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Reimbursable Advisory Services Agreement on Support for Speeding up the Transition of People with Disabilities from Residential Institutions to Community-based Services (P168518)

The first monitoring report on the implementation of the reorganization and restructuring plans

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List of Acronyms

CAbR	Habilitation and rehabilitation Center for adults with disabilities
CIA	Care and Assistance Center for adults with disabilities
CJ	County Council
CPVI	Independent living center for adults with disabilities
CRPD	Convention on the Rights of Persons with Disabilities
GDSACP	General Directorate for Social Assistance and Child Protection
GD	Government Decision
LPA	Local public authorities
mSH	Minimum sheltered housing for adults with disabilities
MSH	Maximum sheltered housing for adults with disabilities
NAPD	National Authority for Persons with Disabilities
NARPDCA	National Authority for the Rights of People with Disabilities, Children and Adoptions
PPA	Professional Personal Assistant
RC	Residential Center
NA	Not applicable
SN	Substantiation Note
NGO	Non-governmental Organization
UN	United Nations
PIN	National Interest Program
PIS	Individual Service Plan
POCU	Human Capital Operational Program
POR	Regional Operational Program
PP	Personalized Plan
RP	Restructuring Plan
SIPOCA	Information System of the Administrative Capacity Operational Program
SH	Sheltered housing
WB	World Bank

Summary

This report presents the results of the first round of monitoring the processes of restructuring and reorganization of residential centers for adults with disabilities. Overall, 150 centers were included in the analysis, of which 59 underwent the restructuring process and 91 the reorganization process. In total, over 10,000 Forms for service users were completed for these centers, of which most were assessed in order to substantiate the Restructuring Plan. The very good response rates for all the ten monitoring tools used ensure a high accuracy of the data both at center level and at the county and national level. However, it is important to mention that the results presented do not include information about the centers with still a large capacity whose Restructuring Plans were not endorsed by NARPDCA by the time of completing the list corresponding to this first round. Similarly, the results on centers for which the documents underlying the issuance of the notice of establishment by reorganization of the residential center by NARPDCA were not endorsed are not reflected. Depending on the project implementation schedule, they will be included in the second round of monitoring the restructuring and reorganization processes.

Profile of service users

The profile of the assessed service users shows a similar distribution by gender and type of disability and relatively different by categories of age and degree of disability to that for the entire institutionalized population of adults with disabilities in Romania, both in the case of restructuring and reorganization processes. In the case of restructuring, there is a higher share of service users in the 45-64 age category and of service users with a mental disability. Instead, service users in the reorganized residential centers and included in this first monitoring round have a higher share of service users in the 18-34 age category and of service users with a mental disability. Regarding the communication needs of the assessed service users in order to substantiate restructuring, for a quarter of them communication could be done with difficulties and with 22% of the service users it was not possible to communicate at all. Within reorganization, with more than a quarter of the participants (27.3%) it was not possible to communicate at all.

The service user assessment process

Participation of representatives of non-governmental organizations in the service user assessment process in centers undergoing restructuring and reorganization was very poor. For only 2% of the service users, participation was declared, as observer, by a representative of a non-governmental organization for people with disabilities.

The total size of the assessment teams ranged from 3 to 14 or 16 members of the assessment team from the restructured centers, but most of the service users (82%) were assessed by assessment teams of 3 to 5 members. A psychiatrist was present in the assessment teams for 2.6% of the service users, and a doctor of any other specialty assessed approximately 38% of the service users. Instead, the social worker was present in the assessment teams for almost 90% of the service users. Similar results are also recorded in the case of reorganization. Just over one third of the service users present within the substantiation of reorganization processes were assessed by a doctor (psychiatrist or other specialization), only 11% by an occupational therapist and 2% by a vocational counselor.

The legal representative did not participate in assessment for most service users who at the time of assessment had a protection measure by placing under a ban, within the assessments carried out to substantiate the restructuring, but sent his/her approval. Similarly, the legal representative did not participate in the assessment of service users but sent his approval for most of the service users who had a protection measure by placing under a ban at the time of assessment, within reorganization.

Results of the assessment (1): type of support

Most of the service users in the residential centers undergoing restructuring were assessed as requiring continuous support for almost all types of needs included in the assessment. More than half of the service users in the reorganized centers need continuous support for health assistance and maintenance/development of several types of skills, such as economic transactions, self-management skills, daily skills, cognitive skills, interaction/interpersonal relationship skills, social skills and self-care skills. The smallest shares for this type of support are found in the case of mobility skills, both in the case of the service users assessed to substantiate the restructuring and in the case of substantiating the reorganization.

Results of assessment (2): accommodation options

The profile of service users assessed in view of restructuring is significantly different depending on the outreach/accommodation option identified by the assessment team. Therefore, the profile of the service users for whom the outreach/accommodation option is represented by sheltered housing is mainly that of a person up to 65 years old, with a degree of slight, medium or accentuated disability and with whom it was possible to communicate. The few service users who had community outreach solutions are statistically to a significantly greater extent young people (aged 18-34), with mental disabilities. Service users for whom residential centers (other than sheltered housing) still represent outreach/accommodation solutions are to a greater extent people over the age of 65, classified as severely disabled or with a personal assistant, with a

physical, visual or associated disability and with whom it was not possible to communicate at all.

Within reorganization, the service users assessed for substantiating the reorganization processes are split into two large groups - those assessed as requiring activities mainly of maintenance/development of the personal potential in a Care and Assistance Center (CIA) - 63.8% and those mainly requiring empowerment and rehabilitation services in an Empowerment and Rehabilitation Center (CAbR) - 32.7%. Only for 1.7% there were needs determined mainly for independent life skills in an Independent Life Center service and 1.2% in a Sheltered Housing service.

The analysis of the service user's profile depending on the predominance of the established types of activities and the frequency of support needed for different types of skills shows significant differences from a statistical point of view. Therefore, the service users who were assessed as requiring mainly maintenance/development of personal potential in a CIA service are rather persons who need constant support for all types of skills. In contrast, the profile of service users who mainly need: (i) services of Empowerment and Rehabilitation Center type; (ii) services of Independent Life Center type and (iii) services of Sheltered Housing type includes to a significantly greater extent from a statistical point of view service users who need sequential support for almost all types of skills, including independent life.

Results of assessment (3): planned residential services

Residential services represent outreach or accommodation solutions for most of the service users (96.6%) assessed during the process of drafting the Restructuring Plans, as identified by the assessment team. Out of these, 18.5% of the service users have as transfer solution moving into a maximum protected housing and only 3.6% to move into a minimum protected housing. As alternatives in the community, only about 2.4% of the service users assessed in the restructured centers have community-based transfer alternatives, according to the solutions identified by the assessment team.² Moreover, the service users for which the outreach (accommodation) solution identified by the assessment team is represented by services in the community or sheltered housing are to a significantly greater extent from a statistical point of view from the category of those who made an informed decision at the moment of applying the Assessment Form for the substantiation of the restructuring process.

All types of activities provided to be started and completed for the residential services planned in the Restructuring Plan until the monitoring date present delays compared to the initial planning in the schedule established in the Plan. The largest shares of services for which the activity was not started (of those provisioned to be started and

² The total up to 100% is represented by other solutions - for 0.2% the identified solution is a medical care institution and for 0.7% another care option was identified.

completed by the monitoring date) are registered for those related to the construction of buildings, endowment of the service, ensuring human resources and certification of the service. Moreover, more than half of total residential services in the Restructuring Plan were planned on the same land or on a land neighboring other services envisaged under the same plans.

Activities carried out with service users

In the case of service users who are present at the time of monitoring in the service undergoing restructuring and who were assessed in the substantiation of the restructuring process, for the most part (76%), the multidisciplinary team updated the individual intervention plan by introducing the objective regarding the transfer/provision of specific services to the service users, based on the applied assessment form.

The impact is estimated as positive for more than half of those with whom activities were carried out to increase the degree of social integration. However, for more than one third of the service users who participated in activities of increasing the degree of social integration no impact could be noticed, for 3% the impact was estimated as negative and for almost 13% the impact of such activities cannot be estimated. It is possible however that, at least for some service users, these activities were not carried out, in the context of the COVID-19 pandemic. However, certain needs identified by assessing the service users remain uncovered in corresponding activities provided in the last PP (the latest review of the PP) established for service users in the restructured or reorganized centers.

The profile of service users for whom independent life skills increased are significantly differentiated depending on socio-demographic characteristics. They are to a significantly greater extent service users aged between 35 and 64 years, with a degree of mild, medium or severe disability, with a type of mental disability and for whom activities have been carried out to increase the degree of social integration (data for restructured centers). Therefore, according to the data collected in the first monitoring round, the development of activities to increase the degree of social integration has a positive impact on the evolution of independent life skills, a result valid for both restructuring and reorganization processes.

Moreover, less than a third of service users say that they can participate in community events whenever they want (film, theater, shows etc.), that they decide which services they need and where they benefit from them (psychological counseling, speech therapy, physical therapy etc.), that they decided to live in this RC or that they know people who lived in the center and are now in the community.³ However, more than

³ Some variables are also included and the option depends sometimes, but other times it doesn't. Data for restructured centers.

half of the residents of restructured centers: (i) were asked whether they wanted to move out of the RC and into the community; (ii) believe that they receive the services they need; (iii) the employees take their opinion into account when they communicate their dissatisfaction; (iv) get the help they need from the others; (v) may refuse to take part in the activities in the RC or outside the RC/service (group or individual-based activities) (vi) receive support when they need information to understand a situation and then make a decision; (vii) if something unpleasant happens in the RC or they witness another unpleasant event that another resident goes through (conflicts or aggression from other residents or staff), they feel they can complain without fear of punishment; (viii) receive help from the employees when they want to contact their family/friends or make new friends and (ix) can tell the employees if they are dissatisfied with the provided services.

Difficulties encountered and lessons learned in the restructuring and reorganization processes

The types of difficulties reported include resistance to change of the various factors involved in the process, discrimination against people with disabilities in the community, but also the resistance of center staff. Other issues are related to the formality of the process, as, in order to conduct a profound change in the quality of the services provided by the new restructured residential service, it is necessary to do more than change the organizational structure. In addition, the implementation of the Restructuring Plan is dependent on the administrative capacity of GDSACP (General Directorates for Social Assistance and Child Protection) to attract funding, but also on the capacity to implement the funded projects, and insufficient development of social services at community level adds additional difficulties to community transfer solutions. In addition, the pandemic period was not conducive to achieving the planned objectives. Other lessons learned are related to systemic issues in the protection of people with disabilities, such as the lack of social services in the community or the need to develop special services for certain categories of service users.

Some of the difficulties on human resources reported in the case of centers undergoing reorganization are related to financial problems. In total, almost half of the centers are currently facing difficulties in ensuring the necessary human resources planned under the Substantiation Note. The identified needs also refer to changing the amount of the cost/service user standard "to ensure the full operation of the center and employed staff that constantly benefits from training courses" or to "granting the bonus for particularly dangerous working conditions". Moreover, the difficulties related to human resources refer in several cases to suspending the organization of all recruitment contests to occupy vacant positions within institutions, but also to the fact that vacant positions are not put up for contest to be filled due to insufficient allocation of budget

resources, issues related to the provision of rest leave, medical issues (including long periods of sick leave) or cases of isolation/quarantine at the workplace.

Internal and external assessment

Regarding internal and external assessment of the restructuring plans, for only half of them there has been a team designated to deliver an internal assessment report. Moreover, the conclusions of this type of assessments relate to a high degree of achievement of objectives for only six centers (out of 26 centers where an internal assessment report has been prepared). The situation is no better for external assessment - in only one case the same degree of achievement for the objectives and expected outcomes has been considered high. In other centers undergoing restructuring, the degree of achievement of objectives and the expected results, according to the internal assessment report, is assessed as average (15 centers).

Update needs

Currently, it is not necessary for any of the reorganized centers included in the first monitoring round to prepare an Substantiation Note and change the profile of the residential center. At the time of assessment, all centers had a weight of at least 60% of service users with need for activities and services specific to the RC profile. Currently (the moment of monitoring), only one of the centers does not fulfill this condition, but the weight calculated based on the provided data is 50%. Moreover, there are 63 centers that underwent reorganization and where, at the moment of monitoring, all service users need specific activities and services corresponding to the profile of the residential center.

In the case of restructuring, there is a set of 18 centers where their representatives said there was a need to update the Restructuring Plan by supplementing or amending it. It is possible to be necessary to update the Plan amid the revision of the personalized plans of service users.

Moreover, at the moment, among the centers included in the first monitoring round, there are 24 centers with 100 service users or more. Also considering the rest of residential centers not included in this monitoring round, at national level, their number can only be higher. This finding draws attention to the pace of the deinstitutionalization process and also to the need to reflect on the adequacy of the identified transfer solutions, according to what was highlighted in the Restructuring Plans - a very high share of residential solutions, to the detriment of community transfer alternatives.

The report presents in the final section a number of strategic and operational recommendations, grouped by each relevant level - residential center, county center (GDSACP and County Council) and national center respectively (NARPDCA). The

strategic recommendations include: (i) revision of the specific quality standards in the sense of developing requirements on ensuring independent life and strengthening the status of the multidisciplinary team; (ii) using the European and national funding opportunities to speed up the deinstitutionalization process, while identifying accommodation alternatives at community level; (iii) developing collaboration with non-governmental organizations; (iv) including, in the strategic framework at county level, the objectives on the development of material resources and human resources skills needed to apply the tools of data collection and processing at county level and measures for encouraging independent life; (v) using the methodological coordination resources at county and national levels for all difficulties arisen in the restructuring and reorganization processes and (vi) organizing exchanges of experience at European, regional and national level on restructuring and reorganization processes.

1. Overview

The first monitoring report on the implementation of the reorganization and restructuring plans is a deliverable developed as part of Activity A6.1 (Development of the methodology for monitoring the implementation of the reorganization methodology and/or of the restructuring plans and development of two monitoring reports). This output is produced under the Reimbursable Advisory Services Agreement on “Support for Speeding up the Transition of People with Disabilities from Residential Institutions to Community-based Services” signed between the National Authority for Persons with Disabilities⁴ and the International Bank for Reconstruction and Development on October 4, 2019. The overall objective of the project is to “provide support to the National Authority for People with Disabilities (“NAPD”) in improving its capacity to accelerate the deinstitutionalization of adult persons with disabilities from residential institutions to community-based services, while designing the public policy and working tools to develop support alternatives for independent life and integration into the community and to prevent re/institutionalization”.

This activity focuses on the development of working instruments to monitor the implementation of the reorganization methodology and/or of the restructuring plans of public residential centers during the transition of persons with disabilities from residential institutions to alternative community-based services. The present report outlines results of data collection process for the first monitoring round on restructuring and reorganization processes. The results at national level are included in the report, while the Annexes contain the results recorded at county and center level (Annex 5).⁵

2. Methodological framework

2.1. Scope of Monitoring

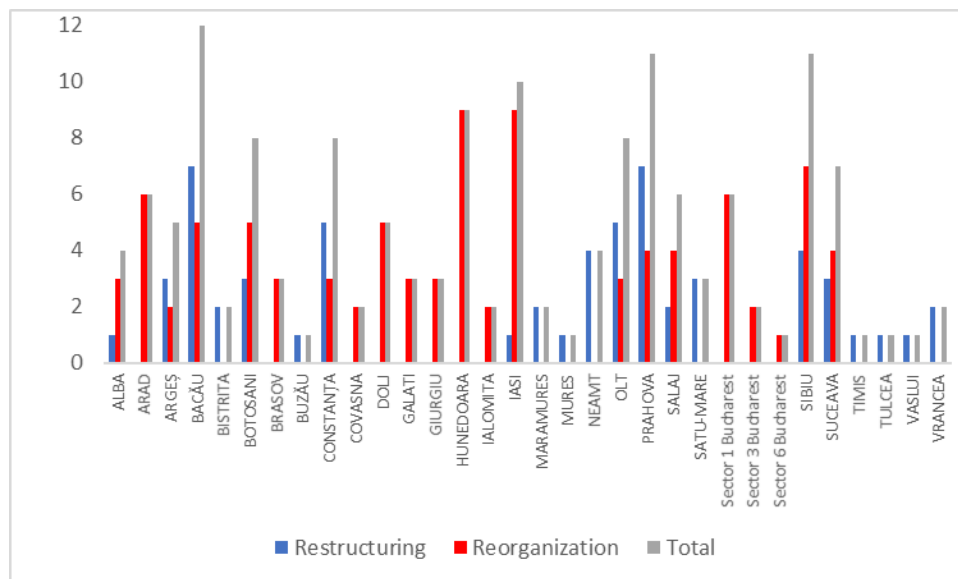
This project involves two monitoring rounds for the implementation of the restructuring and reorganization processes. The scope of the first monitoring round covers all Restructuring Plans and the documents underlying the basis for the issuance of the withdrawals of establishment by reorganization of the residential center by NARPDCA until the initiation date of the data collection process. Depending on the project timeline, the second monitoring round may include all Restructuring Plans and the documents underlying the basis for the issuance of the withdrawals of establishment by reorganization of the residential center by NARPDCA for all residential centers.

⁴ The project, initially implemented by the National Authority for Persons with Disabilities, was taken over by the National Authority for the Rights of Persons with Disabilities, Children and Adoptions - institution established through the Government Emergency Ordinance no. 68 of November 6, 2019.

⁵ Statistical data at national level are also presented in Annex 5.

Distribution of centers included in the First Monitoring Round, by county and process, shows an uneven picture at national level. Firstly, not all counties have been included in this round - only 29 counties (out of 41) plus the municipality of Bucharest with three districts (out of six districts). Secondly, not every county included in the round has been participating with centers undergoing both processes. There are several counties which had only one participating center, a large one, implementing a Restructuring Plan - Timiș, Tulcea, Vaslui, Mureș and Buzău. Thirdly, there are several counties including only centers undergoing reorganization processes - Arad, Brașov, Covasna, Dolj, Galați, Giurgiu, Hunedoara, Ialomița and all districts from Bucharest. The counties of Bistrița and Vrancea included two centers implementing restructuring processes and Neamț includes four centers, all with Restructuring Plans. Hence, reports at county level will show a different picture depending on the types of processes included in each county. This means that reports at county level will include comparative data for both restructuring and reorganization processes only for the counties of Alba, Argeș, Bacău, Botoșani, Constanța, Iași, Olt, Prahova, Sălaj, Sibiu and Suceava. For the rest of the counties, the reports will present only data in relation to the type of process included in this monitoring round. The full list of centers in the first round is available in Annex 5, National Statistical Report.

