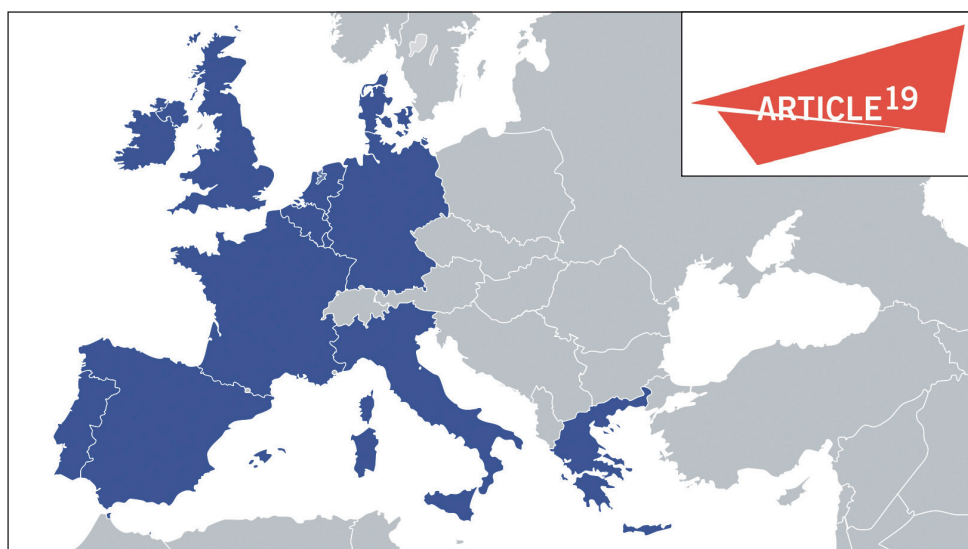


Article 19 - A European Perspective

In the EU large numbers of people with disabilities continue to be placed in long-stay residential care and this is often for life (ENIL-ECCL, 2014). In addition, many disabled people who live with their families “are also excluded from society because of the lack of the necessary support to enable them to participate in the community” (ECCL, 2009).



Forced institutionalisation is a particular issue in Central and Eastern Europe (CEE). Despite the widespread view that the institutionalisation of disabled people can be a serious human rights violation, as well as being an unacceptable form of ‘care’ in the modern age, the “*inappropriate and unjustified institutionalisation of people with disabilities remains prevalent across CEE*” (Mansell J, Knapp M, Beadle-Brown J and Beecham, J, 2007). The Open Society Mental Health Initiative (2012) argues that a primary reason for this is the “*severe lack of support in local communities that would enable them to live in their own homes*”.

Other reports highlight “*the appalling living conditions in some institutions and widespread human rights abuses such as the use of physical restraints, sexual and physical abuse by the staff and other residents, inadequate food, heating and clothing*” (ECCL, 2009).

Common factors marking institutional care by the United Nations High Commission for Human Rights (UNHCHR) are the removal of personal possessions, rigid routines that ignore personal preferences or needs, and with residents having little or no contact with people outside the institution.

HOW DIFFERENT COUNTRIES COMPARE

Institutional care varies significantly in terms of scale and cost between European countries. ENIL (2014) noted the following average costs in institutional/residential care in the 8 countries of the study.

In Belgium the average cost of institutional/residential care is 60,000 EUR. In Bulgaria: 3,500 EUR. In the UK: 31,200 EUR. In France: 91,000 EUR. In Iceland: 50,000 EUR. In Italy: 48,000 EUR. In Slovenia: 16,000. In Sweden: 66,000 EUR. In all 8 countries in

the study, funding is normally tied to the institution rather than the person. People with extensive support needs do not generally leave the institutional/residential care setting. In most countries, persons with disabilities can (in theory) choose between residential care and personal assistance. However, in reality there are many barriers to this. In countries where personal assistance is legislated for, such as Sweden and England, authorities have reduced the funding for personal budgets and, as a result, the eligibility criteria have been restricted (ENIL, 2014).

In Mansell et al’s report (2007), a comparison was undertaken between Italy, England and Germany. The most striking characteristic of the process of service development in the three

CONCLUSION

Despite the fact that, according to the EASPD (2015) “*inclusive societies, in which persons with disabilities fully participate and contribute to the economic, social, political and cultural life, are more cost-effective in the long term*”, the general conclusion is that significantly more needs to be done to make Article 19 a reality. This is the case not just in the UK, but across Europe.

According to ENIL (2014) “*independent living is a relatively new concept in many countries (where it exists at all), there are as yet no cost-effectiveness analyses of Independent Living supports over long-term*”. It is also difficult

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countries was “*the importance of coordination of different agencies involved in the transition process. The number of agencies involved, their geographical spread and the involvement of different tiers of government all make good coordination essential*”

“*The difference in pace between Germany on the one hand and England and Italy on the other seems to have been influenced by the depth of dissatisfaction among decision-makers with institutions. In both Italy and England, the vision of alternatives and the revelation of very poor conditions in institutions was clearly influential in the transition process*”.

to quantify all the benefits of Independent Living. In Europe, public investment decisions should be guided by criteria based on human rights, rather than what may or may not be cheaper. Some research even takes this a step further: “*If the money currently spent on institutional placements was invested in local community-based services, standards would improve, there would be far less risk of abuse, and costs would fall*”.

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The full article and references:
www.bit.ly/1HG8h5d