

The service providers' role as human rights enablers in times of crisis

...and the need for its recognition in the European Disability Strategy



IMPROVING SERVICES
IMPROVING LIVES

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Introduction

EASPD, the European Association of Service Providers for Persons with Disabilities, represents over 10.000 service providers across Europe and across disability. Our network is strongly committed to enhancing the quality of life of service users through affordable, accessible and adaptable services, based on individual needs.

Since 2006, the UN Convention on Rights of Persons with Disabilities (CRPD) has become the core of EASPDs political strategy. The CRPD is the key framework and catalyst of the move from a paternalistic approach to a human right based approach: citizenship, participation, involvement and engagement are the key words for the future of services. This has implications and obligations for everyone, including service providers. EASPD is actively contributing to the implementation of the Cpnvention by rising awareness with stakeholders at national level and cooperating with its members to constantly innovate the services for persons with disability according to the principles of the CRPD. We believe that the services provided by our members are human rights enablers; services support and empower persons with disabilities. They pave the way towards inclusion in society, and also concretely contribute to reducing the pressure on social protection schemes. They participate in reinforcing social cohesion. The CRPD recognises this role by saying that assistance and services are guaranteed by the rights included in the Convention.

Yet, the role of specialised services is not structurally integrated in the European Disability Strategy 2010-2020 (EDS), the main document of the European Commission concerning disability, and the key instrument to implement the CRPD at European level. In the Strategy, social and health service providers are hardly mentioned. When talking about services, the main focus of the EDS is improving the accessibility of mainstream services and products. Clearly this is welcome and a vitally important objective; but overlooks the fact that, for many people, individualized forms of support are preconditions for the enjoyment of rights. This lack of recognition is particularly unfortunate at a time of economic austerity. The viability of services is under threat. It should be an EU priority to protect and promote the rights of people with disabilities and for support services to be positively recognised as a vital means of achieving this.

These are the main subjects of the first chapter of this booklet; **“Support services: human rights enablers, Development of a Service Perspective on European Disability Strategy 2010-2020.”**

This work starts with a comparative analysis of the UN Convention on Rights of Persons with Disabilities (CRPD) and the European Disability Strategy 2010-2020 (EDS) showing that whilst the role of social and health services for disabled persons is clearly stated in the CRPD, this role is less clear in the EDS. Starting from this observation, EASPD consulted its members on how a service perspective could be developed in the European Disability strategy.

The second chapter of this booklet, **“Inclusion is the solution, not the enemy, EASPD Survey on the impact of the crisis on the disability sector”**, is the result of a survey on the impact of the financial and economic crisis on the disability sector, specifically with regards to the delivery of services to persons with disabilities. The survey was completed by Umbrella and Single Agency Member Organisations from right across the EASPD network in January 2012. The replies give powerful evidence about the significant negative impact of the crisis: the commitment of our membership in providing high quality services is jeopardized by the austerity measures.

Disabled citizens are more likely than others to suffer from the effects of the crisis, especially those experiencing high dependency needs: poverty, unemployment and social exclusion. Cuts in the social sector hinder the capacity of services to support them at the moment when they need it most. Care and support professionals are leaving the sector, which is not attractive enough, while services cannot anymore focus on quality, as their sustainability is too uncertain. Innovative services are the first ones to be cut, creating a serious danger of regression towards institutionalised settings. The European Commission encourages austerity measures but wishes the European Union to be a model of inclusiveness. This contradictory approach cannot lead to success.

EASPD messages to policy makers

EASPD is convinced that we need a political agenda to protect and develop inclusion supported by high quality services. We believe that this is both a human rights approach AND AT THE SAME TIME a positive solution to the financial crisis. It is a dual investment. Increased support to the social care sector would create huge employment opportunities and strengthen the capacity of the European society to meet today's and tomorrow's challenges.

We call on the European Commission to include a specific service perspective in the European Disability Strategy. We believe that service providers for persons with disability can make an immediate and lasting difference to the implementation of the Strategy. In particular, we ask to the European Commission to cooperate with us in four areas:

- ★ **INNOVATION**, to create genuinely inclusive and community based services, through an agenda for change and innovation focusing on services and on how services can implement the EDS and the CRPD
- ★ **RESEARCH** to have a clearer picture of the existing services for persons with disability and of their coherence with the principles stated by the CRPD, and to plan the implementation of existing evidence based research developing the following research areas: spectrum of services, availability, funding systems for services, needs assessment, employment, quality of services.
- ★ **THE INTERNAL IMPLEMENTATION OF THE EDS IN EUROPEAN UNION BODIES**, enabling EU institutions to lead by example about inclusion and accessibility
- ★ **THE EXTERNAL MONITORING OF THE EDS**, by including service provider representation.

We have also some proposal more specifically related to the economic and financial crisis:

★ **PREVENT RE-INSTITUTIONALISATION**

Budget cuts from national governments should be well targeted to avoid this, to favour innovative services and foster a better quality in care delivery

★ **HELP THE SOCIAL CARE SECTOR TO HELP SOCIETY**

European governments should promote the attractiveness of the sector by fostering an appropriate lifelong learning framework, good working conditions and excellence in social dialogue mechanisms.

- ★ European institutions should put quality at the heart of Social Services of General Interest. A sector seeking social benefit should not be operating under the same rules as enterprises seeking financial profit. This specificity should be recognised and respected.

Services support and empower persons with disabilities. They accompany service users towards employment; they are paving the way towards inclusion in society, but also concretely contribute to reducing the pressure on social protection schemes. Thereby, they participate in reinforcing social cohesion.

For this to happen, EASPD calls on all policy makers across Europe to abandon short-term artificial measures and to choose the way of long-term sustainability by investing in people!

Franz Wolfmayr,
EASPD President

CHAPTER 1

Support services: human rights enablers

*A service perspective on the European
Disability Strategy 2010 -2020*

Executive summary

A service providers' perspective on the European Disability Strategy 2010-2020

EASPD's paper with regards to a services perspective on the European Disability Strategy 2010-2020 (EDS) starts with a **comparative analysis** of the UN Convention on Rights of Persons with Disabilities (CRPD) and the EDS. From this examination it emerges that whilst the role of social and health services for disabled persons is clearly stated in the CRPD, this role is less clear in the EDS.

We believe that services providers have a crucial role in enabling people with disabilities to enjoy human rights and that therefore they must play a key part in the implementation of the European Disability Strategy.

Our comments are based on extensive consultation with our members, focusing on the key areas of health, social protection, education and training, employment, equality, participation and accessibility.

On the base of the inputs received, we developed them some proposals on how a service perspective can be developed in the EDS and in its implementation, on four key issues:

1. **Innovation**, contributing our expertise on best practice in delivering individualised community based services
2. **Research**, proposing methodologies for the monitoring of the implementation of the European Disability Strategy
3. **Internal implementation of the EDS in European Commission bodies**, by offering our know-how to enhance the inclusiveness of the European bodies
4. **External implementation of the EDS**, by helping to monitor how the EDS is being implemented across the EU

The UN Convention on Rights of Persons with Disabilities and the European Disability Strategy 2010 - 2020

Two different approaches to social and health services

THE CRPD is now the key framework and catalyst of the move from a paternalistic approach to a human right based approach: citizenship, participation, involvement and engagement are the key words for the future of services. This has implications and obligations for everyone, including service providers.

We welcomed the fact that the European Union concluded the CRPD in 2010, and that the ratification has been accompanied by the draft of the EDS in order to help implement the provisions of the Convention in practice, both at EU and national level.

During the meeting that EASPD had in November 2011 with Viviane Reding, Vice President of the European Commission, she

*Reaffirmed the importance of specialised service providers as strategic actors that, thanks to their know-how, are fundamental for the implementation of the CRPD and of the EDS. "EASPD inputs are needed", Ms Reding said: she is looking forward to a productive and structural collaboration in the future. Moreover, together with the Disability Unit, EASPD will work on the development of a service perspective in the EDS.*¹

Service providers are fundamental to the enhancement of the quality of life of many persons with disabilities. We are committed to working with other key stakeholders to achieve innovative, holistic, person centred and participative community-based services.

As part of this commitment, EASPD analysed the CRPD and the EDS with regard to the explicit recognition of the role of service providers.