Figure 1. Distribution by counties and type of process of the centers included in the first round of monitoring

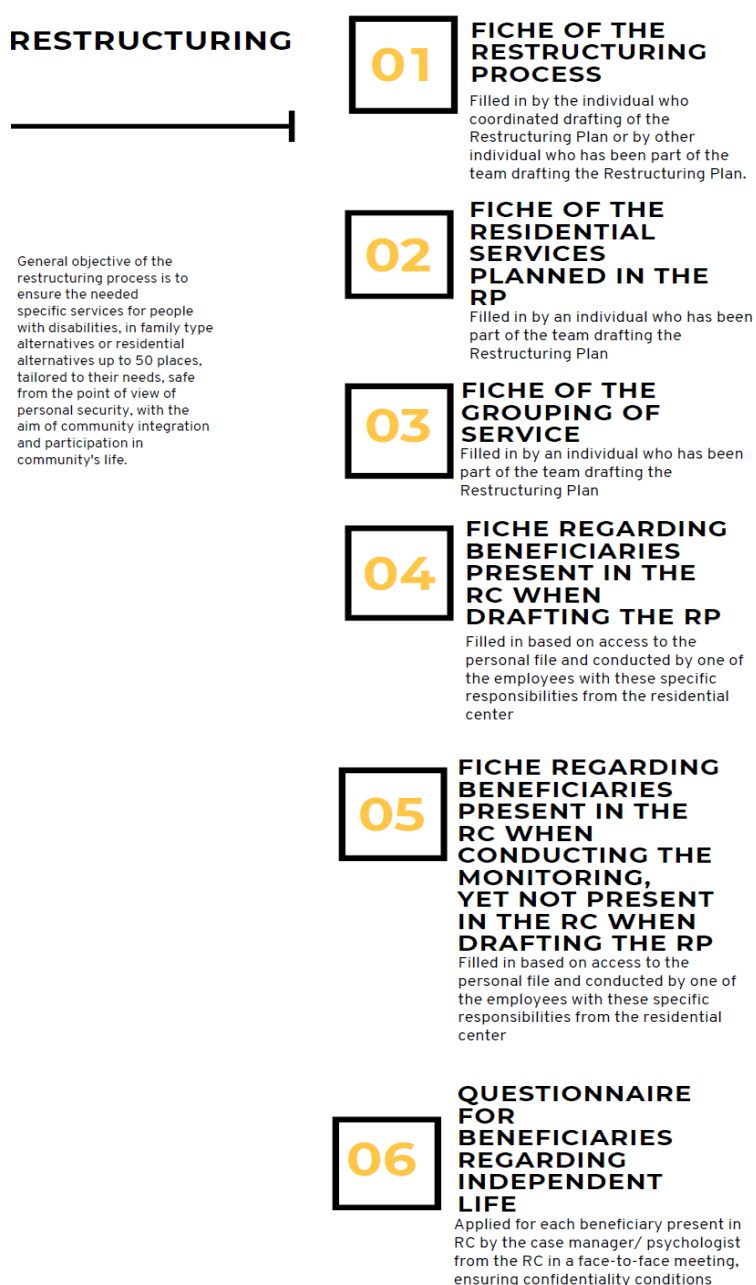


Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. The graph is based on the list of centers with Restructuring Plans/withdrawals of establishment by reorganization of residential centers, according to the information provided by NARPDCA to the project team.

2.2. Monitoring Instruments

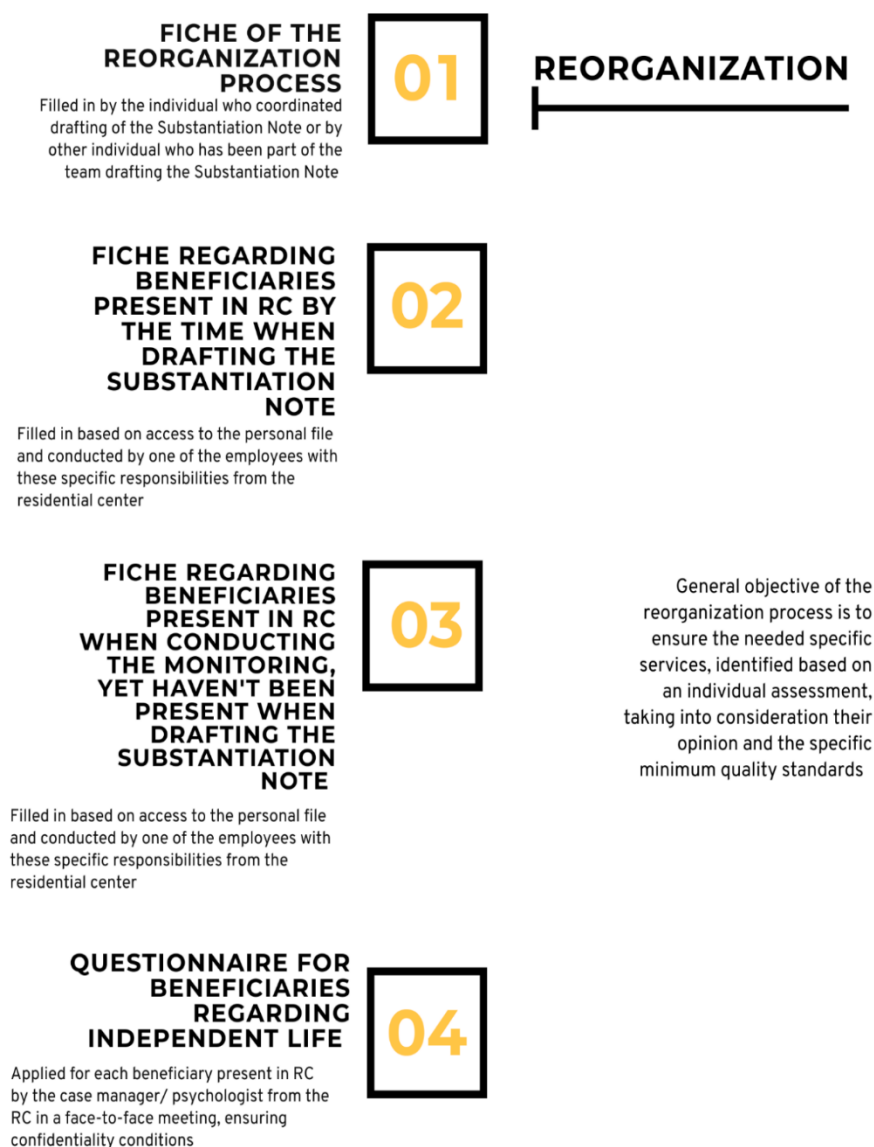
Monitoring tools collect data at service user's level, activities planned to be carried out in the restructuring/reorganization processes and at the level of the residential center. The research instruments are structured separately on the two processes analyzed, the restructuring and the reorganization processes. Thus, at the level of the residential center two data collection instruments are applied - the Fiche of the restructuring process and the Fiche of the reorganization process.

Figure 2. Data collection instruments for restructuring process



In addition, in connection with the restructuring process, data are collected on each planned Residential Service Fiche and, where appropriate, each neighborhood (same land or neighboring land) on which the new residential services are planned. At the service user's level, three types of instruments are applied, as shown in the figures below (including questionnaires on independent life which directly collect service users' opinions on the received services). The monitoring tools can be found in Output 2 of this project.⁶

Figure 3. Data collection instruments for reorganization process



⁶ Methodology for monitoring the implementation of the reorganization and restructuring of residential centers. Available at: http://andpdca.gov.ro/wp-content/uploads/2021/02/11-Livrabil-subacativitatea-A6.1_componenta-privind-Metodologia-de-reorganizare-a-planurilor-de-restructurare.pdf

2.3. Data collection Process

The first round of monitoring the implementation of reorganization and restructuring process has been conducted in the period of January 18 - February 26, 2021. Due to the circumstances of the COVID-19 pandemic as well as to staff shortage, some of the residential centers have not been able to complete filling in the data for all instruments. Therefore, in some cases, data collection period has been extended. Data presented in this report benefited from a cleaning and validation process carried out by the WB team. In total, the first round of monitoring collected structured information in 10 databases that include approximately 2800 variables. This detailed process of data collection has involved participants from both GDSACP as well as residential centers. This section presents various aspects related to data collection, such as pretesting, technical assistance, participants, rate of response by each instrument, issues relating to checking data accuracy, together with key challenges and data limitations.

2.3.1. Pretesting

The final version of all data collection instruments for reorganization are filled in by representatives of GDSACP and residential centers, and have been pretested in the period of January 4-8, 2021. In addition, all data entered are aggregated in the format of the report at the level of residential center and have been included in this pretesting exercise. Representatives of GDSACP Dolj kindly supported the project team with this activity by filling in data for one residential center included in this first monitoring round - Centre of Care and Assistance for People with Disabilities Sf. Gheorghe II Dioști, with 9 service users. All four instruments used for data collection for the reorganization process have been filled in and data have been aggregated in a complete report at residential center level. Suggestions received from this pretesting exercise have been included in the way data have been filled/aggregated in the first round of monitoring.

2.3.2. Technical assistance

A training session for filling in data collection instruments was conducted on January 20, 2021. This session has had as participants both county coordinators as well as representatives of residential centers. A document with guidelines has been provided alongside data collection instruments at the start of the data collection process.

The WB project team offered technical assistance alongside the entire process of data collection by phone and e-mail. Most of the questions addressed by the participants involved in data collection process refer to:

- Reference timelines for completing the instruments: date of filling in Evaluation Fiche for each service user present at the moment of drafting the Restructuration Plan/Substantiation Note and monitoring period (present time)
- Number of service users corresponding to each reference time-line

- Scope for applying the questionnaires of independent life at the service user's level
- How to fill in data about the planned residential services (provisioned in each Restructuring Plan)
- How to fill in data about neighborhoods or grouping in the same territory of planned residential services (related to Restructuring Plan)
- Problems related to staff shortage or COVID-19 cases
- Problems related to lack of IT equipment like computers or Internet connection
- Options to send/correct data filled in the instruments.

Some of suggestions received during data collection process will be incorporated in the second monitoring round. In addition, a feedback questionnaire was sent in March 2021 to all the participants, with the aim to capture their views on improving data collection instruments and/or process. They will be used in the design of data collection in the second round of monitoring.

2.3.3. Participants

Communication at the county level has been carried out by county coordinators designated by each GDSACP. NARPDCA has asked each GDSACP participating in this exercise at the end of December 2020 to assign a county coordinator responsible for maintaining communication with the WB team. County coordinators have been designated as either the leading position of Management Case of Service for Adults within GDSACP, or other positions such as leading positions from European Funded Projects/Monitoring Services Department or Complex Assessment Service for People with Disabilities or chiefs of the residential centers part of the monitoring exercise.

Most of the participants in the data collection process are represented by social workers and chiefs of residential centers. Only in a few cases managers filled in forms for service users present at the moment of drafting the Restructuring Plans/Substantiation Note. Yet, case managers and psychologists asked the questions from the questionnaires for independent life, as indicated in the guidelines sent for data collection. As concerns forms related to the restructuring/reorganization process, they have been filled in part by GDSACP coordinators/other staff involved in this process, or by chiefs of the restructured/reorganized residential centers.




Last but not least, present service users of restructured and reorganized residential services directly expressed their views in the form of questionnaires on independent life.

2.3.4. Rate of response

Final data show very good rates of response for all instruments, as outlined in the figures below. Response rate calculations for each instrument used were performed




based on data provided at the center level in the two types of process Fiches. High response rates for this first round of monitoring ensure a high degree of validity of the data presented at center, county and national level.

Figure 4. Rate of response for data collection instruments on restructuring

	 Sent	 Received	 Rate of Response
Fiche of the process Restructuring	59	59	100%
Fiche of the residential service Planned in the Restructuring Plan	343	343	100%
Fiche of the grouping of service Residential services in the Restructuring Plan	-	67	-
Fiche of the beneficiary Present when drafting the Restructuring Plan	6552	6501	99.2%
Fiche of the beneficiary Present at the monitoring moment, not present at drafting the Plan	-	364	-
Questionnaire on independent life All beneficiaries present in the centre in the present time	5809	5637	97.03%

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Note: For the number of fiche/questionnaires sent for the Fiche of the residential services, the Fiche of the service users present when drafting the Restructuring Plan and Questionnaires on independent life, the information provided on the corresponding indicators in the Fiche of the Restructuring Process have been used.

Figure 5. Rate of response for data collection instruments on reorganization

	 Sent	 Received	 Rate of Response
Fiche of the process Reorganization	91	91	100%
Fiche of the beneficiary Present when drafting the Substantiation Note	3424	3422	98.5%
Fiche of the beneficiary Present at the monitoring moment, not present at drafting the Note	-	312	-
Questionnaire on independent life All beneficiaries present in the centre in the present time	3324	3254	97.9%

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Note: For the number of fiche/questionnaires sent for the Fiche of the service user present when drafting the Substantiation Note and the service users Questionnaires on independent life, the information provided on the corresponding indicators in the Fiche of the Reorganization Process have been used, plus the number of service users from the center which did not respond to this form.

2.3.5. Data accuracy

In order to check data accuracy, methods have to check the internal consistency of the data entered in each Fiche type and between the Fiches. In addition, for the restructuring process, a database with selected information available in the Restructuring Plans has been elaborated by the WB project team. The selected information refers to the number of service users present when drafting the Restructuring Plans, the number of residential services planned in each Restructuring Plan as well as the name, type and total number of service users planned to be transferred in each Restructuring Plan. These were analyzed in comparison with the data communicated by each center and, in case differences were found, the project team contacted the county coordinators and/or the chiefs of the centers.

In the case of the reorganization, most errors were recorded regarding the correspondence between the number of service users filled in in the Fiche of the Reorganization Process for several indicators (present at the time of drafting the Substantiation Note, service users entered after this moment and the current number of service users) and the corresponding number of filled in Fiches of the service user (the three Fiches at the service user level).

The WB team has constantly reminded county coordinators as well as chiefs of residential services about the way the corresponding instruments should correctly be filled in in relation to these indicators, but also to fill in the Forms on Neighborhood in relation to residential services planned in the Restructuring Plan.

2.3.6. Major challenges and data limitations

Alongside data collection process, several challenges have arisen, as follows:

- The scope of this first monitoring round does not include all residential centers that have a capacity of more than 50 service users, but only those that have Restructuring Plans endorsed by NARPDCA. In total, the Statistical Bulletin of NARPDCA for the fourth quarter of 2020 mentions 85 centers with over 50 service users, undergoing restructuring. The report presents data for 59 such centers. Similarly, the same source mentions a total of 215 residential centers for adults with disabilities, with a capacity of less than 50 service users. The current report presents data collected for 91 such centers, selected based on the documents underlying the issuance of the permit of establishment by reorganization of the residential center by NARPDCA until the date of starting the data collection process. Depending on the project schedule, it is possible that the second monitoring round will include all residential centers undergoing restructuring or reorganization.
- Part of the transfer solutions planned in the Restructuring Plan as residential services are not yet known in terms of location, or the exact location has not yet been decided at the level of GDSACP (for example, in the case of transfer of service users to centers for the elderly or medical and social units, the transfer of service users still depends on the places available). Therefore, for some of the residential services, data on residential area of services or distances are missing from the final database.
- Some questionnaires, especially at the level of service user present at the moment of drafting the Restructuring Plan/Substantiation Note, have been doubled in the same database or entered wrongly in two different databases (both for the moment of substantiating the Restructuring Plan/Substantiation Note, as well as for the present time/monitoring moment, although the name of the instrument and instructions provided clearly separate these two reference periods). Data cleaning process has addressed this issue.
- At county level, it is possible that a service user who had been assessed within a center undergoing restructuring was later included during monitoring in a center undergoing reorganization, especially in the base on the Fiche of service users present at the moment of monitoring, who were not present at the time of

drafting the Substantiation Note. The data presented in the report is analyzed separately for the two processes, from two different data bases. The results are centralized mainly for all service users present at the moment of drafting the Restructuring Plan and the Substantiation Note respectively, so as to minimize these types of errors. Moreover, at center level, the data cleaning process specifically addressed the doubling of data regarding service users.

- At county level, some of the residential services planned under the Restructuring Plans appear several times in the database because they correspond to several centers in the county. To have a full picture for each center undergoing the restructuring process, data was requested at center level and not at county level. Therefore, data on residential services at county/national level should be seen with the specification that they represent all the residential services planned under all the Restructuring Plans, with multiplications on certain counties.
- Staff shortages and turnover. In some cases, such as Sibiu county, service users lack case managers, which raised significant challenges in applying questionnaires about independent life. Also, some of the centers do not benefit from psychologists to apply this type of questionnaires instead of the case manager; therefore, difficulties have been met in applying the same type of questionnaire. Moreover, although clear instructions were given on the application of this type of questionnaire, it is possible that in some cases this wasn't entirely observed. In the pandemic context in which the data collection process was conducted, it was impossible to achieve control by face-to-face interaction on the data collection method.
- COVID-19 cases registered among the staff of the residential center. This situation, registered for several cases of residential centers, has significantly delayed the data collection process, especially for centers with a high number of service users, as is the case of centers implementing Restructuring Plans. In some cases, the reference period for completing the data collection process has been extended.

However, as it can be noticed in the previous section on the response rate, the data collected provide substantial information on almost all centers, so that the data collected through all the 10 types of tools reflect a comprehensive image of the implementation of restructuring and reorganization processes.

