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PERSOANELE CU DIZABILITĂȚI



**Seminar on**

**“Moving towards independent living and community-based care - EU funding instruments to support the development of community-based services for adults and children with intellectual disabilities”**

Bucharest, 11 April 2019



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## Key objectives:

- To identify key challenges and potential solutions to move towards independent living of people with intellectual disabilities and to empower them to take an active role in designing the services they need.
- To improve the capacity at local, county, and national level to develop measures supporting the transition from institutional to community-based care, using EU and national funding instruments.



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## **Agenda – Thursday 11 April 2019**

- 09.00      Opening and welcome**
- 09.40      Introduction to State of Play: adults and children with intellectual disabilities**
- 10.10      Introduction to the transition from institutional to community-based care**
- 10.25      Moderated discussion on current developments in the host country and reactions to previous presentations**
- 10.55      Coffee break**
- 11.20      Presentations of practices – peer countries**
- 13.00      Lunch**



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## **Agenda – Thursday 11 April 2019**

- 14.00 Working group breakout session 1**
- 15.00 Working group breakout session 2**
- 16.00 Coffee break**
- 16.15 Reporting back from the Working Group Sessions**
- 16:35 European and national funding opportunities for transition to community-based care and support in a national context.**
- Introduction of EU funding instruments for transition to community-based care and support**
- 17.15 Key messages and reflections**
- 17:30 Closure**





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# Opening & Welcome

**Ms. Cendrine de Buggemons**  
Head of Unit, European  
Commission



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# Opening & Welcome

**Ms. Elena Solomonesc**

State Secretary of the Ministry of  
Labour and Social Justice, Romania



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# Opening & Welcome

**Mr. Adrian Vlad Chiotan**

President, National Authority for  
Persons with Disabilities



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## Opening & Welcome

**Ms. Gabriela Coman**

President, National Authority for the  
Protection of Children Rights and  
Adoption



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# **Introduction to State of Play: adults and children with intellectual disabilities**

**Ms. Diana Chiriacescu**  
Independent National Expert

# **Persons with intellectual disabilities in Romania, in the context of deinstitutionalisation**

Diana CHIRIACESCU, Bucharest, April 11th

# Outline

- Preamble – moving towards independent living: a multi-layered process
- The situation of persons with intellectual disabilities in Romania
- Challenges

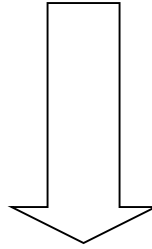
# Preamble



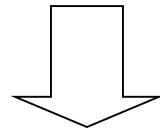
## **Article 19 of the CRPD: obligations of State Parties**

- **Repeal and refrain from enacting laws, policies and structures** that maintain and create barriers in access to support services as well as general facilities and services.
- **Prohibit all forms of guardianship** and the obligation to replace substituted decision-making regimes by supported decision-making alternatives
- **Develop de-institutionalisation strategies** (phase-out institutions, develop community services, monitor progress etc.)

# State Parties have the obligations to:

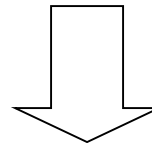


## Respect



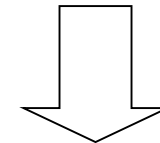
*Refrain* from interfering with the enjoyment of the right

## Protect



*Prevent* others from interfering with the enjoyment of a right

## Fulfill



*Adopt* appropriate measures towards full realization of the right

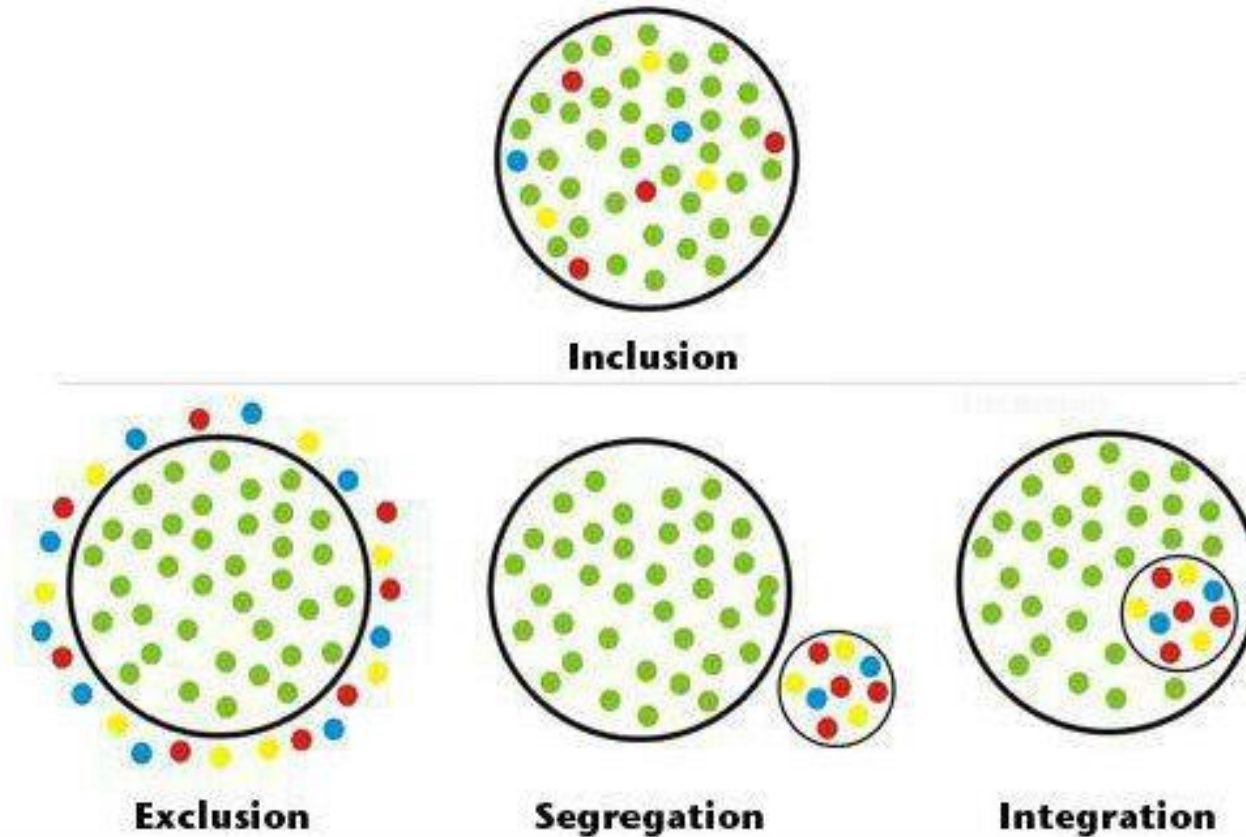


# From birth to old age, persons with disabilities should have access to a variety of services and networks in communities, as everybody else

- The States are responsible for ensuring the access of all citizens to key community services: education, health and (re)habilitation, employment, social protection...
- In order for this to happen, social and support services are essential. They facilitate the access to, and the use of, services for all persons who encounter barriers in their community life.



## A long path from exclusion to inclusion (1997-2019...)



<http://www.friendshipcircle.org/>

Direct path or indirect pathway? - A key question for the Romanian shift of paradigm

**The situation of persons with intellectual  
disabilities in Romania  
(a brief overview)**

# De-institutionalisation in Romania

- A long and complex process – transformation of visions, professional routines, staff, mentalities, infrastructure, procedures...
- Managed by two different agencies (ANPDCA – children/ ANPD – adults)
- Same goals, different paces, different challenges

## De-institutionalisation (2)

- Goal (children): closure of all institutions by 2023 (above 50 places and modulated centres). Priority: 50 out of 87 settings. Enforce: foster and adoptive families, community living (apartments, family-like homes)
- Goal (adults): restructuring of residential settings above 50 places. Priority: transferring 1791 adults from these settings in community alternative services. Enforce: group homes, (re)habilitation centres, support services for independent living.

