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TOGETHER
towards efficient and sustainable transition in social care

PROCESS OF DEINSTITUTIONALISATION

Analysis of the situation in Romania

Content

I. How is Deinstitutionalization conceptualized in the country

(how it is, how is DI understood, what is wrong with the current state of affairs, why changes are taking place, what they are aimed at - the purpose of DI). It is also possible to draw on descriptions and analyses that have already been prepared in the country by other actors/participants).

In Romania, DI is not generally understood. Institutionalization is perceived as a good solution for adults with disabilities, especially intellectual and psycho-social disability (65% of the ones in institutions). There is no sense of what is wrong with institutionalization, the authorities, when confronting with the human rights based approach on disability, politely explain that yes, they understand this, but what can we do, if Romania does not have alternative community based services? As if those community based services would have to be developed out of nowhere, by who knows who.

Based on FAS's experience in supporting persons with (intellectual and psychosocial disabilities) transitioning out of institutions, we summarize a very subjective analysis below. Institutionalization is in most cases decided by others:

- either public system employees for those raised in the protection system for children: orphanages, placement centres, foster families,
- either family members: parents or grandparents – tired and aged after a lifetime of caring for the disabled child who became an adult; or distant relatives, after the death of the person's close family, who see the institution as a way to solve a problem.
- either legal representatives (we still have in place the legal guardianship system, which is currently reformed).

4 out of 10 persons living in public Romanian residential centers for persons with disabilities are former institutionalized children.[1] They faced all their life segregation and social isolation, deprivation of interaction and communication, and lack of personal autonomy and privacy, with long-term effects on a person's physical, intellectual, and mental development. (Wold Bank, guide for DI process in Romania).

Once in institution, it is very rare (and usually NGOs driven) for a person to leave the institution (67% remain in institutions for life; 14% are moved form one institution to another). 14% move in the community. The others – die in institutions (1200 pers / year) (data from the Centre for Legal Resources).

II. Current situation

The person cannot choose other support services in the community, because, unfortunately, they do not exist. Initiatives like UnLoc in Timisoara or ProActSupport in Bucharest are rare. And these services are not developed, because the public money is used to maintain the institutional system (there is no political will nor understanding about DI) and the residents of those places are not informed about their right to ask for support in the community. Romania has ratified the UN Convention on the Rights of Persons with Disabilities in 2010 and continues to violate almost all its provisions.

Institutions are a fertile field for human rights abuses, exposure to violence and trauma, negligence, the inability to exercise even the most basic civil rights (including the right to vote. And even more, in some institutions, staff members vote on the behalf of the residents, using their IDs, without them being aware that this is happening – *not proved / documented statement! Based on verbal sharing from former residents*). People lose their meaning, they have no control over any aspect of their lives (what they eat, how they dress, how they spend their day).

1. National public funds (at least 250 million euro per year) are spent on the functioning of the segregated system, in a non-transparent way and without any impact assessment. When project team member monitored in October 2021 such an institution, it looked terribly wrong: there was nothing individualized, no access to work or other activities. Just an example of the waste of money and the jobs created there: 50 staff members for 47 residents. Of the 50 employees, 20

[1] World Bank 2022c, 44.

administrative staff. Of the 20 administrative staff: stokers (people who guard and maintain the heating system of the facility, while residents had access to bathing once a week, within a schedule per pavilions), 4 guards,2 laundresses (for two washing machines), 1 storekeeper. At the same time, for the 47 residents, therewas only one psychologist. And we pay there 1400 euro / resident / month.

2. European public money still used for investments in institutions and the restructuring of large onesin smaller centres, for "only" 50 people, but where the institutional culture and approach prevail. All this, despite specific guidance from the European Commission to stop such practices. The Legal Resources Centre, a human rights watch dog organization, made a strong analysis of the latest European programs funds available to our authorities - the link is here. It is outrageous that out of the38 million euros contracted by Romania, we proposed the deinstitutionalization of 608 people. And we managed to spend to date 4 million in 4 years and deinstitutionalize 0 (zero) persons… With the 34 million unspent, at least 3,100 people could be supported in the community through small, person-cantered services.

3. Romania has public institutions to defend the rights of people with disabilities, but they do exactly the opposite: keep the system closed and do not use their prerogatives for the benefit of people with disabilities. The Monitoring Council, a national entity under the control of the senate (the human rights commission), is politically hijacked. The County Directorates for social work could contract private social services providers or could develop, by themselves, small, person-centred service, but choose to spend the money from the state budget in institutions.