3. Results of the first monitoring round

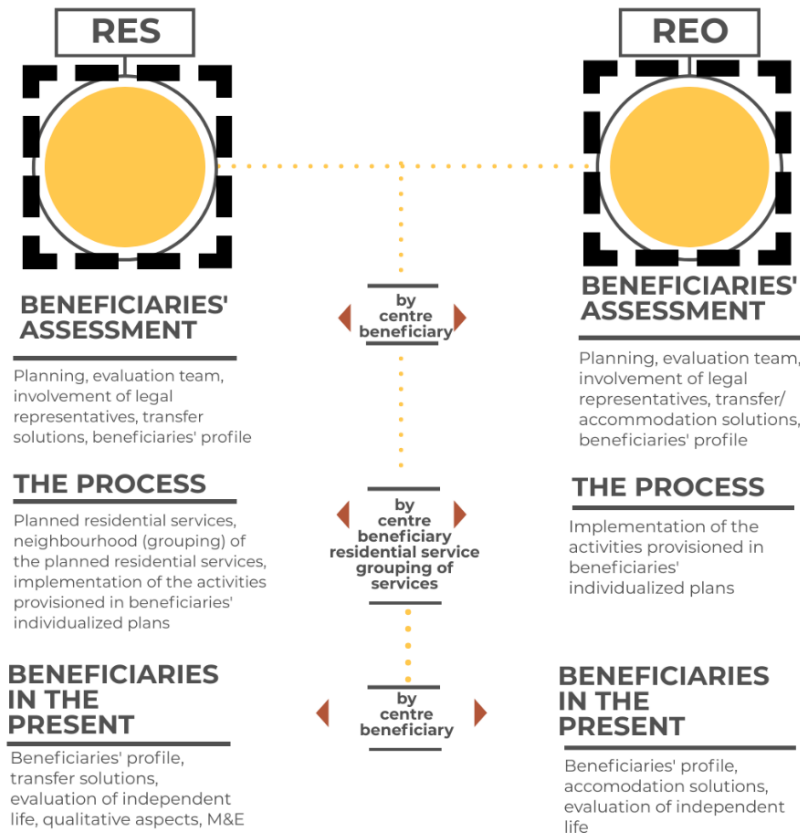
The format of the monitoring report at county level includes three key parts for both restructuring and reorganization processes, as outlined below: (i) service user assessments, (ii) process implementation and (iii) service users at the present time (the

moment of conducting the monitoring round). Inside each section, sub-sections are differentiated according to the specifics of each type of process, either restructuring or reorganization. Still, common aspects are included for these processes, as follows:

- Regarding the assessment of service users: planning, assessment team, involvement of the legal representative, transfer solutions, service user's profile
- Regarding the implementation process: Implementing the activities in the personalized plans of service users
- Regarding the current service users: service user's profile, transfer/accommodation solutions, together with assessment of independent life.

In addition, there are specific sections that are available only for the restructuring or the reorganization process. The format of the monitoring report at county level is included in Annex 4 to this report. In this national report, the data are structured separately for the restructuring and reorganization processes, while the last section presents a comparative analysis for a group of indicators common to both processes.

Figure 6. Format of the monitoring report at county level



3.1. Restructuring Process

3.1.1. Assessment of service users

The profile of the assessed service users for substantiating the restructuring process included in the first monitoring round shows a similar distribution by gender and type of disability and relatively different by categories of age and degree of disability to that for the entire institutionalized population of adults with disabilities in Romania (Table 1). Service users in the residential centers undergoing restructuring in this first monitoring round have a higher share of service users in the 45-64 age category and of service users with a mental disability. It is important to mention however that the socio-demographic data referring to the entire institutionalized population of adults with disabilities refer to the end of 2020, while the data on service users of restructured centers correspond to the moment of application of the assessment form substantiating restructuring (different moments in time during 2018-2020). According to data on the

situation of these service users at the monitoring time (January - March 2021), 83% of them were present⁷ in the residential centers undergoing restructuring.

Table 1. Profile of service users assessed to substantiate the restructuring process in residential centers included in the first round of monitoring

	Service users in the restructured centers from the first round of monitoring ⁸	Total institutionalized adults with disabilities (national level)
Gender		
Male	49.9	48.7
Female	50.1	51.2
Age		
18-34 years	22.7	33.8
35-44 years	19.9	19.8
45-64 years	34.7	27.8
65-74 years	12.1	10.5
75+	10.6	8.2
Degree of disability		
Low	0.7	1
Moderate	8.2	9
Accentuated	53.9	47
Severe	36.9 ⁹	43
The service user was not classified into a category of disability	0.3	0
Type of disability		
Physical	6.3	7
Visual	1.4	1
Auditive	0.4	0
Deafblind	0	0
Somatic	0.8	2
Mental	53.4	56
Psychiatric	25.2	19
HIV/AIDS	0.1	1

⁷ Present in the center or temporarily absent from the residential center undergoing restructuring.

⁸ We refer to the restructured centers included in the first round of monitoring. The socio-demographic data are those from the moment of applying the Assessment Form for the substantiation of the restructuring processes. In total, at national level, in the residential centers undergoing the restructuring process there were 8824 service users, which represents 47.07% of the total service users in the residential system (Statistical Bulletin of the NARPDCA, 2021: 7). Data for service users in the residential system are for the end of 2020 (December 31, 2020).

⁹ In the first round of monitoring, of the restructured centers, 19% of the service users were classified as severely disabled, and 17.9% as severely disabled, with personal assistant.

	Service users in the restructured centers from the first round of monitoring ⁸	Total institutionalized adults with disabilities (national level)
Associated	12.1	14
Without classification by level of disability	0.2	0
N	6501	16911

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans and the Statistical Bulletin of the NARPDCA, fourth quarter 2020. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted.

Regarding the communication needs of the assessed service users in order to substantiate restructuring, it was easy to communicate with more than half of them (53%), while for a quarter the communication could be done with difficulties, and with 22% of the service users it was not possible to communicate at all. However, only 26 persons were assessed as requiring an interpreter of the sign language, 4 persons with needs related to Braille assistance, 5 persons requiring special communication devices. Most of those who have special communication needs communicated using the sign language, the employees within the service understood them or had other communication needs (9% of the service users). Other communication needs refer to speech fluency and intelligibility, speaking in a high-pitch voice due to diminished hearing, adaptation of communication due to comprehension difficulties, assistance of a person who knows them well, language development disorders, communication through the use of writing and needs related to the Hungarian translator.

Most of the service users in the residential centers undergoing restructuring were assessed as requiring continuous support¹⁰ for almost all types of needs included in the assessment (Table 2).¹¹ However, the largest shares of this type of support were identified for the needs related to health care, maintaining/developing skills to make economic transactions, self-care, social skills and interest in gainful activities. At the opposite end of the scale of assessing the frequency of support needed, almost 10% of

¹⁰ The person who needs continuous support is the person who requires support and guidance without interruption. The person who needs regular support is assessed as requiring daily support and guidance, in time intervals established and known (for example: serving meals). The sequential support refers to support and guidance from time to time, in certain situations (for example: personal hygiene, walks etc.) for short periods of time. The minimum support considers support and guidance in certain moments, for operations executed over a large period of time (Service user Assessment Form, Annex to the methodology for drawing up the restructuring plan of residential centers for adult people with disabilities, approved by Decision No. 878/2018 of 30 October 2018).

¹¹ The exception is represented by mobility skills, where 26% of the beneficiaries were assessed as requiring continuous support, and 27% of the beneficiaries were assessed as requiring sequential support.

service users did not need support at all to maintain/develop mobility and self-care skills. The distribution of necessary support frequency shows a similar hierarchy if we analyze the cumulative frequencies for the continuous and regular support (Figure 7). It should be noted that the only type of need for which less than half of the service users assessed in the centers undergoing restructuring need continuous and regular support is represented by maintaining/developing mobility skills. Moreover, the assessment form was completed only based on the existing information, without requiring interaction with the service user, for almost a quarter of the persons assessed in the restructured centers.

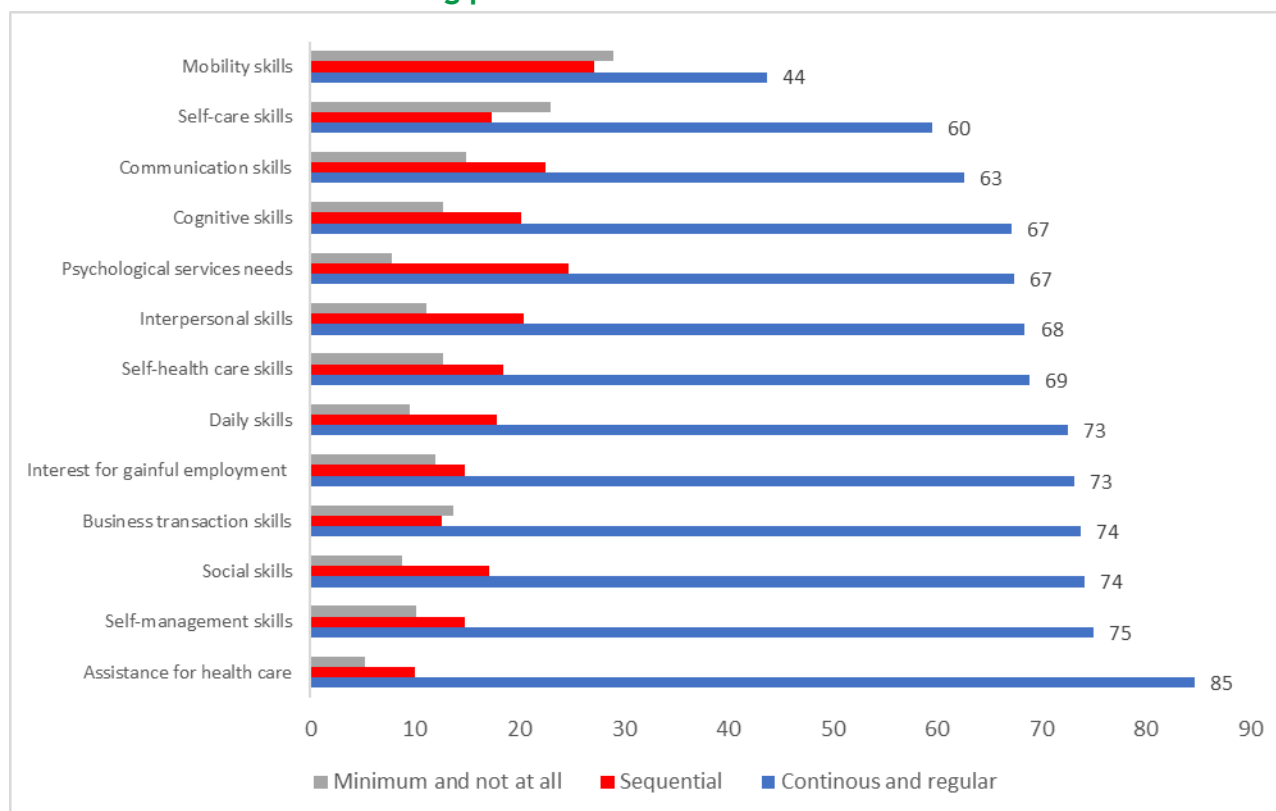
Table 2. Frequency of support needed for the service users assessed to substantiate the restructuring process

When the Assessment Form was applied to substantiate the restructuring process, the service user needed ...	Frequency of support needed				
	Continuous	Regular	Sequential	Minimum	Not at all
Assistance for health care	60.5	24.2	10.0	4.6	.6
Need for psychological services (psychological counselling, support therapies)	34.4	33.1	24.7	7.0	.8
Preservation/development of cognitive skills	40.6	26.6	20.2	10.1	2.6
Preservation/development of daily skills	45.9	26.7	17.9	8.4	1.2
Preservation/development of communication skills	38.0	24.6	22.5	12.0	2.8
Preservation/development of mobility skills	26.3	17.5	27.2	19.7	9.3
Preservation/development of self-care skills	36.7	22.9	17.4	15.0	8.0
Preservation/development of self-health care skills	42.7	26.2	18.4	10.4	2.3
Preservation/development of self-management skills	52.4	22.6	14.8	8.8	1.4
Preservation/development of interpersonal skills	42.9	25.6	20.4	9.5	1.7
Preservation/development of business transaction skills	60.1	13.7	12.6	10.0	3.7
Preservation/development of social skills	51.9	22.2	17.1	7.8	1.0

Interest for gainful employment	51.1	22.1	14.8	8.7	3.3
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N=6501. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted.

Figure 7. Frequency of support needed for the service users assessed to substantiate the restructuring process



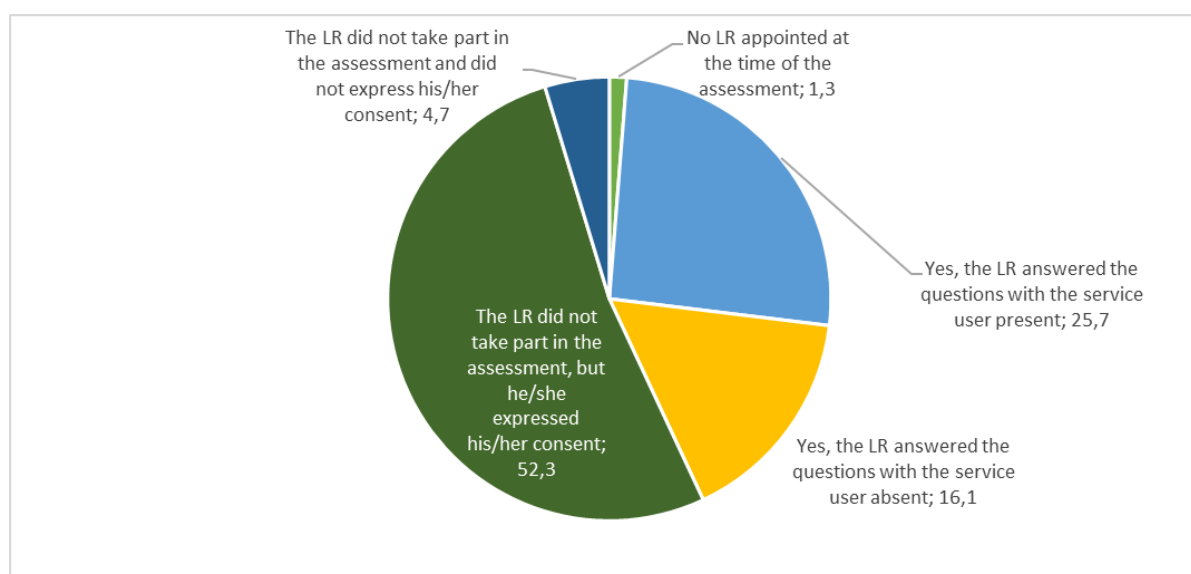
N=6501. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted.

Participation of representatives of non-governmental organizations in the service user assessment process in centers undergoing restructuring was very poor. For only 2% of the service users participation was declared, as observer, by a representative of a non-governmental organization for people with disabilities. The total size of the assessment teams ranged from 3 to 14 or 16 members of the assessment team, but most of the service users (82%) were assessed by assessment teams of 3 to 5 members. A psychiatrist was present in the assessment teams for 2.6% of the service users, and a doctor of any other specialty assessed approximately 38% of the service users. Instead, the social worker was present in the assessment teams for almost 90% of the service users. Other

occupations represented in the assessment teams included the occupational therapy instructor, the socio-educational facilitator, the masseur, the physiotherapist, the chief economist of the center, the orderly, the priest, the social worker for addicts or the speech therapist. Other persons who attended the meeting with the service user, in order to complete the Assessment Form, were represented by family members, legal representative, guardian or representatives of the mayor's office.

The legal representative did not participate in assessment for most service users who at the time of substantiating the restructuring had a protection measure by placing under a ban. However, he/she has sent his/her approval in this case. For almost a quarter of the service users who had a legal representative, he/she participated in the assessment and answered questions in the presence of the service user, and for other 16% he/she participated in the assessment of the service user, but answered the questions in the absence of the assessed person (Figure 8).

Figure 8. Participation of the legal representative in the assessment process



N=1192. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted. Note: The shares are for those who had a protection measures by placing under a ban at the time of applying the Assessment Form.

The legal representatives expressed their opinion on the best accommodation arrangement for 90% of the service users with protection measures by placing under a ban at the time of carrying out the assessment. Among the service users for whom this opinion was expressed, the solution chosen by the legal representative was residential - either to remain where they were (68%) or to move to another residential center

(21%). Transfer to sheltered housing was identified for only 8% of the service users, as opinion expressed by the legal representative.

Table 3. The exit/housing options expressed by the service user and solutions identified by the assessment team (frequencies)

		Solutions identified by the assessment team								
		To stay where he/she is	To move with his/her family	To move to his/her own house	To move into sheltered housing	To move to another residential center	To move into a health care institution	Professional Personal Assistant	Another option	Total
The service user's option	To stay where he/she is	1822	10	5	272	514	3	8	16	2650
	To move with his/her family	45	60	1	75	45	0	1	0	227
	To move to his/her own house	15	0	7	37	22	0	0	1	82
	To move into sheltered housing	8	1	1	777	17	1	1	0	806
	To move to another residential center	13	1	0	13	347	2	0	0	376
	To move into a health care institution	3	0	0	3	6	9	0	0	21
	Professional Personal	0	0	0	0	0	0	23	0	23

Assistant										
Another option	9	0	5	23	13	0	0	13	63	
The service user did not express his/her opinion	1044	11	0	237	923	1	23	14	2253	
Total	2959	83	19	1437	1887	16	56	44	6501	

N=6501. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted. Note: The service users who did not express their opinion include both service users who can communicate, but did not express their opinion, and service users who cannot communicate at all.

