



# Models of promising practices on legal capacity and supported decision-making for people with disabilities

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## 1. Definition and legal framework on legal capacity

### A. The UN Convention on the Rights of Persons with Disabilities

Legal capacity is the inherent right of all individuals to be recognised before the law and make their own choices. However, throughout history, people with disabilities – especially intellectual and psychosocial disabilities –, people with mental health conditions as well as older people, have often been denied this fundamental right. Perceived by society as unable to understand or perform certain actions, legal systems have imposed restrictions on their legal capacity, often through substitute decision-making regimes such as guardianship or curatorship. Intended to protect individuals and society, these measures are stripping away autonomy and hindering meaningful societal participation and inclusion of these persons.

The [United Nations Convention on the Rights of Persons with Disabilities](#) (UNCRPD) challenges these assumptions, calling for a shift from paternalistic, medical, and ableist approaches to a human rights-based model. Article 12 of the UNCRPD specifically states that “persons with disabilities have the right to recognition everywhere as persons before the law” and that “States parties shall recognise that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.” Furthermore, “Unsoundness of mind,” as clarified by the UNCRPD Committee in its [General Comment No. 1](#) (2014), cannot be used as grounds to deny legal capacity, meaning that “perceived or actual deficits in mental capacity must not be used as justification for denying legal capacity.” This change has given rise to **a new philosophy of support that prioritises dignity, self-determination, and autonomy**, focusing on personhood, voice, choice, control, and social inclusion. Article 12 thus calls on States parties to move away from substitute decision-making systems towards supported decision-making ones.

### B. From substitute to supported decision-making

Substitute decision-making regimes can take many different forms. However, these regimes share common characteristics:

- (i) **Loss of legal capacity:** The individual is deemed incapable of exercising their legal rights independently. A substitute decision-maker – a guardian, curator, or appointed representative – is designated. This can be done against their will.
- (i) **External control:** Decisions are made on behalf of the individual by the substitute decision-maker, often without their consent or involvement in the process.
- (ii) **Restriction of autonomy:** Decisions made by a substitute decision-maker are based on what is believed to be “in the best interest” of the person, as opposed to being based on the person’s own will and preferences.

- (iii) **Lack of support for decision-making:** Instead of providing necessary support, substitute decision-making regimes take away the individual's agency, often overlooking the possibility of assisted decision-making.

In contrast, **supported decision-making** aligns with human rights principles. Key characteristics include:

- (i) **Legal capacity and self-determination:** The individual retains their legal capacity and can choose one or more trusted persons, notably family members, to support them in taking personal, financial, and legal decisions.
- (ii) **Individualised and flexible support:** Support is tailored to the individual's needs, ensuring their will and preferences are accurately understood across their life, including in case of complex support needs.
- (iii) **Collaboration and empowerment:** Supporters collaborate with the individual through clear communication and in a transparent and honest process. They guide and support rather than decide for the person.
- (iv) **Choice, control, and risk-taking:** The individual has the freedom to choose and control the support they receive, with reasonable risk-taking allowed, free from coercion or undue influence.
- (v) **Social inclusion:** The integration and active participation of the person in the community and society should be a key goal, shifting away from isolation, segregation and exclusion from mainstream life.

Establishing supported decision-making is an enabling condition to exercising the right to independent living and an integral part of the deinstitutionalisation process. In that matter, the European Commission in its recent [Guidance on Independent Living](#), one of the key flagship initiatives of the [Strategy for the Rights of Persons with Disabilities \(2021-2030\)](#), mentions the importance of “the availability of supported decision-making services” to support “adults with mental health problems and/or psychosocial disabilities and adults with intellectual disabilities or complex support needs” to “exercise their right to choose and to take decisions over their lives”.

## 2. Methodology and selection of the promising practices

EASPD and its members have long been committed to promoting the recognition of the right to legal capacity for all people with disabilities and fostering the implementation of supported decision-making. Complementing its [Position paper: Legal Capacity and Supported Decision-Making \(2023\)](#), EASPD has completed a collection of promising practices on supported decision-making for people with disabilities to further promote the transition away from substitute decision-making. This initiative, launched in August 2024, aims to identify and highlight effective practices used by service providers, including some of EASPD's members, to support and empower individuals in exercising

their right to legal capacity, and in making decisions about their life and the support they receive. This report highlights exemplary initiatives, offering inspiration for both UNCRPD State Parties to help them align their legal frameworks with the human rights standards set out in the Convention, and seeks to offer service providers examples of tools and methods to enhance the assistance they provide. Finally, this collection of good practices intends to contribute to the European Commission's work in this area. The Commission has announced its intention to realise a collection of good practices on supported decision-making in the European Strategy on the Rights of Persons with Disabilities.

The EASPD Secretariat carried out the selection and compilation of these promising practices considering the diverse range of options available to organisations for supporting individuals. A selected promising practice on supported decision-making refers to any action which directly or indirectly contributes to the empowerment of individuals with disabilities to make autonomous decisions in any aspect of their lives, respecting and promoting self-determination, using the following criteria:

- **In line with the UNCRPD:** The practice should promote and respect the agency and autonomy of persons with disabilities, empowering them to express voice, choice, and control over their lives.
- **Person-centred:** The individual should be at the centre of the planning process and the practice should provide tailored support based on individual needs, will and preferences.
- **Empower individuals to take a leading role in exercising their legal capacity:** The person supported has the right to choose and use supports based on their will and preferences at all stages, including the design, approval, and modification of a support plan, and the appointment and actions of support persons.
- **Preserve the “dignity of risk”:** The practice should recognise the right of individuals to make choices, including the right to take reasonable risks.
- **Accessible and inclusive:** The practice should incorporate measures to ensure equal participation and engagement for all while respecting the individual’s preferred communication methods.
- **Accompanied by appropriate and effective safeguards:** The practice should include safeguarding measures to ensure the person’s will and preferences are respected, and that decisions are made without coercion or undue influence.





### 3. Legal capacity in countries of the promising practices

Each organisation that submitted its practices operates within a distinct legal framework. The countries involved – Spain, Cyprus, Belgium, Ireland, and France – are all parties to the UNCRPD. However, national frameworks governing legal capacity vary, with notably in decentralised, or federal countries, regional laws also playing a key role. While all these countries have engaged in reforms, Spain is the only one which has completely abolished the legal incapacity of people with disabilities, aligning with Article 12. This section will give an overview of national and local frameworks regulating the legal capacity of people with disabilities in countries where service providers that have submitted a practice operate.

