرعاية الصحية لكل نزيل والمحافظة عليها من حيث ( الرعاية الطبية, التغذية, خدمات التأهيل) ؟

20. هل يمكن ان تعطيني فكرة عن مدى مساهمتك ومشاركتك في عملية التقييم وتحديد الاهداف العلاجية من قبل الفريق المختص لادارة امورك الصحية ؟

21. هل يمكن ان تعطيني فكرة عن مدى المساهمة والمشاركة في الانشطة اليومية من حيث المساواة والعدالة في الحصول على الخدمة داخل المؤسسة؟

22. هل يمكن ان تعطيني فكرة عن مدى اجراءات السلامة و الحماية المتبعة والممارسات التي يتم فيها حماية كل نزيل من سوء الاهمال و المعاملة؟

23. هل يمكن ان تعطيني فكرة عن مدى الاستماع إلى شكاوى كل نزيل واتخاذ إجراءات بشأنها في الوقت المناسب وبطريقة فعالة؟

24. هل يمكنك التفكير في أي عوامل من شأنها أن تؤثر على سلامة حياتك ؟

25. هل يمكن ان تشرح لنا من وجهة نظرك العوامل التي تعتقد أنها ستسهل وتحسن من جودة الحياة لك؟

وشكرا جزيلاً لوقتكم و لحسن تعاونكم

## **Annexes 7: English Consent Form / Interview**

### **Consent to participate in the study**

Dear participants, I am a postgraduate student - from the Faculty of Public Health at Al-Quds University - Abu Dis. I would like to do unfunded research to complete the requirements for obtaining a master's degree Graduation from the Health Administration Policy Program entitled:

#### **'Measuring the Quality Standards of Services Provided in Residential Institutions for Persons with Disabilities in the West Bank / Palestine'.**

This was selected The topic is based on my observation of the lack of research that clarifies and focuses on evaluating the extent to which quality standards are applied in the provision of services from the point of view of management, workers, and inmates in residential institutions for persons with disabilities in the West Bank - Palestine. You have been randomly selected to participate in this research as a resident inmate of this institution, and you are over 18 years old. Therefore, I kindly ask you to conduct an interview with me and answer the questions that consist of several sections, which were prepared for the purpose of investigating honesty and objectivity in answering because your participation will help me.

The information will be entered when the form is downloaded into a special computer with special codes and using a special password that will be used only by members of the scientific research and the supervisor of the study. With the assurance that this data will be used for scientific research purposes only.

Note that the answers will be treated in strict confidentiality as statistical totals, so there is no need to take your name or what indicates your personality when interviewing.

We confirm that your participation is optional in this research and the participant will not be harmed by his participation in this research. His/her participation will not affect the services provided to him/her in any way. We apologize in advance for some questions that may provoke some unwanted feelings and sensations. Therefore, you can take the time you need to answer, and you can ask for time to break and you can withdraw from participating at any time you want, this interview needs (30) minutes to fill out.

**Researcher: Raghda Al-Azzeh [raghda.azzeh@students.alquds.edu](mailto:raghda.azzeh@students.alquds.edu)**

**Research Supervisor: Dr. Esraa Hamdan [ehamdan2@staff.alquds.edu](mailto:ehamdan2@staff.alquds.edu)**

We wish you good health, wellness, and success in your studies if you agree to interview us, please sign here

.....

## **Annexes 8: English Interview Scenario**

### **Interview Scenario / Resident with Disabilities in Residential Institutions in the West Bank - Palestine.**

The researcher from Al-Quds University collects information on 'Measuring the quality standards of services provided in residential institutions for persons with disabilities in the West Bank / Palestine'. As part of a master's thesis by Mrs. Raghda Al-Azzeh, which aims through this research to survey the opinions of workers and inmates and evaluate the quality standards of services applied within residential institutions for persons with disabilities in the West Bank / Palestine.

Please, can you answer the following questions in the interview as a resident of this institution after signing the approved form.

#### **First - Personal Information:**

1. Gender:  Male/  female.
2. Age:  18-20 years  21-30 years  31-40 years/  41-50/  60 – more.
3. Place of residence:  Bedouin community/  camp/  village /  city.
4. Governorate Name: -----
5. Type of disability: -----
6. Medical diagnosis if known: -----
7. Duration of stay:   $\geq$  2-5 years,  6-10 years  11-20 years  21 years  $\leq$  more.
8. Level of independence in daily living activities:  Independent -  Need Assistance-  Dependent.

#### **Some suggested questions for interviewing residents with disabilities:**

9. Can you give us an idea of yourself in terms of health status and the cause of the disability? If you don't want to answer this question, we can skip it.

10. What is your reason for being within this institution? If you don't want to answer this question, we can skip it.

11. How were you accepted? If you don't want to answer this question, we can skip it.

12. Do you agree to be inside a shelter? Yes/No - please clarify this if you have the desire to

13. We will now start asking some questions that will clarify your opinions on the quality of services provided within the institution as follows:

14. How satisfied are you with the services provided within the institution in general? Please specify the degree of satisfaction from (1-5) as shown

**1-2 not accepted      3-4 accepted      5 and more very accepted**

15. Can you give us an idea from your experience about the most important point of excellence in the quality of care? Please explain this with examples

16. Can you give us an idea of the extent to which the crew knows in terms of having the necessary knowledge and skills, especially respect and empathy?

17. How do you see the practices followed in respecting and promoting the privacy and dignity of each inmate within the institution?

18. How do you see the practices followed in respecting privacy in the use of the institution's facilities such as bathrooms, bedroom, and property?

19. How do you see the suitability of the facilities used in terms of mobility and ease of access to the service?

20. How do you see the quality of health care for each resident and maintain it in terms of (medical care, nutrition, rehabilitation services)?

21. Can you give me an idea of the extent of your contribution and participation in the evaluation process and the determination of treatment goals by the specialized team to manage your health affairs?

22. Can you give me an idea of the extent of contribution and participation in daily activities in terms of equality and fairness in access to service within the organization?

23. Can you give me an idea of the extent of safety and protection measures followed and the practices in which each inmate is protected from abuse and abuse?

24. Can you give me an idea of how timely and effective each guest's complaints are heard and acted upon?

25. Can you think of any factors that would affect the safety of your life?

26. Can you explain to us from your point of view the factors that you think will facilitate and improve the quality of life for you?

**Thank you very much for your time and for your cooperation**

**Annexes 9: Approval from Four Homes of Mercy Institutio**



التاريخ: 2023/7/31

حضرة السيد الدكتور زياد شقير - مدير جمعية الملجأ الخيري الارثوذكسي / المحترم

الموضوع: تسهيل مهمة للطالبة رغدة

تحية طيبة وبعد،،

تقوم الطالبة رغدة العزة/ برنامج ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بإجراء بحث الرسالة بإشراف د.اسراء حمدان، ويعنوان:

"مقياس معايير جودة الخدمات المقدمة في المؤسسات الايوائية للأشخاص ذوي الإعاقة في الضفة الغربية/ فلسطين".  
وهي دراسة تهدف الى استطلاع آراء العاملين وتقييم معايير الجودة للخدمات التي تطبق داخل المؤسسات الايوائية للأشخاص ذوي الإعاقة في منطقة الضفة الغربية/ فلسطين، وستقوم الطالبة باعتماد أداة قياس معايير جودة الخدمات للأشخاص ذوي الإعاقة في المؤسسات الايوائية التي تم اعتمادها وتطويرها لتحسين وتطوير نظام الحماية الاجتماعية في فلسطين من خلال دليل الاعتماد للخدمات الاجتماعية لعام 2018، نرجو من حضرتكم الموافقة على استخدام الأداة في دراستها، علماً بأن المعلومات ستكون لأغراض البحث العلمي فقط.

وتفضلوا بقبول فائق الاحترام،

د. حازم اغا  
عميد كلية الصحة العامة

نسخة: الملف

Al-Quds University  
Jerusalem  
School of Public Health



جامعة القدس  
القدس  
كلية الصحة العامة

التاريخ: 2023/4/26

حضرة السيد دكتور سميح دويك - رئيس جمعية الخليل للتأهيل / المحترم

الموضوع: تسهيل مهمة للطالبة رغدة

تحية طيبة وبعد،،

تقوم الطالبة رغدة العزة/ برنامج ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بإجراء بحث الرسالة بإشراف د. اسراء حمدان، ويعنون:

"مقياس معايير جودة الخدمات المقدمة في المؤسسات الايوائية للأشخاص ذوي الإعاقة في الضفة الغربية/ فلسطين".  
وهي دراسة تهدف الى استطلاع اراء العاملين وتقييم معايير الجودة للخدمات التي تطبق داخل المؤسسات الايوائية للأشخاص ذوي الإعاقة في منطقة الضفة الغربية/ فلسطين، وستقوم الطالبة باعداد أداة قياس معايير جودة الخدمات للأشخاص ذوي الإعاقة في المؤسسات الايوائية التي تم اعتمادها وتطويرها لتحسين وتطوير نظام الحماية الاجتماعية في فلسطين من خلال دليل الاعتماد للخدمات الاجتماعية لعام 2018، نرجو من حضرتكم الموافقة على استخدام الأداة في دراستها، علماً بأن المعلومات ستكون لأغراض البحث العلمي فقط.