The options expressed by service users and the accommodation options identified by the assessment team are substantially different for certain types of categories of outreach/accommodation solutions (Table 3). First, from the group of service users who did not express their opinion (those who either do not communicate at all or communicate, but did not decide on an accommodation solution), a significant share (51.4%) is transferred to other services residential - either sheltered housing or other residential centers. Secondly, from the category of service users who have chosen to stay where they are, important parts are transferred to the same type of residential services (either other centers or sheltered housing). From the group of service users who chose to move with their families, most of them are transferred to sheltered housing. The same distribution is also valid for those who chose to move to their own homes - most of them are transferred either to sheltered housing or to another residential center. The mentioned reasons on differences between the service users' options and the solutions of the assessment team are related to the degree of individual autonomy, the fact that connection with the family was not maintained, the insufficiency of places available in newly created services and other reasons, such as: "the option of the legal representative and the degree of autonomy were taken into account; social, medical and family situation; does not own a house; the mother does not have enough time for the service user's needs; the service user shows major symptoms; mental illness, the service user changed his/her choice; has changed his/her mind in the meantime, or the service user does not have a certificate of disability". It is useful to mention in this point that the option of transfer to other residential centers did not mean for some of the service users transfer to another location - on the one

hand, the residential center undergoing restructuring changed its profile and certain assessment teams considered that the service user was transferred to another residential center (in fact the location does not change), on the other hand certain residential centers (such as social services units) were split into two different types of services and service users are still at the same location, possibly transferred from one building to another building in the same yard of the residential center undergoing restructuring. Therefore, at least for some of the service users transferred to other residential centers, the outreach/accommodation solution is in the same location as the residential center undergoing restructuring.

Most service users in the residential centers with Restructuring Plan endorsed by NARPDCA were informed by the assessment team about the services that exist in the community before expressing their option. However, only 14% of them visited the services presented as options (or similar services) before mentioning to the assessment team the selected option. In the answers received, for almost 20% of service users the assessment was that "it is not known" whether they understood the differences between the accommodation options, and for other 28% the answers received show that they understood these differences, according to those who completed the Fiches of service users present in the residential center at the time of drawing up the Restructuring Plan (Table 4).

Table 4. Informed decision of the service users of the centers undergoing restructuring

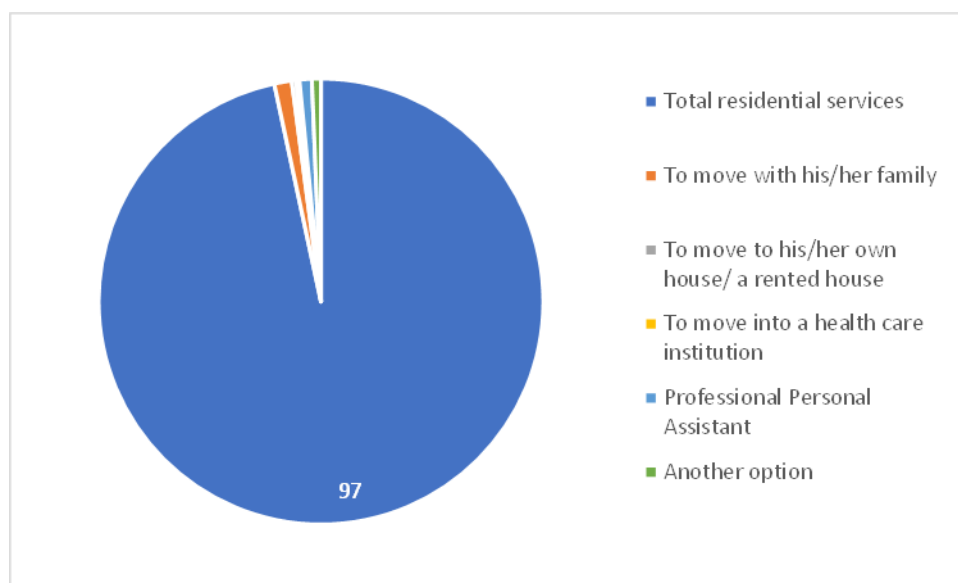
	Yes	No	Not known
The service user understood the differences between the housing options	52.6	27.8	19.6
The service user visited the services presented as options (or similar services) before expressing his/her choice	13.7	82.9	3.5
The service user received information from the assessment team about the services existing in the community before expressing a choice (personal assistant, home care services etc.)	79.9	16.9	3.2
The service user consulted with a family member/friend/sponsor in order to take a decision on his/her housing solution	32.3	56.4	11.3

N=6501. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted.

The profile of service users assessed in view of restructuring is significantly different depending on the outreach/accommodation option identified by the assessment team.

Therefore, the profile of the service users for whom the outreach/accommodation option is represented by sheltered housing is mainly that of a person up to 65 years old, with a degree of slight, medium or accentuated disability and with whom it was possible to communicate. The few service users who had community outreach solutions are to a significantly greater extent from a statistical point of view young people (aged 18-34), with mental disabilities. Service users for whom residential centers (other than sheltered housing) still represent outreach/accommodation solutions are rather people over the age of 65, classified as severely disabled or with a personal assistant, with a physical, visual or associated disability and with whom it was not possible to communicate at all (Table 5).

Figure 9. The exit/hosting solutions identified by the assessment team for the residential center service users at the moment when the Restructuring Plan was drafted



N=6501. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted.

The outreach/accommodation solutions identified following the assessment to substantiate the restructuring process are in a considerable proportion of a residential type (Table 5 and Figure 9). Residential services represent outreach or accommodation solutions for most of the service users (96.6%) assessed during the process of drafting the Restructuring Plans, as identified by the assessment team. Out of these, 18.5% of the service users have as transfer solution moving into a maximum protected housing and only 3.6% to move into a minimum protected housing. As alternatives in the community, only 56 (0.9%) service users have as a transfer solution moving to a

professional personal assistant, whereas 0.3% move to their own home and 1.3% move with their own families. In addition, for almost 1% of the service users other solutions were identified - for 0.2% medical care institution, and for 0.7% another accommodation option. To conclude, only about 2.4% of the service users assessed in the restructured centers have community-based transfer alternatives, according to the solutions identified by the assessment team.

Table 5. The profile of service user at the time of assessment according to the exit/housing solution identified by the assessment team, in the restructured centers

	Exit/housing solutions			
	Residential Centers ¹²	In the community	Sheltered Housing	Another option
Gender				
Male	73.7	2.3	22.8	1.1
Female	75.4	2.5	21.4	0.7
Age				
18-34 years	70.3	3.3	25.2	1.2
35-44 years	69.0	2.4	27.8	0.9
45-64 years	71.3	1.7	26.4	0.6
65-74 years	84.8	2.4	11.5	1.3
75+	93.0	2.9	2.9	-
Degree of disability¹³				
Low	55.6	4.4	37.8	-
Moderate	52.7	3.6	42.8	-
Accentuated	70.9	2.2	26.3	0.6
Severe	84.8	1.6	12.4	1.2
Severe, with a personal assistant	86.1	3.4	9.8	-
Type of disability				
Physical	85.6	3.2	9.8	-
Visual	90.2	-	7.6	0.0
Auditive	84.0	0.0	-	0.0
Deafblind	-	0.0	-	0.0
Somatic	67.3	-	29.1	0.0
Mental	74.1	2.8	22.5	0.6
Psychiatric	67.8	1.5	29.7	1.0
HIV/AIDS	-	0.0	-	-
Associated	84.2	2.4	12.7	0.6

¹² Other than sheltered housing.

¹³ The lot of service users included in the first round of monitoring also includes 18 service users who were not classified as disabled, at the time of applying the Assessment Form to substantiate the restructuring.

Without classification by level of disability	-	0	-	-
Type of communication				
It was possible to communicate with the service user	69.6	2.7	26.6	1.1
No communication could be established	91.6	1.4	6.5	-
N	4846	158	1437	60

N=6501. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted. Colored cells indicate significantly higher values.

Table 6. Correspondence between the informed decisions taken by the service users and the exit/housing solution identified by the assessment team for the service users of the centers undergoing restructuring (%)

Type of informed decision	Exit (housing) solution identified by the assessment team				
	RC	In the community	SH	Other options	Total (N)
The service user understood the differences between the housing options	65.6	3.2	30.0	1.1	3419
The service user visited the services presented as options (or similar services) before expressing his/her choice	71.2	6.9	20.6	1.3	889
The service user received information from the assessment team about the services existing in the community before expressing a choice (personal assistant, home care services etc.)	70.4	2.8	25.7	1.0	5196
The service user consulted with a family member/friend/sponsor in order to take a decision on his/her housing solution	71.3	4.4	23.3	1.0	2101
Total (N)	4846	158	1437	60	6501

N=6501. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted. Colored cells indicate significantly higher values.

The service users for which the outreach (accommodation) solution identified by the assessment team is represented by services in the community or sheltered housing are to a significantly greater extent from a statistical point of view from the category of those who made an informed decision at the moment of applying the Assessment Form for the substantiation of the restructuring process. Therefore, the service user for which the outreach (accommodation) solution identified by the assessment team is

represented by community services, minimum or maximum protected housing, are service users in the category of those who received information from the assessment team about the services existing in the community before expressing their option and in the group of service users who understood the differences between the accommodation options (Table 6). On the other hand, in the group of those service users for whom the option of the assessment team was represented by a residential center (other than sheltered housing) are included, in a significantly higher share from a statistical point of view, service users who did not understand the difference between the accommodation options or for whom "it is not known" whether they understood the difference between the accommodation options, service users who did not receive information from the assessment team about the services existing in the community before expressing their option or in the category of those who did not consult with a family member/friend/support person to make the decision on the accommodation option (Annex 3).

To sum up, the process of substantiating the Restructuring Plan based on the provisions of Decision no. 878/2018 has succeeded in identifying community-based alternatives for a very small proportion of the service users assessed. Still, a part of the restructured centers identified residential services of smaller scale, like maximum or minimum protected housing. These alternatives are usually achieved with the support of external funding, either from the State Budget (National Interest Programs - NIP) or from European Funds (Regional Operational Program - ROP/Operational Program Human Capital - OPHC). This type of sheltered housing is coupled with setting up day care centers, an important service for building support services for people with disabilities at community level. In total, 43 day care centers were provided in the 59 Restructuring Plans monitored in the first round. For five of these day care centers the construction of new buildings was provided, and for the rest (38 day care centers) a day care center will be arranged using another purpose existing building. Upon monitoring, none of these day care centers was reported as functional.

3.1.2. Activities carried out with service users within the service undergoing restructuring

In this section we refer to the service users that are present at the monitoring time in the service undergoing restructuring and who were assessed within the substantiation of the restructuring process.¹⁴ For most of them (76%), the multidisciplinary team updated the individual intervention plan by introducing the objective regarding the transfer/provision of specific services to the service users, based on the applied assessment form (Annex to NAPD President Decision no. 878/2018). Of the almost a quarter of service users for whom the individual intervention plan was not updated in this way, most have residential centers (other than sheltered housing) as an outreach

¹⁴ For these reasons, this benchmark includes 5,413 beneficiaries who were still in the residential centers undergoing restructuring at the time of monitoring.

solution established by the assessment team. However, there are also 415 service users (7.6%) who have community transfer solutions or sheltered housing solutions and for whom the individual intervention plan was not updated by introducing the objective regarding the transfer/provision of services specific to service users. Instead, almost all service users (99.8%) have a personalized plan.

Certain needs identified by assessing the service users remain uncovered in corresponding activities provided in the last PP (the latest review of the PP) established for service users in the restructured centers. Table 7 shows this situation only for independent living skills and only for the continuous support identified for service users in the RC within the substantiation of the restructuring process. However, similar situations are also found for the regular or sequential support type and for other types of skills of service users. It is important to mention that the two variables - the frequency of the identified support and the activities in the last PP - refer to two different moments in time. But for those service users for whom the established frequency was of continuous type, the assumption that they would need the development of those types of skills regarding the last review of the personalized plan is acceptable. Therefore, almost all types of independent living skills remain uncovered with corresponding activities for at least a quarter of the assessed service users. Among them, the largest shares of needs that do not have corresponding activities provided in the last PP are represented by maintaining/developing the skills to make economic transactions, maintaining/developing interest in gainful activities and maintaining/developing social skills.

Table 7. Correspondence between the frequency of the identified support and the activities foreseen in the PP for the service users of the centers undergoing restructuring

At the time of applying the Assessment Form for substantiating the restructuring, the service user needed Continuous support for	Appropriate activities included in the latest PP (most recent review of the PP) established for this service user		
	They were not envisaged	They were envisaged	Number of cases
Preservation/development of cognitive skills	25.2	74.8	2164
Preservation/development of daily skills	24.6	75.4	2431
Preservation/development of communication skills	35.3	64.7	2015
Preservation/development of mobility skills	36.7	63.3	1269

Preservation/development of self-care skills	30.4	69.6	1859
Preservation/development of self-health care skills	28.7	71.3	2227
Preservation/development of self-management skills	43.8	56.2	2733
Preservation/development of interpersonal skills	36.4	63.6	2247
Preservation/development of business transaction skills	79.4	20.6	3245
Preservation/development of social skills	54.7	45.3	2722
Interest for gainful employment	76.2	23.8	2697

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted.

The service users for whom activities have been carried out to increase the degree of social integration¹⁵ from the date of approval of the Restructuring Plan so far are rather men, aged between 45 and 64 years, with a medium and severe degree of disability, with mental disabilities, with whom it was possible to communicate and for which the assessment team established outreach/accommodation solutions in the community or in minimum or maximum protected housing (Table 8). The impact is estimated as positive for more than half of those with whom these types of activities were carried out. However, for more than one third of the service users who participated in activities of increasing the degree of social integration no impact could be noticed, for 3% the impact was estimated as negative and for almost 13% the impact of such activities cannot be estimated. It is possible however that, at least for some service users, these activities were not carried out, in the context of the COVID-19 pandemic.

Table 8. Profile of service users for which activities have been carried out to increase the degree of social integration from the date of approval of the Restructuring Plan until the present

¹⁵ Activities to increase the degree of social integration include information meetings, individual or in groups, meetings to identify obstacles to obtaining social rights and facilities, accompaniment at public authorities involved in granting rights and social facilities, application of different types of therapies/methods for formulating options and solutions, cognitive-behavioral therapies, occupational therapies, combined arts, psychological counseling, vocational counseling, organizing and supporting beneficiaries' participation in cultural and sports events, exhibitions, accompaniment in different places, stimulation/development of relationship skills with adults other than those known, events to promote equal opportunities, abilities, potential and contributions of people with disabilities, events to stimulate social solidarity.

	Have activities been carried out to increase the degree of social integration from the date of approval of the Restructuring Plan until now?	
	No	Yes
Gender		
Male	26.1	73.9
Female	32.9	67.1
Age¹⁶		
18-34 years	35.3	64.7
35-44 years	32.1	67.9
45-64 years	23.0	77.0
65-74 years	27.1	72.9
75+	38.1	61.9
Degree of disability		
Low	28.6	71.4
Moderate	16.7	83.3
Accentuated	22.1	77.9
Severe	39.1	60.9
Severe, with a personal assistant	47.9	52.1
Type of disability		
Physical	30.8	69.2
Visual	30.1	69.9
Auditive	-	81.8
Deafblind	0	-
Somatic	31.7	68.3
Mental	30.8	69.2
Psychiatric	20.1	79.9
HIV/AIDS	-	-
Associated	43.5	56.5
Without classification by level of disability	-	-
Communication needs		
It was possible to communicate with the service user	22.3	77.7
No communication could be established whatsoever	52.9	47.1
Transfer options		
RC	35.3	64.7
In the community	16.7	83.3
SH	13.5	86.5
Other option	22.7	77.3

¹⁶ Service users age data were used at the time of evaluation.

N	1596	3817
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N=5413. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted. Colored cells indicate significantly higher values.

One of the aims for social services providers is to increase the independent living skills of service users, with the support of the activities provided in the personal plan. However, the first monitoring round shows that for the most part of service users in the restructured centers independent living skills have neither increased nor decreased between the date of approval of the Restructuring Plan and the time of monitoring. The profile of service users for whom independent living skills increased are significantly differentiated depending on socio-demographic characteristics. They are to a significantly greater extent service users aged between 35 and 64 years, with a degree of mild, medium or severe disability, with a type of mental disability and for whom activities have been carried out to increase the degree of social integration. Therefore, according to the data collected in the first monitoring round, the development of activities to increase the degree of social integration has a positive impact on the evolution of independent living skills (Table 9).

Table 9. Profile of service users at the time of monitoring according to the evolution of independent living skills, in restructured centers

	The evolution of independent living skills			
	Increased	They have neither increased nor decreased	Decreased	Cannot be answered based on the information in the file
Gender				
Male	20.1	65.9	13.1	0.9
Female	20.5	63.8	15.2	0.5
Age				
18-34 years	18.2	73.1	7.1	1.7
35-44 years	22.6	69.1	7.7	-
45-64 years	23.8	63.2	12.6	-
65-74 years	14.8	58.1	26.9	-
75+	11.0	41.0	48.0	0.0
Degree of disability¹⁷				
Low	44.1	50.0	-	0.0
Moderate	43.6	43.9	11.8	-
Accentuated	22.7	63.5	13.4	0.4

¹⁷ Information on the degree and type of disability from data monitoring and age at the time of assessment was used.

Severe	8.8	74.5	15.8	-
Severe, with a personal assistant	13.7	68.7	16.1	1.6
The service user was not classified into a category of disability	-	-	-	-
Type of disability				
Physical	18.8	49.3	31.5	0.3
Visual	22.7	46.7	30.7	0.0
Auditive	-	68.2	-	0.0
Deafblind	-	-	-	-
Somatic	27.3	56.8	-	0.0
Mental	19.0	67.3	12.8	0.9
Psychiatric	26.4	60.6	12.5	-
HIV/AIDS	-	-	-	-
Associated	14.0	71.8	13.7	-
Without classification by level of disability	-	-	-	-
Have activities been carried out to increase the degree of social integration, from the date of the RC approval until now?				
Yes	27.4	58.5	13.8	0.4
No	3.4	79.9	15.2	1.5
N	1098	3510	767	38

N=5413. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted. Colored cells indicate significantly higher values.

3.1.3. Service users' opinion on independent living within the service undergoing restructuring

This section includes all service users who were at the monitoring time in centers undergoing restructuring, whether they were included in the assessment to substantiate the restructuring process or they entered the service after the approval of the Restructuring Plan. The questionnaires on independent living were applied directly to service users by the case manager or the psychologist of the center, in the period of collecting the data corresponding to this first monitoring round. To ensure full data confidentiality, the socio-demographic variables were not included in this type of questionnaires.