#### A. Spain

Spain ratified the UNCRPD and its Optional Protocol<sup>1</sup> in 2007, making it directly applicable from 2008. The national legal framework on legal capacity for individuals with disabilities is grounded in a combination of national and regional laws. The [Law 8/2021](#), which reformed civil and procedural rules, marks a milestone by eliminating incapacity. It recognises the full legal capacity of all individuals, regardless of disability, and replaces substitute decision-making with supported decision-making. Individuals can exercise their legal capacity with the help of a curator. This enables them to actively participate in decisions affecting their lives. Spanish courts oversee the process to ensure appropriate support is provided without undermining the individual’s legal capacity. This system is tailored to meet individuals’ needs, ensuring they can make informed choices with the necessary support. On 17 February 2024, the amendment to Article 49 of the Spanish Constitution replaced the outdated terminology “handicapped” with “persons with disabilities”, establishing the principle of universal accessibility, and pursuing the complete autonomy and social inclusion of people with disabilities.

In Catalonia, in addition, the [Catalonia’s Decree-Law 19/2021](#) establishes legal assistance as the primary support mechanism for people with disabilities. Instead of altering individuals’ legal capacity through court rulings, the law introduces support measures to assist them in exercising their legal rights, simplifying the process and allowing for greater autonomy. The decree outlines provisional support instruments to help individuals exercise their rights, while a Commission within the Catalan Government works on a comprehensive Civil Code reform for a more detailed framework.

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<sup>1</sup> Optional Protocols are common in human rights treaties. They are independent legal instruments linked to an existing treaty, addressing gaps or extending its provisions. Usually, only States party to the parent treaty can ratify or accede to them, but participation is voluntary. The Optional Protocol to the UNCRPD enhances implementation through two mechanisms: an individual communications procedure and an inquiry procedure.

## **B. [Belgium](#)**


Belgium ratified the UNCRPD and its Optional Protocol in 2009. The country's legal framework for individuals with disabilities is grounded in a combination of federal and regional laws, reflecting a varied approach across different local administrations. The law of 2013 on legal reform prioritises supported decision-making. According to this legislation, incapacity should be an exception, with protection regimes established only when considered necessary and limited to essential acts. The representation regime is used only if the assistance regime, which upholds more autonomy, is deemed insufficient. The last allows individuals to carry out certain acts with the administrator's consent, without full autonomy. The administrator cannot impose an act if the protected person refuses. The judge can combine representation and assistance regimes as needed for different acts, adhering to the principle of necessity to maximise autonomy.

Furthermore, in Flanders, following the [Perspective 2020 vision](#) that reformed Flemish disability care, Service Support Plan Organisations (DOPs) were established in 2012 in each province. Recognised by the [Flemish Agency for Persons with Disabilities](#) (VAPH), they assist individuals and their networks in finding tailored support. In addition, the 2011 [Flemish Quality Decree](#) set quality care standards for providers in the welfare and health sectors. It includes regulations on inclusion and person-centred decision-making. Only facilities meeting these standards are licensed by VAPH. In 2016, VAPH also began implementing [personal budgets](#), a personalised annual budget that people with a disability can use to purchase care and support from within their network, volunteers, professional careers and VAPH-licensed service providers. This empowers individuals to choose the support they need and gives insights on where to find support services. However, long waiting lists and insufficient investments mean many people do not receive a personal budget, even if eligible.

## **C. [Cyprus](#)**

Cyprus ratified the UNCRPD and its Optional Protocol in 2011. The system used is primarily governed by the Civil Procedure Code and the Guardianship Law. These laws are designed to ensure that people with disabilities are “protected” while supporting their autonomy and inclusion in decision-making to the extent deemed possible. Under the law, if a person with a disability is deemed unable to make decisions, a court may appoint a guardian to make decisions on their behalf, including those related to finance and healthcare among others.





Although further efforts are needed to align with the UNCRPD, Cyprus has been engaging in reforms to bring its practices closer to human rights standards. These include efforts such as recognising the need for people with disabilities to have support in making decisions rather than automatically losing their legal capacity. There is an ongoing dialogue regarding alternative decision-making models to replace or complement the guardianship model.

#### **D. Ireland**

Ireland ratified the UNCRPD in 2018 and its Optional Protocol very recently, taking effect on November 30, 2024. However, until last year, legal capacity for people with disabilities – known as ‘wardship’ – was a substitute decision-making system that did not comply with human rights standards. The [Assisted Decision-Making \(Capacity\) Act of 2015](#) remained largely operational until it was amended in 2022 and enforced in 2023. It recognises everyone’s legal capacity, regardless of disability, unless proven otherwise, and introduces three different decision-making support arrangements, managed by the newly established Decision Support Service: a Decision-Making Assistance Agreement, where a person selects someone to assist with specific decisions; a Co-Decision-Making Agreement, where decisions are made jointly; and a Decision-Making Representative, appointed by the court, to make decisions on a person’s behalf when they are assessed as unable to do so, even with assistance. Additionally, the Advance Healthcare Directive allows individuals to express healthcare preferences and appoint a representative in case they become unable to express their wishes. Similarly, Enduring Powers of Attorney enable a person to appoint someone to manage personal welfare, property, or finances if they become unable. Finally, the Act makes fraud, coercion, or undue influence to compel someone to make, change, or revoke any decision-making support arrangement, a criminal offence.

This very recent positive shift toward supported decision making– still not fully aligned with the UNCRPD – is underway and will take several years to fully implement. Courts are currently assessing whether individuals leaving wardship can make decisions with support or need someone to decide for them.

#### **E. France**

France ratified the UNCRPD and its Optional Protocol in 2010. Legal capacity is governed by the [2007 civil law](#), which distinguishes between social measures (preserving capacity) and civil measures (under the Court of Protection). In case of impairment of faculties, confirmed by a medical certificate, the judge may pronounce guardianship, curatorship, or a safeguard of justice (a temporary measure lasting up to two years and where the person retains their rights, with representative that may assist

them in important decisions). The law also includes a charter of rights for protected adults, ensuring they are heard, clearly informed and retain decision-making over health and housing. The law requires a multidisciplinary social assessment to clarify the needs of adults to be protected, followed by the development of an individualised plan.