وتفضلوا بقبول فائق الاحترام،

د. حازم اغا  
عميد كلية الصحة العامة

نسخة: الملف

Jerusalem  
P.O.Box 51000  
Telefax +970-2-2799234  
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فرع القدس / تلفاكس 02-2799234  
ص.ب. 51000 القدس  
البريد الإلكتروني: sphealth@admin.alquds.edu

**Annexes 11: Approval from Jameah Institution.**



التاريخ: 2023/4/26

حضرة السيدة لانا الزغي / مديرة مؤسسة يميمة - المحترمة.

الموضوع: تسهيل مهمة للطالبة رعدة

تحية طيبة وبعد،،

تقوم الطالبة رعدة العزة/ برنامج ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بإجراء بحث الرسالة بإشراف د. امراء حمدان، ويعنون:

"مقياس معايير جودة الخدمات المقدمة في المؤسسات الايوائية للأشخاص ذوي الإعاقة في الضفة الغربية/ فلسطين".  
وهي دراسة تهدف الى استطلاع آراء العاملين وتقييم معايير الجودة للخدمات التي تطبق داخل المؤسسات الايوائية للأشخاص ذوي الإعاقة في منطقة الضفة الغربية/ فلسطين، وستقوم الطالبة باعتماد أداة قياس معايير جودة الخدمات للأشخاص ذوي الإعاقة في المؤسسات الايوائية التي تم اعتمادها وتطويرها لتحسين وتطوير نظام الحماية الاجتماعية في فلسطين من خلال دليل الاعتماد للخدمات الاجتماعية لعام 2018، درجو من حضرتكم الموافقة على استخدام الأداة في دراستها، علماً بأن المعلومات ستكون لأغراض البحث العلمي فقط.

وتفضلوا بقبول فائق الاحترام،

د. حازم اغا  
عميد كلية الصحة العامة

نسخة: الملف



التاريخ: 2023/3/5

حضرة الدكتور احمد المجدلوي المحترم  
وزير التنمية الاجتماعية

الموضوع: تسهيل مهمة للطالبة رعدة العزة

تحية طيبة وبعد،،

تقوم الطالبة رعدة العزة/ برنامج ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بإجراء بحث الرسالة بإشراف د. اسراء حمدان وبعنوان:

"مقياس معايير جودة الخدمات المقدمة في المؤسسات الايوائية للأشخاص ذوي الإعاقة في الضفة الغربية/ فلسطين".  
وهي دراسة تهدف الى استطلاع آراء العاملين وتقييم معايير الجودة للخدمات التي تطبق داخل المؤسسات الايوائية للأشخاص ذوي الإعاقة في منطقة الضفة الغربية/ فلسطين، وستقوم الطالبة باعتماد أداة قياس معايير جودة الخدمات للأشخاص ذوي الإعاقة في المؤسسات الايوائية التي تم اعتمادها وتطوير لتحسين وتطوير نظام الحماية الاجتماعية في فلسطين من خلال دليل الاعتماد للخدمات الاجتماعية لعام 2018، نرجو من حضرتكم الموافقة على استخدام الأداة في دراستها، علماً بأن المعلومات ستكون لأغراض البحث العلمي فقط.

وتفضلوا بقبول فائق الاحترام،

  
د. اسراء حمدان  
رئيسة  
كلية الصحة العامة  
Faculty of Public Health  
Al-Quds University

نسخة: الملف

Al-Quds University  
Jerusalem  
School of Public Health



جامعة القدس  
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دولة فلسطين  
وزارة التنمية الاجتماعية  
الأرشيف المركزي  
الرقم 855  
التاريخ 16.3.2023

الدكتور أحمد المجدلاري  
16.3.2023

التاريخ: 2023/3/5

حضرة الدكتور أحمد المجدلاري المحترم  
وزير التنمية الاجتماعية

الموضوع: تسهيل مهمة للطالبة رغدة العزة

تحية طيبة وبعد،،

تقوم الطالبة رغدة العزة/ برنامج ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بإجراء بحث الرسالة بإشراف د. أسراء حمدان ويعنوان:

'مقياس معايير جودة الخدمات المقدمة في المؤسسات الإيوائية للأشخاص ذوي الإعاقة في الضفة الغربية/ فلسطين' هي دراسة تهدف الى استطلاع آراء العاملين وتقييم معايير الجودة للخدمات التي تطبق داخل المؤسسات الانوا أشخاص ذوي الإعاقة في منطقة الضفة الغربية/ فلسطين، وشكر الطالبة باعتماد أداة قياس معايير جودة الخدمة أشخاص ذوي الإعاقة في المؤسسات الإيوائية التي تم اعتمادها وتطوير لتحسين وتطوير نظام الحماية الاجتماعية حطين من خلال دليل الاعتماد للخدمات الاجتماعية لعام 2018، نرجو من حضرتكم الموافقة على استخدام الأداة ستها، علماً بأن المعلومات ستكون لأغراض البحث العلمي فقط.

وتفضلوا بقبول فائق الاحترام،

كلية الصحة العامة  
Faculty of Public Health  
Al-Quds University

: الملف

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51000  
+970-2-2799234  
phealth@admin.alquds.edu

تلفنكس 02-2799234

51 القدس

ي: sphealth@admin.alquds.edu

Re: Re: كتاب تسهيل مهمة

Ajaz A. Ajaj <ajaj.mosa@gmail.com>

Tue 3/28/2023 8:47 AM

To: Raghda Al Azzeh <rag\_azzeh@hotmail.com>

الآخت رعدة  
مع الموافقة  
احترامي  
عجاج

On Mon, Mar 6, 2023, 11:32 AM <rag\_azzeh@hotmail.com> wrote:

--

Sent from [Tobsoft Mail](#) for mobile

-----Forwarded Message----- From: [sphealth@admin.alquds.edu](mailto:sphealth@admin.alquds.edu) To: [rag\\_azzeh@hotmail.com](mailto:rag_azzeh@hotmail.com) Date:  
Yesterday Subject: Re: كتاب تسهيل مهمة

مرحباً رعداً  
مرفق كتاب تسهيل المهمة المعدل

On Tue, Feb 28, 2023 at 12:04 PM raghdah azzeh <[rag\\_azzeh@hotmail.com](mailto:rag_azzeh@hotmail.com)> wrote:

عزيزتي سميحة المحترمة  
تم عمل بعض التعديلات  
وشكراً جزيلاً لتعاونك  
رعدة العزة

---

**From:** School of Public Health <[sphealth@admin.alquds.edu](mailto:sphealth@admin.alquds.edu)>

**Sent:** Tuesday, February 28, 2023 9:26 AM

**To:** raghdah azzeh <[rag\\_azzeh@hotmail.com](mailto:rag_azzeh@hotmail.com)>

**Subject:** كتاب تسهيل مهمة

## Annexes 13: Approval of the Scientific Research Ethics Committee.

Al-Quds University  
Jerusalem  
School of Public Health



جامعة القدس  
القدس  
كلية الصحة العامة

التاريخ: 31/1/2023

عزيزتي الطالبة رعدة العزة المحترمة  
برنامج ماجستير السياسات والادارة الصحية

### الموضوع: موافقة لجنة اخلاقيات البحث العلمي

قامت اللجنة الفرعية لأخلاقيات البحث التابعة لكلية الصحة العامة بمراجعة مشروع الرسالة بعنوان:

" Measure the quality standards of services provided in residential institutions for persons with disabilities in the West Bank- Palestine."

المقدم من (مشرف البحث/د. اسراء حمدان).

يعتبر مشروعك مستوفياً لمتطلبات أخلاقيات البحث في جامعة القدس.

نتمنى لكم كل التوفيق في تسيير المشروع.