The lowest shares of service users who answered affirmatively to questions on various aspects of independent living in centers undergoing restructuring are recorded for situations where service users consider rather that it is "not the case", such as questions on the situation of support for finding a job or continuing studies. Moreover, less than a third of service users say that they can participate in community events whenever they want (film, theater, shows etc.), that they decide which services they need and where they benefit from them (psychological counseling, speech therapy, physical therapy etc.), that they decided to live in this RC or that they know people who lived in the center and are now in the community.¹⁸ However, more than half of the residents of restructured centers: (i) were asked whether they wanted to move out of the RC and into the community; (ii) believe that they receive the services they need; (iii) the employees take their opinion into account when they communicate their dissatisfaction; (iv) get the help they need from the others; (v) may refuse to take part in the activities in the RC or outside the RC/service (group or individual-based activities) (vi) receive support when they need information to understand a situation and then make a decision; (vii) if something unpleasant happens in the RC or they witness another unpleasant event that another resident goes through (conflicts or aggression from other residents or staff), they feel they can complain without fear of punishment; (viii) receive help from the employees when they want to contact their family/friends or make new friends and (ix) can tell the employees if they are dissatisfied with the provided services.

The size of the residential center undergoing restructuring differentiates the opinions of service users on almost all aspects of independent living in the center.¹⁹ The share of service users who answer affirmatively to questions on independent living in the center is significantly higher from a statistical point of view in the centers with less than 100 service users (at the date of drawing up the Restructuring Plan and/or at the date of monitoring). The only exceptions are recorded for questions for which an increased share of service users answered that it wasn't the case - support granted for seeking a job or for continuing studies or managing own money - "I can spend money as I please, without asking for employees' permission". Moreover, there is a differentiation in the opposite sense of the one previously mentioned - the service users who answered yes to the statement "I know people who were in the center and now live in the community" are rather centers with more than 100 service users, both at the time of drawing up the RP and at the time of monitoring. Probably these centers already underwent, by the time of monitoring, successive waves of reduction of the center's capacity, including by transfer in the community (Table 10).

¹⁸ Some variables are also included and the option depends sometimes, but other times it doesn't.

¹⁹ Information on capacity, number of beneficiaries at the date of drawing up the Restructuring Plan, number of beneficiaries at the date of monitoring provided in the Restructuring Process Fiche.

Table 10. Service users' opinions on the services in the centers undergoing restructuring

Service users who think that...	Restructuring
Total number of service users	5637
Number of service users who don't communicate at all	1734
Number of service users expressing opinions (communicate easily or with some difficulties)	3903
In the past year, they were asked whether they wanted to move out of the RC and into the community	50.8
In the past year, they were presented with several options to live in the community	47.7
They understood their options about where they could live in the community	36.9
They know the difference between life in the center and life in the community	45.1
They know people who lived in the center and are living in the community	28.8
They decided to live inside this RC	28.6
They chose with whom to share their room	42.9
They decide on their daily actions (what and when to eat, when to wake up/go to bed, when to leave/return to the center, when and who to be visited by, where to go, what to do)	30.5
They can get involved in recreational activities whenever they want (TV, computer, using recreational areas in the RC, walks outside the RC etc.)	47.4
Their intimacy and private life are respected (regarding couple and family life, sexuality, conversations and correspondence, medical issues etc.)	49.0
They may refuse to take part in the activities in the RC/service (group or individual-based activities)	55.6
They believe that they receive the services they need	52.1
They may refuse to take part in the activities outside the RC/service (group or individual-based activities)	54.0
They can spend their money as they wish, without asking the employees for permission	36.5
They receive support when they need information to understand a situation and then to make a decision	55.3
They receive information about the social and cultural events in the community	43.0
They can take part in events in the community whenever they wish (movies, theatre, shows etc.)	24.5
They receive help from the employees when they want to find a job	9.7
They receive help from the employees when they want to go to school/continue their studies/attend certain classes	4.7

They receive help from the employees when they want to contact their family/friends or make new friends	56.4
They receive information about the services in the community	44.7
They decide for themselves the services they need and where to receive them (psychological counseling, speech therapy, physiotherapy etc.)	25.8
They may tell the employees if they are dissatisfied with the provided services	57.9
The employees consider their opinion when they tell them about their discontents	52.2
If something unpleasant happens in the RC or they are witnessing another unpleasant event that another resident goes through (conflicts or aggression from other residents or staff), they feel they can complain without fear of punishment	56.1
They get the help they need from the others	52.8
They feel that they are in control of their own lives, not anyone else	35.4

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on information provided in the Questionnaires on Independent life, applied directly to service users from restructured services (N=5637). Note: The shares corresponding to the service users who answered “Yes” to each question are presented. Some questions also included the “Depends - sometimes yes, sometimes no” option.

3.1.4. Status of realization of the new residential services planned under the Restructuring Plan

This section relies on information provided in the Fiche of the planned residential service. Individual transfer solutions were proposed under the Restructuring Plan for each service user included in the assessment process for substantiating restructuring. We showed in the previous section that the solutions identified for most part of service users were of residential type - either the establishment of new services by reducing the capacity of the center undergoing restructuring, or by using some of the buildings of the same center or other residential centers, or by reorganizing or building new services (on the same land plot or on different land plots than those of the center undergoing restructuring). Service users from several residential centers undergoing restructuring may be transferred to the same services (new or already certified). To have a full picture at center/Restructuring Plan level, monitoring required to fill in an individual form for each residential center in which the transfer of service users was planned under the Restructuring Plan. Therefore, at county and national level, certain residential services appear two or more times in the final database, but each time they correspond to a single residential center/Restructuring Plan. Therefore, residential services records planned in the Restructuring Plan are unique only at the level of residential center. Therefore, for a correct interpretation of the results it should be

stressed that the number of unique residential services planned under Restructuring Plans is lower than that presented below.

Table 11. Types of solutions for residential services planned through RP

Type of solution	Number of cases
The service should be newly built on another plot of land than that of the restructured center	151
The service should be established/decreasing the capacity of the restructured center	64
The service should be established/ by using one of the buildings of this restructured center	41
The service should be established by reorganizing another residential center	18
The service should be newly built on the plot of land of the restructured center	10
The service should be established by using one of the buildings of another restructured center	9
The service was already accredited	8
Another situation	42
Total	343

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Form of the Residential Service planned in the RP (N=343).

More than half of total residential services in the Restructuring Plans were planned on the same land or on a land neighboring other services planned under the same plans. Therefore, in some cases, the total capacity of the residential centers undergoing restructuring was only divided between several buildings and/or new services that will also be located in the vicinity of the restructured residential center. In total, a situation is mentioned in which the service is established by using some of the buildings of this residential center undergoing restructuring for 41 residential services planned under the Restructuring Plans (out of a total of 343 - Table 11). In fact, if we analyze the capacity in terms of residential services classification, there could be, at least in some cases, only small differences compared to the capacity of the old-type residential center, undergoing restructuring. These cases deserve special attention as monitoring of the stage of the deinstitutionalization process, from the perspective of providing services appropriate to the needs of each service user assessed.

Almost all residential services planned under the Restructuring Plans will be provided by GDSACP, only a small portion of them following to be provided by specialized structures within/subordinated to local public administration authorities or private service providers. The funds for more than half of these residential services come from

the County Council and almost a quarter from other sources, such as National Interest Programs (NIP), the Regional Operational Program (ROP) and the Operational Program Human Capital (OPHC). By types of residential services, ROP, OPHC and NIP mainly finance minimum or maximum protected housing (Table 12).

Table 12. Sources of funding for residential services planned in RP

The type of SR planned in RP	Source of funding foreseen in the RP or after the RP was drafted (number of services)				
	POR	POCU	PIN	CJ	Other funds
CIA	4	0	0	55	6
CABR	0	0	0	35	6
CPVI	0	0	0	1	0
mSH	12	0	7	19	0
MSH	60	24	72	67	12
UMS/CPV	0	0	0	1	1
Other option	0	0	0	0	1
Total	76	24	79	178	26

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Form of the Residential Service planned in the (N=343).

Table 13. Planned activities for residential services stipulated in RP (frequencies)

Activity foreseen in RP	Number of services for which the activity had to be started and finalized by the monitoring date	Number of services for which the activity is either within the RP timeline or already finalized ²⁰	Number of services for which the activity is initiated and delayed compared to RP timeline ²¹	Number of services for which the activity has not been initiated ²²
Building construction	52	6	13	33
Building refurbishment/modernization	24	11	7	6
Equipment for the service provision	65	12	13	40

²⁰ Of those that had to be completed by the date of monitoring.

²¹ Of those that had to be completed by the date of monitoring.

²² Of those that had to be completed by the date of monitoring.

Supply of human resources	72	11	15	46
Service accreditation	73	8	15	50
Staff training	71	18	42	11
Activities undertaken with the service users, including support and assistance	110	79	30	1
Preparations for transfer	116	51	61	4
Transfer of service users	102	22	16	64
Preparing the community	61	24	33	4

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Residential Service planned in the RP Form (N=343).

All types of activities provided to be started and completed for the residential services planned in the Restructuring Plan until the monitoring date present delays compared to the initial planning in the schedule established in the Plan (Table 13). The largest shares of services for which the activity was not started (of those provided to be started and completed by the monitoring date) are registered for those related to the construction of buildings, endowment of the service, ensuring human resources and certification of the service. The reasons mentioned for these delays are related to:

- Difficulties in obtaining the necessary permits for the construction of buildings or difficulties "in the establishment of the service, as cadastral separation hasn't been made yet".
- The lack of bidders (builders) for the public procurement documentation published - "works were put up for tender repeatedly and no one has enrolled". In this direction, some reasons also claim that the offered financing does not cover the expenses.
- Lack of participation in NIP/ROP programs, "the programs not being launched in 2020".
- Delays in the execution of construction works, lack of predictability on estimating the date of completion of building construction and/or rehabilitation works.
- The Restructuring Plan endorsed by NARPDCA was not approved by the County Council. Therefore, probably the amount necessary to cover the expenses with carrying out the proposed activities were not granted or the amounts annually allocated were insufficient.
- Reconfiguration of transfer solutions as a result of "reassessment of services granted to service users" or as a result of the fact that the service users can no longer be transferred in that service "because there are no vacancies remaining", or the adjustment/change of the Plan regarding other aspects.

- Extension of the project implementation period, rescheduling of the activities or delayed implementation on several types of activities, in the context of the COVID-19 pandemic.
- Difficulties in carrying out works of rehabilitation and modernization of buildings "as a result of the too high number of service users accommodated in the same building".

3.1.5. Qualitative aspects and internal and external assessment of the restructuring process

Regarding the use of qualitative aspects in the implementation of the Restructuring Plan, most of the restructured residential centers used aspects related to cooperation with public institutions at county level (Table 14). Yet, there are seven residential centers that did not use any qualitative aspect. This is most likely related to the stage of implementing the Restructuring Plan, as some of the restructured centers declared their Restructuring Plans have not yet been implemented.

Table 14. Qualitative aspects of the implementation of the Restructuring Plan

Total restructured residential centers	59
<i>of which:</i>	
Total number of centers that have used qualitative aspects during the implementation of the Restructuring Plans	51
<i>of which centers that have used:</i>	
Cooperation with public institutions at county level	49
Cooperation with local public services for social assistance	44
Cooperation agreements with multiple NGOs at county level	12
Experience exchanges	13
Awareness-raising events	19
Events engaging and encouraging volunteer activities	22
Other methods to achieve positive and supportive attitudes towards adults with disabilities	23

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on information provided in the Fiche of the Restructuring Process.

Furthermore, representatives of residential services mentioned there were several lessons learned from the process of implementing the Restructuring Plans. Most of them

refer to challenges that had to be overcome in the process of implementing the restructuring activities and can be summarized as follows:

- Resistance to change from various stakeholders involved in the process - community discrimination towards people with disabilities, but also resistance from the involved staff - GDSACP and residential centers. Some service users and certain members of the residential service staff are reluctant to changes - either to alternative transfer solutions or to changing the profile of the residential center. Furthermore, respondents also mention that service users' resistance comes from the fact that there is a sense of attachment developed in time between the service users and the staff working in the restructured residential services, but also because "the implementation of the restructuring process requires a high emotional effort from service users". Another source of resistance to change comes from service users' families, as they refuse the option of family reintegration, especially if service users have been institutionalized for a period longer than five years. Potential solutions include a better information of employees and service users on the Restructuring Plan and an improved awareness raised at the level of community on the needs of people with disabilities.
- The pandemic period has not been conducive to achieving the planned objectives. Hence, the timeline for implementing activities under the Restructuring Plan has been changed.
- Issues related to the formality of the process, as, in order to produce a profound change in the quality of the offered services by the newly restructured residential service, there is a need to do more than a change in the organizational structure. In addition, if there is a "rushed process", in the sense of a short time frame allocated for the substantiation phase, then there is a higher likelihood that the restructuring process will be a formal one.
- The need to update the Restructuring Plan, as a result of reviewing the personalized plans prepared for service users.
- The implementation of the Restructuring Plan is dependent on the administrative capacity of GDSACPs (General Directorates of Social Assistance and Child Protection) to attract funding, but also on the capacity to implement the funded projects.
- Underdevelopment of social services at community level, which adds additional difficulties to the process of community-based transfer solutions.
- Other lessons learned are related to systemic issues in the protection of people with disabilities, such as the lack of social services in the community or the need to develop special services for certain categories of service users:
 - *"Care for the service users by categories of conditions, such as in the case of dementias in our center, allows a better/more efficient*

establishment of the needs and specific intervention for them. Various impairments require very diverse services, which cannot always be given specific enough when the disabilities are very diverse. Therefore, at international level ["dementia friendly"] communities are chosen". (Excerpt of the answers received to the Restructuring Process Fiche).

- *"Lack of respite and day care social services, of home services and professional personal assistants, within communities, is a significant issue and usually leads to the exhaustion of family carers, who often resort to a form of institutionalized care (public or private) or worse, can lead to situations where there are severely neglected disabled persons".* (Excerpt of the answers received to the Restructuring Process Fiche).

Regarding internal and external assessment of the restructuring plans, for only half of them there has been a team designated to deliver an internal assessment report (Table 15). Nonetheless, the conclusions of this type of assessments are correlated with a high degree of achievement of objectives for only six centers (out of 26 centers where an internal assessment report has been drafted). The situation similar for external assessment - in only one case the same degree of achievement of the objectives and expected outcomes has been considered high. The degree is assessed as average in other 15 centers undergoing restructuring, according to the same internal assessment report.

It should be noted that there is a set of 18 centers where their representatives said there was a need to update the Restructuring Plan by supplementing or amending it. It could be necessary to update the Plan amid the revision of the personalized plans of service users. However, this result should be viewed with caution because, in the process of correcting the data on residential and neighborhood service fiches, several representatives of the centers undergoing restructuring stated that it was necessary to update the Restructuring Plans. The reasons invoked are related to the delays registered in the implementation of projects - long delays registered in the construction of sheltered housing, the death of several service users who had transfer solutions in the same service, the release of places in other types of services than those provided in the Restructuring Plan service users etc. In addition, several representatives stated that these solutions have already been implemented (differently from the provisions of the Restructuring Plan), based on the agreement received from the County Council, an institution to which the General Directorate of Social Assistance and Child Protection is subordinated, at county level. Therefore, outreach/accommodation solutions at both the planned service level and at the service user level may no longer be valid in the second monitoring round for at least some of the residential centers undergoing restructuring.

Table 15. Internal and External Evaluation of the restructuring process

Total restructured residential centers	59
<i>of which:</i>	
Number of centers in which a team has been assigned to deliver an internal evaluation of the Restructuring Plan implementation	31
Number of centers in which an internal evaluation report has been drafted	26
Number of centers in which the degree of achievement for the objectives and expected outcomes of the restructuring process is being evaluated as high (internal evaluation report)	6
Number of centers in which a team has been assigned to deliver an external evaluation of the Restructuring Plan implementation	10
Number of centers in which an external evaluation report has been drafted	5
Number of centers in which the degree of achievement for the objectives and expected outcomes of the restructuring process is being evaluated as high (external evaluation report)	1
The number of centers in which NARPDCA has so far organized a monitoring action	8
Number of centers where it is necessary to update the Restructuring Plan by supplementing or amending it	18

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on information provided in the Fiche of the Restructuring Process.

Moreover, at the moment, among the centers included in the first monitoring round, there are 24 centers with 100 service users or more. Also considering the rest of residential centers not included in this monitoring round, at national level, their number can only be higher. This finding draws attention to the pace of the deinstitutionalization process and also to the need to reflect on the adequacy of the identified transfer solutions, according to what was highlighted in the Restructuring Plans.

3.2. Reorganization Process

3.2.1. Assessment of service users

The profile of the assessed service users for substantiating the reorganization process included in the first monitoring round shows a similar distribution by gender and type of disability and relatively different by categories of age and degree of disability to that for the entire institutionalized population of adults with disabilities in Romania. Service users in the reorganized residential centers and included in this first monitoring round have a higher share of service users in the 18-34 age category and of service users with a mental disability (Table 16). At the same time, the group of service users in this first round includes fewer service users aged 45-64, with mental and associated disabilities

than the institutionalized adult population in Romania. It is important to mention however that the socio-demographic data on the entire institutionalized population refer to the end of 2020, while the data on service users in reorganized centers correspond to the moment of application of the assessment form substantiating reorganization (different moments in time during 2018-2020). According to data on the situation of these service users at the monitoring time (January - March 2021), 88% of them were present²³ in the residential centers undergoing reorganization at the time of collecting data.