## Key figures – children (Sept 2018)

- **64 384** children with disabilities, registered in Sept.2018:
- **5 113** children with disabilities in residential type institutions, from a total no.of aprox. 17 300
- Relatively rapid evolution of DI - from 170 000 (1997) children to 17 300 (2019)



## Key figures – adults (Sept 2018)

- **812 594** adults with disabilities registered at national level
- **18 015** adults with disabilities in public residential services, out of which **17 082** live in institutions with a capacity of more than 50 places. No data is available on the adults with disabilities in private residential services
- **10 190 persons** out of the 18015 institutionalised adults are **are persons with intellectual disabilities.**
- **6 327** persons with psychiatric conditions live in 74 centres for psychiatric rehabilitation
- **1791** adults with disabilities will be transferred to community alternatives services by 2023

## Strategic and legal framework

- Law 272/2004, on the protection of the child's rights;
- Law 448/2006, on the protection and promotion of rights of persons with disabilities;
- Law 292/2011, on the national system of social assistance;
- Law 221/2010, on the ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD);
- Law 8/2016, on the establishment of the Council for Monitoring the Rights of Persons with Disabilities (CRPD)

## Strategic and legal framework (2)

- The Government Decision 655/2016, for the approval of the Strategy “A society without barriers for persons with disabilities” (2016-2020)
- The Government Ordinance 69/2018
- The quality standards for services for children and adults with disabilities
- The Government Decision 798/2016
- The Government Decision 192/2018
- The Government Decision 193/2018
- Decision of the president of the ANPD no. 878/2018 (restructuring plans)

## Strategic and legal framework (3)

- *The National Strategy for the Protection of Child Rights*, (Objective 2.5 in the Action Plan)
- The Strategy “*A society without barriers for persons with disabilities*” (2016-2020) - objectives no.7-10, Section VII.2
- *The National Strategy on Social Inclusion and Reduction of Poverty* (2015-2020)

# Current living arrangements for children

- **Placement centres (they will be closed down by 2023):**
  - traditional residential settings with more than 50 places;
  - modern modulated centres, with less than 50 places;
- **Family-like homes**, with a capacity of a maximum of 12 places;
- **Community-based apartments**, with maximum 6 places;
- **Emergency centres**, with a capacity of maximum 30 places.

and

- **Placement of children without parental support to adoptive families, maternal assistants or extended families**

# Current living arrangements for adults

- **Care and assistance centres** (*“Centre de îngrijire și asistență”*);
- **Empowerment and rehabilitation centres** (*“Centre de recuperare și reabilitare”*), including the centres for persons with psychiatric conditions;
- **Independent living centres** (*“Centre pentru o viață independentă”*);
- **Sheltered houses** (*“Locuințe protejate”*) – with a capacity of minimum 2 and maximum 10 places;
- **Respite centres** (*“Centre respiro”*);
- **Crisis (emergency) centres** (*“Centre de criză”*).

(No residential structure can have more than 50 places, from January 1st 2019)

# An evolving spectrum of community services

- The spectrum of community services is continuously growing, but still incomplete
- Regulatory mechanisms are evolving and improving, but not fully aligned with CRPD
- Rural vs urban imbalance
- Affordability, accessibility

# **Main actors for de-institutionalisation**

- National authorities (ANPDCA, ANPD, MMJS, MDRAP)
- ANPIS (Social Inspection), Ombudsman
- Local authorities (county, local)
- Service providers (public and private)
- DPOs, including the National Council of Persons with Disabilities
- Monitoring Council for the Implementation of CRPD (Law 8/2016)
- Watchdog organisations



## Public authorities – different roles and capacities

- **National** – overall legislation, regulatory procedures, monitoring mechanisms. CRPD focal points.
- **County** – needs assessment and development of services that are of general interest for county users - stronger capacities and budgets. Role of guardians/legal representatives
- **Local (cities, communes)** – needs assessment and development of services that are of general interest for local users - weaker capacities and lower budgets

## Local authorities (municipalities)

- Key role for social and support service provision, but no support from the State budget (0,2-0,6% of GDP)
- Shortage in qualified staff
- Very limited investment in continuous training and shifting of paradigm (inclusion, independent living, all rights for all people)
- The situation of personal assistants and professional personal assistants

# Ongoing DI processes (1)

- ANPDCA's national programme of deinstitutionalisation of children - focusing on the closing of 50 of the 87 priority institutions (traditional residential institutions of more than 50 places), by 2023
- ANPDCA – TEAM UP: The development of the national network of professional maternal assistants

## Ongoing DI processes (2)

- ANPD's National Programme "Development of small group homes, day centres and respite/crisis centres for adults with disabilities from residential institutions"
- 
- ANPD – The National Programme "Development of social services for the transition of youth with disabilities from child-related institutions to community living"

## Ongoing DI processes (3)

- Open call of the Operational Programme Human Capital is also active at this moment (code POCU - AP 4/PI 9.iv/OS 4.15) : „Deinstitutionalization of adults with disabilities - transition towards community social services” -training and transfer activities of adults with disabilities from residential care in shelter houses, including community preparation and monitoring of activities.

## Effectiveness of ESIF

- Money available, but heavy administrative procedures
- Land property issues – very difficult to solve at local level
- Insufficient project management teams at local level (county, local)
- Sustainability aspects – disincentive to many local authorities
- NGOs are not eligible as main applicants in the current cycle

# Challenges - Inclusive community services are scarce

- 1/3 of children with disabilities do not attend school (RENINCO, 2019). Support services in schools are poorly developed
- Vocational training and support services for employment are rare, not accessible, usually provided by NGOs
- The medical care services are not always accessible (and affordable) for persons with disabilities
- Respite centres and independent living arrangements (housing, support services) are still very rare, for adults with disabilities

## Challenges (2)

- Monitoring mechanisms for DI
- Data collection systems
- Availability and quality of community services
- Availability and quality of staff
- Local budgets + recent evolutions on decentralisation of social assistance responsibilities
- Participation of DPOs and persons with disabilities
- Unsolved problem of legal capacity (art.12, CRPD)
- Limited knowledge and enforcement of CRPD



## Challenges (3)

- Limited knowledge and enforcement of CRPD
- Resistance against persons with disabilities and persons with mental health conditions in many communities; lack of awareness, negative public perception of disability
- Lack of adequate solutions and services for persons with psychiatric conditions who live in institutions



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# **Introduction to the transition from institutional to community-based care**

**Mr. Milan Šveřepa**

Executive Director of the European Association for  
Persons with Intellectual Disabilities and their  
Families (Inclusion Europe).

Member of the European Expert Group on the  
transition from institutional support to  
community-based support services (EEG)

# Introduction to the transition from institutional to community-based care

Milan Sverepa,  
EEG co-chair, Inclusion Europe director



EUROPEAN EXPERT GROUP ON TRANSITION FROM  
INSTITUTIONAL TO COMMUNITY-BASED CARE

- The EEG is a coalition representing **children, people with disabilities, people with mental health problems, families, homeless people; as well as service providers, public authorities and intergovernmental organisations.**
- The EEG supports the **necessary reforms** to comply with the UN Convention on the Rights of Persons with Disabilities, the UN Convention on the Rights of the Child and the European Fundamental Rights Charter.
- The EEG provides **expert support** on EU policy, legislation and funding.

The **Common European Guidelines** provide practical advice about the transition from institutional to community-based care.

Available in 12 languages, including **Romanian**

[www.deinstitutionalisation.com](http://www.deinstitutionalisation.com)



Common European  
Guidelines  
on the Transition  
from Institutional to  
Community-based Care

## **UN CRPD Article 19 – Living independently and being included in the community**

Equal right of all persons with disabilities to live in the community, with choices equal to others

Effective and appropriate measures to facilitate full enjoyment of this right:

- a) The opportunity to choose place of residence and where and with whom to live on an equal basis with others and not to be obliged to live in a particular living arrangement;
- b) Access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

## **UN Convention on the Rights of the Child**

“For the full and harmonious development of his or her personality” the child should “grow up in a family environment, in an atmosphere of happiness, love and understanding”. Most children should live with and be cared for by their birth families (Articles 9 and 7).

Children have the right to protection from harm and abuse (Art 19), to an education (Art 28) and to adequate healthcare (Art 24).

Where their family cannot provide the care they need, despite the provision of adequate support by the state, the child has the right to substitute family care (Art 20).

Children with disabilities have a right to live in “conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community” (Art 23).

## **European Convention on Human Rights**

“No one shall be subjected to torture or to inhuman or degrading treatment or punishment” (article 3)

Article 8 guarantees the right to respect for private and family life.



# **10 lessons on how to achieve community living**

1. Ensure that champions for community living are involved in leading change.
2. Make the needs and preferences of people central to planning.
3. Respect the experiences and roles of families.
4. Create a real home and personalised support for each individual.
5. Focus on achieving quality services and ensuring people can lead their own lives safely.
6. Recruit and develop skilled personnel.
7. Engage a broad partnership in delivering change.
8. Establish a clear plan and timescale for creating the community services necessary to make each institution redundant.
9. Invest in communicating all this effectively to everyone affected, including in the communities to which people are moving.
10. Support each person in their transition to community living.

## **Institution**

The Guidelines define an institution as any residential care where:

- residents are isolated from the broader community and/or compelled to live together;
- residents do not have sufficient control over their lives and over decisions which affect them;
- the requirements of the organisation itself tend to take precedence over the residents' individual needs.

## **Community-based services**

Services that enable individuals to live in the community and, in the case of children, to grow up in a family environment as opposed to an institution.

It includes mainstream services, such as housing, healthcare, education, employment, culture and leisure, which should be accessible to everyone.