ملاحظة: في حالة الحاجة الى موافقة من اللجنة المركزية في الجامعة، تستطيع التقدم باستخدام هذه

الموافقة على الرابط. <https://research.alquds.edu/en/ethics/48-how-to-apply.html>

رئيسة اللجنة الفرعية ل اخلاقيات البحث

كلية الصحة العامة

د. نهى الشريف



نسخة/ أعضاء لجنة البحث

نسخة/ الملف

Jerusalem Branch/Telefax 02-2799234  
Gaza Branch/Telefax 08-2644220 -2644210  
P.O. box 51000 Jerusalem

فرع القدس / تلفاكس 02-2799234  
فرع غزة / تلفاكس 08-264420-2644210  
ص.ب. 51000 القدس

**Annex 14: Panel Expert.**

The expert panel, which consisted of five people, received responses from three members.

No	Name	Workplace	Qualification
1	Dr. Maha Nahal	Al-Quds University	Maha Nahal, RN, MPH, PhD. Coordinator of Graduate Studies, Nursing Department College of Health Professions.
2	Dr. Salam Al-Khatib	Al-Quds University	Salam Alkhatib, PhD Faculty of Health Profession Nursing Department
3	Dr. Kawthar	Al-Quds University	
4	Dr. Mayssa Osta	Al-Quds University	Mayssa UI sta, RN, MPH, PhD. Coordinator of Graduate Studies, Nursing Department College of Health Professions.

### Annexe 3.1 : Matrix Self Evaluation Tool.

تقييم معايير جودة الخدمات المؤسساتية للأشخاص ذوي الإعاقة الشديدة			
التقييم (1 اقل قيمة – 3 اكبر قيمة)			المعيار
3 (يتواجد كلياً)	2 (يتواجد جزئياً)	1 (ضعيف)	
			الفصل الاول : المعلومات
<p>(ا) و (ب) بحيث تحتوي على اي 4-7/7 من المعلومات و (ج) بحيث يتم تقديم المعلومة على شكل 2-4/4 من الطرق المختلفة.</p>	<p>فقط أ) بحيث تحتوي على اي 1-7/3 من المعلومات و (ج) بحيث يتم تقديم المعلومة على شكل ¼ من الطرق المختلفة.</p>	<p>لا أ) ولا ب) ولا ج) ملاحظة: اي ان المركز لا ينشر المعلومات ولا يحذفها ولكن هذا لا يعني ان المركز لا يمتلك هذه المعلومات , فالمعيار هنا يهتم بنشر وتحديث المعلومة وليس بوجودها او عدمه .</p>	<p><b>المعيار الاول</b> تقدم المراكز الايوائية معلومات (ا) منشورة . (ب)محدثة تعرض فيها : 1. حقوق المستفيدين. 2. المعايير المهنية لتقديم الخدمة واهمها السرية. 3. تضم كذلك كافة الخدمات التي يقدمها المركز 4. مسار تقديم الخدمة. 5. مدة الانتظار لتلقي الخدمة. 6. الفترة الزمنية التي تستغرقها الخدمة. 7. تكلفة الخدمة الواحدة او تكافة المستفيد الكلية للمقيمين في المركز ولمتلقي الخدمات غير المقيمين. (ج) تقدم هذه المعلومات للمجتمع وخاصة للمستفيدين وعائلاتهم وذلك على شكل: 1) مبيعات ورقية. 2) مواد مرئية ( صور ومقاطع فيديو). مواد رقمية من خلال الموقع الالكتروني. عروض مجتمعية من خلال الايام المجتمعية المفتوحة.</p>
4/4-3	4/2	4/1-0	<p><b>المعيار الثاني</b> توفير: 1) قسم استقبال مهني للمركز. 2) شخص مرجعي.</p>

			3) شخص كفؤ، يتواصل بشكل مهني وفعال لتقديم معلومات الاتصال بلغة يسهل فهمها وتكييفها لعائلات المستفيدين ولاشخاص ذوي الاعاقة.
4/4-3	4/2	4/1-0	المعيار الثالث: التعريف بالخدمات المقدمة 1) التواصل مع وسائل الاعلام (مثل ومضات اعلامية مسموعة ومرئية) 2) تنظيم ورش عمل مشتركة مع المؤسسات ذات العلاقة والتشبيك معها 3) دمج المجتمع المحلي والمتطوعين/ات بالانشطة التي تقوم بها المؤسسة من خلال تنظيم زيارات لكافة الاطراف المهمة ( خاصة الاشخاص من ذوي الاعاقة وعائلاتهم) وذلك للتعرف على المركز وظروف الايواء وغيرها من الخدمات المقدمة ( مثل التاهيل الطبي) وذلك من خلال: 4) استعمال نظام بريـل ولغة لاشارة و / او الاشكال المناسبة.
4/4-3	4/2	4/1-0	المعيار الرابع توفير : 1) قاعدة بيانات . 2) عن كافة الخدمات التي تقدمها . 3) تحديثها للجميع بكافة الاشكال المناسبة تحديث المعلومات بصورة منتظمة مع وزارة الاختصاص.
3/3-2	3/1	3/0	المعيار الخامس توفر 1. هيكلية تنظيمية للمركز . 2. وضوح الهيكلية التنظيمية للمركز. 3. تجاوب الهيكلية التنظيمية مع دور الطاقم ومسؤولياته
<b>الفصل الثاني: التقييم الاولي للمستفيدين</b>			
2/2	2/1	2/0	المعيار الاول

			اجراء ك تقييم اولي يتم فيه تحديد اهلية قبول المستفيدة/ او تحويله/ا في / من / المركز.
لا أ ( ولا ب)	فقط أ) وب) بحيث يتضمن 2/1	لا أ ( ولا ب) ملاحظة: قد يتم عمل التقييم ولكنه يستغرق اكثر من 7 ايام بعد عملية الادخال.	<b>المعيار الثاني</b> اجراء تقييم احتياجات فردي للمستفيدة/ة خلال ا) 7 ايام على الاكثر بعد الدخول الى المركز, بحيث ب)يتضمن التقييم مشاركة: 1) المستفيدة/ة و / او 2) الوصي في عملية التقييم الاولية.
5/5-4	5/3-2	5/1-0	<b>المعيار الثالث</b> تعبئة نموذج يشمل مثلا: 1) المعلومات الاساسية اة ( الحالة الاقتصادية والحالة الاجتماعية ). 2) الوضع الصحي ( الوزن واختيارات الغذائية وصحة الفم والاسنان والادوية الحالية وحالة الرؤية والمسح والاعتمادية على المخدرات والكحول والتبغ ) 3) القدرة على الحركة والتنقل العام ومهارات التواصل . 4) الصحة النفسية والاجتماعية والادراكية. 5) سجل تطور الحالة ( التشخيص السابق وسبب الاعاقة وسجل تاريخي لتلقي المستفيد الخدمات وتقارير طبية من اخصائيين وخدمات تأهيلية سابقة) .
2/2	2/1	2/0	<b>المعيار الرابع</b> تعريف: المستفيدة/ والممثلة/ة / القانوني/ة بحقوقه/ا ومراحل عملية الايواء.
لا أ ( ولا ب)	فقط أ)	لا أ ( ولا ب)	<b>المعيار الخامس</b>

			<p>أ) توقيع اتفاقية بين المركز والمستفيدة/ و /او الوصي /ة الممثلة للمستفيدة/ بعد الادخال بحيث:</p> <p>ب) تشمل الاتفاقية بنودا اهمها: ضمان السرية للمستفيدة/ وتزويد المركز بمعلومات صحيحة من قبل المستفيدة/ و / او الوصي/ة .</p>
3 وجود سجل للتقييم	هناك سجل للتقييم ولكن بشكل جزئي	1 عدم وجود سجل للتقييم	<p><b>المعيار السادس</b></p> <p>يستخدم سجل للتقييم لكل مستفيدة/ ويتم تسجيل بيانات التقييم / التقييمات فيه .</p>
2/2 تتم اعادة التقييم بصورة دورية ومنتظمة وايضا عندما تقتضي الحاجة	2/1 تتم اعادة التقييم فقط عندما تقتضي الحاجة	2/0 لا تتم اعادة التقييم بتاتا	<p><b>المعيار السابع</b></p> <p>اجراء اعادة تقييم للمستفيدين/ ات بحيث يتم هذا التقييم :</p> <p>1) بصورة دورية بشكل اولي وتتبعي ولانتهاء الخدمة كل شهر و/ او سنويا)</p> <p>2) و/ او عند الحاجة عندما تلاحظ تغيرات مهمة في الحالة الجسدية و/او النفسية و/ او السلوكية و/ او في حال انقطاع الخدمة.</p>
هذا الشرط في تعبئة هذا المعيار ه ان تتم اصلا عملية اعادة التقييم 2/2	الشرط في تعبئة هذا المعيار ه ان تتم اصلا عملية اعادة التقييم 2/1	الشرط في تعبئة هذا المعيار ه ان تتم اصلا عملية اعادة التقييم 2/0	<p><b>المعيار الثامن</b></p> <p>تتم عملية اعادة التقييم:</p> <p>1) بمشاركة فريق التقييم (3 على الاقل ) من مهنيين متعددي التخصصات ( ممرض/ة وعامل /ة اجتماعي/ة ومرشدة/ة نفسي/ة وتربوي/ة).</p> <p>2) وبحضور المستفيدة/ والوصي/ة ( ان أمكن )</p>
3 وجود نظام تحويل		1 عدم وجود نظام تحويل	<p><b>المعيار التاسع</b></p> <p>نتيجة للتقييم يمكن تحويل طالب/ة الخدمة للحصول على نوع اخر من الخدمات اخذين بعين الاعتبار مصلحة المستفيدة/ ورأيه/ا او رأي الوصي/ة.</p>