4. We have the so called "Disability tax" – related to the quota in employment (every employer with more than 50 staff has to employ 4% persons with disabilities, if not, they pay a tax). The amount collected per annum: 450 million Euro. We do not have visibility on how this money is spent. If mightbe even used to support institutions! While, in other countries, is used to invest in community based services, accessibility, etc.

And all these issues are still unknown to the public - very, very few people outside the system care about those within institutions. They do not (anymore) have family members, they do not have friends, they themselves do not know their rights and, therefore, they cannot claim them. They need allies!

We must carefully investigate and document the use of public money, we must communicate massively and wisely on the subject, we must implement, starting from the vision of the UN convention, a human rights-based approach and develop community social services.

If these data are available in the country, a description of how many people live in institutional services, in what conditions, what adverse situation in particular and how it is addressed, the structure of support provision for people - the support network (not only social services, also informal support - relatives, community...).

In 2022, Romania had a population of 875,594 persons with disabilities (3.99% of the generalpopulation of the country): 53.42% women; 18-64 years old: 46.94%; over 65 years old: 44.46%; profound disabilities: 42.21%; severe disabilities: 46.67%; light disabilities: 11.12%.

Out of the total of the persons with disabilities, 16,418 (1.88%) are institutionalized in 496 residential centres (263 centres – 20-50 people – 6068 persons in total; 59 centres – more than 50 residents each,9106 persons in total; 13 centres – up to 20 persons, 157 protected houses – up to 10 persons each, 1079 persons in total). Out of them, approx. 4000 are deprived of legal capacity.

There are also 59 day services (at home support, day care, mobile teams, respite centres, crisis centres,decision making support, professional personal assistance). (National Authority for Persons with Disabilities, data as of Dec 21, 2022).

The residential system is overcrowded, with large institutions, uneven national distribution (from 3 in one county, to 35 in other), with some counties having a larger concentration of centers. The numberof persons admitted each year is higher than the number of residents who leave the system to returnto the community. Most institutionalized persons have intellectual or mental disabilities, are poor, have a low level of education, and lack family support and social networks. The resident population consists of young people from public care, the elderly in the community, as well as some middle-agedresidents. (World Bank analysis).

A recent assessment of Romanian residential centers for adults with disabilities[2] highlighted multiple situations where institutional practices violate human rights: limited autonomy and control over day-to-day decisions (schedule, food, clothing, leaving the center) and the lack of accessible buildings and communication, poor access to means of communication (phone, computer), limited access to medical services, combined with a high number of chronic diseases and deaths, the lack of access to other mainstream services (employment, education), as well as the lack of social networks and contacts with the community. Institutions are generally places where residents' everyday life is closely surveilled, and institutional care can encourage conformism and uniformity, including staff who use punishment to induce residents' compliance, sometimes without their consent (e.g., containment, isolation, or psychotropic medication). (World Bank analysis).

There if no support network, only a handful of NGOs, one self-advocacy organization and one human right watch dog organization. People are locked in, without access to information and support with regards to community living.

A. Who is involved in providing support to people and their responsibilities -the system, management and funding of support to people.

Public funding is used to maintain the current institutional system. The funds come from county level(out of VAT), while the methodological guidance comes from national level (the National Authority forthe Protection of the Rights of Disabled Persons). Some institutions have their own legal entity, while others – no, they function as units within the county directorates for social work and child protection.

Funds are allocated per social service provider, not per the needs of a person. There are minimum costs established for each type of social service, the institutional ones being the most expensive (from 17.000 euros / year / person in a big centre to 8.100 euros / year / person in a minimum protected house).It seems like the state financially "rewards" institutionalization. If a person decides to leave aninstitution, (s)he is left without any support, unless there is an NGO covering for the gap (unstable funding, project based).

It is possible for the public authorities to contact private service providers, usually at the minimum cost. This is a random practice, there is no long/medium term planning, providers do not know what and when to expect, so they can create new services and license them: public money can be allocatedonly to **accredited** social service providers – Ministry of Labor, who implement **licensed** social services by the National Authority for Persons with Disabilities (if the services are provided in small apartments / studios, each living unit must go through the licensing process as a separate social service).

[2] *Complex Diagnosis Report on the Situation of Public Social Care Residential Centers for Adult Persons withDisabilities* (World Bank).