It also refers to specialised services, such as personal assistance for persons with disabilities, respite care and others.

The term includes family-based and family-like care for children, including substitute family care and preventative measures for early intervention and family support.

# **Living independently and being included in the community**

**General comment by the CRPD Committee**

Independent living means enabling people with disabilities to exercise choice and control over their lives and make all decisions concerning their lives.

It is not “just” about living in a particular building or setting, it is about personal choice and autonomy.

It applies to everyone, regardless of perceived need for support.

States must act immediately; no going back on achieved progress.

## 2.

Article 19 of the Convention on the Rights of Persons with Disabilities recognises **the equal right of all persons with disabilities to live independently and be included in the community, with the freedom to choose and control their lives.**

The foundation is the core human rights principle that all human beings are born equal in dignity and rights and all life is of equal worth.

## 15.

...advancements in the past decade implementing article 19. However, ...gap between the goals and spirit of article 19 and its implementation:

- Denial of legal capacity, through formal laws and practices or by substitute decision-making;
- **Physical and regulatory institutionalization, including of children and forced treatment**
- **Lack of deinstitutionalization strategies, continued investments into institutional care settings;**
- Lack of adequate monitoring mechanisms, including the participation of organizations of persons with disabilities
- ...

**Independent living**



Independent living means that individuals with disabilities are **provided with all necessary means enabling them to exercise choice and control over their lives and make all decisions concerning their lives.**

Personal autonomy and self-determination is fundamental, including access to transport, information, communication and personal assistance, place of residence, daily routine, habits, decent employment, personal relationships, clothing, nutrition, hygiene and health care, religious, cultural and sexual, reproductive rights.

**These activities are linked to the development of a person's identity and personality:** where we live, with whom, what we eat, whether we like to sleep in or go to bed late at night, be inside or outdoors, have a tablecloth and candles on the table, have pets or listen to music.

Such actions and decisions constitute who we are. Independent living is an essential part of the individual's autonomy and freedom, and does not necessarily mean living alone.

**It should also not be interpreted solely as the ability of carrying out daily activities by oneself.**

Rather, it should be regarded as the freedom to choice and control, in line with the respect for inherent dignity and individual autonomy.

Independence as a form of personal autonomy means that the person with disability is not deprived of the opportunity of choice and control regarding personal lifestyle and daily activities.

# **Independent living arrangements**

Both independent living and being included in the community refer to life settings outside residential institutions of all kinds.

**It is not “just” about living in a particular building or setting, it is, first and foremost, about losing personal choice and autonomy as a result of the imposition of certain life and living arrangements.**

Neither large-scale institutions with more than a hundred residents nor smaller group homes with five to eight individuals, nor even individual homes can be called independent living arrangements if they have other defining elements of institutions or institutionalization.

**Institutionalized settings can differ in size, name and setup; there are certain defining elements:** obligatory sharing of assistants and no or limited influence over by whom one has to accept assistance, segregation from the community, lack of control over day-to-day decisions, lack of choice over whom to live with, rigidity of routine, identical activities in the same place for a group of persons under a certain authority, a paternalistic approach, supervision of living arrangements, disproportion in the number of persons with disabilities living in the same environment.

**Policies of de-institutionalization require implementation of structural reforms, which go beyond the closure of institutional settings.**

Large or small group homes are especially dangerous for children, for whom there is no substitute for the need to grow up with a family.

“Family-like” institutions are still institutions and are no substitute for care by a family.

**„Too costly“ and  
„unable“ to live  
independently**



## 21.

When persons are assessed to **require high demands** for personal service, **States parties often consider institutions as only solution**, especially whether personal services are **considered to be “too costly”** or the person with disabilities as being **“unable” to live outside institutionalised settings.**

Persons with complex communication requirements often assessed as unable to live outside institutions.

**Such reasoning is contrary to article 19;** right to live independently, be included extends to all persons with disabilities, regardless of level of intellectual capacity, self-functioning or support requirement.

**„Choice“**

## 25.

Often, **persons with disabilities cannot exercise choice because there is a lack of options to choose from.**

This is the case, for instance, whether informal support by the family is the only option, whether support is unavailable outside of institutions, whether housing is inaccessible or support is not provided in the community, and when support is only provided within specified forms of residence like group homes or institutions.

~~Care~~ - rights

**26.**

**Individualised support services must be considered a right** instead of a form of medical, social or charity care.

**Immediate action  
and structural  
changes**

## 41.

To achieve progressive realization of economic, social and cultural rights, **States parties must take steps to the maximum of their available resources;** immediate or within a reasonably short period of time; deliberate, concrete, targeted and use all appropriate means.

The systematic **realization of the right to independent living** in the community **requires structural changes. In particular, this applies to de-institutionalization** in all its forms.

## 42.

Immediate obligation to enter into strategic planning with adequate timeframes and resourcing in **close and respectful consultation with representative organizations of persons with disabilities to replace any institutionalized settings with independent living support services.**

States parties should develop transitional plans in consultation directly with persons with disabilities, through their representative organisations in order to ensure full inclusion of persons with disabilities in the community.



## 46.

States parties are under **immediate obligation to eliminate discrimination** against individuals or groups of persons with disabilities and **to guarantee their equal right to living independently and participation in the community.**

This requires States parties to **repeal or reform policies, laws and practices that prevent persons with disabilities from choosing their place of residence, access to affordable and accessible housing, from renting accommodation or from accessing general mainstream services.**

**No going back,  
no funding for  
institutions**

## 45.

States parties are **prohibited from taking retrogressive measures with respect to the minimum core obligations of the right to live independently** within the community as listed in this general comment.

## **51.**

States parties should ensure that **public or private funds are not spent on maintaining, renovating, establishing, building existing and new institutions in any form of institutionalization.**

Furthermore, States parties must ensure that **private institutions are not established in the guise of “community living”.**

**52.**

**Support should always be based on the individual requirements, not the interest of the service provider.**

**States parties should also prohibit that directors and/or managers of residential institutions become guardians of the residents.**

# EEG

[www.deinstitutionalisation.com](http://www.deinstitutionalisation.com)

## Inclusion Europe

[www.inclusion-europe.eu](http://www.inclusion-europe.eu)

[Report: Life after violence in institutions](#)





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# **Moderated discussion on current developments in the host country and reactions to previous presentations**



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# Coffee break





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# **Presentation of practices Belgium: 'Personal Assistance' for adults with disabilities**

**Mr. Frank Sioen**  
Policy Officer, ENIL

# User led Personal Assistance as an essential tool for deinstitutionalisation

Frank Sioen, Advocacy Officer

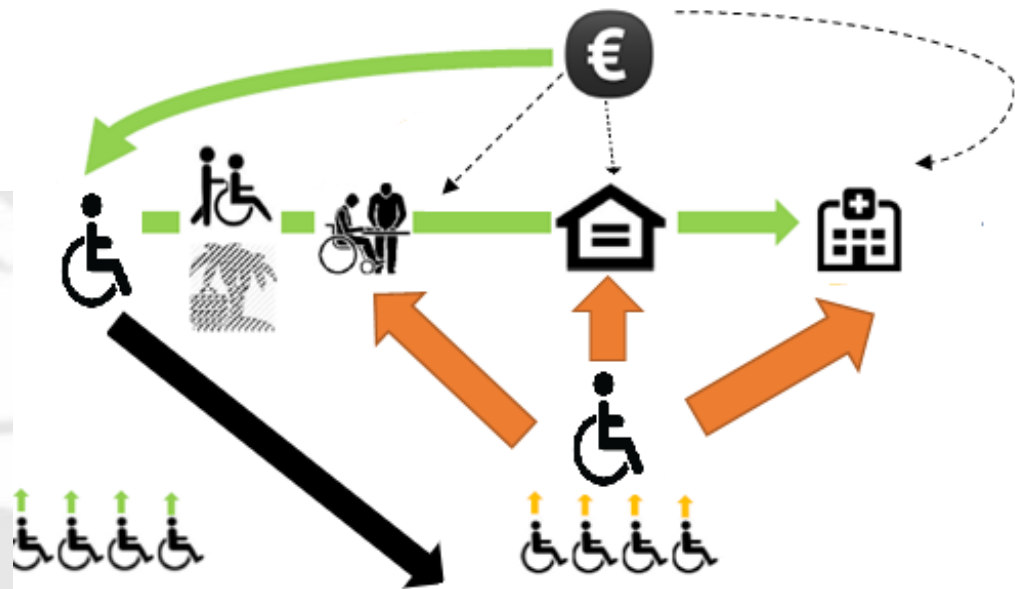
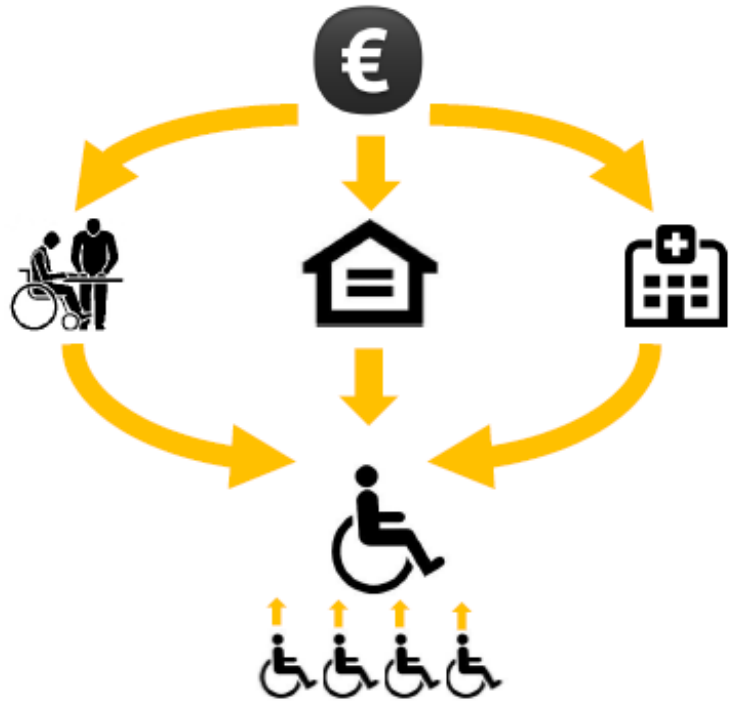
European Network on Independent Living - ENIL