3 ضمان خصوصية بيانات المستفيد		1 عدم مراعاة خصوصية البيانات	<p><b>المعيار العاشر</b></p> <p>يضمن مركز الايواء خصوصية البيانات ولا يستطيع سوى الممثل/ة القانوني/ة ( الوصي/ة) الحصول على المعلومات التي تم جمعها من المستفيدة/ة خلال مراحل الادخال والتقييم والتخطيط للرعاية.</p>
<b>الفصل الثالث: الادخال</b>			
2/2	1/2	2/2-0	<p><b>المعيار الاول</b></p> <p>يحدد الفريق متعدد التخصصات ما يلي:</p> <p>(1) معايير قبول المستفيدين للمركز.</p> <p>(2) اجراءات الادخال من احضار الوثائق الضرورية ( صور شخصية وشهادة ميلاد وتقارير طبية والتأمين الصحي والتطعيمات وتقرير طبي لخلو المستفيد من الامراض المعدية)</p>
فتح ملف كامل المستفيدة/ة من قبل الاخصائي الاجتماعي لمقدم/ة الطلب و/أو الوصي/ة	وجود ملف ولكن غير مكتمل	عدم وجود ملف للمستفيدين	<p><b>المعيار الثاني</b></p> <p>فتح ملف المستفيدة/ة من قبل الاخصائي الاجتماعي لمقدم/ة الطلب و/ او الوصي/ة ( وبالتعاون مع الباحث الاجتماعي) ليحتوي الملف على الوثائق التالية: استمارة الطلب وصورة بطاقة الهوية وتقرير يبين ان المستفيدة/ة شخص ذو اعاقة وغيرها من الوثائق ان لزم .</p>
يعرف المركز المستفيد والممثل/ة القانوني/ة ( الوصي/ة ) بحقوقه/ا ومراحل عملية الايواء 2/2	2/1	لا يعرف المركز المستفيد والممثل/ة القانوني/ة ( الوصي/ة ) بحقوقه/ا ومراحل عملية الايواء 2/0	<p><b>المعيار الثالث</b></p> <p>يعرف المركز :</p> <p>(1) المستفيدة/ة</p> <p>(2) والممثل/ة القانوني/ة ( الوصي/ة) بحقوقه/ا ومراحل عملية الايواء.</p>
(أ) و (ب)	فقط (أ)	لا (أ) ولا (ب)	<p><b>المعيار الرابع</b></p> <p>(أ) توقيع اتفاقية بين المركز والمستفيدة/ة و/ او الوصي/ة الممثلة للمستفيدة/ة بعد الادخال بحيث.</p> <p>(ب) تشمل الاتفاقية بنودا اهمها: ضمان السرية للمستفيدة/ة وتزويد المركز بمعلومات صحيحة من قبل المستفيدة/ة و / او الوصي/ة.</p>

**الفصل الرابع : خطط الرعاية الفردية**

2/2	2/1	2/0	المعايير الاول
ملاحظة: المقصود هنا هو اكمال بندي القياس.	ملاحظة: المقصود هنا هو اكمال بند قياس واحد فقط دون الاخر.	لا يوجد فريق متعدد التخصصات وضعف التخطيط	<p>(1) توفير فريق متعدد التخصصات من المهنيين في مجالات مختلفة مثل ( الطب والخدمة الاجتماعية والارشاد النفسي والتربوي وفريق التأهيل ) حسب اللزوم وبناء على تقييم الفريق.</p> <p>(2) تتم صياغة خطة تدخل فردية لكل مستفيدة/ة</p>
شرط تقييم هذا المعيار هو وجود خطة فردية من الاصل 4/4-3	شرط تقييم هذا المعيار هو وجود خطة فردية مكتملة بشكل جزئي 4/2	تفتقر الخطة الفردية الى الوضوح والمعلومات والتصميم الجيد. 4/1-0	<p><b>المعيار الثاني</b></p> <p>تنص خطة الرعاية الفردية على نوع الخدمات اللازمة للمستفيدة/ة لتشمل:</p> <p>(1) برنامج الرعاية الفردية .</p> <p>(2) برنامج التأهيل الفردي.</p> <p>(3) الخطة الفردية للدمج الاجتماعي والاهداف ضمن اطار زمني.</p> <p>(4) الاشخاص المشاركين بعملية تقديم هذه الخدمات والتقييم اللازم.</p>
شرط تقييم هذا هو وجود خطة فردية من الاصل 3/3	شرط تقييم هذا هو وجود خطة فردية من الاصل 3/2-1	شرط تقييم هذا هو وجود خطة فردية من الاصل 3/0	<p><b>المعيار الثالث</b></p> <p>(1) اشراك المستفيدة/ة وعائلته/ا بخطة الرعاية.</p> <p>(2) ضرورة وجود خطة لتبادل الزيارة بين الاهالي والمستفيدة/ة.</p>
تتعتمد خدمات برنامج الرعاية على ادلة اجرائية 3/3		لا تعتمد خدمات برنامج الرعاية على ادلة اجرائية 1	<p><b>المعيار الرابع</b></p> <p>تعتمد الخدمات التي يشملها برنامج الرعاية الفردية على الادلة الاجرائية ( خدمات ثبت انها ذات فعالية ونجاعة ) .</p>
يوجد مدير للحالة ويوجد تقسيم مهني حسب نوع الاعاقة والاحتياجات وعدد الحالات. 3	يوجد مدراء للحالة لكن عددهم لا يكفي ) توزيع عدد الحالات على مدير الحالة لا يراعي الاحتياجات 2	لا يوجد مدير للحالة 1	<p><b>المعيار الخامس</b></p> <p>يعين مركز الابواء مديراً/ة للحالة لتنسيق ومراقبة خطة الرعاية الفردية بحيث يقوم المركز بتحديد عدد مدراء/ ميراث الاحالات بناءً على درجة الاعتمادية ونوع الاعاقة والاحتياجات الفردية للمستفيدين وعدد الحالات وعقد لقاء للحالة مع المختصين</p>

	الفردية ونوع الاعاقة (		
المعيار السادس	يقوم الفريق متعدد التخصصات بناءً على خطة الرعاية الفردية- بتطوير: 1) برنامج يومي لكل مستفيدة/ 2) يراعي البرنامج اهتماماته/ وميوله/. 3) يراعي البرنامج اليومي تغير استراحات ومجالا للاسترخاء) بالتنسيق م الوثيق مع مدير الحالة)	شروط تقييم هذا المعيار هو وجود وخطة فردية من الاصل. 3/1-0	شروط تقييم هذا المعيار هو وجود وخطة فردية بشكل جزئي 3/2
المعيار السابع	تسليم المستفيدة/ او الوصي/ة نسخة عن خطة الرعاية الفردية بصورة تسهل قرائتها وفهمها ( مطبوعة او بطريقة بريل او فيديو او تسجيل صوتي او باية طريقة اخرى تكون مناسبة) بحيث تتم مراجعتها واعتمادها.	1 لا يتم تسليم المستفيدة او الوصي الخطة	2 يتم تسليم الخطة ولكن بطريقة لا يسهل قرائتها ولا يتم تسليمها للوصي
المعيار الثامن	مراجعة خطة الرعاية الفردية بشكل دوري بعد كل اعادة تقييم بناءً على الاحتياجات الفردية للمستفيدين.	1 لا تتم مراجعة خطة الرعاية الفردية بشكل دوري	2 تتم مراجعة الخطة ولكن بشكل غير منتظم او تتم مراجعتها بشكل دوري ولا يتم تعديلها
<b>الفصل الخامس : المركز</b> <b>(أ) الوصول الى المركز</b> <b>المعيار الاول</b>	يقع المركز على مسافة تبعد اكثر من 3كم عن المجتمع المحلي و/ او طريق الوصول اليه صعبة و/ او المواصلات اليه غير متوفرة .	يقع المركز على مسافة تبعد اقل من 3كم عن المجتمع المحلي و/ او طريق الوصول اليه صعبة و/ او المواصلات اليه غير متوفرة	يقع المركز في المنطقة الحيوية في المجتمع المحلي
المعيار الثاني	يقع المركز الايوائي في / او على مقربة من المجتمع المحلي للسماح لمستخدمي الخدمات الوصول الى جميع موارده ومرافق الصحة والتعليم والعمل والثقافة والترفيه والعلاقات الاجتماعية، ويسهل الوصول الى المركز من خلال توفير المواصلات ووسائل النقل العام.	غير متوفر	متوفر
	يتوفر هاتف وانترنت	يتوفر هاتف او انترنت	