At the time of applying the assessment form for substantiating reorganization, it was possible to communicate with most of the service users in the reorganized centers. This assessment included however 933 participants (27.3%) with whom it was not possible to communicate at all. Moreover, there are also 26 service users who needed interpreter of the sign language, 6 service users who needed Braille assistance, 8 service users who needed special communication devices and 282 service users who managed to communicate by sign language with the employees of the service.²⁴

More than half of the service users in the reorganized centers need continuous support for health assistance and maintenance/development of several types of skills, such as economic transactions, self-management skills, daily skills, cognitive skills, interaction/interpersonal relationship skills, social skills and self-care skills - Table 17. The smallest shares for this type of support are found in the case of mobility skills. If we analyze the cumulative shares for continuous and regular support frequencies, almost all service users in the reorganized centers (90%) need this support for health assistance. Similarly, continuous and regular support needs for shares of over 80% of the service users are also found in the case of needs for psychological services (psychological counseling, supportive therapies), maintaining/developing interaction/interpersonal skills, interest in gainful activities, maintaining/developing social skills, daily skills and self-management skills. Therefore, it is important to correlate the activities provided in the PP of each service user with the needs identified by applying the assessment form and ensuring the human resources/services necessary for each service user.

Table 16. The profile of service users assessed to substantiate the reorganization process of residential centers included in the first round of monitoring

²³ Present in the center or temporarily absent from the residential center undergoing reorganization.

²⁴ In this first monitoring round, 61 beneficiaries were assessed as having other communication needs.

	Service users in the reorganized centers from the first round of monitoring ²⁵	Total institutionalized adults with disabilities (national level)
Gender		
Male	49.6	48.7
Female	50.4	51.2
Age		
18-34 years	40.4	33.8
35-44 years	17.4	19.8
45-64 years	23.5	27.8
65-74 years	10.0	10.5
75+	8.7	8.2
Degree of disability		
Low	0.6	1
Moderate	11.5	9
Accentuated	45.9	47
Severe	41.8	43
The service user was not classified into a category of disability	0.1	0
Type of disability		
Physical	7.0	7
Visual	1.3	1
Auditive	0.4	0
Somatic	1.4	2
Mental	65.4	56
Psychiatric	13.6	19
HIV/AIDS	0.8	1
Associated	10.2	14
Rare diseases	0	0
N	3422	16911

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans and the Statistical Bulletin of the NARPDCA, fourth quarter 2020. Data based on information provided in the Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted.

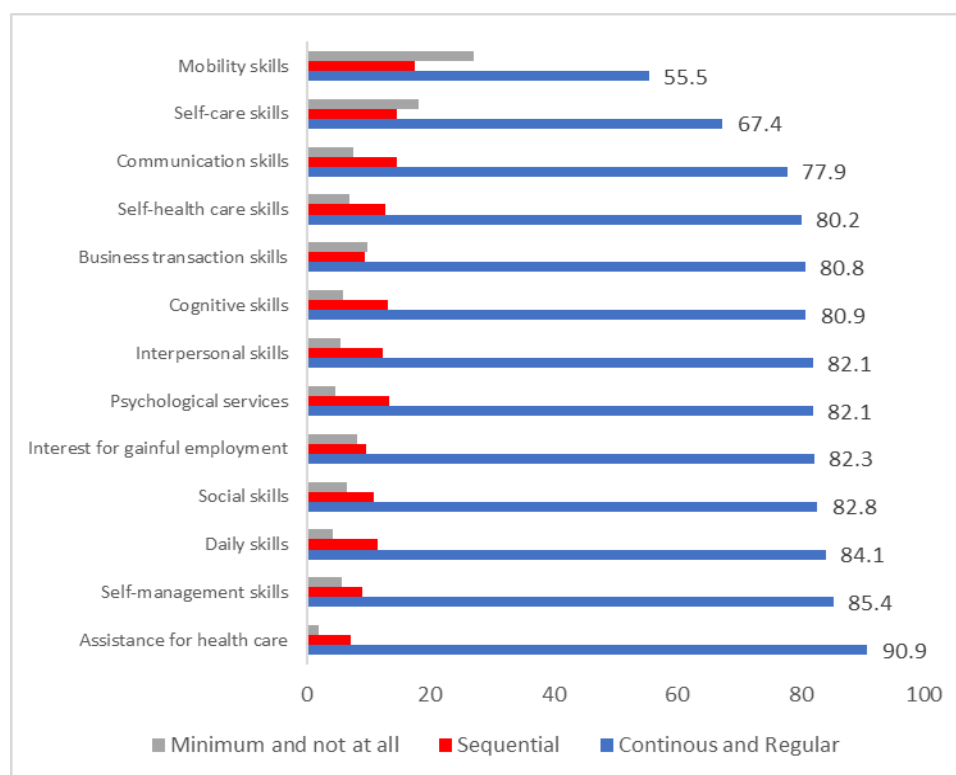
Table 17. Frequency of support needed for assessed service users to substantiate the reorganization process

²⁵ We refer to the reorganized centers included in the first round of monitoring. The socio-demographic data are those from the moment of applying the Assessment Form for the substantiation of the reorganization processes. Data for service users in the residential system are for the end of 2020 (December 31, 2020).

When the Assessment Form was applied to substantiate the reorganization process, the service user needed ...	Frequency of support needed				
	Continuous	Regular	Sequential	Minimum	Not at all
Assistance for health care	69.1	21.8	7.1	1.9	0.1
Need for psychological services (psychological counselling, support therapies)	47.6	34.5	13.3	3.8	0.8
Preservation/development of cognitive skills	53.8	27.1	13.1	5.2	0.8
Preservation/development of daily skills	58.5	25.6	11.5	3.5	0.8
Preservation/development of communication skills	49.2	28.7	14.6	6.0	1.5
Preservation/development of mobility skills	35.3	20.2	17.6	17.1	9.9
Preservation/development of self-care skills	44.7	22.7	14.7	11.3	6.8
Preservation/development of self-health care skills	51.8	28.4	12.7	5.5	1.5
Preservation/development of self-management skills	63.0	22.4	9.0	3.9	1.7
Preservation/development of interpersonal skills	54.1	28	12.4	4.2	1.2
Preservation/development of business transaction skills	66.6	14.2	9.4	5.6	4.2
Preservation/development of social skills	58.8	24	10.8	4.4	2.1
Interest for gainful employment	59.0	23.3	9.6	4.2	3.9

N=3422. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on information provided in the Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted.

Figure 10. Frequency of support needed for assessed service users to substantiate the reorganization process



N=3422. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on information provided in the Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted.

The service users assessed for substantiating the reorganization processes are split into two large groups - those assessed as requiring activities mainly of maintenance/development of the personal potential in a Care and Assistance Center (CIA) - 63.8% and those mainly requiring empowerment and rehabilitation services in an Empowerment and Rehabilitation Center (CAbR) - 32.7%. Only for 1.7% there were needs determined mainly for independent living skills in an Independent Life Center service and 1.2% in a Sheltered Housing service.²⁶

The analysis of the service user's profile depending on the preponderance of the established types of activities and the frequency of support needed for different types

²⁶ 0.6% were assessed as needing other activities and services.

of skills/abilities shows statistically significant differences.²⁷ Therefore, the service users who were assessed as requiring mainly maintenance/development of personal potential in a CIA service are rather persons who need constant support for all types of skills. However, in the case of economic transactions and the interest in gainful activities, there is also a group of service users who do not need this type of support at all and yet are to a statistically significant extent associated with the need for CIA services. A profile similar to those with needs of CIA services is also found in the case of those assessed with needs of other types of services - probably those of the type of homes for the elderly or medical and social units. Some of the service users of the centers undergoing restructuring were also transferred (or had this outreach/accommodation option established by the assessment team) to these types of services according to the assessment form applied.

Table 18. Frequency of support needed for care and health and preponderant need for activities and services for service users in reorganized centers

When the Assessment Form was applied to substantiate the reorganization process, the service user needed support for Assistance for health care	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuous	70.9	27.2	0.9	-	0.8
Regular	55.8	40.7	2.3	-	0.0
Sequential	32.1	56.4	5.8	5.3	-
Minimum	15.2	53.0	-	21.2	0.0
Not at all	-	-	-	-	-
N	2182	1120	59	42	19

²⁷ The full analysis is found in Annex 2 to this report.

N=3422. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on information provided in the Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted. Colored cells indicate significantly higher values.

The profile of service users who mainly need: (i) services of Empowerment and Rehabilitation Center type; (ii) services of Independent Life Center type and (iii) services of Sheltered Housing type includes to a significantly greater extent from a statistical point of view service users who need sequential support for almost all types of skills, including independent life. In addition, those with CAbR type service needs are even more in need of regular and minimal support for health care, maintenance/development of cognitive skills, daily skills, communication, mobility and self-care skills, care for one's own health (regular type only), skills of self-management, of interpersonal relations (regular type only), of carrying out economic transactions (regular type only), social skills and interest in gainful activities (regular type only). A full analysis on each type of skill is included in Annex 2 of this report.

In terms of socio-demographic variables, there are no significant differences from a statistical point of view between women and men on the type of activities established predominantly on each type of service. Instead, the service users who were assessed with mainly CAbR, CPV, SH type service needs are to a significantly greater extent people under the age of 45, with whom one can easily communicate. Those with mainly CAbR service needs are rather people with severe disabilities and mental disabilities. For those with CIA service needs the profile is different - these are people mainly over 65, severely disabled, physically, visually, somatically disabled, with HIV/AIDS, with whom one could communicate with difficulty or could not communicate at all. In CPVI or SH services were included rather service users with average degree disability. Moreover, it is useful to mention that the assessment form was completed, for those assessed as requiring CIA type services, predominantly without a face-to-face interaction with the service user, based on already existing information. Instead, for those assessed as requiring CAbR, CPVI or SH type services, the information requested in the assessment form was collected following the individual interview with the service user.

The number of members of the team assessing service users for substantiating the reorganization processes varies from a minimum of three members (18 centers), four members (19 centers) or five members (29 centers) to a maximum of 17 members of the assessment team (one center). In total, only four centers have 10 members or more of the assessment team. From the point of view of the occupations represented in the assessment team, in most cases a social worker (72 centers) was part of the assessment team, the nurse was part of this team in 66 centers, and the psychologist in 75 centers. In contrast, the doctor, occupational therapist and vocational counselor were poorly

represented among the occupations of the assessment team members. A psychiatrist was present in the assessment teams from seven centers and a specialist in only 23 centers. An occupational therapist was part of the assessment team in only nine centers and the vocational counselor in four centers. In total, at national level, there are 11 centers undergoing reorganization in which neither the doctor (of any specialty) nor the psychologist were part of the assessment team. The results are similar if we analyze the composition of the assessment teams at the level of service users. Just over one third of the service users present within the substantiation of reorganization processes were assessed by a doctor (psychiatrist or other specialization), only 11% by an occupational therapist and 2% by a vocational counselor. Other occupations of the assessment team members included physiotherapist, education instructor, masseur, occupational therapy instructor, educator, speech therapist, orderly, socio-educational facilitator, sociologist or balneo-physio-kinetotherapy assistant. In the assessment, there was only one representative of a NGO for people with disabilities for 7 service users.

The legal representative did not participate in the assessment of service users but sent his approval for most of the service users who had a protection measure by placing under a ban at the time of assessment. For one third of this category of service users, the legal representative participated in the assessment and in almost equal shares answered the questions in the service user's presence or answered the questions in the service user's absence. For 24 persons, the legal representative did not participate in the assessment and did not send his approval.²⁸ For almost all service users (91%) the legal representative expressed his option on the accommodation arrangement preferred for the service user. Table 19 shows that the largest share of legal representative's options was that the service user stayed where he/she was, in line with the option expressed by the service user for 312 cases. Moreover, the same option of the legal representative (to stay where they were) was also chosen in the case of service users who did not communicate at all or who did not express their opinion.

Table 19. Correspondence between the option of the legal representative and the option of the service user from the restructured and reorganized centers (frequencies)

	The service user's option								
	To stay where	To move with his/her	To move to his/her	To move into sheltered	To move to another	Another option	The service user did	The service user cannot	Total

²⁸ Moreover, there are non-answers to this question for 26 beneficiaries, which means that in total the database for reorganized centers includes 618 cases of beneficiaries identified as having a protection measure by placing under a ban.

		he/s he is	famil y	own house	housing	reside ntial cente r		not expre ss his/h er opini on	comm unicat e at all	
The legal repre senta tive's optio n	To stay where he/she is	312	18	10	2	0	8	41	177	568
	To move with his/her family	1	1	0	0	0	0	1	0	3
	To move into shelter ed housing	4	0	0	2	0	0	0	0	6
	To move to anothe r residen tial center	0	0	0	0	8	0	0	4	12
	Does not know/c annot say for certain	1	0	0	0	0	0	0	0	1
	The service user did not express his/her opinion	19	1	0	0	0	2	3	4	29
	Total	337	20	10	4	8	10	45	185	619

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on information provided in the Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted.

3.2.2. Activities carried out with service users within the service undergoing reorganization

In this section we refer to the service users that are present at the monitoring time in the service undergoing reorganization and who were assessed within the substantiation of the reorganization process.²⁹ At the time of monitoring (January-March 2021) most of the service users who were assessed to substantiate the reorganization process (88%) were still in the same centers.³⁰ A very small proportion were integrated into the family or community (1%), another very small share was transferred to sheltered housing (0.6%), while 2.3% of the service users were transferred to other residential centers or medical and social units. Moreover, at the time of monitoring, solutions were identified for other 56 people to exit the center, in most cases the identified solution being moving to a sheltered housing. In the period from the application of the assessment forms/RC approval and the monitoring time, other 265 service users (8%) died. Almost all the service users present at the time of collecting data in the reorganized centers have personalized plans.

There is a correspondence between the type of support identified within the application of the assessment form for substantiating reorganization and the activities provided in the last PP for most service users, for most of the types of independent living skills. However, within reorganization there is a situation similar to that previously mentioned for the restructuring process. Therefore, there is an important share of service users who, although assessed when they needed continuous support for certain types of skills, no corresponding activities were provided according to the last PP. At the same time, there are certain types of independent living skills for which, for most of the service users, the corresponding activities were not provided (although they were assessed as needing continuous support). From this perspective, the most problematic are the skills of carrying out economic transactions, social skills and interest in gainful activities.

The service users for whom activities have been carried out to increase the degree of social integration³¹ from the date of approval of the Substantiation Note so far are rather people aged between 45 and 64 years, with a medium and severe degree of disability, with mental disabilities, with whom it was possible to communicate (Table 21). This profile is similar for the degree of disability, communication and age category with that identified in the previous section, on service users in centers undergoing

²⁹ For these reasons, this benchmark includes 5445 beneficiaries who were still in the residential centers undergoing restructuring at the time of monitoring.

³⁰ Consequently, the benchmark for this section is 3,022 beneficiaries.

³¹ Activities to increase the degree of social integration include information meetings, individual or in groups, meetings to identify obstacles to obtaining social rights and facilities, accompaniment at public authorities involved in granting rights and social facilities, application of different types of therapies/methods for formulating options and solutions, cognitive-behavioral therapies, occupational therapies, combined arts, psychological counseling, vocational counseling, organizing and supporting beneficiaries' participation in cultural and sports events, exhibitions, accompaniment in different places, stimulation/development of relationship skills with adults other than those known, events to promote equal opportunities, abilities, potential and contributions of people with disabilities, events to stimulate social solidarity.

restructuring. But in the case of reorganization there are no significant differences from a statistical point of view on gender affiliation.

Table 20. Correspondence between the frequency of the identified support and the activities foreseen in the PP for the service users of the reorganized centers

At the time of applying the Assessment Form for substantiating the reorganization, the service user needed Continuous support for	Appropriate activities included in the latest PP (most recent review of the PP) established for this service user		
	They were not envisaged	They were envisaged	Number of cases
Preservation/development of cognitive skills	20.5	79.5	1621
Preservation/development of daily skills	17.8	82.2	1754
Preservation/development of communication skills	24.4	75.6	1485
Preservation/development of mobility skills	28.2	71.8	999
Preservation/development of self-care skills	24.1	75.9	1301
Preservation/development of self-health care skills	27.2	72.8	1868
Preservation/development of self-management skills	35	65	1868
Preservation/development of interpersonal skills	26.8	73.2	1624
Preservation/development of business transaction skills	70.8	29.2	2017
Preservation/development of social skills	43.8	56.2	1752
Interest for gainful employment	60.5	39.5	1757

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on information provided in the Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted.

The impact is estimated as positive for almost 40% of those with whom these types of activities were carried out. However, similarly to the restructuring process, for more than one third of the service users who participated in activities of increasing the degree of social integration no impact of these activities carried out could be noticed. Moreover, for 1 in 10 service users the impact was estimated as negative and for almost 15% the impact of such activities cannot be estimated. It is possible that the differences on the estimated impact on service users also come from the type of social integration activities carried out. They vary from information meetings to the application of various

therapies, cognitive-behavioral therapies, occupational therapies, combined arts, psychological counseling and vocational counseling. Also, as previously mentioned, it is possible that at least for some of them there were restrictions in the context of the COVID-19 pandemic.

Table 21. Profile of service users for which activities have been carried out to increase the degree of social integration from the date of approval of the Substantiation Note until the present

	Have activities been carried out to increase the degree of social integration from the date of approval of the Substantiation Note until now?	
	No	Yes
Gender	33.1	66.9
Male	35.2	64.8
Female		
Age³²		
18-34 years	37.4	62.6
35-44 years	32.6	67.4
45-64 years	27.6	72.4
65-74 years	33.7	66.3
75+	42.3	57.7
Degree of disability		
Low	-	70.0
Moderate	22.1	77.9
Accentuated	29.3	70.7
Severe	39.8	60.2
Severe, with a personal assistant	45.7	54.3
The service user was not classified into a category of disability	0	-
Type of disability		
Physical	43.3	56.7
Visual	35.5	64.5
Auditive	-	-
Somatic	37.5	62.5
Mental	35.6	64.4
Psychiatric	20.6	79.4
HIV/AIDS	50.0	50.0
Associated	35.5	64.5
Rare diseases	-	-
Communication needs		
It was possible to communicate with the service user	31.0	69.0
No communication could be established whatsoever	42.2	57.8
N	1032	1990

³² Service users age data were used at the time of evaluation.

N=3022. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted. Colored cells indicate significantly higher values.