The outcome of the comparison (Annex I) is clear: **the role of mainstream and specialized services is structurally integrated in the UN Convention.** Its general ob-

¹ Irene Bertana, EASPD, Report of the meeting with Vice-President Viviane Reding, <http://easpd.eu/Portals/easpd/Report%20of%20the%20meeting%20with%20Vice%20President%20Reding.pdf>

EASPD perspective on the EDS

EASPD SCS AND IGS comments on the EDS

EASPD has several Standing Committees (SC) and Interest Groups (IG) which are permanent working groups with a mandate from the EASPD Board to advise, support and guide the Board, the EASPD Executive, the Secretary General and the headquarters.

The SCs on **Education, Employment, Enlargement**, our **Policy Impact Group** and our IG on **Independent Living** provided us with inputs concerning the European Disability Strategy.

General consideration:

For services to enable people with disabilities, it is essential that their structure and quality are based on a continuous dialogue with people using the services in order to reflect their expressed needs and plans. European Acts and Strategies should take into account in a clearer way the role of mainstream and specialised services in guaranteeing the enjoyment of human rights for persons with disabilities.

Starting from this consideration, some **general remarks** on the EDS are listed

- ★ **Service providers are not structurally integrated in the strategy as enablers of human rights**
- ★ There are no **specific references to**, for example, **intellectual disabilities, complex and high support needs and mental health**. The Strategy is presently over focused on the specific situation of persons with physical disabilities.
- ★ **Training** of mainstream and specialised staff **should be a priority** of the Strategy.
- ★ The European Union should address the problem of **sustainability of funding** which undermines the quality of the services provided and in some cases also their availability
- ★ **Quality of Life** should be the most important outcome measure; users should be asked for their personal feedback.

Below are the main comments of our SCs and IG on the areas for action of the EDS: accessibility, participation, equality, employment, education and training, social protection and health.

ligations include, inter alia, the duty for every State Party to promote training for staff working with disabled people to *better provide assistances and services guaranteed by the rights included in the Convention*. Services are thereby *de facto* identified as enablers of the rights declared in the Convention.

The Convention is seeking enjoyment of equal rights and opportunities by disabled persons. This needs:

- ★ **accessible and inclusive** mainstream services , complemented by
- ★ **specialized services based on individual needs** and wishes.

It also requires disability-specific organisations to pioneer, facilitate and advocate for inclusive change, such as improved public transport or access to general health care, that enable participation.

Yet, whilst the CRPD and the EDS have the same fundamental goals and related objectives, the role of **social and health service providers is hardly mentioned in the EDS except in very specific cases** (independent living, social protection)-with implicit reference to support, when describing the principle of reasonable accommodation (in the areas of Equality, Education and Training).

The main focus of the EDS is improving the accessibility of mainstream services. Clearly this is welcome and a vitally important objective-but overlooks the fact that, for many people, individualized forms of specialized support are preconditions for the enjoyment of rights. The role of specialised services should be more structurally integrated into the EDS.

We believe that the **role of service providers as enablers of rights should be more explicitly recognised in the documents related to the European Disability Strategy**, in particular in the 2015-2020 Implementation Plan.

Such recognition would also help service providers to contribute to related networks and strategies such as the European Platform Against Poverty, and also enhance the important advocacy and policy development role many service providers play at a national level.

ACCESSIBILITY

- ★ The **role of social and health service providers** in working with persons with disabilities to overcome barriers should be stressed.
- ★ The concept of accessibility should be **holistic**, covering all aspects of life, and not only access to goods and services.
- ★ The proposed **European Accessibility Act** should be **legally binding**, with **real force** and sanctions and a monitoring mechanism. Furthermore, it must **apply to all people with disabilities**, including people with intellectual disabilities, mental health problems and people with high support needs;
- ★ **Persons with disabilities should be involved in testing accessibility**, using existing methods developed by service providers.
- ★ The implementation of **Design for All** concept should be facilitated through a **structural involvement of specialised experts or advisory bodies**.
- ★ **Services** can play an **advisory role** towards governments and researchers on the development and use of **assistive technologies by developing a Person Centred Technology approach**.

PARTICIPATION

- ★ **Person centred planning** should be the key requirement of all service provision.
- ★ The will expressed in the EDS to optimise the use of Structural Funds and the Rural Development Fund to support the development of community-based services is welcome. In addition, more attention should be paid to the **support of the informal network** (informal carers and families) of a person, which is very often equally important.
- ★ The moment of **transition** from institutional to community based care needs **special support**, e.g. through Personal Future Planning.
- ★ When talking about independent living, **supported parenting** is not mentioned in the strategy paper, but this should be included as a right for persons with disabilities.
- ★ **Persons with disabilities and their support providers should be structurally involved in the development of policy plans** about disability in general and in particular on independent living.

EQUALITY

- ★ The use of medical terminology that displays disability as an individualized health 'problem' should everywhere be replaced by a rights based, more inclusive and community focused approach. As an important part of this process, there is an immediate need for **awareness-raising**, throughout society, of the rights and contributions of people with disabilities, promoting the recognition of skills, abilities, merits to combat prejudices and discrimination that could lead to the continued inappropriate use of such terminology.
- ★ **Self-advocacy** by persons with disabilities should be promoted.

EMPLOYMENT

- ★ The reference to national/regional measures such as cooperatives and supported employment schemes foreseen by the Strategy is an implicit acknowledgement of the role of service providers for persons with disabilities in the field of employment. However, **the role of service providers in the development and implementation of these support structures is not explicitly mentioned, and this should be rectified**.
- ★ The importance of adequate **sustainable funding** for supported employment services should be emphasized, as it is crucial for a successful **long-term inclusion of persons with disabilities in the open labour market. Sustainable funding is of course essential for all services**.
- ★ **Service providers** should play a bigger role in establishing **job services** and in providing **guidance and expertise** to public and private job services that support job searchers with disabilities.
- ★ A structural **cooperation between services** in the disability field, **employers** and **job services** should be established so that tailor made support and **job coaching**, when needed, is guaranteed. In the case of the implementation of **reasonable accommodation** in the workplace, this cooperation and **expertise** from services in the disability field is crucial.
- ★ The role of **sheltered workshops** services in supporting integration in the labour market is not well understood. Open labour market opportunities are essential, but sheltered workshops can play an important role interacting with the open labour market in relation to **intra-job mobility** (training and qualification, outplacement,

etc.). Workshops should receive adequate support to fulfill the role of **promoting transition towards the open labour market** and **integrating** persons with disabilities when they are no longer able to work in the open labour market (effective implementation of the “right to return”) or when it comes to **responding to the needs of persons with disabilities who cannot (yet) be integrated into the open labour market**.

- ★ The **expertise of sheltered workshops** as employers should be made better use of in raising awareness and expertise for employers in the open labour market, in particular with regard to management and training of staff members with disabilities.

EDUCATION AND TRAINING

- ★ **Education and learning is essential to enable people with disabilities become active citizens and contributors to the economy.**
- ★ **‘Universal Designed’ and comprehensive Life Long Learning Educational programmes** or Learning Curricula should be **created and used across the general education system**. Individualized support should be provided in case the universal design is not sufficient to respond to the needs of a student.
- ★ **Teachers should be trained to work with diversity** in their classrooms. They should be able to work with parents and families when developing the Individual Education Plan (IEP) and communicate openly and as peers with families on the evolution and progress of their pupils
- ★ **Qualitative and quantitative research** should be developed in the education field to identify the learning and skill barriers preventing people with disabilities from exercising their rights. .

SOCIAL PROTECTION

- ★ **Social service providers** and their representatives at European Level can play a key role in **implementing** the key actions of the **European Platform Against Poverty**.
- ★ **Sustainable funding** to service providers for persons with disability is a **prerequisite** to ensure the needed support to many persons with disabilities.

HEALTH

- ★ **Focused action research** is fundamental for the prevention and amelioration of the health consequences of disability..

These are just some of the remarks made by EASPD members. Being an umbrella association representing 10.000 service providers for persons with disability, we are aware of the fact that many good practices exist in Europe. With an increasing need for effective and cost effective services, it is ever more important to promote and disseminate these good practices and raise awareness on the importance of quality of services to enhance the quality of life of their users.

Towards an effective implementation of the CRPD and of the EDS

EASPD proposals to the European Commission

During 2011 all governance bodies of EASPD were invited to review the strategic orientation of the organisation.

EASPD committed itself to enhancing the quality of services, based on **Partnership** amongst stakeholders from the social and health sector, mainstream and specialised services.

The overarching goal of services will remain **Participation**: support should be designed through a participative approach, facilitating inclusion in society. Services must respond to the changing needs and wishes of the individual. This is only possible through **Personalisation**, following the initiative and lead of the service user. In order to help achieve this, **Pre-conditions** for quality of services have to be in place, i.e. correct funding, stable and empowering legal frameworks and availability of skilled workers. The EASPD strategy 2011-2014 is built on **Partnership, Participation, Personalization and Pre-conditions for quality**.