# Overview

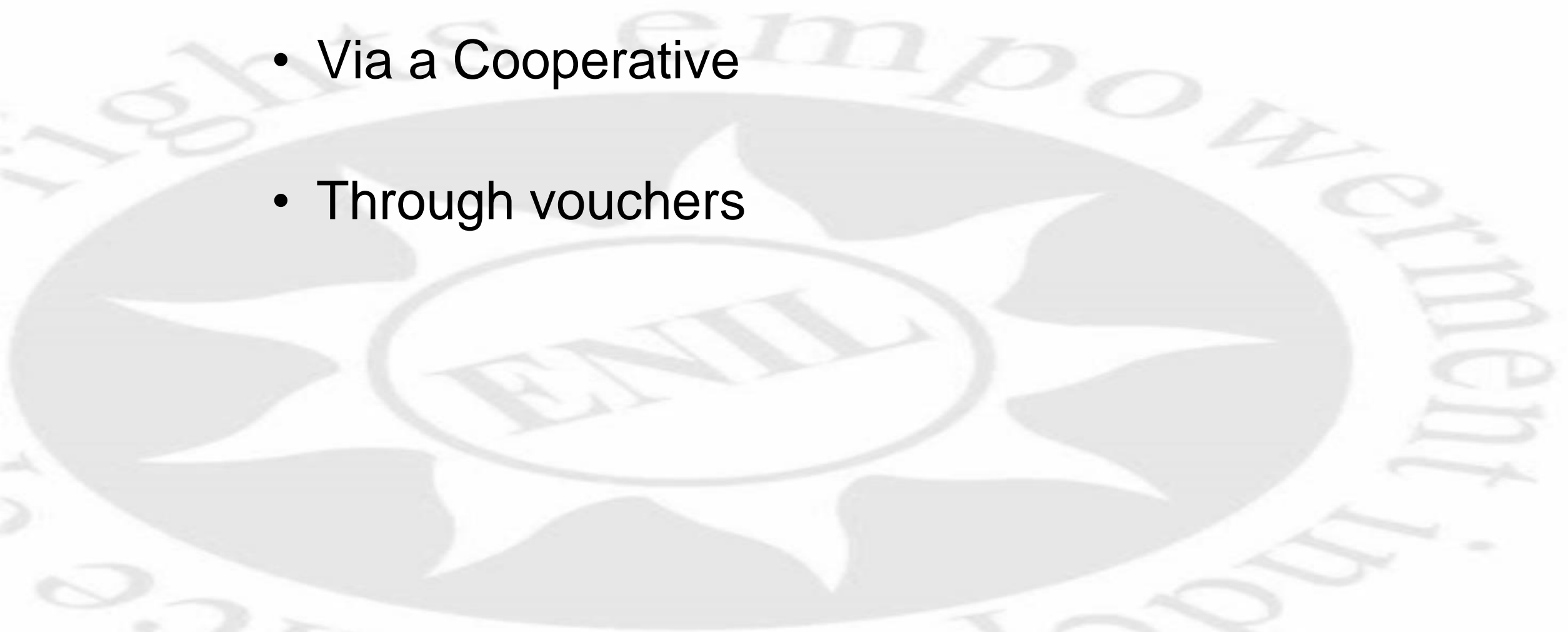
- What is Personal Assistance?
- Management of Personal Assistance
- Personal Assistance for people with intellectual disabilities
- Impact of Personal Assistance in practice
- Conclusion

# What is Personal Assistance?



# Management of Personal Assistance

- Direct Payments to the disabled person
- Via a Cooperative
- Through vouchers



# Personal Assistance for people with intellectual disabilities

- **JAG – Sweden**

- Good man' (trustee)
- Service guarantor

- **Vela – Canada**

- Micro board
- NGO around the disabled person

→ Central point: choice and control for the person with disability

# Impact of Personal Assistance in practice

- Often DI stops with the closing of institutions or turning big institutions into small institutions.
  - PA goes a step further and gives people tailored support to take control over their life.
- **Improve quality of life** as active citizens

# Impact of Personal Assistance in practice

- **Increase cost effectiveness**

- Invest in people

- Service provision focuses more on what people actually need

- Less depended on informal support (unpaid, unregulated and untaxed jobs)

- People participate (employment, education, culture)



# Conclusion

- **When setting up a user led PA system:**
  - Focus on how to put people in control of their support
  - Co-design the PA system
  - Make PA a legal right likend to an individual support plan and budget
  - Improve accesiblity and incusion in all (public) services

# Thank you!

**Frank.sioen@enil.eu**

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# **Presentation of practices United Kingdom: 'Me, My Family, My Home' for children with disabilities**

**Mr. Nic Crosby**  
GatherBuildWork



# **Me, My Family, My Home, My Friends and My Life**

*better lives for children, young people and families*

11<sup>th</sup> April 2019

Nic Crosby  
GatherBuildWork

*Gather strength Build vision Work together*

## Project aims, funding and introduction

- 12 months of work, funded by the Department for Education
- Supporting children and young people with complicated lives and complex support needs
- Using person centered approaches to planning a future with loved ones, families and staying out of institutional support

# Complicated lives and complex support needs?

- Challenges around parental mental health, poverty, housing
- 'Placed in the care' of the local authority due to family/home linked reasons
- Long term and complex support needs due to health conditions, impairment, early life trauma and/or mental health support needs



*Gather strength Build vision Work together*

# The Plan

- Support up to 6 children in up to 6 areas to develop their own support plans leading to a new and improved package of support
- 1 Team member in each area, Life Plan and mentor
- Local and National Steering Groups each including young people and parent carers
- Bring together funding and support from the different teams and services (health, education and social care)

# The Child/Young Person's Plan

- The child or young person and those who love and care for them
- All the practitioners and professionals involved in supporting them
- All the individual funding allocated to the child/young person
- From a foundation of strengths and assets build a comprehensive support plan
- A 'whole person / whole life / whole family' approach



## What happened?

- 12 children and young people had plans completed that led to new support packages
- 30 practitioners were trained and mentored to develop plans themselves
- We all learned a lot!