3/3	3/2	3/1	<p><b>المعيار الثالث</b></p> <p>توفر شروط</p> <p>(1) الصحة والنظافة.</p> <p>(2) الامن .</p> <p>(3) الراحة والمعدات المناسبة التي تسمح بالتنقل وتشجعه</p>
3/3 (أ + ب)	3/3 (أ)	3/2-0	<p><b>المعيار الرابع</b></p> <p>يوفر مركز الايواء:</p> <p>(أ) البيئة الصحية المناسبة للمستفيدين مثل :</p> <p>(1) الحرارة المناسبة.</p> <p>(2) مساحات للتهوية الطبيعية او المكيفة.</p> <p>(3) المكيفة.</p> <p>(ب) في كافة المساحات الممكنة.</p>
4/4	4/3-2	4/1-0	<p><b>المعيار الخامس</b></p> <p>موائمة المركز وخاصة المرافق العامة فيه مع احتياجات الأشخاص ذوي الاعاقة من حيث :</p> <p>(1) وجود أسطح مائلة.</p> <p>(2) ان تكون ارضيات المركز على نفس المستوى.</p> <p>(3) ان تكون مساحة الحمامات موائمة لدخول الكراسي المتحركة.</p>
<b>(ب) الامان</b>			
4/4	4/3-2	4/1-0	<p><b>المعيار السادس</b></p> <p>يتخذ مركز الايواء تدابير خاصة لمنع وقوع الحوادث مثل :</p> <p>(1) وجود نوافذ امنة.</p> <p>(2) توصيلات كهربائية امنة.</p> <p>(3) طفاية حرائق.</p> <p>(4) مخارج طوارئ.</p>
4/4	4/3-2	4/1-0	<p><b>المعيار السابع</b></p> <p>يجب ان تكون الارضة سهلة التنظيف في:</p> <p>(1) الساحات .</p> <p>(2) الحمامات.</p>

			(3) الغرف (4) المطابخ .
6/6	6/5-4	6/3-0	<b>المعيار الثامن</b> توفير كافة اشكال الحماية من: (1) العنف الجسدي. (2) العنف اللفظي. (3) العنف الجنسي. (4) الاهمال. (5) توفير كاميرات مراقبة . (6) مراعاة الخصوصية.
<b>ت) المساحة</b>			
2/2	/2/1	2/0	<b>المعيار التاسع</b> ضمان: (1) الخصوصية للمستفيدة/ في غرفة النوم بحيث يكون (2) الحد الأدنى لمساحتها (12م <sup>2</sup> ) تخصص كل غرفة نوم ل(2) من المستفيدين
<b>ث) المطبخ</b>			
(أ) (4/4) و (ب) (6/6-5)	(أ) (4/3-2) وأو (ب) (6/4-3)	(ت) (4/1) و او (ج) (6/2-0)	<b>المعيار العاشر</b> توفر : (أ) مساحات مناسبة لاعداد وتخزين الطعام. (1) مطبخ. (2) مكتب (3) مخزن (ب) مساحات مجهزة بمرافق ومعدات محددة: (1) مرافق الطهي . (2) حوض. (3) ثلاجات . (4) مجمدات (5) اواني طبخ. (6) جلالية صحن.

7/7-6	7/5-3	7/2-1	<p><b>المعيار الحادي عشر</b></p> <p>تجهيز اماكن مناسبة لتقديم الطعام بحيث تكون :</p> <p>(1) مجهزة بأدوات مكيفة لاستعمال النزلاء.</p> <p>(2) يسهل تنظيفها .</p> <p>(3) مجهزة مفروشات كافية.</p> <p>(4) وظيفية .</p> <p>(5) مريحة.</p> <p>(6) اضاءة جيدة مريحة.</p> <p>(7) اغطية للمائدة وازهار وخلفية موسيقية واواني فخارية.</p>
نعم	-----	لا	<p><b>المعيار الثاني عشر</b></p> <p>توافق مساحات التحضير والتخزين وتقديم الطعام مع متطلبات الصحة والامان والمعايير الدولية.</p>
<b>ج) المراحيض والحمامات</b>			
4/4	4/3-2	4/1-0	<p><b>المعيار الثالث عشر</b></p> <p>يتوفر في المركز الايوائي:</p> <p>(1) حمامات ومكان استحمام.</p> <p>(2) يسهل الوصول اليها مباشر من غرفة النوم او من المنطقة المجاورة</p> <p>(3) يتوزع حمام لكل غرفة من المستفيدين/ات</p> <p>(4) حمامات للموظفين والزوار.</p>
4/4	3/4	4/2-0	<p><b>المعيار الرابع عشر</b></p> <p>تزويد المرافق الصحية ب:</p> <p>(1) مياه جارية</p> <p>(2) مياه ساخنة وباردة.</p> <p>(3) وصلات كهرباء معزولة.</p> <p>(4) مواد مانعة للانلاق يمكن صيانتها وتنظيفها</p>
2/2	1/2	0/2	<p><b>المعيار الخامس عشر</b></p> <p>توفر حمامات بحيث تكون:</p> <p>(1) منفصلة للموظفي/ات.</p> <p>(2) مزودة باماكن للاستحمام.</p>

ل 3-2 غرف	ل 5-6 غرف	لغرفة واحدة	<b>المعيار السادس عشر</b> تواجد مخزون ( لغرفتين ) او ( ثلاث ) غرف من المفارش والاعطية والمناشف والملابس النظيفة .
<b>ح) الغسيل</b>			
3/3	3/2	1/3	<b>المعيار السابع عشر :</b> وجود : 1. غرفة غسيل تكون الغرفة مجهزة وفق القانون . 2. وجود غرفة تجفيف . 3. يشترط تباعد الغرفة عن المطابخ او قاعات تقديم الطعام
<b>خ) المساحات الترفيهية وورش العمل وغرفة الزيارات</b>			
6/6-4	6/3-2	6/1-0	<b>المعيار الثامن عشر</b> توفر بيئة محفزة للزلاء فيها ما يكفي من المساحات المشتركة للأنشطة المقدمة خلال البرامج اليومية توفر مساحات ل: 1. الانشطة الاجتماعية . 2. أنشطة العلاج الوظيفي 3. استقبال المستفيدين للزائرين 4. للقيام بانشطة رياضية واجتماعية وثقافية وترفيهية. 5. أنشطة طبية . 6. ضمان استضافة المستفيدين للزائرين في اطار يحمي خصوصيتهم.
3/3	3/2	3/1-0	<b>المعيار التاسع عشر</b> 1. تجهيز مساحات مشتركة مفروشة بما يتناسب مع طبيعة الأنشطة التي يحتاجها المستفيدون 2. يراعى ملاءمة المساحات المشتركة للجميع 3. توفر مساحات ملائمة للأنشطة الخارجية مثل ساحات وحدائق وملاعب
4/4	4/3-2	4/1-0	<b>المعيار العشرون</b>