Inspired by the CRPD, we are determined to contribute to the development of a more accessible, social and caring Europe which respects and empowers people in need.

The EDS in Its chapter on the Implementation of the Strategy states:

The implementation of this Strategy and of the UN Convention will be regularly discussed at the DHLG with representatives of the Member States and their national focal points, the Commission, disabled people and their organisations and other stakeholders.[...]



Also, a monitoring framework including one or more independent mechanisms will be established to promote, protect and monitor implementation of the UN Convention.²

EASPD notes that all its members will be affected by the implementation of the EDS and that changes in services will be expected and required if the EDS is to be fully implemented. EASPD is uniquely well placed both to report back on progress on the ground and influence the development plans of service providers. For this reason EASPD believes that service providers should have a place on the monitoring framework to be set up concerning the implementation of the CRPD.

We would like to make four propositions of cooperation with the European Commission to contribute to the implementation of the European Disability Strategy on four distinct but linked areas:

- ★ **Innovation**, contributing with expertise on the best practices of individualised community based services
- ★ **Research**, proposing methodologies for the monitoring of the implementation of the European Disability Strategy
- ★ **Internal implementation of the EDS** in European Commission bodies, by offering our know-how to enhance the inclusiveness of the European bodies.
- ★ **External implementation of the EDS** – by helping to monitor how the EDS is being implemented across the EU

INNOVATION AGENDA

High quality, evidence based and user led services are essential enablers of the enjoyment of human rights. Innovation is one of the three pillars of EASPD. We have since inception demonstrated our commitment to innovation from the outset, in partnership with others and through transnational partnerships and policy partnerships.

EASPD network has a range of expertise and experience. We particularly emphasise the following areas where service providers can make a significant contribution to the implementation of the EDS, providing skills, networks and best practice models:

² COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS, European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe, {SEC(2010) 1323}, {SEC(2010) 1324}, p. 10

- ★ **Accessibility:** EASPD has considerable experience in the application of **Person Centred Technology** (PCT) and its support to the independence of people with disabilities and their carers. For example, the ImPaCT in Europe project developed an ethical code based upon a person centred approach. One of the findings of the project was the lack of training and awareness raising for mainstream and specialist organizations and their staff. EASPD can also provide specific, customized training on this topic. We have many **accessibility expert organisations in our network**, which could contribute to the implementation of Design for All concept.
- ★ **Participation:** Programmes for **supported decision making** have been developed by many of our members. We also have considerable experience via our members on all aspects of changing existing services to become (more) community based and developing such services. This includes retraining of staff and budget reallocation.
- ★ **Education:** EASPD, especially through projects funded by the LLP programme, has developed and wishes to share innovative practices to create inclusive education and lifelong learning environments which contribute to active citizenship and employment.
- ★ **Employment:** Many EASPD members have considerable expertise in employment services for disabled persons. EASPD has also led or participated in many projects and networks. We can significantly contribute both to the EDS itself and also to the reaching of **Europe 2020 targets regarding employment**.

In these and other areas, the implementation of the EDS should have a much stronger and more explicit focus on the role and contribution of service providers.

EASPD PROPOSAL

The EDS should include an agenda for change and innovation focusing on services and on how services can implement the EDS and the CRPD.

The agenda for change and innovation could work on:

- ★ The exchange of models of good practices with to social service delivery
- ★ The acceleration of the change in care and support systems
- ★ The promotion of innovation in delivery support
- ★ The enhancement of the contribution of specialized services.

RESEARCH AGENDA: EVIDENCE BASED PRACTICES

EASPD wishes to contribute to the implementation of the EDS General instruments with regard to statistics, data collection and monitoring and evaluation.

EASPD PROPOSAL

We would like to suggest the following **research areas** to the European Commission:

- ★ **Spectrum of services:** mapping the existing types of services and their contribution to Quality of Life of persons with disability, identifying the proportion of community-based services compared to institutionalised and other types of services
- ★ **Availability:** mapping the availability of services and their geographical and demographic coverage (rural/urban areas, etc.)
- ★ **Funding systems for services:** What types of resources are used to finance support systems (tax systems, incentive schemes for employers, etc.)? How is funding channelled to services and disabled people? How are disabled people and service providers involved in decision-making processes concerning the funding of the support systems?
- ★ **Needs assessment:** What services do people with disabilities need? How to develop empowering needs assessment? How to develop empowering needs assessment?
- ★ **Employment:** What is the interaction between mainstream and specialised employment services (transfer rates from sheltered to supported employment). How are services structured?
- ★ **Quality of services:** Assessment of systems already in place

IMPLEMENTATION OF THE EDS IN THE EU BODIES

European institutions should lead by example and make sure the needed instruments are available to meet the required outcomes.

EASPD PROPOSAL

Some services are needed to further promote inclusion within EU bodies, EASPD is ready to provide its expertise:

- ★ **Supported Employment Agency** for EU bodies to promote employment of people with disabilities within EU structures, and to support existing employees who acquire disabilities or who have informal carer responsibilities
- ★ **Accessibility contact points** to encourage EU bodies to fully implement the “design for all” concept in the built environment, in communication systems (web sites, documents, leaflets...) and actions
- ★ **Agency for special education needs** for children of the EU-civil servants. That agency should support mainstream schools in developing inclusive education, based on needs of the children with disability.

MONITORING THE IMPLEMENTATION OF THE EDS AND OF THE CRPD

EASPD supports the implementation of the CRPD and is **uniquely well placed both to report back on progress on the ground and influence the development plans of service providers. For this reason EASPD would wish to see that service providers have a place on the monitoring framework to be set up concerning the implementation of the CRPD.**

EASPD PROPOSAL

Service providers should have a crucial role in monitoring the implementation of the CRPD and of the EDS

Conclusions

EASPD recommendation to the European Commission

As stated in the CRPD, it is clear that, for many people with disabilities, service providers are key enablers of their rights. Service provider involvement is a fundamental component of the full implementation the CRPD and the EDS.

EASPD, through its members, has considerable expertise and experience across the full spectrum of age and disability. We are committed and eager to work with all other stakeholders to enhance the quality of life of persons with disability by providing high quality and innovative services.

We ask the European Commission to include a specific service perspective in the European Disability Strategy, starting from the future plan to implement the European Disability Strategy 2010-2020.

We believe that service providers for persons with disability can make an immediate and lasting difference to the implementation of the Strategy.

In particular, we ask to the European Commission to cooperate with us in four areas:

- ★ **INNOVATION AGENDA**, to create genuinely inclusive and community based services, through an agenda for change and innovation focusing on services and on how services can implement the EDS and the CRPD
- ★ **RESEARCH AGENDA** to have a clearer picture of the existing services for persons with disability and of their coherence with the principles stated by the CRPD, and to plan the implementation of existing evidence based research developing the following research areas: spectrum of services, availability, funding systems for services, needs assessment, employment, and quality of services.
- ★ **THE INTERNAL IMPLEMENTATION OF THE EDS IN EUROPEAN COMMISSION BODIES**, enabling EU institutions to lead by example about inclusion and accessibility
- ★ **THE EXTERNAL MONITORING OF THE EDS**, by including service provider representation.

Comparison between CRPD and EDS

CRPD	European Disability Strategy / Initial plan to implement the European Disability Strategy 2010-2020 - List of Actions 2010-2015
TRAINING OF STAFF	
<p>According to Article 4 of the UN Convention, about general obligations, State Parties undertake:</p> <p><i>To promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention so as to better provide the assistance and services guaranteed by those rights.</i></p>	<p>Training of staff is mentioned in the key action Participation: concerning the transition from institutional to community-based care <i>Structural Funds and the Rural Development Fund will be used for training human resources and adapting social infrastructure.</i></p> <p>Training is generally directed towards mainstream workers, to improve their capacity to work with persons with disability:</p> <ul style="list-style-type: none"> ★ Area Participation, <i>Promote the dissemination of good practices regarding training of public officials on receiving and informing persons with disabilities;</i> ★ Key action Education and Training, in order to achieve inclusive education <i>adequate training and support for professionals working at all levels of education will be provided</i> ★ And <i>Promote training of health professionals on disability matters through the ESF.</i>

EQUALITY AND NON-DISCRIMINATION

According to **Article 5** of the UN Convention:

*In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that **reasonable accommodation** is provided;*

Where **reasonable accommodation** means *necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.*

Area for action **equality**:

★ Key action: *Provide guidance on **reasonable accommodation** for people with disabilities addressing employers and **service providers**.*

ACCESSIBILITY

According to **Article 9**, State Parties shall take appropriate measures:

*(e) To provide forms of **live assistance and intermediaries**, including guides, readers and professional sign language interpreters, **to facilitate accessibility to buildings and other facilities open to the public;***

*(f) To promote **other appropriate forms of assistance and support** to persons with disabilities to ensure their access to information.*

Neither in the EDS, nor in the Initial plan to implement the European Disability Strategy is there reference to social services as support to accessibility.