# Summary of our learning

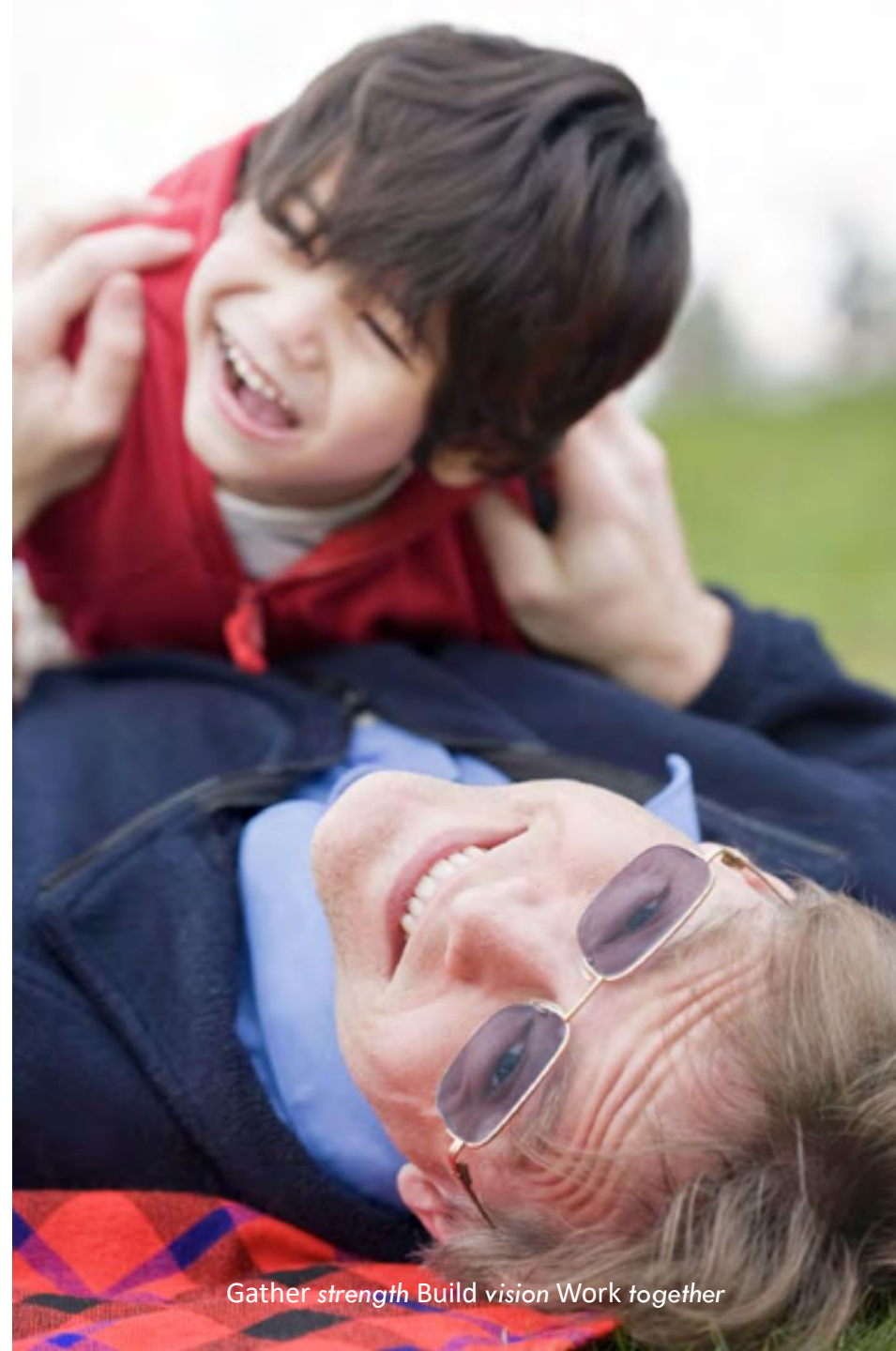
- It's hard work!
- This is very different to how things have worked in the past



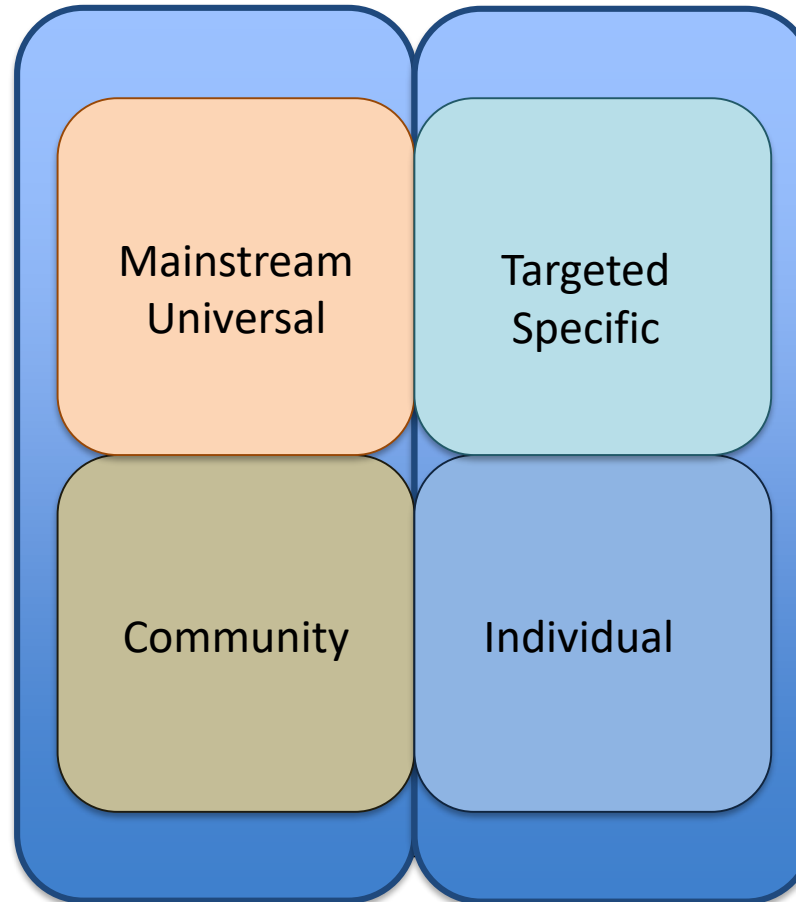
- It is about people's lives – not services and plans
- Change from 'us' and 'them' to we're all in this together – its about better lives



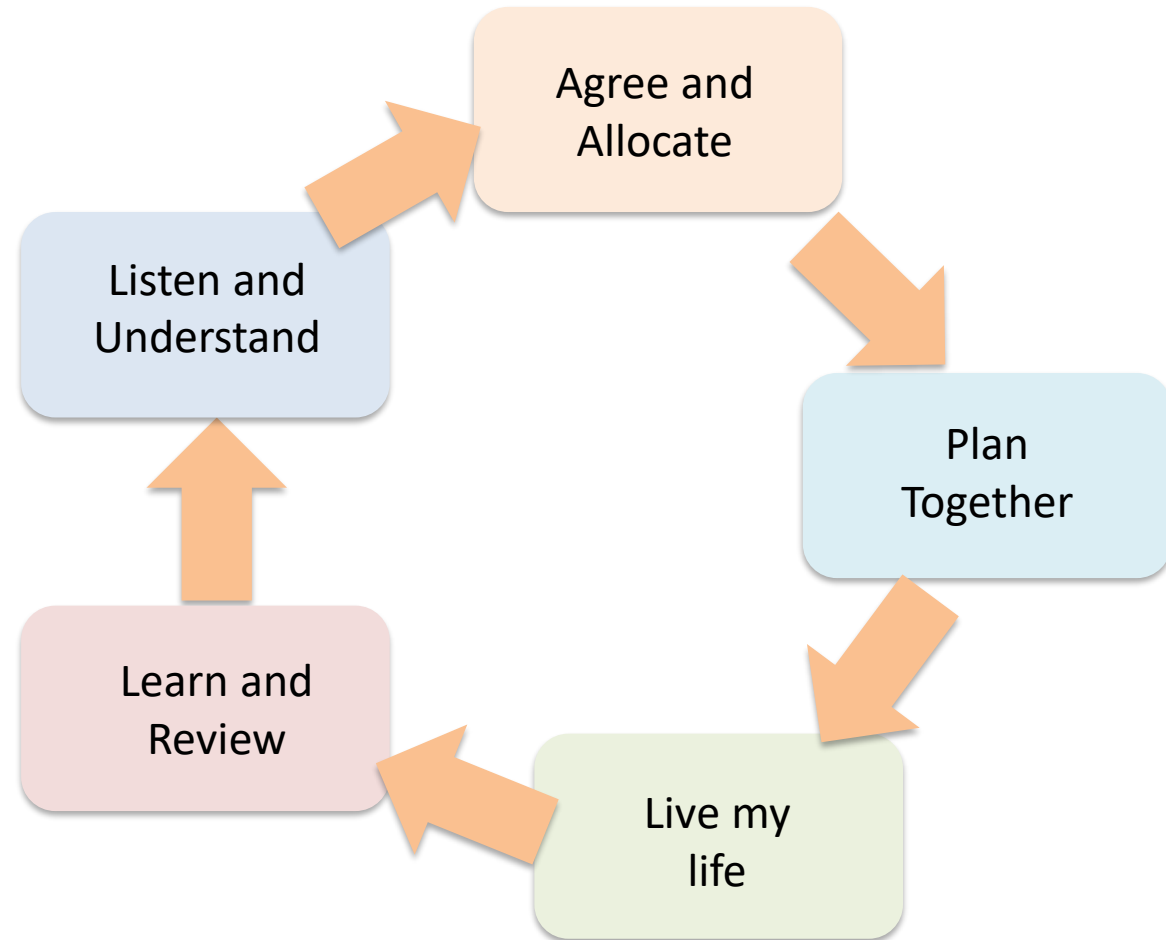
- Stand with families
- Ask families to play their part
- Listen hard



- Start with the ordinary
- Inclusion
- Think about the whole system



- Keep it Simple
- Our systems are so complicated
- Make it easy



Crosby and Tyson, In Control, 2016



What would it  
take to have  
more good  
days?