			<p>تخصيص مساحات وفق نظام البناء الفلسطيني للأنشطة اعتمادا على نوع الوحدة والاحتياجات الفردية للمستفيدين مثل:</p> <p>(1) مساحات غرف النوم</p> <p>(2) المساحات المخصصة للفعاليات</p> <p>(3) مساحات غرف الطعام</p> <p>(4) مساحات الحمامات</p>
<b>الفصل السادس: مكافحة العدوى</b>			
تزويد المستفيدين بالأغراض الشخصية المتعلقة بالنظافة	يوزود المركز المستفيدين بالأغراض الشخصية المتعلقة بالنظافة	لا يزود المركز المستفيدين بالأغراض الشخصية المتعلقة بالنظافة	<b>المعيار الأول</b> تزويد المستفيدين بالأغراض الشخصية المتعلقة بالنظافة مثل فرشاة ومعجون الأسنان ( كل 3 شهور على الأكثر) والصابون وورق التواليت وتبديل المناشف بشكل يومي وأية متطلبات خاصة تتعلق بالنظافة الشخصية للمستفيدين
على المستفيدين الذين لا يستطيعون الاعتناء بأنفسهم مساعدة مؤهلة من أجل الحفاظ على نظافتهم الشخصية، مثل الاستحمام اليومي وعند الحاجة وتقصير الشعر وقص الأظافر	كل يومين	كل 3 أيام	<b>المعيار الثاني</b> تلقى المستفيدين الذين لا يستطيعون الاعتناء بأنفسهم مساعدة مؤهلة من أجل الحفاظ على نظافتهم الشخصية، مثل الاستحمام اليومي وعند الحاجة وتقصير الشعر وقص الأظافر
3/3	3/2	3/1-0	<b>المعيار الثالث</b> توفير الملابس والأحذية المناسبة بحيث تكون: (1) كافية (2) متنوعة حسب العمر والفصل والذوق (3) يتم تنظيفها حسب الأنظمة الداخلية
نعم	-----	لا	<b>المعيار الرابع</b> تغيير الأغطية والشراشف للمستفيدين الذين يعانون من مشاكل صحية كالقيء بشكل يومي وكلما استدعت الحاجة..
3/3	3/2	3/1-0	<b>المعيار الخامس</b>

			<p>(1) تنظيف وتعقيم جميع المباني على أساس منتظم مع مراقبة ومتابعة للنظافة</p> <p>(2) بشكل يومي</p> <p>(3) من خلال وجود قسم مسؤول عن عملية التعقيم</p>
نعم	----	لا	<p><b>المعيار السادس</b></p> <p>الانتباه الى الأمراض المعدية والسارية والاحتفاظ بالمواد المخزنة بطريقة نظيفة ومطهرة بعيداً عن أي مصدر للتلوث وفقاً للقواعد والأنظمة الصحية.</p>
نعم	----	لا	<p><b>المعيار السابع</b></p> <p>توفر مرافق لتعقيم الأيدي في الأماكن التي يتم فيها معالجة النفايات الطبية المستعملة أو المعدية أو السريرية</p>
نعم	----	لا	<p><b>المعيار الثامن</b></p> <p>يلبي المركز الإيواني المتطلبات القانونية فيما يتعلق ب:</p> <p>(1) توفير عناية خاصة للأشخاص المصابين بأمراض معدية وذلك بإنزالهم في مكان مناسب وبإشراف طبي، وفي حال عدم توفر مكان مناسب يتم إخراج الحالة لفترة مؤقتة وبإشراف طبي أو تحويلها إلى مركز طبي متخصص.</p> <p>(2) تجميع وتخزين منتجات المختبرات والمخلفات الطبية بطريقة آمنة وسليمة بيئياً والتخلص منها بطريقة صحية.</p> <p>(3) التعامل مع الأجهزة والمعدات الطبية وأدوات التعليم اللازمة من قبل الطاقم التعامل مع الحالة فقط.</p>
2/2	2/1	2/2	<p><b>المعيار التاسع</b></p> <p>يوفر المركز : (أ) فحوصات</p>
(أ) و(ب)	(أ) و(ب)	لا (أ) ولا (ب)	

			(ب) تطعيمات بحيث تكون: (1) دورية و او (2) كلما اقتضت الحاجة للطاقم العامل
2/2  (أ) و (ب)	2/1  (أ) و (ب)	2/2  لا (أ) و لا (ب)	المعيار العاشر يوفر المركز (أ) فحوصات (ب) تطعيمات بحيث تكون :  (1) دورية و/أو (2) كلما اقتضت الحاجة للمستفيدين أو النزلاء.
			<b>الفصل السابع: خدمات الرعاية الشخصية</b> (أ) التغذية (ب) المحافظة على الصحة التقدم الصحي (ج) خدمات التأهيل
<b>(أ) التغذية</b>			
يتم تحضير الطعام بما لا يقل عن 3 وجبات يومياً		لا يحصل جميع المستفيدين على 3 وجبات على الأقل يومياً	المعيار الأول توفير (ثلاث) وجبات يومياً لكل مستفيد.
3/3	3/2	3/1-0	<b>المعيار الثاني</b>
يتوافق الغذاء كما ونوعاً مع النظام الغذائي الصحي	يتوافق نوع الغذاء مع النظام الغذائي الصحي	لا يتوافق الغذاء كما ونوعاً مع النظام الغذائي الصحي	توافق الغذاء:  (1) كما (2) نوعاً (3) بناء على توصيات الأخصائي
3/3	3/2	3/1-0	<b>المعيار الثالث</b> تقديم: (1) انواع طعام مختلفة من يوم إلى يوم (2) الأخذ بعين الاعتبار تفضيلات المستفيدين (3) الأخذ بعين الاعتبار الوضع الصحي للمستفيدين
نعم	يتم تناول المستفيدين لوجباتهم حسب البرنامج اليومي ولكن ليس في أوقات محددة	لا	<b>المعيار الرابع:</b> تناول المستفيدين وجباتهم في الأوقات المحددة لهم في

	أو لا يتوفر برنامج يومي		البرنامج اليومي.
2/2	1/2 بشكل جزئي	2/0	<b>المعيار الخامس:</b> (1) تخصيص الوقت الكافي لتناول الطعام (2) تلقي المساعدة بصورة مريحة عند الضرورة.
	بشكل جزئي لا يوجد رقابة من قبل طاقم العمل		<b>المعيار السادس:</b> (1) يسمح بتناول الطعام في غرف النوم فقط للأشخاص الذين لا تسمح لهم ظروفهم الصحية بالتواجد في صالة تقديم الطعام (2) بمتابعة وإشراف العاملين معهم (3) والاهتمام بالنظافة
نعم	يساعد طاقم العمل بشكل جزئي المستفيدين على تحسين قدرات في عملية تناولهم الطعام بصورة مستقلة.	لا يساعد طاقم العمل المستفيدين على تحسين قدرات في عملية تناولهم الطعام بصورة مستقلة.	<b>المعيار السابع:</b> تحسين مهارات وقدرات المستفيدين من قبل طاقم موظفي المركز وذلك في تقديم عملية تناولهم الطعام بصورة مستقلة.
في المطبخ و منطقة تقديم الطعام	في المطبخ و جزء من منطقة تقديم الطعام .	فقط في المطبخ	<b>المعيار الثامن:</b> استخدام ادوات من الستانلس ستيل وذلك لضمان صحة المستفيدين.
استخدام المنتجات الفلسطينية ذات الجودة ما أمكن	عدم استخدام المنتجات الفلسطينية ما أمكن	لا يتم استخدام المنتجات الفلسطينية	<b>المعيار التاسع :</b> استخدام المنتجات الفلسطينية ما أمكن
<b>ب) المحافظة على الصحة/ التقدم الصحي</b>			
يتلقى المستفيد/ة دعماً من أجل المحافظة على صحته/ا وتحسينها وذلك من خلال خطة الرعاية الفردية اخذين بالاعتبار نوع الاعاقة.	يتلقى المستفيد/ة دعماً بشكل جزئي	لا تلقى المستفيد/ة دعماً قويا دون الاستناد الى خطة فردية بالعادة	<b>المعيار العاشر</b> دعم المستفيد/ة من أجل المحافظة على صحته/ا وتحسينها وذلك من خلال خطة الرعاية الفردية اخذين بالاعتبار نوع الاعاقة.