Recently (Jan 23), Romania adopted its first law for prevention of institutionalization and acceleration of DI. There are some governance mechanisms put in place (for the moment, only on paper, as the process did not actually start):

- A National Coordinating Committee (NCC): coordinates the DI process (working groups); provides support at county levels; assesses and monitors the progress of DI; organizes debates / public meetings. It is lead by the National Authority and comprises representativesof:
    - CRPD focal points (Ministry of Education, Justice, Health, Communication and IT, EUFunds)
    - Other institutions, like:
        - Ministry of Labor and Social Affairs; of Family, Youth and EqualOpportunities; of Finance.
        - National Authority for Payments and Social Inspection (they license, on theground, social services, and distribute financial benefits to persons with disabilities)
        - National Agency for Employment
        - Monitoring Council for the CRPD implementation
    - Self-advocates / representatives of DPOs
    - Other actors involved in community inclusion
- County Coordinating Committees (CCCs) for DI and inclusion in the community: responsible for DI process at local level (implementation of DI plans at the levels of the centers) and for mobilizing resources. They are coordinated by the County Directorates for Social Affairs andChild Protection and include representatives of:
    - County Council (owns budgets)
    - Prefecture
    - Civil society organizations and private service providers
    - Self-advocates
    - Town halls / local councils
    - Social work directorates (under municipality)
    - County Authority for Payments and Social Inspection
    - Representatives of all general interest services: culture, sports, public health,education, employment…
    - Other actors (like lawyers / judges – legal guardianship transition; community basedpsychiatric services; banks; etc) with impact in community inclusion and participation.
- Independent civil society Advisory Group (AG) – national level: it evaluates the DI plans foreach center; it monitors the DI progress; it participates in awareness raising activities, debates…
    - Self-advocates
    - DPO representatives
    - Human rights watch dog organizations

Each center will have a DI plan, created by a DI management team appointed for each center, that works closely with the residents, the staff and assesses the resources of the center. The DI plan sums up the findings from the individual plans of every single resident in that respective center. The plan is to use a person centered planning methodology (MAPS or LIFE).

B. Specific in-country experience and practice with the change process, DI.

A so-called restructuring or reorganization process of residential centers of more than 50 residents started in 2018. We cannot consider this DI, as it meant moving people in blocks into smaller scale (but still of 50 places!) institutions – without them choosing if and where and with whom to move. Basically, Romania started the process of downsizing its huge institutions, a step that could have been cut, based on the experience of other countries. In some cases, new institutions were built (some, even in the same courtyard as the current big institution); in other cases, big institutions were "artificially" divided into 2 ore 3 smaller institutions, so they comply with the on-paper requirements of having less than 50 residents (ie: divide the building into pavilions; declare 1st floor as one residential center, the 2nd floor – another one).

What has been successful throughout the change process
Nothing much, except the DI that happened through public-private contracting with NGOs (private residential services providers), that benefitted less than 200 persons in the last decade…

The mindset is public residential centre centred, not person centred. And the decision makers – at national and county levels – do not endorse the CRPD human rights-based vision. If the one that would have to be the champions of the process do not get it and do not really want to implement it, we cannot talk about successful change processes.

We have now in place promising strategic documents:

- National Strategy to prevent institutionalization and speed up deinstitutionalization, 2023–30
- "Equitable Romania" National Strategy on the Rights of Persons with Disabilities 2022–27
- Diagnosis of the Situation of Persons with Disabilities in Romania (World Bank 2021)
- Complex Diagnosis Report on the Situation of Public Social Care Residential Centers for Adult Persons with Disabilities (World Bank 2021, 2022)

2023-2030 is the time frame to implement these documents. The strategy has six main lines of action:

I. DI process coordination
1. committees and coordination commissions (regional and local authorities, NGOs)
2. monitoring and evaluating progress on DI

II. Person Centered Planning (PCP)
1. framework assurance so that PCP can function (new quality standards for the case management service, monitoring of PCP application, training of case managers in PCP, training of disabled people as self-representatives).
2. Monitoring the way PCP is applied for those in institutions.
3. Prevention of institutionalization, with case managers from municipalities, or contracted, and service plans.