For the most part of service users in the reorganized centers independent living skills have neither increased nor decreased between the date of approval of the Substantiation Note and the time of monitoring. Depending on the currently approved capacity of the reorganized residential center, service users from centers with a capacity of more than 30 service users have a statistically significantly higher share of negative evolution of these types of skills. Moreover, the profile of service users for whom independent living skills increased are significantly differentiated depending on socio-demographic characteristics. They are to a significantly greater extent service users aged between 18 and 34 years, with a degree of mild or medium disability, with mental disability and for whom activities have been carried out to increase the degree of social integration. These results are for the most part similar to those recorded in the case of restructuring and reconfirm the positive impact of carrying out activities to increase the degree of social integration on the evolution of independent living skills.

Table 22. The profile of service user at the time of monitoring according to the evolution of independent living skills, in the reorganized centers

	The evolution of independent living skills			
	Increased	They have neither increased nor decreased	Decreased	Cannot be answered based on the information in the file
Gender				
Male	16.7	68.8	13.2	1.3
Female	17	65	15.9	2
Age				
18-34 years	20.1	69.1	8.7	2.1
35-44 years	16	70.8	9.8	3.4
45-64 years	17.4	68.2	13.8	*
65-74 years	11.3	62.5	26.2	0
75+	8.9	47.3	43.8	0
Degree of disability				
Low	*	65	*	*
Moderate	20.9	62.8	16.3	0
Accentuated	20.5	61.6	16.2	1.8
Severe	11.0	72.9	15.6	0
Severe, with a personal assistant	12.1	75.0	9.6	3.3

Type of disability				
Physical	17.6	62.6	19.8	0
Visual	*	64.5	*	0
Auditive	*	*	*	*
Somatic	*	65.6	*	0
Mental	15.6	66.6	15.8	1.9
Psychiatric	23.0	65.8	10.0	*
HIV/AIDS	*	92.3	*	*
Associated	18.4	71.0	8.7	*
Rare diseases	*	*	*	*
Have activities been carried out to increase the degree of social integration, from the date of the RC approval until now?				
Yes	24.1	62.1	13.2	0.6
No	2.9	76.3	17.2	3.7
N	510	2022	440	50

N=3022. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted. Colored cells indicate significantly higher values.

For the most part of service users in the reorganized centers independent living skills have neither increased nor decreased between the date of approval of the Substantiation Note and the time of monitoring. Depending on the currently approved capacity of the reorganized residential center, service users from centers with a capacity of more than 30 service users have a statistically significantly higher share of negative evolution of these types of skills. Moreover, the profile of service users for whom independent living skills increased are significantly differentiated depending on socio-demographic characteristics. They are to a significantly greater extent service users aged between 18 and 34 years, with a degree of mild or medium disability, with mental disability and for whom activities have been carried out to increase the degree of social integration. These results are for the most part similar to those recorded in the case of restructuring and reconfirm the positive impact of carrying out activities to increase the degree of social integration on the evolution of independent living skills.

3.2.3. Service users' opinion on independent living within the service undergoing reorganization

This section includes all service users who were at the monitoring time in reorganized centers, whether they were included in the assessment to substantiate the reorganization process or they entered the service after the approval of the

Substantiation Note.³³ The questionnaires on independent living were applied directly to service users by the case manager or the psychologist of the center, in the period of collecting the data corresponding to this first monitoring round. To ensure full data confidentiality, the socio-demographic variables were not included in this type of questionnaires.

The lowest shares of service users who answered affirmatively to questions on various aspects of independent living in reorganized centers are recorded for situations where service users consider rather that it is "not the case", in the case of questions on the situation of support for finding a job or continuing studies. In addition, a small share of service users also say that they have understood the options where they could live in the community and that they are the people who decide on the daily issues. A small share of service users also state that they are involved in decisions about the services they need and where they benefit from them (psychological counseling, speech therapy, physical therapy etc.). Only a third of the service users interviewed say that they decided to live in that residential center. However, more than half of the residents of the reorganized centers: (i) were able to choose with whom to share their room; (ii) believe that they receive the services they need; (iii) their privacy and private life are respected; (iv) obtain the support they need from others; (v) receive support when they need information to understand a situation and then make a decision; (vi) the employees consider their opinion when they tell them about their discontents; (vii) may refuse to take part in the activities outside the RC/service (group or individual-based activities) (viii) receive help from the employees when they want to contact their family/friends or make new friends; (ix) can tell the employees if they are not satisfied with the services provided and (x) if something unpleasant happens in the RC or they witness another unpleasant event that another resident goes through (conflicts or aggression from other residents or staff), they feel they can complain without fear of punishment.

The service users who had options presented for living in the community understood their options where they could live in the community, say they know the difference between living in the center and living in the community and know people who lived in the center and are now in the community are mainly from services with a capacity of less than 30 service users.³⁴ However, it is important to mention that we cannot conduct the analysis on the individual characteristics of each service user, as for data to be anonymized they were not collected and there is no correspondence with the other types of instruments. The only analysis possible is through variables at center level collected through the Reorganization Process Fiche. Therefore, they show a distribution on the size of the center's capacity - around 13% of the service users for whom the

³³ The base of beneficiaries for independent living questionnaires in reorganized centers is 3,254 beneficiaries.

³⁴ Information on the capacity currently approved provided in the Reorganization Process Fiche.

fiches on independent living were completed are in residential centers of less than 30 service users. A significantly higher share of the service users who cannot communicate at all and who therefore did not express their opinion on independent living comes from centers with a capacity exceeding 30 service users. Moreover, data on the staff structure show that at the moment around one third of the current service users of the reorganized residential centers have at least one position occupied of doctor in the organizational chart of the center, approximately 40% at least one position occupied of physiotherapist and 20% at least one position occupied of occupational therapist. Psychologists and social workers are present in the current staff structure of the reorganized centers for three quarters of the service users for whom the independent living fiches were completed.

Table 23. Service users' opinions on the services in the centers undergoing reorganization

Service users who think that...	Reorganization
Total number of service users	3254
Number of service users who don't communicate at all	34
Number of service users expressing opinions (communicate easily or with some difficulties)	66
In the past year, they were asked whether they wanted to move out of the RC and into the community	43.9
In the past year, they were presented with several options to live in the community	29.2
They understood their options about where they could live in the community	20.3
They know the difference between life in the center and life in the community	40.6
They know people who lived in the center and are living in the community	29.1
They decided to live inside this RC	33.4
They chose with whom to share their room	50
They decide on their daily actions (what and when to eat, when to wake up/go to bed, when to leave/return to the center, when and who to be visited by, where to go, what to do)	21.2
They can get involved in recreational activities whenever they want (TV, computer, using recreational areas in the RC, walks outside the RC etc.)	44
Their intimacy and private life are respected (regarding couple and family life, sexuality, conversations and correspondence, medical issues etc.)	51
They may refuse to take part in the activities in the RC/service (group or individual-based activities)	55.4
They believe that they receive the services they need	50.7

They may refuse to take part in the activities outside the RC/service (group or individual-based activities)	54.4
They can spend their money as they wish, without asking the employees for permission	32.8
They receive support when they need information to understand a situation and then to make a decision	52.6
They receive information about the social and cultural events in the community	42.7
They can take part in events in the community whenever they wish (movies, theatre, shows etc.)	26
They receive help from the employees when they want to find a job	12.5
They receive help from the employees when they want to go to school/continue their studies/attend certain classes	6.5
They receive help from the employees when they want to contact their family/friends or make new friends	56.3
They receive information about the services in the community	43.6
They decide for themselves the services they need and where to receive them (psychological counseling, speech therapy, physiotherapy etc.)	22.2
They may tell the employees if they are dissatisfied with the provided services	57.7
The employees consider their opinion when they tell them about their discontents	52.9
If something unpleasant happens in the RC or they are witnessing another unpleasant event that another resident goes through (conflicts or aggression from other residents or staff), they feel they can complain without fear of punishment	57.8
They get the help they need from the others	51
They feel that they are in control of their own lives, not anyone else	35.1

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on information provided in the Questionnaires on Independent life, applied directly to service users from reorganized services (N=3254). Note: The shares corresponding to the service users who answered “Yes” to each question are presented. Some questions also included the “Depends - sometimes yes, sometimes no” option.

3.2.4. Changes registered in the reorganized centers

According to NAPD Decision no. 877/2018, the profile proposal of the residential center is based on the analysis of data obtained through assessment, which reveals that approximately 60% of the service users need specific activities and services of those provided in the specific minimum mandatory quality standards (Article 24). Currently, it is not necessary for any of the reorganized centers included in the first monitoring

round to prepare an Substantiation Note and change the profile of the residential center. At the time of assessment, all centers had a share of at least 60% of service users with need for activities and services specific to the RC profile. Currently (the moment of monitoring), only one of the centers does not fulfill this condition, but the weight calculated based on the provided data is 50%. Moreover, there are 63 centers that underwent reorganization and where, at the moment of monitoring, all service users need specific activities and services corresponding to the profile of the residential center.

Table 24. Changes in the reorganized residential centers

Total reorganized residential centers	91
<i>of which:</i>	
Number of centers where changes with respect to access to community services have been registered (proximity or means of transport)	5
Number of centers where changes with respect to the activities to be carried out in the RC linked with the requirements of minimum quality specific standards have been registered	8
Number of centers where there have been changes with respect to structure of the staff providing the necessary activities and services	18
Number of centers where changes with respect to the results obtained after processing the data in the assessment forms used to determine the RC profile have been registered	3
Number of centers where, after the last assessment, it is necessary to develop a new Substantiation Note and to change the RC profile	0
Number of centers where, according to the most recent assessment, more than 60 percent of service users were deemed as in need of specific activities and services appropriate to the RC profile	90

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the Reorganization Process.

Within the first monitoring round, some of the centers declared that changes were recorded in terms of various aspects of service operation, in the period from the approval of the residential center to date. These are generally positive changes and refer to access to services in the community, the activities to be carried out in the residential center in correlation with the requirements of the specific minimum quality standards, staff structure, but also the results obtained from processing the data included in the assessment forms based on which the profile of the residential center was determined. For example, the mentioned changes on access to services in the community include building a special sidewalk for pedestrians that allows access to the main services in the community (train station, church, shop etc.), or the purchase of a minibus to transport service users to various activities outside the center. There are also cases where a certain type of staff (either specialized or administrative) was not

planned to be employed, but currently the corresponding position(s) is/are occupied. Moreover, the data in Table 25 show that the total number of positions occupied differs substantially from those planned, especially for the positions of doctor, physiotherapist, psychologist and social worker. These differences may be associated with recruitment and employment difficulties in the context of the COVID-19 pandemic. The last columns of Table 25 show that there are approximately 20 centers where there are differences between the planned and occupied positions for the previously mentioned positions. The best situations regarding the share of the occupied positions in the planned ones seem to be registered for the general nurse and orderly. It should be noted that only 19 centers (out of a total of 90 centers) provided the position of occupational therapist in the staff structure. Compared to the specialized personnel directly mentioned in the Reorganization Process Fiche (doctor, physiotherapist, psychologist, social worker, nurse, education instructor, occupational therapist and orderly), the structure of specialized staff provided in the Substantiation Note also includes the following positions: pharmacist, interpreter of the sign language, occupational therapy instructor, social worker, pharmacy assistant, masseur, speech therapist, personal addiction counselor, priest but also specialized personal coordinator.

Table 25. Planned and occupied positions for specialized staff in the reorganized centers

Specialized staff	Total planned positions	Total filled positions	Number of centers with planned positions	Number of centers with filled positions
Doctor	55	33	50	32
Physiotherapist	57	37	54	36
Psychologist	94	70	85	68
Social worker	97	73	83	67
General nurse	470	429	89	88
Hygiene nurse	3	4	3	4
Trainer	185	154	43	40
Occupational therapist	37	28	19	16
Orderly	1140	1035	83	84

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the Reorganization Process (N=91 centers).

In the same direction, of possible obstacles in the operation of the reorganized service, only 11 centers out of a total of 91 included in the first monitoring round state that nothing additional is needed in the reorganized RC to perform all activities provided in the documents of organization and operation of the newly established service. Most

centers identify staff training needs (68 centers), additional human resources (53 centers), additional financial resources (46 centers), but also legislative amendments (26 centers) and inter-institutional partnerships. The training needs of the staff are mentioned especially in relation to the change of the profile of the center, so that "the staff needs training to be able to carry out activities specific to the profile and to differentiate between the old and the new profile".

Some of the difficulties on human resources are related to financial problems. In total, almost half of the centers are currently facing difficulties in ensuring the necessary human resources planned under the Substantiation Note. The identified needs also refer to changing the amount of the cost/service user standard "to ensure the full operation of the center and employed staff that constantly benefits from training courses" or to "granting the bonus for particularly dangerous working conditions". Moreover, the difficulties related to human resources refer in several cases to suspending the organization of all recruitment contests to occupy vacant positions within institutions, but also to the fact that vacant positions are not put up for contest to be filled due to insufficient allocation of budget resources, issues related to the provision of rest leave, medical issues (including long periods of sick leave) or cases of isolation/quarantine at the workplace, "granting days off to comply with the number of hours worked per month, so that the additional working time is considered volunteering". Even in cases where vacant positions have been advertised, some centers report that no candidates have applied, and in the current pandemic context, "some of the center's staff have retired or resigned, and the staff (both specialized and administrative) is insufficient to ensure the needs of the service users" or the staff is considered insufficient to carry out certain activities (counseling, information, support in decision-making). Insufficient staffing problems are reported for both specialized and administrative staff. The initial work schedule planned with the service users could not be observed in some cases due to the pandemic context, in which certain employees infected with the Sars-Cov2 virus were isolated.

3.3. Restructuring and reorganization processes: a comparative perspective

The service user assessment process has been conducted based on an appointed working group in most of the restructured and reorganized centers. In almost half of them, GDSACP management was part of this working group. Yet, representatives of non-governmental organizations have not been part of this process. They (social service providers or other NGOs for people with disabilities) were part of such working groups in only three centers, of which only one center was undergoing reorganization and two centers were undergoing restructuring.

Table 26. Participation in the evaluation process of the service users

	Restructuring	Reorganization	Restructuring and Reorganization
Total residential centers	59	91	150
<i>of which:</i>			
Number of centers in which a working group has been appointed to coordinate the drafting of the Restructuring Plan/Substantiation Note	56	90	146
Number of centers where the GDSACP management was part of the workgroup	30	54	84
Number of centers where representatives of NGOs (social service providers or other NGOs for persons with disabilities) were part of the workgroup	2	1	3
Number of centers in which a planning of the main activities for the drafting of the Restructuring Plan/Substantiation Note was carried out	52	86	138
Number of centers where planning included a timeline with clear deadlines for the activities associated with	46	82	128

drafting the Restructuring Plan			
Number of centers in which, prior to starting the assessment activity, debriefing and consultation sessions were organized with the relevant stakeholders for the restructuring process	44	74	118

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the two forms at the center level - Fiche of the Restructuring Process and Fiche of the Reorganization Process. The first row represents the total number of residential centers that responded in this monitoring round. All indicators in the Table represent the number of centers.

In line with the findings presented in Table 26, representatives of reorganized and restructured residential centers declared they had encountered difficulties in identifying the NGO representatives to take part in the assessment process. Other difficulties relate to communication with the service users for filling in the Assessment Forms and with service users' legal representatives (co-opting the legal representatives in the assessment of the service users). Noteworthy, none restructured residential centers encountered difficulties in appointing the assessment team (Table 27). Other difficulties mentioned in the process of assessing service users are related to the lack of the social worker in the assessment team, the high workload and the short time for the application of the assessment forms, the lack of electronic means to complete the forms and the lack of material motivation.

Table 27. Types of difficulties encountered in the substantiation process

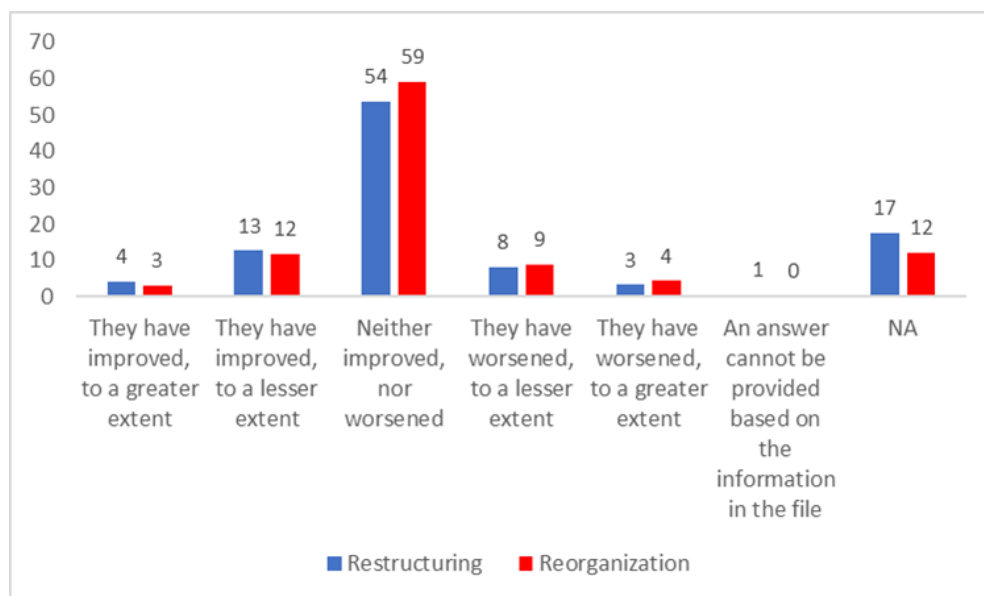
Number of centers where the following difficulties were encountered during the service users' assessment period	Restructuring	Reorganization	Restructuring and Reorganization
From the total number of centers	59	91	150
Appointing the assessment team	0	2	2
The assessment team/s applying the Assessment Forms	6	5	11
Difficulties in communicating with the	43	52	95

service users to fill in the Assessment Forms			
The lack of proper tools to assess the service users (other than the Assessment Form)	8	10	18
Determining the main needed activities and services for the service users based on the Assessment Forms filled in	6	5	11
Co-opting the legal representatives in the assessment of the service users	25	16	41
Identifying the NGO representatives to take part in the assessment process	26	18	44
Lack of space/a room to carry out the assessment meeting	2	1	3
Processing the collected data	4	1	5
Elaborating the Summary Report	1	1	2
Other difficulties	3	3	6

Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the two forms at central level - Fiche of the Restructuring Process and Fiche of the Reorganization Process. The first row represents the total number of residential centers that responded in this monitoring round. All indicators in the Table represent the number of centers.