INDEPENDENT LIVING

According to **Article 19** of the UN Convention, State Parties will ensure that:

*(b) Persons with disabilities have 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.*

Under the area **Participation** the Commission commits to **promote the transition from institutional to community-based care** by: using Structural Funds and the Rural Development Fund to support the development of **community-based services**

one of the key actions is:

★ Develop and disseminate a **quality framework** for community-based services that is inclusive of person with disabilities building on the quality framework for Social services of general interest.

EDUCATION

According to **Article 24** of the UN Convention, State Parties in realizing the right to **inclusive education** shall insure that:

*(d) Persons with disabilities receive the **support required**, within the general education system, to facilitate their effective education;*

*(e) Effective **individualized support measures** are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.*

And

*4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ **teachers**, including teachers with disabilities, who are **qualified in sign language and/or Braille**, and to **train professionals and staff** who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.*

The objective of the area for action **Training and Education** is to *ensure that people with disabilities receive the **support required**, within the general education system, to facilitate their education, and that effective **individualized support measures** are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.*

In between the key actions:

★ Disseminate research, information, and guidance materials on the application of the **reasonable accommodation principle** in education and training.

HABILITATION AND REHABILITATION

According to **Article 26** of the UN Convention, *State Parties shall organize, **strengthen and extend comprehensive habilitation and rehabilitation services and programmes**, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:*

*(a) Begin at the earliest possible stage, and are based on the multidisciplinary **assessment of individual needs and strengths**;*

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Also in the case of health and rehabilitation, the focus is on **improving the accessibility of mainstream health services**:

★ *Promote training of health professionals on disability matters through the ESF.*

WORK AND EMPLOYMENT

According to **Article 27** of the Convention, State Parties will assure the right to work undertaking to:

*(e) Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as **assistance in finding, obtaining, maintaining and returning to employment**;*

*(i) Ensure that **reasonable accommodation** is provided to persons with disabilities in the workplace;*

*(k) Promote vocational and professional **rehabilitation**.*

One of the key actions of the area **Employment** is:

*Identify and promote effective **support structures***

★ *Screening of national/Regional measures (e.g. quotas, social partnerships, cooperatives, supported employment, transport)*

★ *Analysis of the employment effects of informal and family care, with particular attention to gender issues.*

ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION

According to **Article 28**, States Parties recognize the right of persons with disabilities to an adequate **standard of living** for themselves and their families and promote the realization of this right including measures:

*(a) To ensure equal access by persons with disabilities to clean water services, and to ensure **access to appropriate and affordable services, devices and other assistance for disability-related need**.*

The Specific objective of the area **Social Protection** is to ensure decent living conditions for people with disabilities through **access to social protection systems** and poverty reduction programmes, **disability-related assistance**, public housing programmes, and retirement and benefits programmes; namely optimising the use of the **European Platform against Poverty** and the **ESF**.

PARTICIPATION IN CULTURAL LIFE, RECREATION, LEISURE AND SPORT

According to **Article 30** of the UN Convention, with a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, State parties shall take appropriate measures:

*(b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in **disability-specific sporting and recreational activities** and, to this end, encourage the provision, on an equal basis with others, of **appropriate instruction, training and resources**.*

Under the area **Participation** one the key action is:

★ *Promote the participation of people with disabilities in European sport events as well as the organisation of **disability-specific events** including Special Olympics.*

INTERNATIONAL COOPERATION

According to **Article 32** of the UN Convention, States Parties *recognize the importance of international cooperation and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in **partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities***. Such measures could include, inter alia:

*(b) Facilitating and supporting **capacity-building**, including through the **exchange and sharing of information, experiences, training programmes and best practices**.*

One of the key actions of the area **External Action** is:

★ *Support where appropriate the institutional **strengthening of Disabled Peoples' Organisations in partner countries** and organisations dealing with disability and development.*

NATIONAL IMPLEMENTATION AND MONITORING

According to **Article 33** of the UN Convention **Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process**.

Independent mechanisms are foreseen in order to monitor the implementation of both the EU Disability Strategy 2010-2020 and the CRPD.

CHAPTER 2

Inclusion is the solution, not the enemy

EASPD Survey on the impact of the crisis on the disability sector

By Hervé Gauthier,
with support from Irene Bertana

Basic facts

★ The crisis hits at all levels

EASPD members observe that the crisis affects :

- ★ Long-term disability strategies (59%)
- ★ Annual disability plans and programmes (69%)
- ★ Operational programmes concerning service providers for people with disabilities (72%)

★ Services for people with disabilities are depending on public funding

84%
of services receive public money to fund their activities

★ Significant reductions are observed in public budget for social services in 2011

★ Within services, 3 main victims of the crisis in the disability sector

UP to MINUS 80%
in public budget available for services at local or regional level (in 2011 vs. 2010)

QUALITY

The impact of the crisis on quality of services was rated as significant or high by **56%** of service providers

VARIETY

The impact of the crisis on variety of services proposed was rated as significant or high by **72%** of service providers

SUSTAINABILITY

The impact of the crisis on sustainability of services rated as significant or high by **75%** of service providers

★ Service providers for persons with disabilities want the EU to act

67%

Of service providers believe that their concerns should be raised at European level

EASPD's message

INCLUSION MUST GO ON!

« Human Rights and Social Inclusion should not become a collateral damage of the global crisis »

Luk Zelderloo, EASPD Secretary General

Message to policy makers in Europe

1. The current trend of austerity measures in Europe does not represent a viable solution

A DOUBLE PENALTY

Disabled citizens are more likely than others to suffer from the effects of the crisis, especially those experiencing high dependency needs: poverty, unemployment and social exclusion.

Besides, public attitudes to persons with a disability are changing in a negative way. They are increasingly perceived as generators of costs rather than as equal citizens.

As a result, austerity measures hinder the capacity of services to support them at the moment when they need it most.

The European Commission encourages austerity measures but wishes the European Union to be a model of inclusiveness (EU Disability Strategy, EU 2020 Strategy). This contradictory approach cannot lead to success.

2. Support Infrastructure is endangered in the short and long term

WE NEED TO PREPARE OUR FUTURE

Service providers for persons with disabilities are increasingly struggling to survive, instead of focusing on offering the best possible services to their users.

Care and support professionals are leaving the sector, which is not attractive enough, while services cannot anymore focus on quality, as their sustainability is too uncertain in front of successive waves of austerity measures.

Yet the number of persons with disabilities, especially with high support needs, is rising and they are facing worsening living conditions. So the need for a strong support infrastructure has never been as high as today.

In addition, increased support to the social care sector would create huge employment opportunities and strengthen the capacity of the European society to meet today's and tomorrow's challenges.

3. Service providers for persons with disabilities make concrete proposals to fight the effects of the crisis and to respect EU's commitments

PREVENT RE-INSTITUTIONALISATION

The danger of current trend of austerity measures is a regression towards institutionalised settings and to worse quality of services

- Budget cuts from national governments should be well targeted to avoid this, to favour **innovative services** and foster a **better quality** in care delivery.
- The EU should ensure that **funding programmes** (LLP, ESF, FP7, Citizenship...) applied for by service providers **enable** them to **meet the needs of their users**, in an **inclusive** way. These funding programmes should be simplified and more accessible in order to maximise their impact.

HELP THE SOCIAL CARE SECTOR TO HELP SOCIETY

Social welfare and **economic success** are not contradictory objectives!

In addition to its impact on the **inclusiveness** of society, the **care sector** is **creating jobs** and directly **contributing to economic growth** (cf. Second Biennial Report on social services of general interest, DG EMPL of the European Commission, 2010).

- European governments should therefore promote the **attractivity** of the sector by fostering an **appropriate lifelong learning framework** (high-level initial and vocational training opportunities), **good working conditions** and excellence in **social dialogue** mechanisms.
- European institutions should put **quality** at the heart of **Social Services of General Interest**. A sector seeking **social benefit** should not be operating under the same rules as enterprises seeking financial profit. This **specificity** should be recognised and respected.