III. Providing services in the community
1. Inclusive housing (people will receive a transition benefit for the period of transition from the institution to the community and a housing benefit - for rent, utilities, repairs...)
2. Support services (focus on personal assistance, decision support and assistance, occupational counseling and mediation, household support, home care, mobile teams). There will be changes in quality standards for personal assistance, mobile teams, respite and crisis centers, assistance and support services, day centers, protected housing.
3. ensuring the quality of services (personal training, monitoring of respect for people's rights).

IV. Staff training
1. initial and ongoing training; mechanisms of professional supervision, evaluation.
2. increasing the attractiveness of the sector: events, trainings, opportunities + adequate funding.

V. Support for families

1. Information and advice, regulation of the status of informal carers.

VI. Society awareness

1. Of the general public, public debates, national communication plan, financing of NGO projects.

C. What is not working

where are the biggest barriers in the change process, in which area (e.g. strategy - understanding the purpose of change; managing change, attitudes of service leadership; identifying people's needs and preparing people for change, guiding them through change; working with staff; funding for change, public insights and attitudes...anything whereyou see a barrier).

Strategic:

- Lack of vision. Values not aligned with CRPD. Still a medical approach of disability.
- Missing the objective of the change.
- Assuming the persons with (severe / profound) disabilities would be better of in institutionalsettings.
- Lack of a strong, charismatic, genuine leader / team of leaders. We miss the "engine" of theDI process.
- Policy documents without funding sources to implement the changes.
- No coordination among different authorities.
- Needs to revise some legislation (funding of services, access to housing, etc).
- Poorly allocation of public funds: spent in institutions instead of being invested in communitybased services.

Operational:

- Inability to manage a change that is not desired.
- Project / short term based funding for private service providers
- Lack of properly trained staff
- Oppositional attitudes towards DI (from current institution staff, from family members / legalrepresentatives)
- Lack of community based services – no interest in developing them (vicious circle: people frominstitutions do not ask for such services; but they do not ask because they do not know they would have the right to do it, not because they are happy in institutions).
- Lack of understanding DI ("the centre will close, people will end up on the streets")

Persons with disabilities:

- Lack of access to information and support for DI
- No community based services. No social / affordable housing.
- No support groups / enough self-advocacy know how and organisations.
- Poverty and loneliness / no circle of support.
- Inaccessible mainstream services.
- Discrimination and stigma.

III. What tools are available in the country

how they are used, how functional they are (e.g.from the country's legislation supporting DI, other support strategies to other methodological tools). A preview of the results of their use (what works, what doesn't, what needs to be different).

Tools are currently developed. The plan is to use a person-centred planning process and to start empowering the residents. We expect it to be a slow process – residents do not have the habits of making any choice, of deciding and the staff from institutions does not believe in the potential of the residents.
Currently, the instruments are piloted in five centres throughout the country. Fist conclusions are expected by mid-April. Two FAS psychologists are involved in the pilot phase.

As of January 2023, Romania adopted a national law about the acceleration of the DI process and the prevention of the institutionalization, but it lakes the methodological guidance and the sources of funding for the planned reform. For the moment, all local authorities wait for further guidance and the messages spread are full of misinformation: institution staff will become jobless and residents will be left without any support. The World Bank produced a structured and applicable DI Guide, a tool targeting county officials and the managers of the centers involved in DI.

Identification of what partners would need - description of needs from the perspective ofpeople with disabilities, from the perspectives of organisations, service providers

Which can then be targeted and addressed in the development of the Guide and training programme.

People with disabilities in institutions:

i. Access to information about their right to live in the community; coordinated visits in the community, to understand what it entails (many people never rode a tram nor shop for themselves, for instance). Tailored made transition processes. Preparation for community living.
ii. Access to support in making formal DI requests
iii. Access to justice (to make complaints, to get rid of the legal guardianship – often, the guardianis a staff member of the centre or the mayor of the town / village where the centre is located,as many people do not have relatives)
iv. Access to self-advocacy / support groups
v. Access to community based / inclusive housing and support services.
vi. Financial benefits / aids for housing and accessing support services.

People currently living in the community, but at-risk of being institutionalised:

vii. Access to community based services
viii. Access to self-advocacy / support groups
ix. Access to **accessible** mainstream services

Social service providers:

x. Funding as per the real cost of service
xi. Development of a variety of service providers, that would complement (and even compete)with each other.
xii. Staff training
xiii. Monitoring & evaluation of the quality of services and of the quality of life of their clients.
xiv. Transition process management.