Furthermore, the [Family Habilitation Law](#), introduced in 2016, allows a close relative designated by the judge to represent a person for specific acts, with simplified procedures. The 2019 law extends this to include assistance, links it with judicial protection measures, and affirms the primacy of the future protection mandate over any representation systems.

#### **4. Supporting individuals with disabilities in making decisions about their life and the support they receive**

Whether referred to as a ‘life plan,’ a ‘personalised support plan,’ or an ‘action plan,’ the practices under this section demonstrate individualised and tailored approaches focusing on providing assistance and guidance to people with disabilities in identifying and expressing their needs, wishes and preferences, to empower them to make their own choices about the daily management of their lives, the support they receive, and to plan their future.

## **Fundació Support Girona: The Life Management and Vital Projects**

### **a. Presentation of the organisation**

Established in 2003, [Fundació Support-Girona](#) is a private, non-profit organisation based in Girona and operating across Catalonia. Made up of over 100 specialists – social workers, educators, psychologists, lawyers, and economists, among others – the organisation has assisted over 1200 persons. It supports people with different types of disabilities, notably psychosocial, intellectual, and age-related disabilities, and mental health conditions. It adopts an intersectional approach, recognising overlapping conditions like gender, poverty, homelessness, drug abuse, and supports people facing complex situations. Its activities include judicial actions, advisory services for organisations, professionals, and families, tailored support, awareness-raising, and collaboration with authorities and organisations to improve disability support.

### **b. Supported decision-making practice**

When a person seeks support or is referred by legal authorities to Support-Girona, professionals will implement support mechanisms tailored to the person’s needs.

For more than 10 years, the organisation has developed the following tools to address specific issues that people encounter:

- **E-YOUTH:** Promotes the autonomy of young people with complex needs.
- **COM-IN:** Enhances communication skills for professionals and the individuals they attend to.
- **Digit to Me:** Encourages people with disabilities to act as mentors and inspire their peers to create positive change.
- **Envellir a Casa:** Supports ageing at home.
- **I-Decide:** Promotes self-determination for people with disabilities, supported by a professional.
- **TOP HOUSE:** Provides tools to assess the psychosocial and housing needs of people with disabilities.
- **Open Space:** Supports homeless people.
- **UNIC:** Encourages and supports people in implementing personal budgets.

The intervention team, called **Life Managers** uses these different tools to help the person in identifying their options in relation to a need or an objective. The team ensures the person has access to adapted information and understands relevant concepts so they can, with support, weight the consequences and impact of different actions. In case of complex situations, professionals can address the case to the *Complex Case Committee*. Comprising experts from various fields within the organisation, the committee adopts a holistic and collaborative approach, using different tools to identify and analyse the difficulties of the person and to ease the burden on frontline staff. The Life Manager accompanies and supports the person with a disability through the *Life Management* and the *Life Projects* methodologies.

First, the *Life Management* focuses on understanding and supporting people by identifying and monitoring their needs and preferences through active listening, empathic understanding, and strategies from motivational interviewing and humanistic psychology. The Life Manager considers their psychosocial circumstances, including economic, patrimonial, and legal conditions. They help people with disabilities acknowledge their talents and learning potential, and to reinterpret their mistakes and frustrating experiences in a positive and empowering way.

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“Making their own decisions, persons with disabilities learn from their successes and failures and not only from others’ experiences or what they are told. Support decision-making involves supporting persons to solve their problems, deal with their difficulties creatively and enable them to positive risk taking.”

**Sergi Martinez Blanco, Psychologist, Fundació Support-Girona**

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They guide individuals in daily tasks, encouraging independence and problem-solving, and help them manage potential conflicts with family, neighbours, and the community.

The *Life Projects methodology* focuses on establishing long-term goals through the creation of a ‘strategic map’. This plan assesses individuals’ current challenges, strengths, opportunities, and social relationships while forecasting potential changes over time. With guidance from Life Managers, individuals set realistic goals, as well as a schedule of actions, to develop new skills and overcome obstacles to achieve their objectives. Life Managers ensure the plan reflects the person’s decisions and should obstacles arise, work to maintain focus on original goals.

The Support-Girona team supports and assists the individual in implementing these plans, while also managing any risks by ensuring necessary safeguards are in place. Life managers act as intermediaries with third parties to prevent abuse or undue influence from family, professionals, or acquaintances. This includes follow-up visits and daily phone contact to ensure that the person always feels accompanied and protected.

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**Sergi Martinez Blanco, Psychologist, Fundació Support-Girona**

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## **Som Fundació: The Active Decision - Complexity and Autonomy Mapping**

### a) Presentation of the organisation

Som Fundació is a non-profit organisation based in Barcelona, Catalonia. It operates in the four provinces of Catalonia: Barcelona, Lleida, Girona and Tarragona. It has supported adults with intellectual and mental conditions in exercising their right to legal capacity for over 30 years. The organisation furnishes special support to individuals facing complex circumstances, adopting an intersectional approach and recognising overlapping conditions like social and economic vulnerabilities or drug abuse. Services provided include supported decision-making, financial management, social inclusion activities, and awareness-raising and advocacy activities notably through participation in research, studies, and European projects.

a. Supported decision-making practice

Professionals at Som Fundació provide ‘**personalised support plans**’ that are tailored to individuals’ needs, preferences, and goals. Professionals begin with an assessment using a comprehensive tool to evaluate factors affecting decision-making ability, such as cognitive impairments, behavioural issues, and external stressors. The process includes questionnaires and interviews with the individual, their family, and the support staff aiming to rate, from 0 to 5, the presence and impact of each factor. In addition, when necessary, professionals will have to make a complexity factors assessment and assess nine factors that can jeopardise individuals’ ability to achieve self-determination and pose serious risks to their health and safety. Based on the results, a personalised support plan is established. These plans focus on mitigating identified challenges, empowering individuals to exercise their legal capacity and engage fully in personal life projects. It sets strategies to help them understand their options and make informed decisions. Through structured consultations in a safe and open environment, professionals explore preferences, respect choices, and align strategies to enhance decision-making capabilities. Som Fundació also collaborates with a network of healthcare providers, social workers, financial advisors, and other specialists to facilitate discussions.