<p>يبلغ المركز المستفيدين وممثليهم القانونيين بالحقوق والوسائل القانونية للمساعدة الطبية كما ذكر ضمن الاتفاقية الموقعة.</p>	<p>يتم تبليغ المستفيد بشكل جزئي او متاخر حول حقوقه والوسائل القانونية</p>	<p>لا يوجد لدى المركز اجراءات لتبليغ المستفيدين</p>	<p><b>المعيار الحادي عشر</b> يبلغ المركز المستفيدين وممثليهم القانونيين بالحقوق والوسائل القانونية للمساعدة الطبية كما ذكر ضمن الاتفاقية الموقعة.</p>
<p>3/3</p>	<p>3/2 جزئياً : فقط 1 و 2</p>	<p>3/1 جزئياً: فقط 1</p>	<p><b>المعيار الثاني عشر</b> يوجد لدى المركز اجراءات ل</p> <ol style="list-style-type: none"> <li>1. ضمان وصول المستفيد* لخدمات الرعاية الصحية، مثل طبيب العائلة ( في حالة صعوبة متابعة الحالة من قبل المؤسسة لوحدها، بالاضافة الى الحالات التي لا يغطيها التأمين الصحي)، و/أو أطباء اخرين من المركز او عيادات خارجية.</li> <li>2. الوصول لوسائل المساعدة التقنية اللازمة كالنظارات والعناية بالاسنان.</li> <li>3. تقويم الاعضاء والاطراف الصناعية وذلك بالشراكة مع الاهل والمؤسسات ومراكز الرعاية الصحية.</li> </ol>
<p>نعم ملاحظة: في حالة عدم وجود خطة فردية لا يتم قياس هذا المعيار</p>	<p>-----</p>	<p>لا ملاحظة : في حالة عدم وجود خطة فردية لا يتم قياس هذا المعيار</p>	<p><b>المعيار الثالث عشر</b> توفير نظام لرصد الحاة الصحية للمستفيدين ولتنفيذ خطة ارياعية الفردية وقائياً وعلاجياً على حد سواء</p>
<p>2/2</p>	<p>2/1</p>	<p>2/0</p>	<p><b>المعيار الرابع عشر</b></p> <ol style="list-style-type: none"> <li>1. تقديم الدواء للمستفيدين حسب الوصفات الطبية.</li> <li>2. الحفاظ على سجل متابعة تناول المستفيد/ة للدواء وتوثيقه في ملفه/ا الطبي.</li> </ol>
<p>مراقبة التغيرات التي قد تطرا على الحالة الصحية للمستفيدين نتيجة لتنفيذ خطة</p>	<p>جزئياً: هناك فجوات في عملية الرقابة</p>	<p>لا</p>	<p><b>المعيار الخامس عشر</b> مراقبة التغيرات التي قد تطرا على الحال الصحية للمستفيدين نتيجة لتنفيذ خطة الرعاية الفردية والدواء المستخدم وتدوينه في الملف الطبي</p>

الرعاية الفردية والدواء المستخدم وتدوينه في الملف الطبي			
تقديم المساعدة والعلاج للمستفيدين الذين يعانون من مشاكل فقدان الشهية.	يقدم المركز مساعدة جزئية	لا يتم تقديم مساعدة جزئية ولا علاج	<b>المعيار السادس عشر</b> تقديم المساعدة والعلاج للمستفيد الذين يعانون من مشاكل فقدان الشهية.
يتخذ المركز الايوائي اجراءات لمنع تعاطي المخدرات والكحول.	يتخذ المركز الايوائي اجراءات بشكل جزئي لمنع تعاطي المخدرات والكحول. ولكنها اجراءات غير منتظمة مع وجود فجوات في تطبيقها	لا يتخذ المركز الايوائي اجراءات لمنع تعاطي المخدرات والكحول.	<b>المعيار السابع عشر</b> يتخذ المركز الايوائي اجراءات لمنع تعاطي المخدرات والكحول.
ضمان وتوفير كافة الاجراءات القانونية والطبية اللازمة للاسرة/ الوصي (ة) وتوفير تقرير طبي ( ولجنة تحقيق عند اللزوم) في حال وفاة احد المستفيدين	توفير الاجراءات القانونية والطبية بشكل جزئي	غير متوفر	<b>المعيار الثامن عشر</b> ضمان وتوفير كافة الاجراءات القانونية والطبية اللازمة للاسرة/ الوصي (ة) وتوفير تقرير طبي ( ولجنة تحقيق عند اللزوم) في حال وفاة احد المستفيدين
نعم	----	لا	<b>المعيار التاسع عشر</b> اجراء تبليغ سيارة الاسعاف الطبي وابلاغ الوصي/ة على الفور في حال حدوث حالة طارئة.
2/2	2/1	2/0	<b>المعيار العشرون</b> توفير تامين صحي ل: 1. الموظفين. 2. المستفيدين.
2/2	2/1	2/0	<b>المعيار الحادي والعشرون</b> يوجد لدى المركز اجراءات ل: 1. توفير طاقم طبي ترميضي مؤهل.

			2. وجود هذا الطاقم على مدار الساعة.
2/2	2/1	2/0	<b>المعيار الثاني والعشرون</b> يوجد لدى المركز اجراءات لاجراء فحوصات : 1. دورية. 2. عند الحاجة
			<b>ت) خدمات التأهيل</b>
3/3	3/2	3/1-0	<b>المعيار الثالث والعشرون</b> يوجد لدى المركز اراءات ل: 1. توفير أنشطة تأهيل ايوائية في اطار خطة الرعاية/ التأهيل الفردية. 2. ضمن الاطار الزمني في البرنامج اليومي 3. متابعة تنفيذ الخطة خلال وجود المستفيدة في المنزل
13/13-9	13/8-4	13/3-0	<b>المعيار الرابع والعشرون</b> تضمن أنشطة التأهيل بناءً على الاحتياجات الفردية للمستفيدين والمعدات الموجودة والمصادر البشرية ما يلي: 1. العلاج والارشاد النفسي للمستفيدين والاسر. 2. العلاج المائي. 3. العلاج بالتدليك. 4. العلاج بالحرارة. 5. العلاج الطبيعي. 6. العلاج الوظيفي. 7. العلاج عن طريق الفن. 8. العلاج بالموسيقى. 9. العلاج بالعمل. 10. علاج اضطرابات النطق. 11. التدريب والتطوير. 12. تعزيز المهارات الحياتية والنظافة الشخصية والخدمة الذاتية والعناية بالذات. 13. الخطة الترفيهية كافة الحالات بما يتناسب معها.
2/2	2/1	2/0	<b>المعيار الخامس والعشرون</b>

			1. تتبع خدمات التأهيل التوصيات الدولية الى حد الامكان. 2. ولكل نوع من انواع الاعاقة.
نعم	----	لا	<b>المعيار السادس والعشرون</b> يعتبر الموظفون العاملون في مجال الخدمات التأهيلية مؤهلون حيث يتم توظيفهم بناء على معايير مهنية محضة
نعم	----	لا	<b>المعيار السابع والعشرون</b> يشجع ويدعم موظفو المركز الايوائي المستفيدين بالمشاركة في وضع وتنفيذ خطة الانشطة اليومية
<b>الفصل الثامن : أنشطة الدمج الاجتماعي</b>			
نعم	----	لا	<b>المعيار الاول</b> يوفر المركز الايوائي خدمات لاعادة الدمج في العائلة والمجتمع وذلك بناء على خطة اعادة الدمج الفردية ، حيث يقوم بعض مزويدي الخدمة بادراج هذا البند في الخطة الرعاية الفردية ويقوم البعض الاخر بأعداد خطة منفصلة لاعادة الدمج.
(أ و ب) اضافة الى 9/9-7	(أ و ب) اضافة الى 9/6-3	(أ و ب) اضافة الى 9/2-0	<b>المعيار الثاني</b> يوفر المركز الايوائي : (أ) الدعم للمستفيدين. (ب) الدعم لاسر المستفيدين في الوصول للخدمات المجتمعية مثل : 1. التعليم . 2. المعلومات . 3. الارشاد. 4. التمثيل القانوني ( الوصاية). 5. ملائمة المسكن. 6. الارشاد في مجال الخدمات المهنية. 7. الدعم لتوظيف. 8. التدريب. 9. الارشاد والمساعدة في التوظيف.
يتم التبليغ	يتم التبليغ	يتم او لا يتم التبليغ اضافة الى 6/2-0	<b>المعيار الثالث</b>

