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**Written Submission**

**to the UN Committee on the Rights of Persons with Disabilities**

**on the Draft Guidelines on Deinstitutionalization,**

**including in emergencies**

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On 25 June 2022 Keystone Moldova organized a workshop on the consultation of the draft guidelines on deinstitutionalization, including in emergency cases. These guidelines will complement the General comment of the Committee on the Rights of Persons with Disabilities No 5 (2017) on Article 19 on the right to live independently and be included in the community and their Article 14 Guidelines on the right to freedom and the safety of persons with disabilities disability. They will provide guidance to parties to the Convention, civil society organizations and other stakeholders to support their efforts to implement the rights of persons with disabilities to be included in society.

The workshop was held with a physical presence in Chisinau. The activity was attended by **10 self-advocates** from different regions of the country (Cantemir, Orhei, Lăpușna, Falesti), in the same context we can mention that some of the young people are former residents of residential institutions and who have gone through the process of deinstitutionalization, which recommends them as the most to consult the Guidelines.

A consultant with expertise in the field was contracted to facilitate the workshop. He elaborated subsequently a report including the recommendations identified in the workshop. The report has been translated into English and then it will be sent to the Committee on the Rights of Persons with Disabilities.

In the process of consulting the Draft Guidelines on Deinstitutionalization, including in emergency cases, with members of the self-representative group of Moldova composed of young people with disabilities, the following recommendations were issued:

1. In times of crisis such as the COVID 19 pandemic and the current war in neighboring Ukraine, the state must not stop the process of deinstitutionalization. Resources must be identified for the development of social services for people with disabilities currently living in residential institutions. Under the pretext of preventive measures and emergencies, people in residential institutions report that they are being isolated, not allowed to leave the institutions and enter the community, they face a lack of alternative activities. The quality of services provided in residential institutions during the pandemic period has decreased, while the number of conflict situations between beneficiaries and employees has increased.

2. The state should identify resources for the development of community services for people with disabilities rather than invest money in the development of residential services. Investing financial resources in residential institutions stops the deinstitutionalization process.

3. It is necessary to deinstitutionalize all persons with disabilities currently living in residential institutions and to transfer them to Community services. In the buildings of residential institutions, it is recommended to create day centers for people with disabilities, Respiro services.

4. To implement a moratorium on the admission of persons with disabilities in residential institutions, so as to decrease the number of institutionalized persons.

5. To review the National Deinstitutionalization Program through which community social services for people with disabilities are developed and administered by residential institutions, in order to avoid the creation of smaller residential institutions. Likewise, the specialists employed within the community social services should not be the same ones that used to work in residential institutions, as the practice shows that in most cases, former residential institutions employees work and communicate with the people according to the pattern prevalent in residential institutions. This approach considerably decreases the quality of the service and has a negative impact on the inclusion of the person in the community.

6. To increase investment in deinstitutionalization and community services by ensuring equal access to public funds for private and public service providers.

7. There is a need for training programs for specialists who will work with people in community services centered on enhancing the social role of people with disabilities and respecting their rights.

8. Informing the population about the rights of persons with disabilities should be a prerogative of the state. It is equally important to prepare the community where community services will be developed, so as to ensure the respect of people's rights in the community and to foster their inclusion in the community.

9. More training programs for people in residential institutions preparing them for community living should be developed. Some people are unable to adapt to the community and return to the institutions because they have not been sufficiently prepared to live in the community.

10. Persons with disabilities should be involved in the elaboration of their own deinstitutionalization plans, so as to have the possibility to choose who they live with, to participate in the choice of their accommodation, in the purchase of furniture, technical equipment.

11. Deinstitutionalization also means creating accessibility conditions for people with locomotor disabilities or those with reduced mobility. Both state and private institutions must be accessible, making it easy for the person to benefit from the services they provide. It is also necessary for people to be given information in a language and format that is easy for them to understand, depending on the person's needs.

12. Providing support services to deinstitutionalized persons in finding jobs, self-employment through vocational guidance programs, vocational training. At the moment, people with disabilities in residential institutions are not offered diplomas (even if some of them have graduated primary or secondary school) and as a result of this lack of certification, deinstitutionalized people cannot benefit from vocational training programs offered by the National Employment Agency.

13. Deinstitutionalized persons should have access to education, if the person wishes to pursue certain studies, which he has been deprived of in residential institutions (to obtain a diploma of studies at a certain school cycle). The access to education of this group of people should be regulated by law.

14. The right of deinstitutionalized persons with disabilities to monetary benefits (disability allowance) must be enforced. People without financial resources find it difficult to live independently in communities and start a family. Without financial resources, people cannot learn how to manage money and to make efficient use of food and energy.

15. Persons with disabilities in Community services should have the same rights to access balneotherapeutic services as persons with disabilities living independently. At the moment, people from community services cannot benefit from rehabilitation services at balneotherapeutic institutions subordinated to the state.

16. It is recommended to develop community support services for deinstitutionalized persons (psychological assistance, legal assistance, social assistance) that would contribute to their inclusion in the community.

17. Deinstitutionalized persons must be able to access medical services in the community and not be cared for (attended) by the doctors of the institutions (at the moment this is the case in social services developed by residential institutions). The limited access of deinstitutionalized persons living the social services "Sheltered Housing" and "Community Home" to the community mental health centers and the insufficient collaboration between the social and health sectors at community level constitute reasons for reliance of people with disabilities on medical staff of residential institutions.

18. Deinstitutionalized persons must have identity documents and passport (in case the person wants to travel), as well as a document certifying his degree of disability. Once the person has the certification of its degree of disability, he is medically insured and can benefit from social allowances and certain services offered to people with disabilities.

19. For children with disabilities who are placed in residential institutions, the state must first and foremost develop family-type services in which they can be placed. The state must also develop motivational programs for families who want to adopt children from residential institutions. No child should live in an institution, because the staff of the institution does not take care of institutionalized children and in most cases, the latter experience abuse and are subjected to inhuman treatment.

20. Older people with disabilities should not be placed in residential services. It is necessary to develop community-level services for older persons, so that they can stay in the community and receive quality care services, psychological assistance, social assistance at home. It is necessary to develop mobile team services, at home social care services and day centers for older persons.

21. In order to encourage the independent living of persons with disabilities, the state must elaborate programs regarding the provision of social housing to said persons or preferential loans for the purchase of housing.

22. Persons with disabilities who have lived in residential services and have been subjected to inhumane treatment should benefit from monetary compensation from the state. This practice would diminish the discriminatory and abusive attitude of employees of residential institutions towards people with disabilities who currently live in residential institutions.

23. Women and girls with disabilities should be protected by law, as they are particularly susceptible to be abused. Oftentimes, girls and women with disabilities that have been subjected to abuse (especially those having an intellectual or psychosocial disability) are not taken seriously by responsible institutions such as the police and the prosecutor's office. As a result, due to the person’s lack of trust in the given institutions, she does not report the problem. Information programs on prevention of abuse against women and girls with disabilities must be elaborated with the involvement of all responsible actors (social services, police and prosecutor’s office).

24. The state must be the guarantor of the respect of the rights of persons with disabilities in the country through the laws it adopts and through programs that make the laws functional and applicable. At the same time, mechanisms for sanctioning those who do not comply with the legal framework should be enforced.

**NOTE: The views presented in this submission are of the authors and do not necessarily reflect the opinions of the organisations that made it possible for the authors to participate in the consultation process.**