In case one or more **complexity factors** are identified during the complexity factors assessment, Som Fundació professionals will use the following strategies and approaches to provide comprehensive support:

- **Addictive behaviours:** Collaboration with specialised rehabilitation services to manage substance abuse issues, detoxification processes and continuous monitoring to ensure treatment adherence and address high-risk behaviours.
- **Chronic pathologies:** Comprehensive care plans with healthcare providers, and assistance in managing appointments and medication adherence.
- **Behavioural issues:** Behavioural management strategies and therapeutic interventions to address significant disturbances. Training for staff and caregivers is provided, along with crisis intervention plans when necessary.
- **Deterioration of cognitive abilities:** Simplification of information and decision-making processes while ensuring engagement with healthcare professionals.
- **Mental health issues:** Specialised mental health support is offered, supportive environments are created, access to diagnostic services is facilitated.
- **Economic deficiency:** Financial counselling and support are provided to help manage economic situations.
- **Migrants in irregular situations:** Support to migrants to navigate legal status and access emergency services and basic needs.
- **Youth leaving care:** Focus on life skills training, emotional support, connecting individuals with community resources to ensure transition to independent living.

- **Unfavourable relational environment:** Build and strengthen supportive networks and provide counselling and mediation services.

Throughout the process, all materials are adapted based on individual needs. Information is provided in clear, accessible language and tailored communication methods help individuals to express their wishes. Advocacy services are available for those who need additional support in expressing preferences. Family members, relatives, and professionals are involved in the process, ensuring that the individual's decisions are respected above all and allowing to establish support networks to enhance the effectiveness of supported decision-making practices.

The implementation of the plans involves practical interventions, including tailored communication strategies, behavioural support, and cognitive aids to address the individual's unique needs and challenges. Additionally, individuals are provided with workshops and resources to help them understand their rights and options, and to develop the skills necessary for making informed decisions. To ensure the effectiveness of the process, continuous monitoring is conducted through reviews and feedback from individuals and their support network through periodic surveys, regular reviews with individuals and their professionals, and participatory assessments to empower individuals with disabilities to evaluate their own experiences.

## Monnikenheide-Spectrum: Help and support planning

### a) Presentation of the organisation

Monnikenheide-Spectrum is a non-profit organisation, recognised and licensed as 'care provider' by the Flemish Agency for Persons with Disabilities (VAPH). It offers specific support to people with disabilities and their families, in the form of residential care, daytime activities, assisted work and ambulatory assistance. Everyone with a (suspected) intellectual disability can ask Monnikenheide-Spectrum for help. Monnikenheide-Spectrum also supports people with sensory or physical disabilities, autism spectrum disorder or psychosocial disabilities.

### b) Supported decision-making practice

The organisation provides a supported care plan, a special procedure reserved only for individuals who receive intensive day or residential support, meaning more than 2 days a week. To ensure the identification of individuals' wishes and to provide adequate support, professionals at Monnikenheide-Spectrum use a specific method called **Hulp- en dienstverleningsplanning – 'Help and support planning'** (H&S). This involves a structured decision-making conversation with the person and their support network to clarify needs across all important domains of life. Before engaging in this conversation,



the mentor, head of the department, and *orthopédagogue*<sup>2</sup> assess whether the person is ready to participate without experiencing undue stress. The person is interviewed through a **tailored questionnaire** addressing all domains of life. It is adapted to the person's needs and reasonable accommodations are provided (verbal and non-verbal methods, photos, pictograms, and other relevant materials). It is adapted to the person's needs and reasonable accommodations are provided (verbal and non-verbal methods, photos, pictograms, and other relevant materials). If needed, multiple welfare professionals may conduct the questionnaire to reduce bias and gather a more comprehensive understanding of the person's needs and wishes. For people with profound intellectual disabilities, the mentor uses long-term observations to complete the questionnaire.

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“This ensures that maximum attention is paid to the people’s experience and also puts them at the centre of their own support plan meeting.”

**Leen, Team member, Monnikenheide-Spectrum**

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When this preparation phase has been concluded, the mentor, the person themselves, professionals, family members (parents, guardian, confidant) meet to establish a ‘support plan’. To make sure the priority is given to the person’s needs, the conversation starts from the input the person has provided during the prior interview. The mentor supports them in voicing their opinions. Some people actively participate in this discussion while for others it is reported that this can be overwhelming or stressful. In such cases, people have the option to not attend during the whole process and short-term attendance or representation by a trusted confidant are options offered to them. In any case, inputs from family or professionals are always secondary and people’s voice and choice is prioritised even if they do not participate during the whole process. This is ensured thanks to the preparation phase previously done. The support plan is reviewed every four years, with regular evaluations throughout that period.

## **VZW Dienst Ondersteuningsplan: Service support plan**

### a) Presentation of the organisation

The practice was jointly submitted by four of the [VZW Dienst Ondersteuningsplan](#) or Service Support Plan Organisations (DOPs) of Flanders – West Flanders, East Flanders,

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<sup>2</sup> In Belgium, an *orthopédagogue* is a specialist who supports individuals with learning, behavioural, and developmental challenges. They collaborate with educators and healthcare professionals to enhance educational outcomes and overall development. Their role involves diagnosing issues, implementing tailored interventions, and promoting social participation and autonomy.


Antwerp, and Limburg. Founded in 2012, the service is anchored locally and regionally through many contact points and partner organisations on the first line. Together with the support team, the service now has 21 employees. Free of charge, they provide person-centred planning support for individuals aged from 0 to 65 with a (suspected) disability and/or mental vulnerabilities but also to those registered within the VAPH under the age of 65. They also support individuals in implementing personal budgets. While primarily supporting individuals with autism and intellectual disabilities, they reach a wide range of individuals with diverse disabilities (physical, speech, visual, auditory impairments, and brain injuries). DOPs recognise the complexity of factors impacting individuals such as family situation and social networks, socio-economic conditions, homelessness, psychological problems, but also detention.

b) Supported decision-making practice

The DOP process focuses developing a tailored **‘good life plan’** for the individual with a (suspected) disability based on a collaborative and participatory work between the individual, their personal network, and a DOP coach, and, where necessary, formal support providers.