Guardianship authority, the Courts:

xv. Technical assistance in transitioning from full guardianship to the new legal safeguardingmechanisms.

Mainstream services:

xvi. Accessibility (physical, informational)
xvii. Staff training.

Local / county authorities:

xviii. Staff training and staff moving from institutions to community services: who? How? Why?
xix. Community based resources identification and mechanisms to allocate them to communityservices.
xx. Risks assessment (lack of political will; misunderstanding of DI; lack of coordination, etc) andmitigation strategies.
xxi. Funds allocation mechanisms.
xxii. Staffing needs assessment.
xxiii. Types of services needed and quality controls (new licensing processes).

Local community:

xxiv. Information and awareness
xxv. Opportunities to interact, participate, get to know each other.

IV. What is the experience of active participation in change by people using the service, their relatives?

So far, minimal. Only few individual exceptions, people supported by NGOs. The staff from the county authorities decides for the life of the residents, often they have the role of a legal guardian, putting them in a position of conflict of interest.

The relatives, when they exist, are often disconnected from the residents, estranged. Most of the people in institutions are still the orphans of the 80s and 90s, without strong connections with people outside institutions. They lack allies, supporting them and fighting for them to live decently, outside the institutions.

The output should also identify whether people who have been through the change - the carriers of the experience - are available/ready for involvement, transfer of experience to others in the country. From amongst former users of the inpatient service, from providers - management and staff, the person's surroundings - people close to the public, regional politicians supporting change etc.

Approx. 20 persons – former residents of institutions, experts by experience – willing and available and ready to get involved: share their story, talk about their experiences and difficulties in the transition from institution to community, the support needs

Management and staff from service providers: at least 20 persons. Volunteers / mentors / employers / people from the community: at least 20. Regional politicians supporting change: 5.

V. Case studies

The few good practice examples in Romania on DI come from the nonprofit sector even if there is a wide range of social service providers for persons with disabilities:

i. Public (usually, institutions – segregated residential centers, under restructuring,

aiming at diminishing their capacity at ~only~ 50 residents).

ii. Private, for profit companies – usually, elderly people who also develop a disabilities. The costs are covered mainly by the residents' family members.

iii. Private, nonprofit organizations – some active in the DI efforts, other – in the prevention of institutionalization. Their costs can be covered partly from public sources (social services contracting with county authorities, based on public acquisition law – a very bureaucratic procedure, covering for aprox. 60% of the running costs, or subsidies, from municipalities – covering an even smaller percentage of the running costs), partly form traditional fund raising efforts (donations, sponsorships, redirection of a percent of the taxes, project proposals writing) and partly from the financial contribution of the clients of those services, when they have their own income.

In Romania the Government approved the so-called nomenclator for social services for adults with disabilities, stating clearly what type of services can be legally be provided. Each service has a minimum set of quality standards (none of them respecting the CRPD) and a minimum level of costs, that is supposed to guarantee the quality insurance, as per the table below:

Type of service	Minimum cost (RON/person/year)
Center for care and assistance (up to 50 persons)	80.332
Center for habilitation and rehabilitation (up to 50 persons)	83.853
Center for independent living (between 20 and 50 persons)	81.167
Maximum protected sheltered housing (between 2 and to persons)	72.897
Minimum protected sheltered housing (between 2 and to persons)	40.239
Day care center	32.029-41.136
Neuro-motoric recovery services	19.284
Respite / crisis center	72.075
Mobile team	43.349
Home care services	17.430
Supported decision making services	32.029

In order to provide social services in Romania, the provider must be accredited as such by the Ministry of Labor and Social Affairs and ensure the license for each provided service – for each apartment where people live, for instance.

THE ASSOCIATION PROACT SUPORT

Pro ACT Suport is a Romanian non-governmental organization that promotes the rights and genuine social inclusion of people with intellectual disabilities, developing a model of community housing and related accredited services, so as to meet their natural needs to be and live decently, in the community.

Pro ACT Support values: trust, respect for the human being, faith in self-determination, social harmony, social justice, empathy, responsibility towards future generations.

It targets:

- People with intellectual disabilities and mental health problems, who have been institutionalized most of their lives, in large residential centers in the public social protection system.

- The General Directions of Social Assistance and Child Protection through concluded partnerships, in which Pro ACT Suport is a provider of social services.
- Public authorities through consultancy and training services.