SUPPORT THE SOCIAL CARE SECTOR: A TWOFOLD RESPONSE TO THE CRISIS!

European governments and institutions should **support service providers** for persons with disabilities in their efforts to **make equal opportunities a reality**, with the final goal to ensuring that all citizens actively contribute to the **growth** of European Society in all senses.

Today, the **virtuous cycle of inclusion** is **damaged**. The social care sector is actually treated as part of the problem, when it should be considered as a key player in creating solutions.

Services support and **empower** persons with disabilities. They accompany service users towards employment; they are paving the way towards **inclusion** in society, but also concretely contribute to reducing the pressure on social protection schemes. Thereby, they participate in **reinforcing social cohesion**.

These service providers themselves are **employers** of hundreds of thousands of Europeans. They could **create 1 million new jobs** for **qualified** individuals in the social sector, and contribute to bringing disadvantaged groups of the population **back into employment** and **society**.

For this to happen, EASPD calls on all policy makers across Europe to abandon short-term artificial measures and to choose the way of **long-term sustainability** by **investing in people!**

Detailed survey results

« Budget cuts to social policies have exacerbated the marginalization of an increasing number of persons with disabilities »

Y. Vardakastanis,
President of the European Disability Forum



















« We must not forget that objectives of both the UN Convention and the EU Disability Strategy cannot be adequately implemented without the needed resources and structures »

F. Wolfmayr,
EASPD President

General remarks on respondents

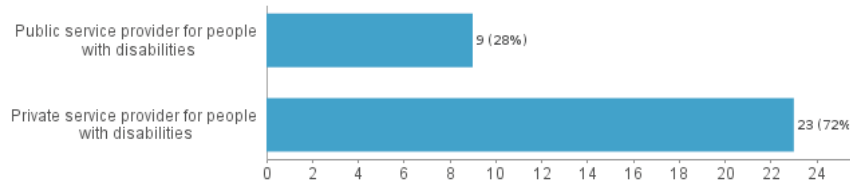
Respondents to the survey cover a wide geographic area, 18 countries. These include both EU Member States and neighbouring countries (Macedonia, Moldova, Norway), representatives of all regions of Europe (West, North, South, East). You can observe the geographic spread on the table below:

Table 1 - Country of the respondent

Response	Chart	Count
Austria		3
Belgium		3
Bulgaria		2
Croatia		1
Estonia		1
Finland		1
France		1
Germany		2
Greece		1
Hungary		1
Ireland		2
Italy		1
Macedonia		2
Moldova		2
Norway		2
Portugal		1
Romania		4
United Kingdom		2
Total Responses		32

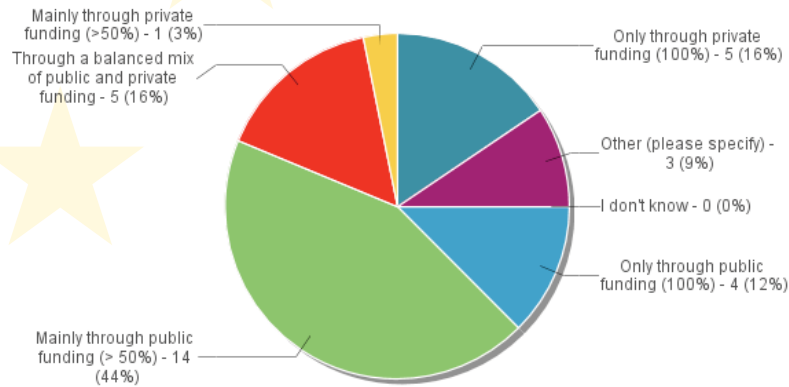
Respondents to the survey include **over 2/3 private service providers**, and less than 1/3 of public status.

Table 2 - Which type of service provider are you?



Service providers mainly rely on public sources for funding their activities, as shown by the table below. 56% of the respondents are totally or mainly financed through public funding. 84% are receiving public money to carry out their activities. As a consequence, **any financial cut decided by governments in the social sector is likely to have immediate and very negative impact.**

Table 3 – Sources of funding



Other sources of funding mentioned

Response

- Contributions to our members and volunteers
- project based 90% and 10% philanthropy activities
- fees and projects

Detailed impact of the crisis

This section shows in more in detail which specific domains were affected by the crisis, whether in terms of strategies/public policies or with respect to the various sub-sectors covered by service providers for persons with disabilities.

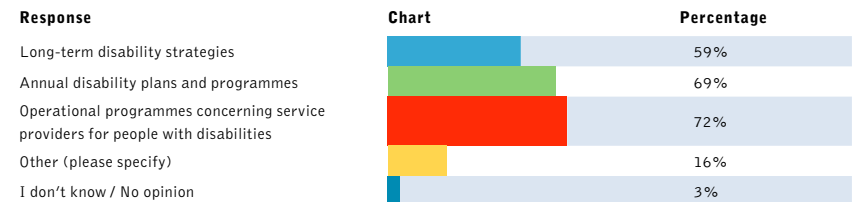
Domains affected :

The following table shows that there is a **shared perception that the crisis has a multi-faceted impact**, as it affects long-term strategies, annual work plans as well as operational programmes concerning service providers for people with disabilities.

72% of respondents observed an impact on operational programmes, which reflects difficulties experienced in concrete activities, as will be further explored later.

But it is also very worrying to note that a majority of respondents observed an impact of the crisis on long-term disability strategies. This figure tends to show that **the importance given to the disability issue by governments is decreasing**. This could seriously undermine existing and planned actions to make the UN Convention on the Rights of Persons with Disabilities and the EU Disability Strategy reality.

Table 4 – Impact of the crisis on policies, strategies and programmes at national level

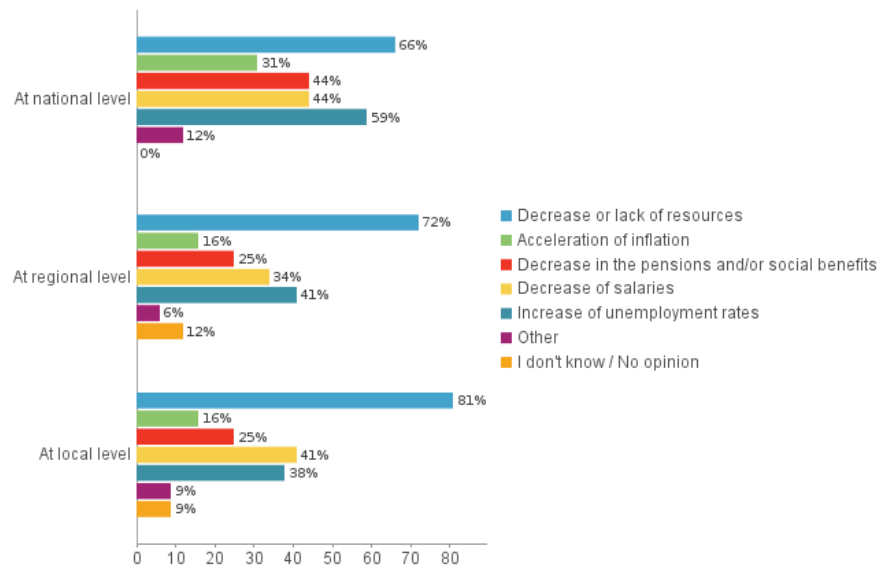


Type of impact per geographic level :

Looking into the nature of consequences of the crisis for the disability, we observe that **from national to local level, a big majority of respondents note a decrease or lack of resources.**

This decrease or lack of resources is **more frequent at local level** (observed by 81% of respondents), but remains widely acknowledged at national (66%) and regional level (72%).

Table 5 - Overall impact of the crisis on the disability sector at various levels



Degree of impact per sector :

EASPD focussed on the impact of the crisis on the following sectors: **education, employment, health care** and **social support**. Respondents were requested to estimate the degree of impact on each of them, using a scale system (from No impact to High impact).