The process begins with a meeting between the DOP coach, the individual, and their support network to discuss key areas of life such as housing, work, relationships, leisure, and overall well-being. To gain a comprehensive understanding of the individual’s situation, the DOP coach uses visual tools such as genograms, sociograms, and ecograms. For those facing difficulties to express their needs, the coach works closely with the support network. The aim is to map a person’s personal and social environment, their interests, and to identify their aspirations, needs and challenges and where further resources are needed. The **‘good life plan,’** a roadmap for achieving the individual’s aspirations and defying everyone’s roles within the support network, is then established. This plan is also covering support in the spending of personal budgets of individuals. It is designed to be realistic, inclusive, and adaptable, ensuring it can evolve to adapt to changing needs and circumstances.

Once the plan has been developed, it is implemented with the DOP coach facilitating collaboration among all stakeholders. Community engagement is a central feature of the DOP process. It seeks to connect the individual with broader community resources, neighbourhood services, and informal networks. A support group is then formed to provide continuity and sustained engagement in the person’s life. Clear agreements are thus established for follow-ups, ensuring that the plan remains a dynamic tool that addresses both immediate and future needs. This ‘good life plan’ set up can also be utilised by other services, organisations, and care providers involved in the life of the individual and its network.



Through its dynamic and inclusive approach, the DOP process builds a foundation for sustained quality of life, autonomy, and active community participation. It places the person at the centre, using tailored tools and communication methods adapted to their preferences and pace. Meetings are held at locations and times chosen by the person and their network, ensuring the process remains accessible and respectful of their needs. The process focuses on the individual’s strengths and opportunities while actively collaborating with their personal network, treating them as partners and considering their perspectives and needs throughout. By empowering the people and their network, it encourages independence and active participation.

## **5. Training, awareness-raising and shifting mindsets among professionals, people with disabilities, families and society**

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“A big part of society, including professionals or family members, don’t understand that persons with disabilities can make their own decisions.”

**Ferran Blanco Ros, Social Worker, Fundació Support-Girona**

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“The biggest challenge has been overcoming cultural resistance to change, both among professional teams and relatives, who are accustomed to more traditional models.”

**Team member, Som Fundació**

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Promising practices also include actions which aim to create a favourable environment enabling supported decision-making. This requires building the capacity of people with disabilities to express themselves, as well as working with their environment. Persons with disabilities themselves may lack confidence in their ability to express their needs and preferences and make their own choices, due to personal fears, low self-esteem, as well as broader stigma and stereotypes. Families may also feel reluctant and fearful to embrace supported decision-making, notably due to the fear of potential risks and harms. On the other hand, the environment and the diverse professionals interacting with persons with disabilities – whether in healthcare, education, legal services, or banking sector – must adapt as well. A lack of expertise, awareness, or beliefs rooted in stereotypes and stigmas, can result in inconsistent or ineffective support, and even deny of legal capacity of people with disabilities.

## A. Presentation of the promising practices

The following examples showcase how to empower individuals with disabilities (and their families and networks), by giving them the tools, information, and support necessary to ensure they can make their own decisions and access their right to legal capacity. Furthermore, they also highlight good practices aiming to raise awareness and train professionals across all sectors about the importance of legal capacity and supported decision-making, as well as to build awareness within the society.

## **Disability Federation of Ireland: The DFI Self Advocacy Programme**

### a) Presentation of the organisation

The [Disability Federation of Ireland](#) (DFI) is a federation of 123 member organisations, working with people with disabilities to implement the UNCRPD as well as other organisations in the field of inclusion and equality. DFI's efforts aim to shape public policy, raise awareness on disability issues, offer resources to member organisations, and promote self-advocacy among people with disabilities. Its actions include engaging with government bodies, health services, and other stakeholders to ensure that the voices of people with disabilities are heard and their rights are protected.

### b) Supported decision-making practice

The **Self-Advocacy Programme**, launched in 2022, was previously running in a non-structured way and is now part of the DFI advocacy strategy. It is delivered in partnership with DFI's member organisations, front-line staff, service providers, and self-advocates. It is designed to build capacity at all levels through a variety of tools and resources:

- Policy updates and training
- Best Practice knowledge hub
- Peer Group networks
- Individual Management Mentoring
- Organisational Training
- Member knowledge Hub
- Guides, tools and resources

On the one hand, the programme aims to empower individuals with disabilities to gain self-confidence and skills to speak up for themselves. The communication training focuses on learning their rights under the UNCRPD, using interactive exercises and peer support to foster confidence for advocacy in personal, professional, and political settings. Participants are encouraged to discuss important issues and determine how

they should be addressed. To date, 35 training sessions have been delivered. **Feedback from participants demonstrates success, with people feeling empowered and confident** to express their needs when in a structured and supportive environment. Furthermore, the media training equips participants with skills in storytelling, public speaking, and presentations, enabling them to confidently share their stories and advocate for change. This has increased their confidence and capacity to advocate at local and national level, to participate in events and forums, and to collaborate with media outlets. Six hybrid sessions involving 70 self-advocates have been held.

On the other hand, the programme aims to **encourage frontline staff to be active allies in the advocacy process**. By emphasising the importance of an environment respecting and promoting self-advocacy, the training aims to empower workers to encourage service users to use their voice, both within the organisation and their broader communities. The first workshop delivered in late 2023 was attended by representatives from 15 organisations and groups. Front-line staff have reported gaining a deeper understanding of the pivotal role they play in empowering individuals with disabilities and the importance of positive relationships and trust to support self-advocacy efforts. Three self-advocacy workshops were also held in 2024 in Cork, Dublin, and Galway, providing a valuable opportunity for member organisations to share their knowledge and learn from peers and experts.

Overcoming the lack of self-advocacy awareness among all stakeholders is the goal. The programme aims to tackle organisational barriers such as fear of change, lack of knowledge, and supports workers and their organisations in recognising the importance and benefits of self-advocacy in improving services and fostering a collaborative culture. This has led to a cultural shift within organisations from a culture of provision to one of consultation, co-design, and participation in decision-making by people with disabilities. It has also led to greater engagement of service users in local decision-making.

So far, in total 45 training and workshop sessions have been conducted, benefiting 675 self-advocates and front-line staff. To reach more people and increase accessibility, DFI is developing additional training, eLearning, and a Self-Advocacy Toolkit. The latter will provide strategies, resources, templates, and a facilitator guide to encourage self-advocacy in practices and policies of member organisations. Plans for 2025 include exploring the potential for training to be delivered by advocates directly with DFI support.