ProACT's main activities are:

❖ **Provision of social inclusion services**

Social inclusion services promote the deinstitutionalization of adults with disabilities who have lived most of their lives in the institution, while integrating into community housing and the individualized approach to recover and develop existing potential. Thus, the philosophy underlying the Pro ACT Support intervention is one based on the principle of normalization and the right of every person to live in the community (Article 19, UN Convention on the Rights of Persons with Disabilities), together with other members of the community. Pro ACT Suport's efforts are not only focused on deinstitutionalizing people with disabilities and offering community-type alternatives, but aim at genuine inclusion, from community exploration and integration, recovery activities, to actions aimed at highlighting people with disabilities. It thus contributes to the radical change in the perception of people with disabilities, who are placed in normal situations and roles that value them: resident in a home and community, employee and therefore contributor to social security systems, neighbor, friend, buyer etc.

❖ **Social economy projects**

The projects developed so far aim to provide healthy food to all clients of the services, their involvement in specific activities as an intermediate occupation, which prepares them for life in the community and financially, the sustainability of quality services that Pro ACT Support provides.

❖ **Integration of people with disabilities in the field of work**

Pro ACT Suport understood from the beginning how important it is for a person to feel that (s)he can contribute to her/his own well-being and why not, to the society. Therefore, Pro ACT Support believes that all the clients have potential that needs to be developed and shown to the world, so it has developed a mechanism for initially assessing each client's skills, training them and finding the right job. The efforts invested are constant, in order to be able to offer more opportunities to the clients, so that they can be hired.