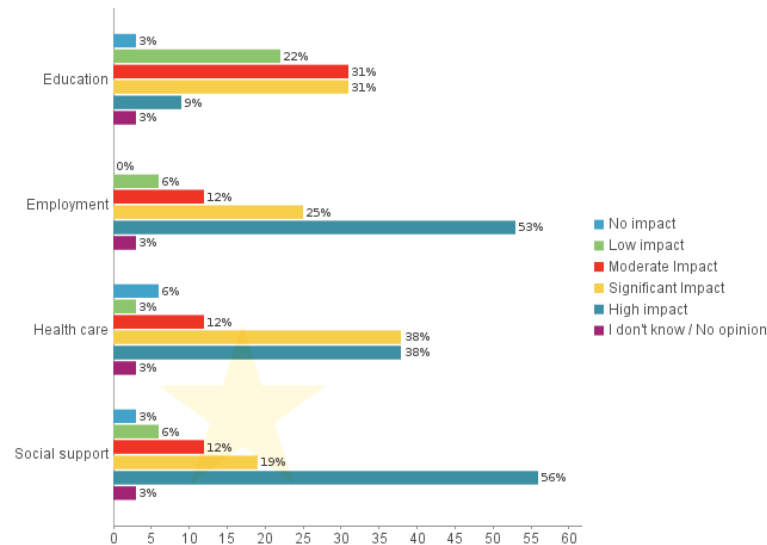
The result is quite impressive. As shown by the table below, all of these sectors were affected by the crisis in an important way.

- ★ In **education**: 40% of respondents observe a significant or high impact of the crisis
- ★ In **employment**: 53% note a high degree of impact. In total, 76% evaluate the impact of the crisis as significant or high
- ★ In **health care** and **social support**, **74% of respondents estimate the impact of the crisis as significant or high!**

As acknowledged by the EU institutions in the EU Disability Strategy, today persons with disabilities still do not enjoy equal opportunities when it comes to education and employment. The crisis is significantly adversely these areas, which will lead to a worsening situation.

Taking into consideration the degree of impact of the crisis on these sectors leads to worrying conclusions for the future. **Social support mechanisms are endangered, which hinders their capacity to play their role and to foster the inclusion of the most disadvantaged groups in society, including people with disabilities.**

Table 6 - Impact of the crisis per sector



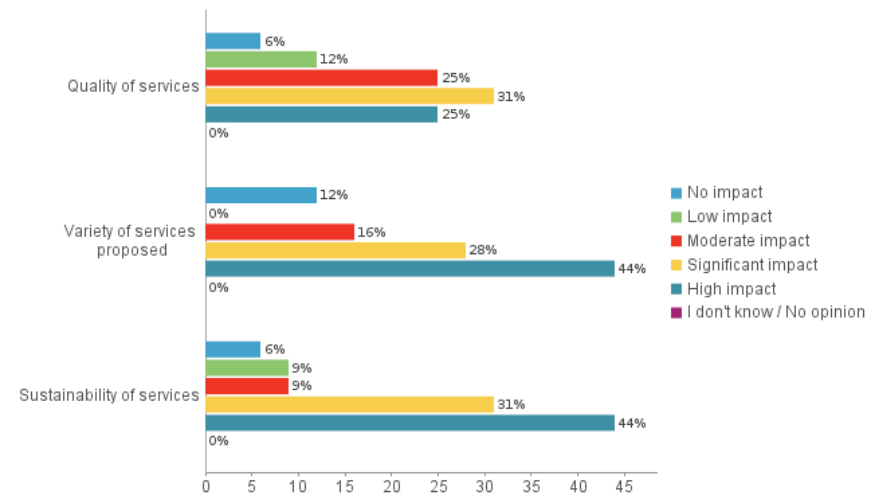
Degree of impact on service provision :

The crisis clearly has an impact on the functioning of service providers for persons with disabilities. More precisely, it affects:

- ★ The **quality** of services they deliver (significant or high impact for 56% of respondents)
- ★ The **variety** of services they can propose (significant or high impact for 72% of respondents)
- ★ The **sustainability** of their services (significant or high impact for 75% of respondents)

These figures show that **the whole system of service provision for people with disabilities is endangered**, that the expectations service users should have in terms of quality and variety of services cannot be met. This also has a pervasive effect on morale.

Table 7 - Impact of the crisis per aspect of service delivery



Looking at disability allowances received by service users:

Only 13% of respondents do not observe a connection between austerity measures announced by governments and disability allowances. 17% note the clear and simple abolition of the right for disability allowances, 30% see delays in the payment of these allowances and 37% observe a decrease of the amount available.

A high proportion of respondents also observe increased restrictions on eligibility criteria and the abolition of the right for personal assistance.

This decrease or removal of financial support implies a worse quality of life for persons with disabilities, and indeed for some of them the capacity to enjoy their rights and participate in society has disappeared. EASPD asks “what are the plans of EU institutions and European governments for these people who are suffering in this way”?

Table 8 - Connection between austerity measures and monthly disability allowances

Response	Chart	Percentage
Abolition of the right for monthly disability allowances		17%
Delay in payments of the monthly disability allowances / personal budget		30%
Decrease of monthly disability allowances / personal		37%
Other type of connection (please specify)		27%
No connection		13%
I don't know / No opinion		13%

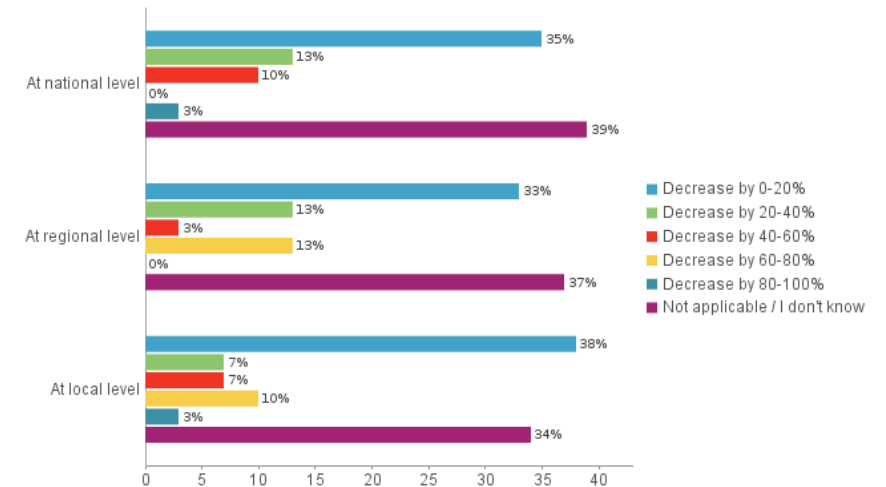
Budget cuts per geographic level:

Public budget for social services has severely decreased in many countries throughout the year 2011.

At all levels, national, regional or local, a majority of respondents observed in 2011 a decrease of up to 20% of public budget available for social services. At national level, 23% of respondents even mention a decrease up to 60%.

At least on 10% of the countries a decrease by 60 to 80% was noted by EASPD members in public budget for social services at local or regional level. 3% of respondents reported a virtual cessation of ANY funding.

Table 9 - Decrease of the public budget for social services in 2011 (vs. 2010)



Overview of austerity measures affecting service providers for people with disabilities:

There is a **huge and increasing discrepancy between the ambitions of the UN Convention on the Rights of Persons with Disabilities or the EU Disability Strategy, and reality experienced at grassroots level.**

Uncertainty with regards to funding options and sustainability for service managers, worsening working conditions and salaries for front-line staff, delays in payments, lack of recognition of non government-these and other trend mean that the **right to equal opportunities for people with disabilities, which had not yet become a reality, tends to become a luxury**, only accessible for those who can afford it. In parallel, front-line staff might choose to work in a different sector, if their wage is suddenly decreasing as it is the case in many places.

In general, **the sector is getting weaker** and there are no positive expectations for the near future.

Table 10 - Main austerity measures affecting private service providers for people with disabilities

There are 23 response(s) to this question.

#	Response
1.	Severe problems with funding social services
2.	Decrease of quality of services provided. Cut of advisors and personnel. Delay in payments.
3.	There are, as of now, no austerity measures are applied, but the Department of Finance is warning that employment rates may be affected in 2012 - imploring municipalites to leave maneuvering space for this risk.
4.	over the past four years the national budget for services to people with disabilities has been reduced by 10% a further cut of 3.5% will be added in 2012. This effects all services public and private. These figures do not include the additional cuts to disability weekly benefit payments or the reductione to staff salaries.
5.	★ Reduction of the funds obtained by the NGO for the social services. ★ The sponsored private companies and NGO-s have reduced the volume of sponsorship or have canceled it.