## What has happened since this project?

- One area has closed all its overnight stay facilities (this project helped close the last one)
- One area continued the work and moved 24 children/young people home, releasing £1.2million for 'early intervention'
- The project has gone on to inform national work to take forward ongoing 'desinstitutionalisation'
- The project has also informed local areas approach to preventing children and young people being placed away from home



Thank you

**Me, My Family, My Home,  
My Friends and My Life**

*better lives for children, young people and families*

In Control Partnerships - <http://www.in-control.org.uk/media/191245/ic-me-my-home-report-interactive.pdf>

Nic Crosby  
GatherBuildWork



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# **Presentation of practices Romania: Support for adults with psycho-social disabilities and mental health problems**

**Ms. Nicoleta Cerasela Predescu**  
Pro Act Support Association



***Moving towards independent living and community- based  
care for adults and children with intellectual disabilities in  
Romania***

**- From institution to inclusion-  
Pro ACT Support model of inclusion for people  
with psycho-social and mental disabilities**

**Presented by: Cerasela Nicoleta PREDESCU**

**InterContinental hotel, April 11, 2019**

**Bucharest**



Overview

**Vision:**

**A society in which people with intellectual disabilities have equal opportunities, their contributions are valued, and their human rights are respected**

- **Pro ACT Support Mission:** supporting the deinstitutionalisation of people with intellectual disabilities through the development of community based services to assist people in realizing their rights to live in the community and to achieve social inclusion

A red arrow graphic pointing to the right, located at the top left of the slide.

## Overview

- Established on July, 2011 based on Article 19 of the UN Convention of people with disabilities
- 2012, opening the first community based-service
- Key challenges: 18,000 PD institutionalised



Essence of the project

vs

Key challenges



**Take out people from residential care institutions and start a new life in community, in ordinary houses / flats**



- Promote deinstitutionalization while developing community services
- Prepare the BIG step out of the institution (approx. 3-4 months)
- Size of the service: 1- 6
- Mobile team instead of allocated specialists, based on people needs



Essence of the project

vs

Key challenges



**Take out people from residential care institutions and start a new life in community, in ordinary houses / flats**



- Normalization model, person centred approach
- Choices, mistakes, learnings
- Have a say in hiring the staff
- Focus on *soft* aspects (relationship, explore, sexuality, etc.)








## Results. What we achieved?




- Contribution on the elaboration of public policies
  - Community investors, values added
  - Almost 100 people got out of the residential care
  - 45 people live in community services
  - 17 PD are out of the system
- 



## Results. What we achieved?



- 12 Social services accredited
  - Our social services are contracted by the public authorities
  - Affordable model for my Country
  - Lower cost comparing to residential care
  - Quality of life, independence, dignity, free choice
- 

## Future plans

- Further expansion of the social services
- Develop social economy initiatives
- Sharing the model through public campaigns, news, conferences, round tables
- Providing know-how
- Providing tailored training programs for DI

**Instead of saying good bye...**



























































**THANK YOU !**

**”You get in life what you have the  
courage to ask for.”**

**[www.proactsuport.ro](http://www.proactsuport.ro)**

**FB: proactsuport**

**Instagram: proactsuport**





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# **Presentation of practices Romania: Recovery and Rehabilitation Centre for Children with Disabilities**

**Mr. Ionel Armeanu Ștefănică**

General Direction of Social Assistance and Child  
Protection of Vaslui





Vaslui Direction of Social Assistance  
and Child Protection



SERA Romania Foundation

# **Example of community services tailored for children with disabilities**

*- From the closure of old-type institutions to community services -*

# Old-type institution

## Giurcani Residential Institution for severely disabled children

Beneficiaries: severely disabled children and adults

Capacity: 50 places

Characteristics of the institution:

- Accommodation in improper spaces
- Restricted access facility closed towards community
- Lack of rehabilitation programs
- Lack of specialized staff



# Old-type Institution

## Giurcani Residential Institution for severely disabled children

- Two-floor building, difficult or absent accessibility;
- Unsuitable conditions for preparing and serving meals;
- No conditions for socialization and leisure time.



# Strategies and projects

**Name of the project:** Closure of residential facilities for severely disabled children in Husi and Giurcani

**Implementation:** SERA Romania Foundation

**Length of the project:** 2002 -2004

**Value of the contract:** 1.174.231,65 euro

**Source of funding:** 90 % financing from the state budget, 10% co-funding from SERA Romania Foundation

**Beneficiary** – Vaslui Direction for Social Assistance and Child Protection Services

# Services developed through the project

- **6 family-type houses** with a capacity of 8 places each, that have undertaken approximately 50% of the beneficiaries from Giurcani institution – the rest of them were **placed in foster care**;
- **Two-day care and rehabilitation services** for children with disabilities (Vaslui and Barlad municipalities).



# Complex of Community Services for Children with Disabilities - Vaslui, built within the project, first community-based service for children with disabilities in Vaslui county



# MISSION

- Preventing abandonment and institutionalisation of children by ensuring, during day time, activities such as care, education, rehabilitation, recreation - socialization, counseling, development of independent life skills, school and professional orientation for children;
- Activities of support, counseling and education for parents, legal representatives or other persons who have in care children with disabilities.

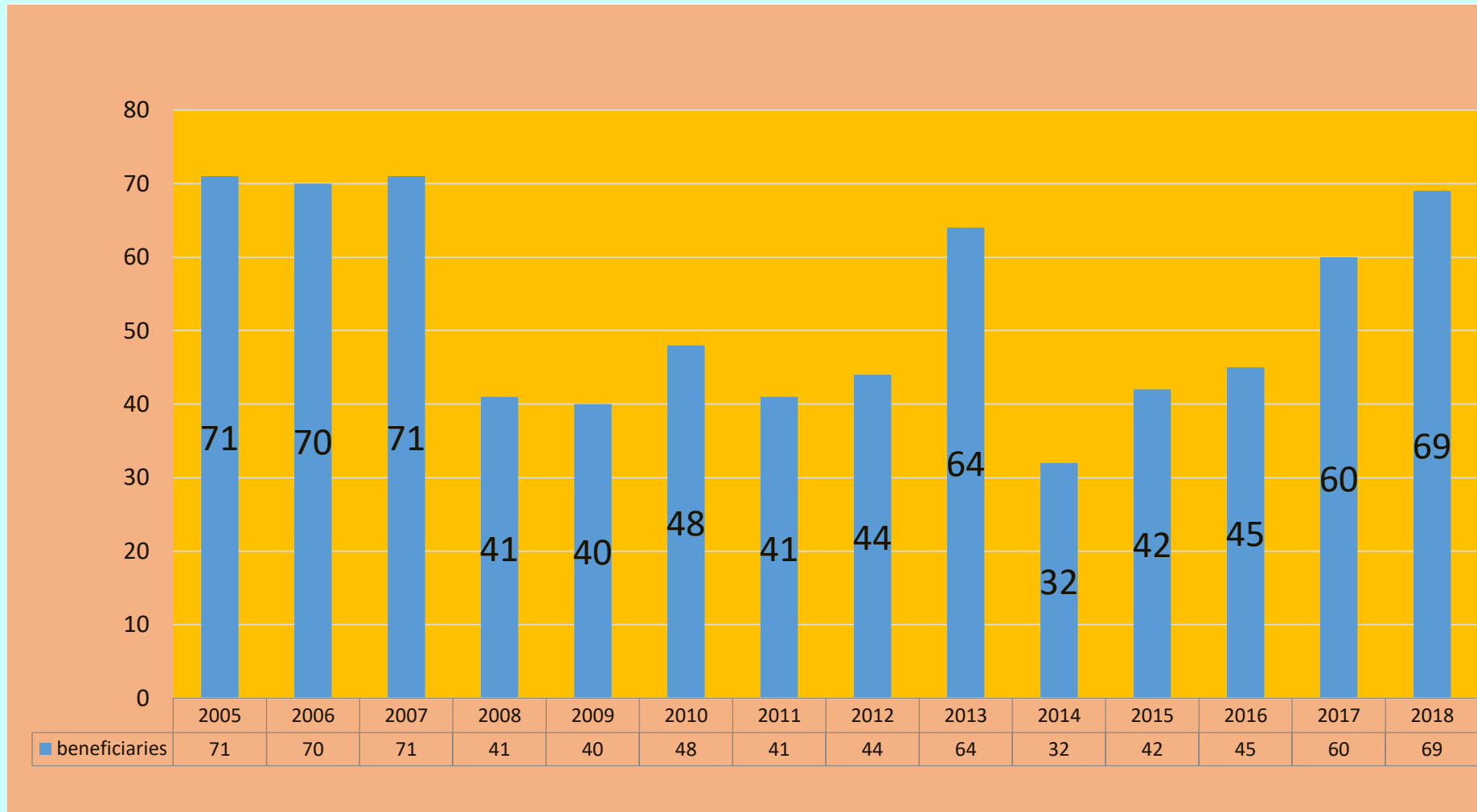
# TARGET GROUP:

The complex can provide services for  
30 children/ day

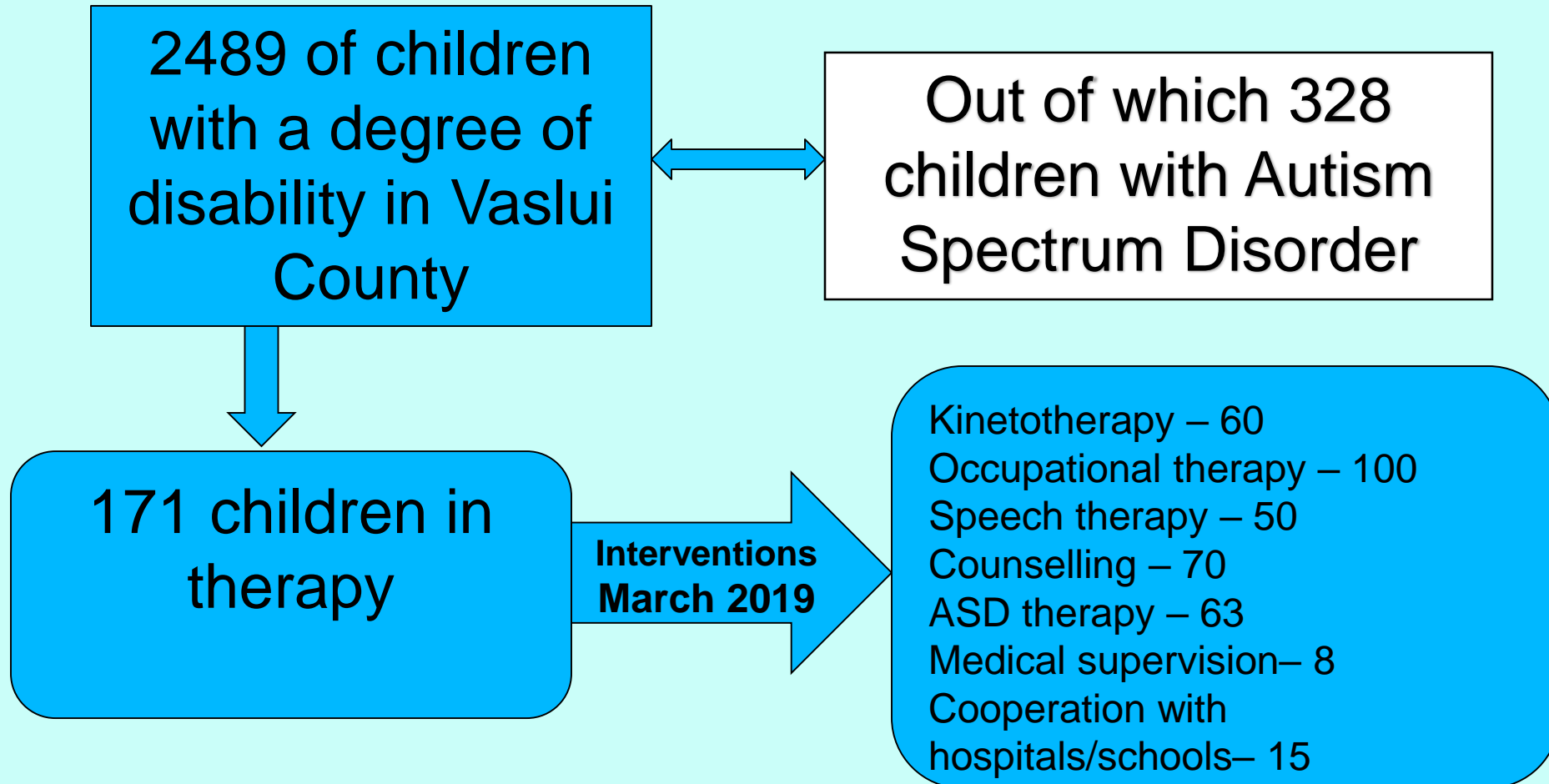
- Children with different degrees of disability, from mild to severe, who live in Vaslui town and the surrounding areas
- Families/Foster parents of these children



# Children in Therapy during 2005-2018 New cases



# How does the Complex of services respond to the needs of children with disabilities?



# Staff employed

<b>2005</b>	<b>2019</b>
Social worker-2	Social worker-2
Psychologist- 2	Psychologist- 4
Kinetotherapist-2	Kinetotherapist-3
Balneo-Physio-	Balneo-Physio-
Kinesiotherapy specialist-1	Kinesiotherapy specialist-1
Massage therapist-1	Massage therapist-2
Educator- 6	Recovery educator- 9
Nurse-3	Nurse-3
Supportive staff-11	Supportive staff-12

# Initial and continuous training of the staff

- In December 2004, all staff members have participated in an initial training course, funded by SERA Romania Foundation;
- With the support of SERA Romania, since 2005, the team of specialists has achieved professional help from the French neuro-kinetotherapist and pediatric osteopath Evelyne Soyez, who assessed and monitored the process of social services provision and delivered a training program.

# Reorganisation of the service

To meet the needs of children with disabilities, the facility was reorganized in 2016 and acquired the following structure:



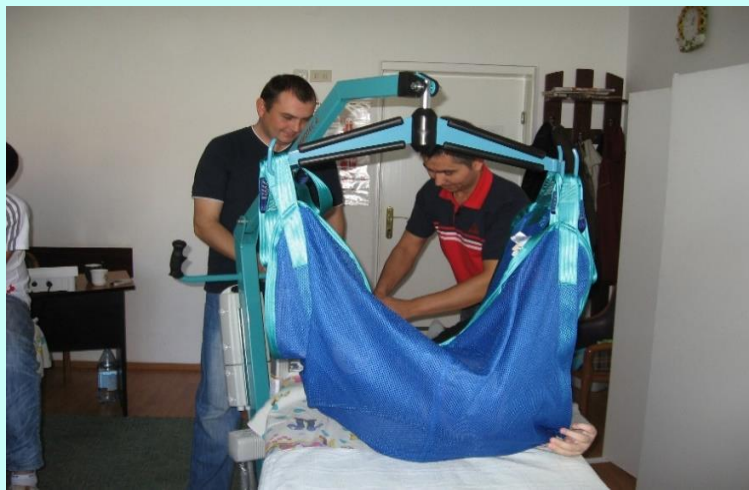
- Recovery and rehabilitation day care center for disabled children
- Counseling and specialized assistance center for the child with Autistic Spectrum Disorder
- Respite care center
- Mobile team