## Christos Stelios Ioannou: Self-advocacy group

### a) Presentation of the organisation

The [Christos Stelios Ioannou Foundation](#) is a non-profit organisation based in Nicosia, Cyprus. It provides services for individuals with intellectual and developmental disabilities and supports their inclusion, development, and well-being. Operating for thirty years, it offers education, vocational training, employment opportunities, and awareness raising and advocacy activities, notably in collaboration with other institutions and organisations.

### b) Supported decision-making practice

The Foundation fosters supported decision-making through its **Self-Advocacy group**, which is an integral part of its programme and Strategic Planning. This group brings together people with intellectual disabilities, providing them a space to express their desires, assert their rights, and strengthen decision-making skills. Meetings are held weekly, with topics selected by participants at the beginning of each academic year. There, they engage in conversations and share opinions on personal, social, and community issues, and discuss challenges they face in their daily lives and how to address them. They are informed about their rights and all matters that concern them and explore their opportunities for inclusion, employment, independent living, and leisure. Participants are encouraged to share insights with peers who do not attend and to raise their concerns or requests within the group. Some participants are familiar with the process and easily discuss daily concerns. However, many are unaware of the options available to them or how to utilise them. Thanks to this group, participants gradually open up, gain confidence, and express themselves more freely. This helps them build self-assurance, broaden perspectives, articulate aspirations beyond their immediate realities. They are also empowered to take control of their own lives, seize opportunities, and address challenges they encounter.

The group is facilitated by a coordinator, often the Foundation's psychologist. They facilitate open dialogue, encouraging individuals to share their wishes, understand their options, communicate effectively, and make requests, while respecting their individuality, avoiding influence, and never speaking on their behalf. To encourage communication and empowerment, tools and methods such as simple language, visual materials, role-playing, and easy-to-read materials are employed. Clear explanations of options with their benefits and consequences, restating information using technical tools, actively listening, and interpreting body language and behavioural cues help build confidence and self-esteem.

### **The Self-Advocacy group also engages in advocacy beyond the Foundation.**

Representatives of the group participate as observers in the Committee for the





Protection of Persons with Mental Disabilities in Cyprus, contributing to discussions on key issues. The issues discussed within the self-advocacy group can also be compiled in a Memorandum that is submitted to the House of Representatives, Ministries, and other relevant bodies to influence policies and practices. These advocacy activities ensure that their desires and perspectives shape policymaking on issues that affect them.

## **Fundació Support Girona: Training and Pedagogical Intervention Strategy**

### a) Presentation of the organisation

For the presentation of the organisation please refer to page 10.

### b) Supported decision-making practice

The Training and Pedagogical Intervention Strategy is at the cornerstone of Support Girona's mission, bridging knowledge gaps, fostering inclusion, and empowering individuals to make their own decisions and live autonomously. This strategy combines targeted training courses and pedagogical interventions for internal professionals, external stakeholders, and persons with disabilities and their families. The organisation has conducted 164 national training activities and 61 international educational events in the past year. Innovative methods used include:

- Focus groups to discuss the right to make decisions and live independently in the community.
- Case studies and practical exercises to design intervention plans based on supported decision-making principles.
- Role-playing and interactive activities to foster social and observational learning.
- *E-YOUTH* Methodology for identifying complex needs and *I-Decide* Methodology for crafting tailored support plans.
- Evaluation tools, including a digital app for professionals and Individualised Social Reports for persons with disabilities, to monitor progress and skill development over the medium and long term.

These pedagogical interventions are designed for people with disabilities for them to:

- Enhance self-knowledge by helping them to identify and understand their emotions, needs, and goals.
- Support the creation of action plans by teaching them how to define objectives and manage potential risks and challenges.

- Develop their decision-making skills by encouraging a thoughtful analysis of their options and consequences. Mistakes are viewed as valuable learning opportunities, fostering resilience and growth.
- Help them develop habits enabling them to live independently and integrate successfully into their communities.
- Develop skills to mentor other persons with disabilities.

The strategy also provides professionals and stakeholders training where they can learn:

- How to communicate effectively with persons with disabilities, using adapted language and tools.
- Techniques for designing inclusive support plans that consider psychosocial resources, coping strategies, and cognitive frameworks.
- Pedagogical methods tailored to the needs of individuals at risk of social exclusion, ensuring they can make informed decisions and manage risks linked.
- How to build trust and mutual respect at every stage of support plan development and implementation.

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“Training is the first and foremost element enabling services to advance and update their processes.”

**Ferran Blanco Ros, Social Worker, Fundació Support-Girona**

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Through its organisational training programmes, pedagogical activities, and postgraduate courses, Support Girona is driving a new paradigm of psychosocial intervention. This model directly and indirectly promotes the independent living of persons with disabilities and equips professionals with best practices and tools for effective support.

## Som Fundació: Training and awareness raising

### a) Presentation of the organisation

For the presentation of the organisation please refer to page 11-12.

### b) Supported decision-making practice

Som Fundació provides training, materials, and resources to staff, individuals with disabilities, and their support networks—including family members, caregivers, and professionals—to ensure everyone involved in the decision-making process understands the principles and can actively contribute to developing personalised support plans.

Empowering persons with disabilities: The Foundation offers workshops and resources to help persons with disabilities understand their rights and options, and to develop skills for making informed decisions. Beyond that, the organisation also actively involves individuals with disabilities in various aspects of its work. Their participation ranges from activities such as awareness-raising initiatives, data collection, and the development of training tools. By incorporating their insights and lived experiences, Som Fundació ensures that the individuals it serves are empowered to shape the policies and programmes that impact their lives.

Training of internal staff: **Continuous and regular professional development** is offered to its staff and volunteers. Training and workshop focus on enhancing their understanding of supported decision-making principles, building effective communication skills, and developing effective strategies to empower individuals with disabilities to take control of their decision-making processes. This is necessary, notably to ensure that professionals not only provide guidance and assistance to individuals with disabilities, but also to shift mindset regarding the inherent risks involved in autonomy and empowerment. They learn how to accompany individuals in taking responsibility for their choices, fostering commitment, and helping them become the actor of their own lives.