6.	Reducing the allocation
7.	For new people entering the social welfare system the eligability criteria has been raised therefore excluding people from access to state support. People already receiving services are having their services cut. Those people who do not have a legal right to services are finding it very difficult to access services as non statutory services are closing down.
8.	decrease in funding of existing and future projects
9.	Also in the public and in the private aria there is a decrease in salaries, many services been shout down temporally. The whole support service legalization and financing is changing so there is a lot of insecurity, many professionals and disabled people has lost their job, or has no work contract in the beginning of the year.
10.	The client-staff ratio has been decreased and the money for service has been cut up to 25% (for the same quality of services)
11.	New pricings with the goal of the decreasing the prices are negotiated. Target: Reduction up to 20%. Achievement components are to be reduced by ambulant services. Thus it comes to a further decrease of the prices.
12.	providers are having fees cut by up to 20%. 20% reduction aimed for over 3 years but most have 'front loaded it' because Govt grants to local authorities do the same. Cuts in the hourly rates paid to dom care staff - so providers either accpet it or the work goes to someone else who will. Cuts in personal budgets, this means either losing a few hours each week or paying staff less per ahour (or both!). Loss of day care services, leaving severely disabled people with nowhere to go. Ever higher eligibility criteria, meaning more and more get no service at all. Paying for transport. No holidays or paying for holidays.
13.	Decrease or lack of financial support by the State to the service providers. Delay on payments from the State to the service providers
14.	N/A This statement is non applicable in Moldova, as even before the crisis the situation of services providers for persons with disabilities was difficult. Generally, the situation of services providers in the field of persons with disabilities does not change anyhow in the period of world recession as the financial situation in Moldova suffers very much since the USSR collapse. Even before the collapse social services for persons with disabilities were state run services, thus, we can not speak about any changes in this field.

15.	Work longer In general: resources are decreasing. Now there are no effects yet of the crisis, but this may be the consequence in the future.
16.	In our country the private (NGO) service providers are not recognized as the partners of the government in the service provision, so we don't have any access to the public money. All our activities and our long-term sustainability are project based from the international organizations. Some small percentage of financial support is coming from the business sector and here we can notice the impact from the crisis.
17.	In 2011, the Ministry of labor and social policy did not allocated any budget for the private/NGO service providers
18.	Competitive tendering of services for people with disabilities has become harder: its more and more difficult to produce services of reasonable quality with the prices that buyers (= mostly municipalities) are ready to pay. I.e. the main thing is that resources are decreasing at the municipal level. Not dramatically but enough to have an effect.
19.	The private service providers in Bulgaria are still very limited as number and scale and the main effect of the crisis is high decrease in the solvency of the providers and as a result violation of the quality of their work.
20.	Economic crises Decreased solvency of people in need Limited number of users Limited number of private companies supporting/financing social services
21.	lack of sponsors and well wishers

22.	- reduction in the public funds granted for financing social services - reduction in the capability of the beneficiaries in managing to pay social services they receive - reduction in the budget for sponsorships and CSR of the companies - the risk of adjusting social services only for those who can financially afford these services or even more, the closure of such social services (resulting in the lack of the needed social services, the losing of properly trained and professional staff and the losing of some hardly trained and irreplaceable expertise under the condition according which there exist so few private social service providers)
23.	Budgets for service providers decrease at 2009. For now they are same but all prices (rent, oil, electricity - except salaries) are 35% higher than 2 years ago. Possibility to get donation from private organisations are basically 0 (even for donation as food or materials, not money). Possibility to get additional project fund support decrease a lot.

Table 11 - Main austerity measures affecting public service providers for people with disabilities

There are 22 response(s) to this question.

#	Response
1.	Low funding and less initiatives in developing new social services
2.	Lack of services. Personnel not well trained.
3.	See above
4.	<ul style="list-style-type: none"> ★ Reducing the budgets allocated to the public institutions which offer various services for persons with disabilities. ★ The Criteria for granting various services and social benefits for persons with disabilities became more severe and because of this the number of persons with disabilities legally recognized decreased. The size and number of the social services and benefits has diminished on about 30-40%. ★ False decentralization (there are more offices but not very many centers bureaucracy. ★ Reducing the number of the staff which stays with the beneficiaries. ★ Lower quality services because of the barriers that we can even see but not get over them.
5.	No opinion
6.	That the economics of providing services make it very difficult to meet lower prices being offered to providers. Small providers are not surviving these demands. Increasing competition is reducing the quality of services as the state is only buying the absolute minimum possible.
7.	decrease in funding of existing and future projects cutback in capital spending
8.	Also in the public and in the private area there is a decrease in salaries, many services been shut down temporally. The whole support service legalization and financing is changing so there is a lot of insecurity, many professionals and disabled people has lost their job, or has no work contract in the beginning of the year.

9.	no different from the above except that pay rates start higher. Many authorities try to transfer their services out to the non statutory (=private and voluntary) sector so they will be cheaper and they can access different pots of money (but overall, it might not be cheaper to the 'public purse' - just cheaper to the local authority). Services are being closed and people made redundant (as in the non statutory sector too)
10.	the time for taking care of people in need of individual and personalized services are less and more people are placed in same service without thinking of individual differences and wishes. Leaders close to the service providers have a hard job and are and are usually the ones who bear the brunt when the service lack resources..... with the consequences this usually gives
11.	The same as for the private ones
12.	One of the threats in the field of social services provision is that due to world recession the funds (grants) are reduced, but the most of services providers are alive only due to international financial support.
13.	Reduced budget of the public services for persons with intellectual disability (not precised data)
14.	Decreasing funding at the municipality level.
15.	Highly limited creation of new services and expansion of the existing, extremely high need of increase of the funding standards, which provide too low level of funding, without taking in account the inflation levels that pile up a few years already and the higher expenses for maintenance, which leads to lower quality of the activities.
16.	Voluntary disability organisations part funded by government face growing demand with reduced resources available to them. Uncertainty about level of funding is debilitating. Across the board cuts without any regard for costs of disability
17.	Abolition of funds to services. Enforced retirement/ redundancy. Abolition or restriction of many welfare services.Reduction of salaries and delays in payments.
18.	Decreased opportunities for service providers to apply for public finances Decreased national and local budget for social services provision
19.	lack of government commitment

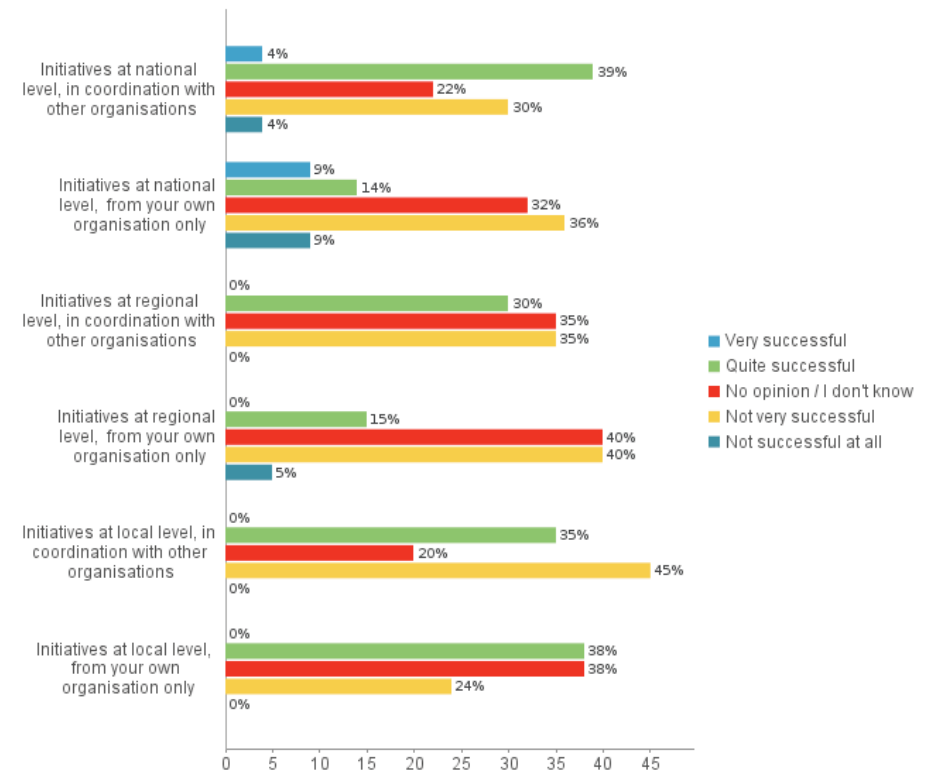
20.	<ul style="list-style-type: none"> ★ the decrease with 25% of the salaries in 2010 (then their increase with 15% in 2011) ★ the blockage of jobs starting with 2010 (nobody could get hired on the vacant job), and in present there can be occupied only 1 from 7 vacant jobs ★ the lack of professional training (low involvement amid public social service providers to access European funds for human resource development) ★ the lack of developing new services (a major problem in Romania, where the number of social service beneficiaries is really low, and there are some areas, especially in the rural areas where there is a complete lack of any kinds of social services)
21.	removal of work tools too expensive
22.	Their salaries did not grow from 2009. even prices for life are 35% higher. Building new institutions stopped. No renovation money for rooms.