اضافة الى5-6/6	اضافة الى 3-4/6		يبلغ المركز الايوائي المستفيدين والوصي (ة) والاسر حول ظروف الزيارات للمركز 1. برنامج الزيارات . 2. المعايير . 3. المساحة المخصصة للزيارة 4. ظروف مراقبة الزيارات. 5. توفير الخصوصية في بعض الحالات 6. الزيارات المتبادلة
2/2	2/1	2/0	<b>المعيار الرابع</b> مركز الايوائي ويستشير عائلات المستفيدين عند ية قرارات مهمة بخصوص المستفيدين. ذلك في ملف الحالة .
2/2	2/1	2/0	<b>المعيار الخامس</b> 1. يشجع المركز الايوائي المستفيدين على التعبير عن ارائهم وتفضيلاتهم فيما يتعلق بتصميم وتنفيذ الانشطة الاجتماعية. 2. يتم اخذ آراء المستفيدين بعين الاعتبار عند وضع البرامج اليومية .
5/5-4	5/3-2	5/1-0	<b>المعيار السادس</b> يقدم المركز الايوائي الظروف الضرورية للمستفيدين فيما يتعلق ب 1. الانشطة الاجتماعية والترفيهية. 2. الموارد البشرية. 3. المعدات. 4. الادوات. 5. النقل وغيرها.
2/2	2/1	2/0	<b>المعيار السابع</b> بناء شبكة من ك 1. اهالي المستفيدين. 2. المؤسسات لكسب ثقة المجتمع .
<b>الفصل التاسع : الحقوق والاخلاقيات</b>			
18/18-13	18/12-6	18/5-0	<b>المعيار الاول</b>

			<p>تدرج حقوق المستفيدين في دليل اخلاقيات المهنة، حيث ينص الدليل على ضمان حقوق متلقي الخدمات مثل :</p> <ol style="list-style-type: none"> <li>1. ابلاغ المستفيدين/ ممثلهم القانونيين بحقوقهم ومسؤولياتهم واستشاراتهم في كافة القرارات التي تؤثر عليهم.</li> <li>2. تنفيذ الانشطة في بيئة يمكن الوصول اليه وأمنة وحميمية.</li> <li>3. ابلاغ المستفيدين/ ممثلهم القانونيين بحالتهم الصحية وعلاجهم وأدويتهم.</li> <li>4. توقيع اتفاق على الخدمات المقدمة داخل المؤسسة خلال عقد تقديم الخدمة.</li> <li>5. الاستفادة من الخدمات المذكورة في عقد تقديم الخدمة.</li> <li>6. الاحتفاظ بخصوصية وسرية البيانات المتعلقة بالمستفيدين.</li> <li>7. ضمان حماية المستفيد من الاساءة او الاهمال او المعاقبة او التحرش او الاستغلال الجنسي، مع مراعاة الخصوصية والسرية.</li> <li>8. تقديم الاقتراحات والشكاوي بحرية وبدون اية عواقب تمس المشتكي.</li> <li>9. عدم استغلال المستفيدين ماليا او اقتصاديا او الزعم بمطالبة مبالغ مالية تتجاوز الرسوم المتفق عليها لتقديم الخدمة .</li> <li>10. توفير جو من الراحة والحرية باستثناء الضوابط التي حددها الطبيب او غيره من الموظفين المؤهلين او عقد الخدمة المتفق عليها .</li> <li>11. عدم التمييز في المعالجة والوصول الى الخدمات.</li> <li>12. حرية تصرف المستفيد/ة او الوصي /ة بممتلكاتهما</li> </ol>
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			<p>13. ادارة الموارد المالية للمستفيدة/ة كما تشاء باستثناء وجود قيود قانونية أو اتفاقيات مكتوبة بين المركز الايوائي والمستفيدة(ة)/ الممثل(ة) القانوني (ة) حول ادارة الاموال والممتلكات.</p> <p>14. تمتع المستفيدة/ة بحق الوصول الى المعلومات في مجال الانجاب وتنظيم الاسرة بشكل سهل وبما يتماشى مع المستوى التعليمي للمستفيدة/ة.</p> <p>15. حق الوصول الى جميع (المرافق والمعدات) الموجودة في المؤسسة لجميع المستفيدين وابلغ المستفيدة/ة بكافة أنشطة المركز.</p> <p>16. التشاور مع المستفيدة/ة بشأن الخدمات المقدمة بما في ذلك</p> <p>17. الحق في رفض بعض الخدمات في بعض الظروف التي أنشأت بموجب عقد الخدمة.</p> <p>18. العمل مع كل مستفيدة/ة على وحدة وذلك لتقييم ( لتمكين) الحد الاقصى من امكانياته/الشخصية.</p>
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**الفصل العاشر : اجراءات الشكاوى والحماية من سوء المعاملة والاهمال:**

(أ) اجراءات الشكاوى.

(ب) الحماية من سوء المعاملة والاهمال.

(أ) اجراءات الشكاوى.

2/2	2/1	2/0	<p><b>المعيار الاول</b></p> <p>يبلغ المركز الايوائي:</p> <p>1. كتابياً المستفيدين/ الوصي(ة) .</p> <p>2. خلال (7) ايام بعد الادخال باجراءات الشكاوي المتبعة لدى المركز، لتوضيح مراحل الشكاوي وكيفية تنفيذها والمواعيد النهائية للحصول على استجابة للشكاوي والمسؤول/ة عن حل هذه القضايا.</p>
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نعم	---	لا	<b>المعيار الثاني</b> يوفر المركز الايوائي اجراءات لتقديم التماس/ شكوى بشمل وعلى مستوى يمكن لشخص ذي اعاقه الوصول اليه- نظام بريل او تسجيل الصوتي او بالاشكال المناسبة .
نعم	----	لا	<b>المعيار الثالث</b> دراية الموظفين بالاجراءات المتعلقة بالعلاقة مع المستفيدين وتسجيل وحل الشكاوي واحترام هذه الاجراءات.
			<b>ب) الحماية من الاهمال وسوء المعاملة</b>
نعم	----	لا	<b>المعيار الرابع</b> يبلغ المركز الايوائي الموظفين والمستفيدين/ الممثلين القانونيين بأجراءات الوقاية وتقديم التقارير وتحديد وتسوية المزاعم أو محاولات الاساءة/ اهمال المستفيدين.
نعم	----	لا	<b>المعيار الخامس</b> يشجع المركز الايوائي ويدعم المستفيد/ ة في التقدم للتعبير عن اي نوع من انواع الاساءة سواء من الموظفين او المستفيدين او من اي شخص من خارج المركز.
نعم	----	لا	<b>المعيار السادس</b> يراقب المركز الايوائي أنشطة المستفيدين خارج وحداتهم من اجل منع حدوث حالات الاساءة او الاستغلال.
نعم	----	لا	<b>المعيار السابع</b> تحديد قضايا الاساءة أو الاهمال أو الاستغلال بحق أي من المستفيدين.
4/4	-2 4/3	4/1-0	<b>المعيار الثامن</b> 1. تبليغ الادارة في حال حدوث قضايا الاساءة أو الاهمال 2. تطبيق التشريعات. 3. ابلاغ الشرطة. 4. مكتب المدعي العام حسب الحاجة.

4/4	-2 4/3	4/1-0	<b>المعيار التاسع</b> 1. ضمان وجود سجل الحماية ضد الانتهاكات 2. يتم توثيق القضايا في سجلات الموظفين . 3. يتم توثيق القضايا في سجلات المستفيدين. 4. وذلك بالتعاون والشراكة مع مؤسسات حقوق الانسان ذات العلاقة.
نعم	---	لا	<b>المعيار العاشر</b> في حال الحاجة لتدخل من اجل تقييد حرية الحركة واتخاذ تدابير للحماية القانونية المعمول بها يتم تسجيل ذلك في ملفات المستفيدين ويتم مساءلة مرتكب الذنب.
نعم	---	لا	<b>المعيار الحادي عشر</b> وجود نظام واضح للعقوبات للموظفين والعاملين في المؤسسة.
3/3	-2 3/3	3/1-0	<b>المعيار الثاني عشر</b> 1. نظام شكاوي فعال كحق للمستفيدة/ ولضمان جودة الخدمات المقدمة . 2. تحديد آلية واضحة للشكاوي . 3. وجود لجنة خاصة للاستماع لهذه الشكاوي ومتابعتها وحلها.
<b>الفصل الحادي عشر : الدعم المهني لطاقم المركز.</b>			
نعم	----	لا	<b>المعيار الاول</b> توظيف كادر مؤهل
نعم وضمن نظام معين	نعم ولكن ليس ضمن نظام معين	لا	<b>المعيار الثاني</b> بناء القدرة المؤسسية للطاقم
2/2	2/1	2/0	<b>المعيار الثالث</b> 1. توفير الاشراف المهني على كافة الطواقم العاملة. 2. رعاية الجوانب النفسية والاجتماعية للطاقم من أجل منع الاحتراق الوظيفي وتدني الاداء.
2/2	2/1	2/0	<b>المعيار الرابع</b> 1. تقييم الطاقم . 2. ان يكون تقييم الطاقم دوري

ملاحظات اخري :

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