Empowering and raising awareness within the support network and society: Furthermore, the organisation focuses on **building and strengthening support networks** that include families, peers, professionals and community members. These networks serve as platforms for sharing experiences, resources, and strategies, all of which contribute to enhancing the capacity for supported decision-making. Concerning families, they are primarily supported through individual sessions with social support teams, which include visits, follow-ups, and assessments. Some also join group meetings to share experiences and access community resources. Additionally, information on supported decision-making is shared via social networks, digital platforms, newsletters, and magazines.

The organisation also engages in advocacy efforts to raise awareness about the importance of supported decision-making principles. Through workshops, seminars, and informational campaigns, it engages with families, professionals, and the broader community to promote understanding and acceptance of the rights of individuals with disabilities to make their own decisions. This aims to shift perceptions, fostering a culture of understanding and acceptance prioritising autonomy and self-determination.

## VYV3: The Psychoeducational approach

### a) Presentation of the organisation

The [VYV Group](#) is the leading mutual organisation in health and social protection in France. 30,000 employees and 1,700 service and care establishments across 77 departments in France. It was created in 2017, as a result of the merger of several mutual insurance companies and social and solidarity economy organisations. It works to enhance access to care for the population. The organisation's mission focuses on three essential commitments, particularly enhancing the agency of people with disabilities. From living arrangements to employment opportunities, specialised care, and legal protection services, the VYV Group offers a wide range of solutions to support individuals at every stage.

### b) Supported decision-making practice

Several regions within VYV3 have embraced a new approach to supported decision-making inspired by psychoeducation and originating from Québec. This model takes a holistic approach, considering all aspects of people with disabilities' lives and environments. It focuses on restoring and enhancing individuals' adaptive capacities while fostering supportive environments.

An experimental programme was launched in 2019 to integrate psychoeducation principles into the practices of professionals within the mutualist network, particularly for individuals with disabilities. Following positive evaluations of this initiative, it was scaled up in 2021 to reach a broader population. The formation consists of both online and in person training. Professionals are trained to adopt an approach of “working with” rather than “working for” individual, shifting **practices to better support autonomy and social participation** of persons with disabilities. The following tools have been developed and are used by professionals to ensure a person-centred and individualised support:

- Assessing the individual holistically and specifically: adaptive capacities, life history, physical and social environment, social network mapping, and daily habits.
- Giving meaning to the rehabilitation process: self-determination, self-determined life planning, methodologies for managing risks, and including the individual in record-keeping.
- Updating the individual's life plan through interventions in natural environments: methodologies for preparing and updating interventions at home and in significant community locations.
- Updating the individual's life plan by highlighting adaptive capacities and environmental enablers: strategies to emphasise adaptive capacities and maintain collaboration with significant people in the individual's life.

- Updating the individual's life plan through a "doing with" approach: methodologies for structuring support moments where activities are carried out alongside the individual.
- Maintaining a healthy professional distance despite the approach's proximity: addressing compassion fatigue and strategies for self-care and supporting colleagues.

Training has permitted a shift in services provision with a better understanding of the situation of the person being supported, enabling:

- Greater engagement and empowerment of the person being supported.
- Improved alignment between the expectations expressed by the person being supported and the objectives of their personalised life plan.
- An increased sense of competence and usefulness for professionals.
- A reduction in the dependency of the person being supported.
- The identification of unique and creative strategies to support the individuals being accompanied.

The adoption of the psychoeducational approach marks a move toward inclusive, person-centred support, empowering professionals to enable rather than direct, and encouraging active participation from persons with disabilities, contributing to France's efforts toward deinstitutionalisation and inclusion. The training programme is renewed annually with the aim of gradual training over several years. **For now, over 200 professionals have been trained in this approach**


## Fundación ONCE: Alianza Apoyo y Autonomía

### a. Presentation of the organisation

The [Cooperation and Social Inclusion of People with Disabilities](#) (ONCE) was established in 1988. It is dedicated to improving the lives of people with disabilities in Spain. Its mission focuses on promoting social inclusion through employment opportunities and universal accessibility. The foundation supports individuals with disabilities by providing training, job placement services, and advocating for accessible environments. Fundación ONCE has made a significant impact through numerous projects and collaborations.

### b. Supported decision-making practice

In March 2023, Fundación ONCE, in collaboration with CERMI and Fundación Æquitas, launched the *Support and Autonomy Alliance* to **advance the implementation of the 2021 law that abolished the guardianship system** by aligning legal change with a



broader cultural shift. The Alliance reunites national organisations representing people with disabilities, alongside legal professionals, families, and civil society actors. To date, member organisations include Plena Inclusión (Intellectual disability), Autismo España, Liber (Association of Decision Support Entities), Daño cerebral (Spanish Federation of Brain Injury), Confederación ASPACE (Cerebral Palsy Association), Salud Mental España (Mental Health Spain), and Down España. Community engagement is central to this initiative, with the Alliance actively incorporating feedback and proposals from individuals and organisations to enhance its strategies.

The Alliance engages with stakeholders, including government officials, legal practitioners, banking institutions, and universities, to build a network of support. Key activities include **advocacy and awareness campaigns** such as presentations to policymakers and media, mobilising public and private institutions, as well as providing training and resources. Training programmes aim to equip professionals with the knowledge needed to uphold the principles of the reform, while accessible materials, including easy-to-read formats, ensure inclusivity for persons with disabilities. The Alliance also leverages digital innovation to empower individuals through interactive platforms that enable them to manage and adapt their support plans autonomously. These tools foster self-determination and ensure that the preferences and wishes of persons with disabilities are prioritised throughout the decision-making process.

Despite its achievements, the Alliance faces challenges in addressing barriers to implementation. For instance, many banks fail to comply with the new legal framework, limiting financial autonomy for persons with disabilities. Outdated regulations in areas such as social security and taxation further complicate access to benefits and deductions. Procedural accessibility remains a significant issue, with insufficient funding and delays in updating regulations causing harm to individuals and families. To overcome these obstacles, the Alliance advocates for regulatory amendments and institutional changes to mitigate these collateral effects. It emphasises the need for systemic adaptation to ensure the reform's objectives are fully realised, particularly in areas like employment, justice, and social support. By uniting expertise, resources, and advocacy efforts, the Support and Autonomy Alliance plays a crucial role in transforming the legal and societal landscape for persons with disabilities in Spain.