Strategies put in place by service providers to fight the crisis :

EASPD Members have been actively trying to fight the effects of the crisis, at all levels. We decided to ask them to which extent their initiatives were successful, and whether clustering efforts with other organisations was enabling success.

We note that **initiatives taken by EASPD members to fight the effects of the crisis were more effective at national level when led in cooperation with other organisations** (quite or very successful for 42% of the cases, compared to 23% when initiatives were led without cooperating with other stakeholders). At regional level, the same situation applies, the degree of success is twice as high when initiatives are taken in cooperation with other organisations. At local level however, the difference is quite low, which might be linked to the fact that at this level organisations have more direct contacts with public authorities.

Table 12 - Degree of success of initiatives already taken by EASPD members to fight the effects of the crisis



From the table below, we learn that **service providers for people with disabilities legitimate the role of EASPD when it comes to raising their concerns**. It also shows that they have **high expectations towards EU policy makers** for providing solutions to the current crisis.

However, **the national level seems to remain the most relevant scale to discuss issues concerning the disability sector**, which quite logically reflects the share of competences between EU institutions and EU Member States in the field of social policies.

Table 13 - Appropriate level to raise the concerns of service providers for people with disabilities

Response	Chart	Percentage
The European level		67%
The National level		77%
The Regional level		27%
The Local level		33%
Other (please specify)		7%

Appropriate level to raise the concerns of service providers for people with disabilities (Other)

#	Response
1.	It is very difficult to convince the Government of better things - changing Laws. There are very many children, adults and old persons who would better collaborate directly with the European level as it depends from the UE to a better life.
2.	all important

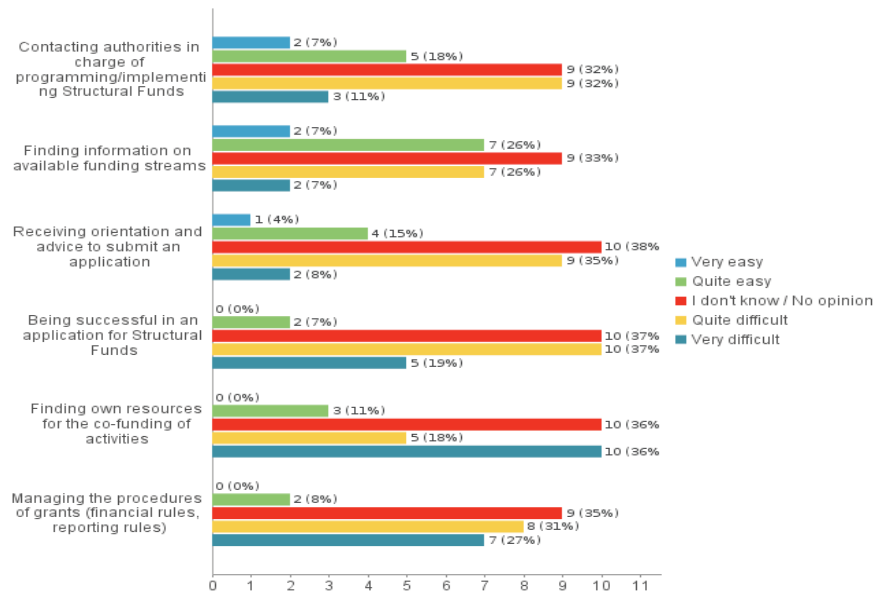
Can European Structural Funds help service providers for persons with disabilities?

European Structural Funds can contribute to implementing provisions of the UN Convention on the rights of persons with disabilities, especially when it comes to deinstitutionalisation activities. In general, EASPD encourages its members to apply for European funding through a variety of programmes (ESF, LLP, Citizenship, PROGRESS...). However, **access to these funds is in reality very difficult for many service providers for people with disabilities**. EASPD would like to highlight the difficulties encountered by its members when trying to access these funds, on the basis of the example of structural funds.

The table 14 illustrates quite clearly these difficulties. Even the first step of contacting authorities in charge of the implementation of the Structural Funds is considered as quite or very difficult by 43% of the respondents. 43% of them also find it quite or very difficult to receive orientation and advice to submit an application. In addition, finding sources of co-funding is difficult for 54% of the respondents. And 58% of those whose application was successful encounter difficulties in managing their grant.

EASPD wishes to emphasise the fact that **European funding streams are quite inaccessible for organisations, even though they could greatly benefit from them to improve the quality of life of persons with disabilities**. EU institutions should make greater efforts in order to maximise the potential impact of their work.

Table 14 - Perceived accessibility of EU Structural Funds



Additional comments

There are 14 response(s) to this question.

#	Response
1.	Welfare sector is the first one taken into account for cuts that will bring a decrease of services provided for PWD. Education is also affected from cuts of supporting teachers.
2.	through the National Federation of providers we have led a very comprehensive pre budget at National Regional and Local lever.
3.	★ It is very difficult to work only on the elaboration of projects that will be funded not known. ★ It is very difficult to provide your own contribution and especially to ensure funds for the initiation of the project.

4.	Traditionally the UK is seen as a relatively rich country therefore often excluded from European focus of attention in respect of being in need of financial support to develop and deliver services to people with disabilities. In some respects that is true however much of the progress made in recent years will be lost without some EU support. Though the market management system employed by Government in the UK has driven down prices, the lessons learnt in the UK need to be shared with our European partners, this is an important role for the EASPD.
5.	i know nothing about structural funds in the UK - do we even have any left?. I would be concerned to see that they support 'modern' forward thinking services and are not used to prop up or even extend old fashioned collective large scale segregated services, based on the medical model of care. The EU should stop this happening. Learning disability is a high cost service in the UK and it is taking a major hit from the cutbacks. the 'personalisation' of services is being used to look good but actually to cut the level of support and cut costs. individual budgets are all very well, but they make it easier to cut back without anyone noticing.
6.	Create new jobs in the non-profit sector to meet the needs of people (with disabilities) Changes on the labour market Changes healthcare policy
7.	Sustainability of the existing services for persons with intellectual disability is not guaranteed by the Government. Therefore, we are unable to plan and develop variety and network of needed social services.
8.	NO.
9.	Finland has been attacked by the present crisis very little, so far. There is also a state coordinated, national programme going on for improving the housing conditions of people with intellectual disabilities (plus closing down the old public institutions), and the state is directing extra funding to this programme. This is kind of counter-balancing the effects of the crisis. But the year 2013 will probably be much more difficult.
10.	Sustainability of the social infrastructure is in doubt given the lengthy austerity period in prospect. Investment that has been built up is being eroded and we know that revival is slow and difficult.

11.	<p>The most significant problem is the sustainability of the social services provision after the end of successfully implemented projects funded by the Structural Funds. There is little continuity of the services and the result is:</p> <ul style="list-style-type: none"> ★ short term social services with lower quality; ★ lost of resources for starting and ending services every year (in situation of lack of resources) ★ big number of service users without services ★ people with disabilities with potential to contribute to the society are not enough integrated to work and act as active citizens.
12.	very bad
13.	<p>In Romania the economic crisis has overlapped the lack of reformation in the system of social assistance. In a paradox way, during this period the legislation has been improved and is moving into the right direction, but due to the economic crisis it cannot be placed into practice. Therefore, the economic crisis in Romania is tangible, more in what was not done in the social system than the actual reduction of funds. Yes, these steps were also made. There are a few examples, like dismissing the personal assistants of severely disabled individuals, or the 25% reduction in the salaries for public service workers (and after 10 months the increase of these salaries with 15%), but, more important, I consider that the effects of the economic crisis consist of the pausing of the social assistance system reform and in not implementing the adopted legislation.</p>
14.	<p>Disabled people and their families live in poverty. Private organisations service providers, NGOs - many lose hope and closed.</p> <p>Governmental service providers have little better budgets but salaries for staff a at same level as 2009 (but prices a 35% higer) (same in NGOs)</p> <p>Building new houses for governemntal services stoped.(institutions)</p> <p>Building at regional level (social homes) for supported living houses stoped</p> <p>There are very long line to get services for disabled people (excample: 3years for intellectually disabled person to get to the supported life service)</p> <p>Government- make just new rules according to Europe but there is no budget to help service providers follow them.</p>

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