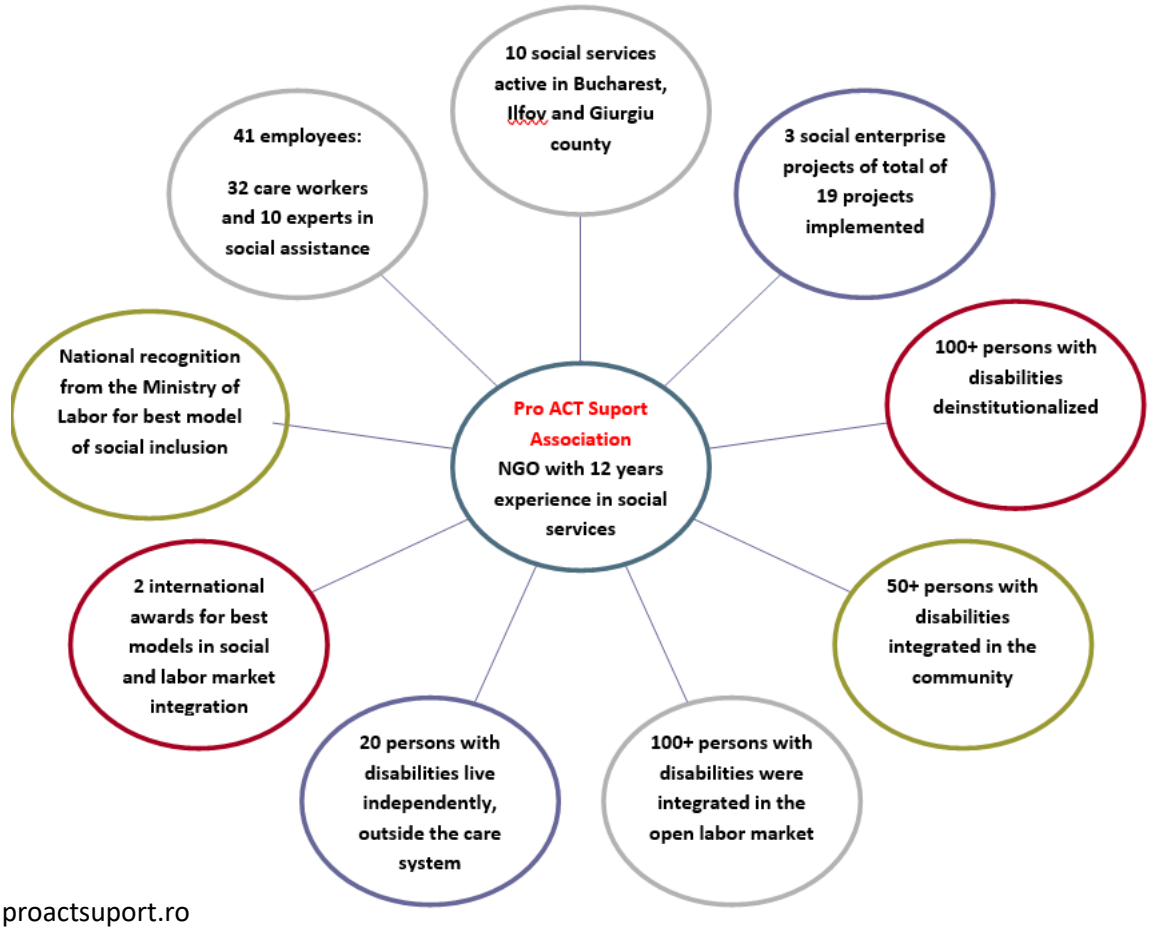
❖ **Consulting and training services**

Pro ACT Support offers courses to public administration institutions, NGOs and other interested parties. Pro ACT Suport's expertise covers: case management for adults with disabilities (course that obtained the accreditation of the National College of Social Workers), the process of deinstitutionalization of people with disabilities, evaluation of community resources, development of social service design, mixing clients, integration the transition period and accommodation in the methodology of deinstitutionalization, assisted employment and vocational counseling of people with disabilities.

Unique factors in ProACT work:

- Successful experimentation with the development of social inclusion services in long-term leased locations (apartments), thus avoiding investment in infrastructure and directing funds to and for PEOPLE.
- The belief that nothing is done for the client without his consent and participation.

- Adapted work tools with individualized approach to each client.
- The process of "matching" the client with the future place where the house / apartment colleagues will stay, with the support person, according to the profile of each one.
- The importance given to the formation and development of relationships and support circles for each client.
- Giving the client a period of transition to new life.
- Clients are allowed to make mistakes, in order to give them the opportunity to learn from experiences, within controllable limits (experiential learning).
- The flexibility of the activities and actions of the Pro ACT Suport team, adapted to the level of each client of evolution towards deinstitutionalization and independent living. Pro ACT's flexibility and adaptability to the needs and level of each customer make it possible to move customers between locations and change the support team, with a frequency that is sometimes seemingly amazing, but beneficial, following the supreme interest of those involved and streamlining activities.
- Continuous training of the Pro ACT Support team.
- The existence of a professional supervision system with the role of support and mental hygiene for the basic staff, which interacts with clients, people with intellectual disabilities.



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FUNDATIA DE ABILITARE SPERANTA (FAS), UNLOC

FAS's mission is to support the inclusion of children and adults with disabilities in the community.

To make it happen, it provides early intervention therapies for children and counselling and support to their parents, while advocating for mainstream schooling practices and teaching about inclusive education. For adults, it provides alternatives to segregated, institutionalized residential care (unfortunately, still a widespread practice in Romania), through UnLoc:

iv. community housing and
v. community based individual services, including:
    i. counselling,
    ii. education and
    iii. job inclusion.

It also gets involved in national policy making work and aims at scaling up its local model, while communicating about everybody's right to live, with the appropriate support, in community, irrespective of disability.

It is an accredited provider of social services (by the Ministry of Labour), with four licensed social services: three apartments (two sheltered, one for independent living) and a mobile team, and two employment services (information/counseling and mediation on the internal labor market).

It collaborates with European, national and local public and private partners, being a constant presence in the life of the community.

The main rationale for the existence of UnLoc program is to contribute to improving the quality of life for adults with disabilities and to help them transition out of / not to enter in institutions. As one self-advocates says, the difference between institution and community is clear:

Institutionalized life	Community life
Being called: handicapped, mentally feeble, stupid, orphan. Very cold during winters. 5 - 30 residents/room. No privacy. Dirty bed and mattresses. Filthy bathroom. 250 people dining in the same room. The clean clothes were stolen. Forbidden to go out in the city. Being sedated as a punishment. Abuses. Violence.	Being called: Veta, Eli, Elișca, my love. My own house. Heat and cleanliness. Big, comfy bed. Clean bathroom. Hot water. Good job and financial empowerment. Having lunch with whomever I want. Trustworthy neighbors. Not being stolen from. Netflix movies. Visits from friends. Clear mind. Calm. Respect.

The main activities of UnLoc are the following:

Decent housing 16 adults with intellectual and psycho-social disabilities :

- Four mainstream apartments (rented by the foundation)

- Three affordable modular houses.