# Kinetootherapy





# Hydrotherapy and massage



# Speech therapy and psychological counseling





# Sensory room





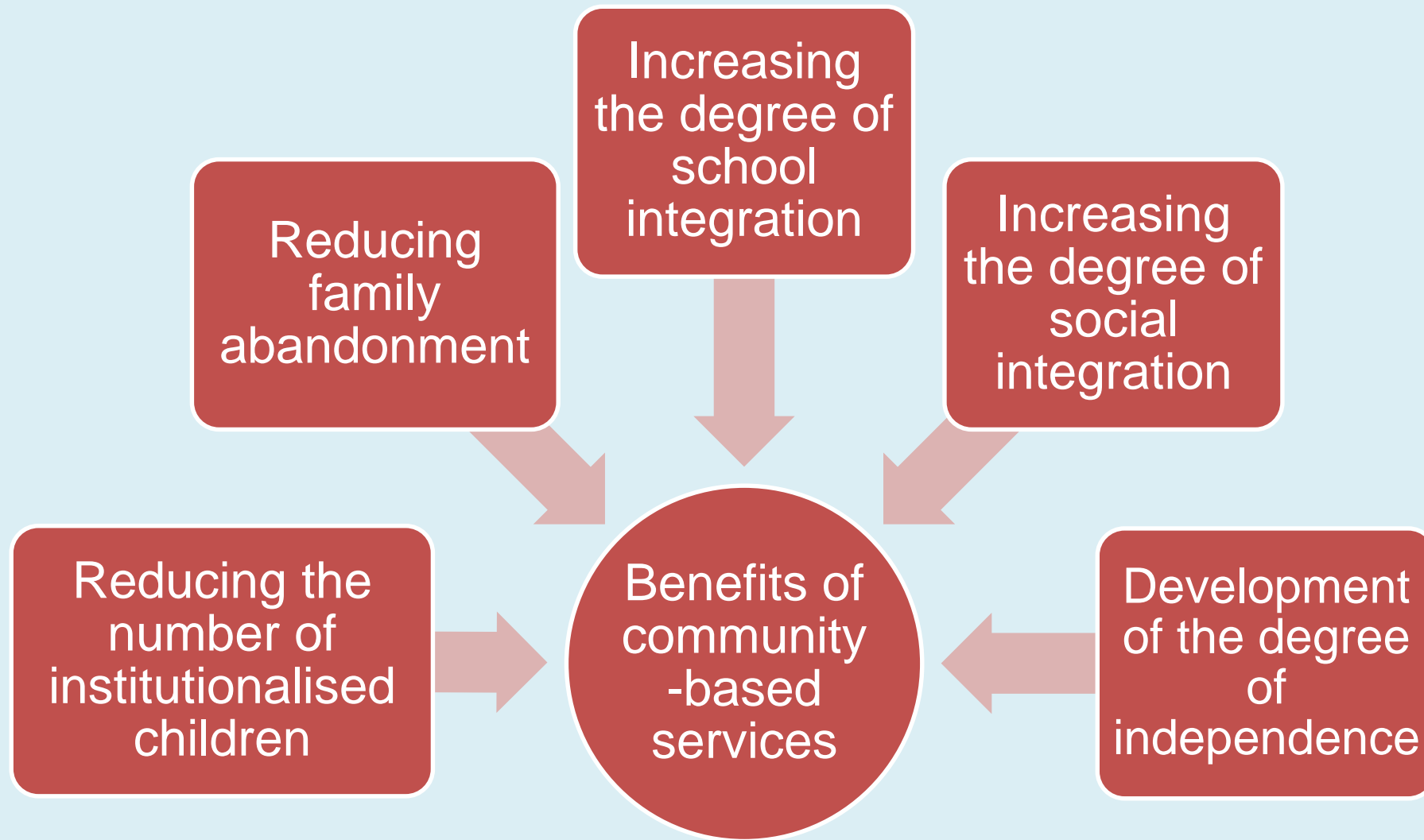
# Animal-assisted therapy



# Risk categories to which children with disabilities are exposed in case of not attending specialized therapy



- **Immediate risks:** separation from the family, neglect, financial exploitation and abuse.
- **Long-term risks:** reducing the chances of integration into society/community and living an independent life.



# Continuity of services

The transition from childhood to adulthood is supported by counseling and facilitating access to specialized adult services.



# Questions



Thank you for your attention!

## CONTACTS

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***Lunch***  
***Modigliani Restaurant***  
***(ground floor)***



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## Working group discussion (I)

Next steps to move away from institutional care to community-based care for persons with intellectual disabilities

**Group A:** *Rapsodia room (plenary room)*

**Group B:** *Coralle room (second floor)*



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## Working group discussion (II)

Designing community-based services to support persons with intellectual disabilities

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**Group B:** *Coralle room (second floor)*



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# Coffee break



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## Reporting back from the Working Group Sessions

- **Ms. Elisabeta Moldovan**, Ceva de Spus
- **Ms. Gianina Gendelon**, "Pentru Voi"  
Foundation, Timișoara



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# European and national funding opportunities for transition to community-based care and support in a national context

**Ms. Ana Maria BUȘONIU**

Deputy General Director of POCU, Romania

# Human Capital Operational Program

**State of play in the HCOP financing  
for the people with disabilities area**



# 87 millions euro - HCOP

The special needs for the persons with disabilities are approached in the Human Capital Operational Program 2014-2020 by launching calls, within:

- **the Priority Axis 4** – Social Inclusion and fighting poverty, the Investment, **IP 9.iv, Specific Objective 4.15** – Reducing the number of elderly and persons with disabilities in residential homes, through community based social and medical services, including longterm services
- **the Priority Axis 3** – Jobs for all, **IP 8.i, Specific Objective 3.1** – Enhancing the number of employees and active persons, with an accent on the long term unemployed persons, elderly (aged 55 to 64), persons with disabilities, low level educated people

Throughout the launching of the specific guidelines and specific calls from HCOP 2014-2020, the Ministry of European Funds makes sure it addresses all the various types of minorities and vulnerable groups in Romania, by approving the financing from the ES Funds, of the projects from the competitive and non-competitive calls, that answer to the their special needs, by offering solutions, including the social innovation one, at a European standard of quality and professionalism.

# HCOP Specific Guidelines launching

Specific Guidelines:

## **1. “Deinstitutionalization of adults with disabilities – transition towards special services in the community”, PA 4, IP 9.iv, SO 4.15**

- A competitive call (for LESS developed regions and for MORE developed regions)
- The calls are open to public (due to the Corrigendum dating the 27th of March), until the 1st of July 2019
- Purpose of the calls: Supporting the projects that target the deinstitutionalization and prevention of adults with disabilities, through prevention of their re-institutionalization, day care centers financing and developing, and/or protected houses, including projects that ensures the complementarity with R.O.P. calls, with national disabilities programs, etc.

## Expected results:

- Reducing the number of adults with disabilities from the institutionalized system
- New services provided at the community level that ensure the transition from the institutionalized system to the community level services

## Financed activities:

- Providing supporting integrated services/activities in order to transit from institutionalized caring services to community level based, in complementarity with ROP or other programs
- Providing social services of the mobile teams type, home care, professional personal assistant, care and support service for adults with disabilities
- Providing social, legal and informational counselling services for adults with disabilities that leave the residential houses in order to reintegrate in society



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Instrumente Structurale  
2014-2020

## **Allocation:**

- 64.944.845,24 euros: - 57.922.476,14 euros for LESS
  - 7.022.369,10 euros for MORE
- The maximum allocation available for one project is 3.000.000 euros

## **Duration of the implementation**

- Maximum 36 months

## **Target group**

- A minimum of persons/project of 50
- Institutionalized adults with disabilities

## **Eligible applicants**

- Central and local public authorities with responsibilities in the area
- Social services providers







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Instrumente Structurale  
2014-2020

## **2. “Stimulating the mobility and jobs for the unemployed, subventions for the unemployed and inactive persons, and adults with disabilities”, PA 3, IP8.i, SO 3.1**

Non competitive call at a national level (LESS developed regions together with the MORE developed regions)

The call will be open for the eligible applicants this month.

### **Expected results:**

The enhancement of the number of jobs for the unemployed and inactive persons, with an accent on the long-term unemployed elderly (aged 55-64), adults with disabilities, low level educated people





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Instrumente Structurale  
2014-2020

## Financed activities:

- Active measures of employment in order to facilitate the insertion on the labour market of adults with disabilities
- Providing specialized services for stimulating the employment, according to the 76 from 2002 Law regarding the insurances for the unemployed system and stimulating the employment of the labour force, as follows:  
Professional counselling and information services, labour mediation services, organized according to the 76 from 2002 Law regarding the insurances for the unemployed system and stimulating the employment of the labour force, stimulating the employment of adults with disabilities by providing subventions to employers, giving support to employers in order for the adults with disabilities to access the labour market.







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2014-2020

## Financed activities:

- Supporting the adults with disabilities in order to enhance the chance for integration on the labour market, by providing subventions for purchasing equipment and access assistive technologies
- Informing the potential beneficiaries regarding the opportunities offered through the project, in order to ensure the identification of the target group
- Ex-ante evaluation of potential beneficiaries of the equipment and access assistive technologies, in order to evaluate the financing intervention within the project
- Contracting, providing, and reimbursement of the assistive equipment subventions
- The impact evaluation of the contribution of the assistive equipment subventions plan to the quality of the beneficiaries of these equipments - the ex-post evaluation





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Instrumente Structurale  
2014-2020

### **Allocation:**

- 23.529.411,76 euros

### **Duration of the implementation**

– Maximum 36 months

### **Target group**

- Unemployed and inactive persons - adults with disabilities

### **Eligible applicants**

- The Ministry of Labour and Social Justice through the National Authority for the Persons with disabilities in partnership with the National Agency for Labor Market





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Instrumente Structurale  
2014-2020

**THANK YOU FOR YOUR ATTENTION!**



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# Introduction of EU funding instruments for transition to community-based care and support

**Ms. Maria-Anna Paraskevas**

DG Employment, Social Affairs and Inclusion,  
European Commission



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## Key messages and reflections

- **Mr. Mihai Tomescu**, Counsellor of the Minister of Labour and Social Justice
- **Ms. Katarina Ivankovic-Knezevic**, Director Social Affairs, DG Employment, Social Affairs and Inclusion, European Commission



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