## 6. Navigating successes and obstacles in supported decision-making

Feedback from individuals receiving support from these organisations, their families, supportive networks, and support providers, underlines several benefits of supported decision-making. The following section will highlight key outcomes related to developing support plans and creating an enabling environment for supported decision-making.



Supported decision-making significantly contributed to **enhancing the lives of people with disabilities in the following ways:**

- **Understanding their rights:** They have gained awareness of their everyday rights, and their right to express their needs, preferences and wishes.
- **Developing self-awareness:** They understand their personal difficulties, functional barriers, and unique strengths and skills. This enables them to build self-esteem, confidence, and respect.
- **Broaden their perspectives:** Their perspectives are broadened, helping them view their situation differently and become aware of new possibilities and opportunities offered to them. Individuals feel more motivated to make decisions and overcome difficulties.
- **Fostering empowerment:** With appropriate support and understanding, individuals gain the confidence to express their views and needs, recognising that they have a say in shaping their own lives. Empowerment manifests through active participation in daily life and decisions about their support, but also by voicing their opinions in local and national levels.
- **Enhancing personal agency:** Individuals are actively involved in making decisions about their own lives and shaping decision-making about the services and supports they receive.

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“It makes people take things into their own hands more.”

**DOP coach, VZW Dienst Ondersteuningsplan Vlaanderen**

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“I have realised that I have to put the control much more with the person and his network.”

**External support service working with VZW Dienst Ondersteuningsplan Vlaanderen**

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- **Promoting self-determination and autonomy:** Protagonists of their own lives, they become more independent and responsible.
- **Generating learning environment:** They are encouraged to take initiative, explore choices, and learn from both successes and mistakes. They can develop and demonstrate their skills, competencies and talents before, and after deciding.

- **Enhance life's quality and participation in community:** Individuals feel more fulfilled and happier, as they are new active participants of their own life and within their community.

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"The DOP coach provided emotional support and was someone I could talk to. This improved my overall well-being."

**Person with a disability, VZW Dienst Ondersteuningsplan Vlaanderen**

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Positive outcomes extend to the front-line staff and organisation as a whole:

- **Fostering communication and mutual understanding:** The use of adequate, inclusive and person-centred tools enhances staff members' ability to listen, understand, and respond effectively to individuals' needs.
- **Building a support bond:** Professionals build a bond, based on mutual respect, trust, and safety, with the people with disabilities they support.

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"She [the DOP coach] advocated on my behalf, which made me feel like she was a true advisor"

**Person with a disability, VZW Dienst Ondersteuningsplan Vlaanderen**

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"Empathy and active listening are the most important skills that both professionals and persons with disabilities need to put into practice although persistence, proactivity and proximity also are highly relevant and important skills needed in the supported decision-making process."

**Sergi Martinez Blanco, Psychologist, Fundació Support-Girona**

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- **Sustaining a self-advocacy culture:** They have become more aware of the need for more involvement and participation by those who use their services. This supports organisations to develop and sustain a self-advocacy culture in partnership with their workers and their service users.

- **Transforming work culture:** Supported decision-making has changed the perception of the support professionals provide to people with disabilities. They have a better understanding of the powerful role they play in empowering and supporting them. This has made them shifted their support towards one that is focused on emancipating and empowering and not over-protection.

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“Our interventions have changed completely. Now, we help them develop and increase their potential instead of over-protecting them.”

**Sergi Martinez Blanco, Psychologist Fundació Support-Girona**

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“Embracing risks can be difficult. At our organisation, we see ourselves as change facilitators, allowing people to make mistakes, realise them, and learn from those experiences.”

**Team member, Som Fundació**

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- **Reinforcing peer support, collaboration and networking:** Supported decision-making has connected organisations and services supporting people with disabilities, allowing for further comprehensive support.
- **Increasing professionals’ well-being:** The shift in the support they bring not only enhances job satisfaction, but it also fosters a deeper sense of purpose.

While supported decision-making offers significant benefits, its implementation is not without challenges. The issues mentioned by staff in implementing supported decision-making can be summarised as follow:

- **Difficulty of participation for people with severe or profound intellectual disabilities:** People with severe or profound intellectual disabilities often struggle to express their needs and preferences, relying on family, carers, or professionals for interpretation. However, the practices presented highlight how professionals use inclusive, tailored approaches to better understand individuals’ unique preferences. While these methods strive to centre the person's voice, they still often depend on input from families, carers, and support networks to form a full understanding of their needs and wishes.
- **Social and emotional barriers:** The length and depth of the process can be overwhelming, making it difficult for individuals to fully engage or sustain their involvement.
- **Risk management challenges:** Balancing autonomy with the risks of decision-making can be challenging for individuals with disabilities, but also professionals, who must adapt to a new approach.

- **Lack of continuity:** Social connections established during the process often lack proper follow-up, resulting in the discontinuation of vital support over time.
- **Barriers in implementing support plan:** Barriers such as resource constraints (e.g., lack of funding or housing), limited flexibility in administration and services, and uncoordinated support can hinder the effective implementation of support plans, restricting individuals' ability to live independently.
- **Lack of awareness:** Stigma and misconceptions about individuals with disabilities often hinder the promotion of supported decision-making practices.
- **Time-consuming procedures:** This process often requires significant time and effort, which can be a barrier for both individuals and professionals.

## 7. Conclusion

To conclude, the promising practices on supported decision-making outlined in this document showcase various actions that directly or indirectly contribute to empowering individuals with disabilities to make autonomous decisions in all areas of their lives, respecting their autonomy, and dignity, promoting self-determination and fostering their inclusion in the community and society.

Person-centred planning practices are one form of supported decision-making that is central, ensuring that individuals with disabilities take control over their own life and make their own decisions based on their preferences and aspirations, while they get tailored support to be able to do so. Raising awareness among service providers, caregivers, and professionals on what supported decision-making entails, as well as equipping them with tools and methods to effectively apply supported decision-making practices is also key. Similarly, empowering individuals with disabilities through training and awareness activities enables them to understand their rights, express their wishes, and actively participate in decisions about their lives. Finally, raising awareness among the society is equally important to ensure a broader culture of empowerment.

The practices presented in this document demonstrates that while legal reforms are essential to recognising the rights of individuals with disabilities to make their own decisions, realising these rights requires empowering individuals to exercise them, transforming how professionals provide support, as well as fostering a cultural shift.



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