Support services 40 adults with different disabilities, at risk of being (re)institutionalized:

- Psychological, social and vocational counseling;
- access to mainstream health services (mental, physical, emotional);
- training and education;
- accompaniment;
- mentorship;
- advocacy and self-advocacy;
- supported decision making.

Social entrepreneurship: 4 adults with disabilities employed:

- OilRight, certified work integration social enterprise, used cooking oil collector.

Labor market information and mediation 200+ services provided to:

- Persons with disabilities; companies/ employers; vocational counselors.

Communication and awareness raising 20.000+ persons:

- Campaigns, educational and training events, shared information.
- Public policies and advocacy recommendations.

Key team members:

- Social workers (6 staff members, 8-2h/day)
- Psychologists (3 staff, 4 h / day)
- Social assistants(2 staff, 4 – 8 h/day,)
- Vocational counsellor (1 staff, 8h/day)
- Physiotherapist (1 staff, 4 h /day)
- Service coordinators (2 staff, 8 h/ day)
- Administrator / communication assistant (1 staff, 8 h/zi)

Key partnerships:

- Government and Ministry of Social Affairs and Labor
- EU: legislation, funding, monitoring of DI process
- Local authorities: partnerships, social services contracting
- Business community: jobs for persons with disabilities, sponsorships
- Mass media: awareness
- Other NGOs / service providers: partnerships, independent monitoring of human rights
- Individuals: volunteers, mentors, donors.

Key challenges:

- Legislative contradictions: UN convention (person centered approach) vs national quality standards for social services (service provider and administrative / bureaucratic requirements approach) .
- Lack of services in the community.
- Insufficient financial resources for the community based services – with the standards of costs approach, Romania rewards institutionalization (cost covered by the state in a huge center: 83,853 lei / person/year; costs covered by the state in a small community based apartment: 40,239 lei / person / year. Romania spends at least 20 million Euros / month in residential, abusive, centers
- Restructuring / reorganization of big centers: it costs the country time and money (including EU – 34 million Euro) and it leads to lost lives. It is recognized as an intermediate solutions for DI, but we still implement it. Romania lacks a "locomotive" of the DI process and the courage to pilot something new, to innovate, to take risks, to learn from more advanced countries.
- Inaccessibility of mainstream services.

- Staff training. Old university curriculum.
- Residents' lack of information, fear of change / insecurity.
- Lack of allies and supporters of DI – only a handful of people and NGOs are actively involved in the field.

More information: www.unloc.eu, www.fundatia-speranta.ro ,
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ALSTERDORF ASSOCIATION

The "Help for Romania" project of the Alsterdorf Foundation from Hamburg is present in Romania in Bihor county, and has been carrying out activities since 1990. It all started immediately after the fall of the Ceaușescu regime, through the activity in children's homes. In the first years, the organisation focused on renovating and sanitizing the dormitories and hospitals in Bihor county and on the specialized guidance of the staff in these institutions.

Starting from the mid-90s, new structures for the care of people with disabilities and mental illnesses were implemented, step by step, structures oriented according to Western European models. Thus, a day care center was created for people with mental health problems who still lived at home, in the family, and thus prevented their hospitalization in a psychiatric home or hospital. For those who, in the meantime, became adults and who still lived in the children's homes, it established, together with the local authorities of the time, three family-type houses for 34 young people and five apartments - sheltered housing - for another 27 young people , in order to prepare them for an independent life.

In the field of employment of people with intellectual and mental disabilities, in Oradea, it established an information, counseling, mediation and workplace assistance center for people with disabilities, with private funding form Germany, placing more than 500 people with disabilities in regular jobs. Many of these still benefit from workplace support services today.

Regarding the improvement of living conditions and the modernization of home assistance services, the association was guided by the "community care" concept, and started, in 2005, together with the social authorities of Bihor, to integrate persons with disabilities, who until recently they lived in residential institutions. Today, 43 adults with intellectual and mental disabilities live here: apartments in Oradea with 4,5 or 6 persons and two houses with 10 persons each.

Also, the services offered to people with disabilities have diversified, taking into account their needs: organization and leisure services, socio-pedagogical assistance services at home - for those who have left institutions, occupational activities workshops, support for people with disabilities in order to access a job, support services for professional or continuing training.

Preparing young people with intellectual and mental disabilities to lead an independent life is the major objective of its activity, and thus it runs an education and training project for people with disabilities to be able to take the step towards an individual form of living, outside of institutions.

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and donot necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.