For most service users included in the restructured and reorganized centers, independent living skills have not changed since the approval of the Restructuring Plan/Substantiation Note. The graphical representation of the results recorded in the first monitoring round shows similar results for the restructuring and reorganization processes. An explanation might lie in the fact that some of the activities, especially those carried out in the community, could not be implemented as a consequence of the COVID-19 pandemic. An alternative explanation is the lack of correlation between the needs identified by assessment for each service user and the necessary activities provided for in the PP, for at least some of them, as presented in the previous sections.

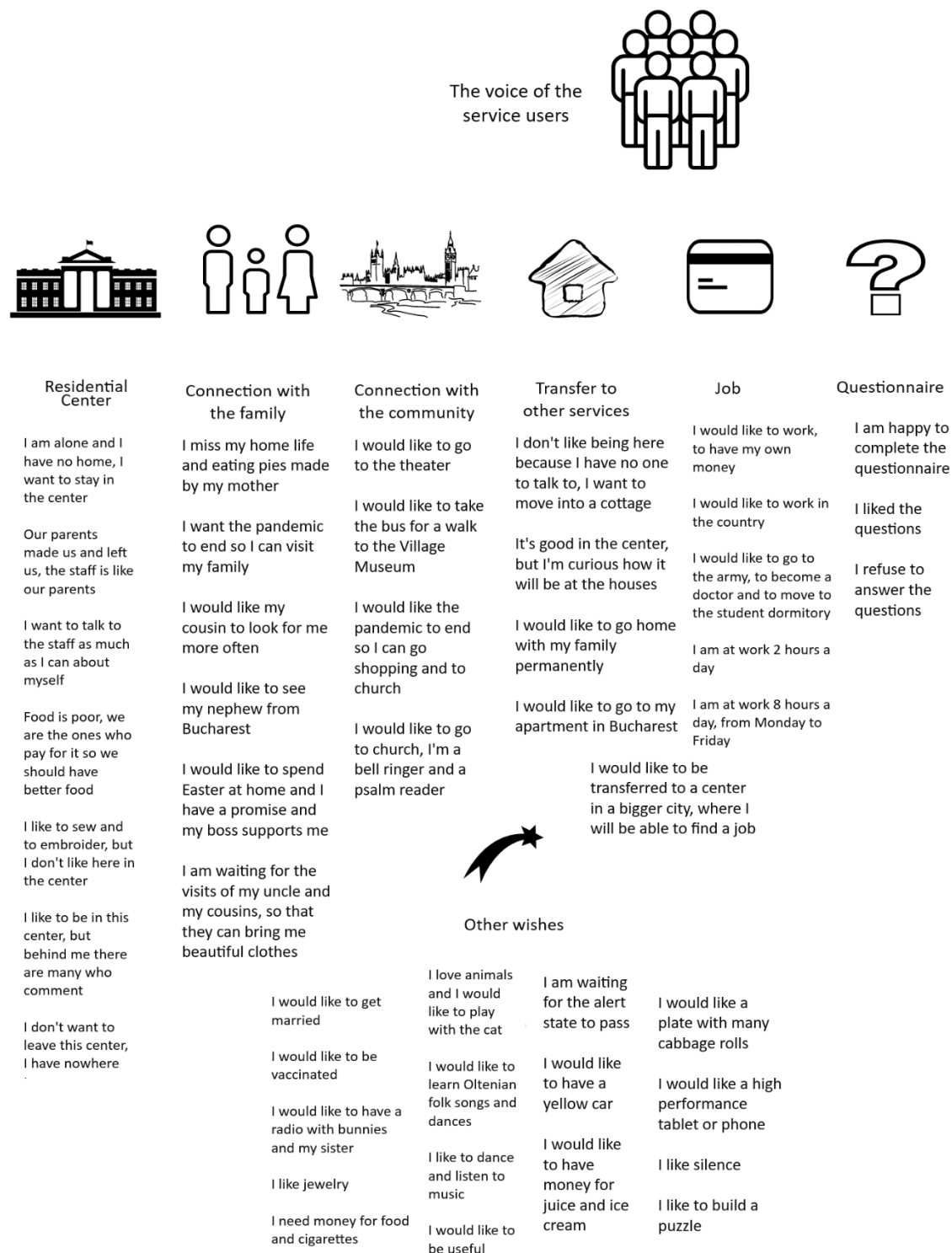
Figure 11. Evolution of independent life skills for the service user



Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted. (N=6501) and in the Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted (N=3422).

Finally, the last graphical representation in this report presents the wishes and opinions of the service users, expressed as open answers to the questionnaires on independent living in restructured and reorganized centers. They were grouped on the following main topics: (i) life in the residential center, (ii) family ties; (iii) community ties; (iv) transfer to other services; (v) job and other wishes. Moreover, several service users expressed their opinions (positive and negative) on management of this type of questionnaire in the first monitoring round.

Figure 12. The voice of the service users from the residential centers included in the first round of monitoring



4. Conclusions and Recommendations

This intermediary report describes some of the challenges related to the process of deinstitutionalization of adults with disabilities in Romania in the transition from residential services. Such challenges are related to: (i) very small share of community-based alternatives identified for the service users assessed in the process of drafting the Restructuring Plans, (ii) a very low representation of non-governmental organizations in the assessment process, (iii) a low participation as a face-to-face interaction of the legal representative in the assessment process, (iv) a low proportion of service users transferred to other services, (v) a lack of correlation between the frequency of support identified for maintaining/developing certain types of skills and the corresponding activities provided in the PP, (vi) various difficulties in implementing the activities provided for in connection with the residential services planned under the Restructuring Plan. Furthermore, the COVID-19 pandemic exacerbated such challenges. Simultaneously, this monitoring round also identified some residential centers where the Restructuring Plan/Substantiation Note requires update by supplementing or amending it. More detailed results are found in the reports at center and county level, available in Annex 5.

Based on the findings of this report, the project team issued a set of recommendations grouped around key topics that can potentially contribute to achieving the larger objective of increased quality of life of service users of residential services for people with disabilities. The list below is structured in two categories - some recommendations are at the strategic level and others at the operational level and are differentiated on three levels - residential, county and national center. However, this is not an exhaustive list of aspects to be taken into consideration in the restructuring and reorganization processes. These are in line with the guidelines set out in the new European Strategy for the Rights of Persons with Disabilities 2021-30, in particular those on Developing an independent life and strengthening community services, better regulation - compliance with the Convention on the Rights of Persons with Disabilities (CRPD) in the policy-making process, but also on ensuring sound monitoring and reporting. In relation to the Draft Government Decision for the approval of the National Strategy for the Rights of Persons with Disabilities 2021-2027 and the Operational Plan on the implementation of the National Strategy for the Rights of Persons with Disabilities 2021-2027, the proposed measures are aligned mainly with the Specific Objectives 5.2. Deinstitutionalization of persons with disabilities and 5.3. Improving access to community social services necessary for independent living, but also the Specific Objective 9.1. Improving the capacity and coordination of actors at central level for the development and implementation of policies that affect the realization of the rights of persons with disabilities. Implementation of recommendations would partially contribute to respecting the right to an independent life for persons with disabilities in residential centers undergoing restructuring and reorganization processes in Romania.

Table 28. Recommendations for the restructuring and reorganization processes

No.	Recommendation	Priority	Time frame	Recipient
Strategic Recommendations				
1.	Review specific quality standards to develop requirements for ensuring independent living and strengthening the status of the multidisciplinary team	High	Short to medium term	NARPDCA
2.	Using European and national funding opportunities to accelerate the deinstitutionalization process, with the identification of alternative housing at community level	High	Medium to long term	NARPDCA, County Councils, GDSACP
3.	Developing collaboration with non-governmental organizations	High	Short to medium term	County Councils, GDSACP
4.	Include in the strategic framework at county level the objectives of: (i) developing the material resources and human resources skills needed to implement the tools for data collection and processing at county level and (ii) measures to encourage independent living ³⁵	Medium	Short to medium term	County Councils, GDSACP
5.	Using methodological coordination resources at county and national level for all difficulties encountered in the restructuring and reorganization processes	Medium	Medium to long term	GDSACP, Residential Centers
6.	Organizing exchanges of experience at European, regional and national level on	Medium	Short to	NARPDCA, GDSACP, Residential Centers

³⁵ Both recommendations refer to the restructuring and reorganization processes, respectively the data collection processes and measures to encourage independent living for the service users of the restructured and reorganized centers.

No.	Recommendation	Priority	Time frame	Recipient
	restructuring and reorganization processes		medium term	
	Operational Recommendations			
7.	Organizing and conducting the complex process of data collection, by allocating human resources and developing methodological coordination	High	Short term	NARPDCA
8.	Monitoring how independent living requirements are met, at least annually, based on quality standards	High	Short to medium term	NARPDCA
9.	Providing the training base for independent living skills	Medium	Short to medium term	NARPDCA
10.	Monitoring the location of residential services planned through the Restructuring Plans, with a focus on neighborhoods with other residential services (for children or adults), the development of community services and the proximity of points of interest to support community life	High	Short term	NARPDCA
11.	Ensuring the necessary staff and appointing case managers, by empowering specialists within the center/system to apply the case management method ³⁶	High	Short term	GDSACP
12.	Supporting the centers to deal with service users who have special communication needs related to speech	High	Medium to long term	GDSACP

³⁶ Order no. 1218/2019.

No .	Recommendation	Priority	Time frame	Recipient
13	<p>intelligibility, interpreters, assistive technology</p> <p>Development of regular opportunities to express opinions for service users of restructured and reorganized residential services, including through the annual application of independent living questionnaires</p>	High	Short to medium term	GDSACP, Residential Centers
14	<p>Development of material resources and human resources skills required for the application of data collection tools</p>	Medium	Short term	GDSACP, Residential Centers
15	<p>Appointing teams to carry out the internal evaluation of the restructuring process and contracting an external evaluation team for the same objective</p>	High	Short term	GDSACP, Residential Centers

Annex 1. Correspondence between the frequency of support needed and the exit/housing solution identified by the assessment team, for the service users of the restructured centers

When the Assessment Form was applied to substantiate the restructuring process, the service user needed support for Assistance for health care ³⁷	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	83.3	1.9	14.2	0.6
Regular	70.8	2.9	24.9	1.5
Sequentially	53.1	3.8	41.6	1.5
Minimum	31.7	3.3	64.7	-
Not at all	36.6	-	53.7	-
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Psychological services	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	89.3	1.7	8.1	0.9
Regular	72.7	2.6	24.2	0.5
Sequentially	64.8	2.4	31.6	1.2
Minimum	46.2	5.0	46.6	2.2
Not at all	70.6	-	25.5	0.0
N	4846	158	1437	60

³⁷ All data in Annex 1 come from the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted (N=6501). Colored cells indicate significantly higher values.

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Preservation/development of cognitive skills	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	89.9	1.7	7.6	0.7
Regular	75.5	2.5	21.3	0.6
Sequentially	59.6	2.6	36.9	0.9
Minimum	45.0	4.3	48.8	2.0
Not at all	54.2	-	38.6	-
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Preservation/development of daily skills	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	89.7	1.9	7.7	0.7
Regular	72.9	2.3	24.0	0.7
Sequentially	55.5	2.8	40.9	0.8
Minimum	41.1	5.0	51.9	2.0
Not at all	48.7	2.6	40.8	7.9
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Preservation/development of communication skills	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	90.5	1.8	7.0	0.6
Regular	75.8	2.3	21.1	0.8
Sequentially	62.6	2.3	34.5	0.7

Minimum	49.7	5.0	43.5	1.8
Not at all	50.5	-	43.5	-
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Preservation/development of mobility skills	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	93.6	1.9	3.7	0.8
Regular	82.6	2.2	14.5	-
Sequentially	73.5	2.0	24.1	-
Minimum	53.3	3.8	41.5	1.3
Not at all	53.5	2.6	41.4	2.5
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Preservation/development of self-health care skills	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	92.0	1.9	5.3	0.8
Regular	79.2	2.6	17.2	1.0
Sequentially	67.7	2.6	29.0	-
Minimum	48.0	3.4	47.8	-
Not at all	45.9	2.3	49.7	2.1
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Preservation/development of self-health care skills	Exit/housing solution identified by the assessment team for this person			
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Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	87.8	1.8	9.7	0.8
Regular	76.8	2.7	19.6	0.9
Sequentially	61.6	2.2	35.1	1.2
Minimum	44.1	4.9	49.9	-
Not at all	43.9	-	52.0	-
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Preservation/development of self-management skills	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	89.1	2.0	8.2	0.7
Regular	69.5	2.4	27.3	0.8
Sequentially	53.6	2.7	42.9	-
Minimum	41.2	-	52.3	-
Not at all	41.8	-	47.3	-
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Preservation/development of interpersonal skills	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	90.3	1.9	7.2	0.6
Regular	73.0	2.6	23.6	0.8
Sequentially	73.0	2.6	23.6	0.8
Minimum	46.3	4.7	47.2	1.8
Not at all	50.9	-	39.8	-
N	4846	158	1437	60

When the Assessment Form was applied to	Exit/housing solution identified by the assessment team for this person			
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substantiate the restructuring process, the service user needed Preservation/development of business transaction skills				
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	83.3	2.2	13.9	0.6
Regular	73.0	2.1	23.7	1.1
Sequentially	56.0	2.5	40.7	-
Minimum	48.5	4.2	45.1	2.2
Not at all	71.0	-	23.5	-
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Preservation/development of social skills	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	87.7	2.0	9.6	0.7
Regular	70.9	2.4	26.0	0.8
Sequentially	53.2	2.4	43.4	0.9
Minimum	48.1	5.7	43.8	2.4
Not at all	44.8	-	49.3	-
N	4846	158	1437	60

When the Assessment Form was applied to substantiate the restructuring process, the service user needed Interest for gainful employment	Exit/housing solution identified by the assessment team for this person			
Frequency of support needed	Residential Center	In the community	Sheltered Housing	Other options
Continuously	87.8	2.1	9.6	0.5
Regular	70.5	1.9	26.6	0.9

Sequentially	50.4	2.4	46.1	1.0
Minimum	46.1	5.5	45.8	2.7
Not at all	79.1	3.3	15.8	1.9
N	4846	158	1437	60

Annex 2. Correspondence between the frequency of support needed and the predominant need for activities and services, for the service users of the reorganized centers

When the Assessment Form was applied to substantiate the reorganization process, the service user needed support for Assistance for health care ³⁸	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	70.9	27.2	0.9	-	0.8
Regular	55.8	40.7	2.3	-	0.0
Sequentially	32.1	56.4	5.8	5.3	-
Minimum	15.2	53.0	-	21.2	0.0
Not at all	-	-	-	-	-
N	2182	1120	59	42	19

When the Assessment	Based on the assessment, what need for activities and services has been identified
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³⁸ All data in Annex 2 come from the Fiche of the service users who were present in the Residential Centre at the moment when the Substantiation Note was drafted (N=3422). Colored cells indicate significantly higher values.

Form was applied to substantiate the reorganization process, the service user needed Psychological services					
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	66.5	31.2	0.9	-	1.2
Regular	63.1	33.9	2.4	-	0.0
Sequentially	53.4	39.6	3.1	4.0	0.0
Minimum	65.6	23.7	-	9.2	0.0
Not at all	92.6	-	-	-	-
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Preservation/development of cognitive skills	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	72.7	26.1	-	0.0	0.9
Regular	58.9	37.5	2.8	-	-
Sequentially	46.8	47.4	2.5	3.1	-
Minimum	38.8	40.4	9.0	11.8	0.0
Not at all	67.9	-	0.0	-	0.0
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Preservation/development of daily skills	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	72.8	25.6	0.7	0.0	0.8
Regular	57.2	39.9	2.1	-	-
Sequentially	42.0	51.1	3.5	3.0	-
Minimum	33.3	40.8	10.0	15.8	0.0
Not at all	57.1	-	0.0	-	0.0
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Preservation/development of communication skills	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	73.2	25.2	0.7	-	0.9
Regular	62.4	35.2	1.7	-	-
Sequentially	44.6	48.4	4.2	2.6	-
Minimum	43.2	44.2	-	8.7	0.0
Not at all	50.0	34.0	-	-	0.0
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the	Based on the assessment, what need for activities and services has been identified				
--	--	--	--	--	--

reorganization process, the service user needed Preservation/development of mobility skills					
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	76.9	22.3	-	-	-
Regular	72.8	24.7	2.0	0.0	-
Sequentially	57.9	38.8	-	-	-
Minimum	51.2	42.1	2.7	2.9	-
Not at all	30.7	59.3	4.4	5.6	0.0
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Preservation/development of self-health care skills	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	75.6	22.9	0.9	0.0	0.7
Regular	61.7	35.8	1.7	-	-
Sequentially	53.0	44.2	-	-	-
Minimum	45.2	47.0	3.9	3.6	-
Not at all	46.8	38.5	4.8	9.5	-
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Preservation/development of self-health care skills	Based on the assessment, what need for activities and services has been identified				
--	--	--	--	--	--

Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	72.2	26.2	0.8	-	0.8
Regular	59.9	37.1	2.3	-	-
Sequentially	45.2	48.6	2.5	3.4	-
Minimum	46.8	38.3	5.9	9.0	0.0
Not at all	66.7	21.6	-	-	0.0
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Preservation/development of self-management skills	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	74.9	23.9	-	0.0	0.8
Regular	49.6	46.6	3.6	-	0.0
Sequentially	31.8	58.4	3.9	5.5	-
Minimum	34.1	44.7	7.6	13.6	0.0
Not at all	75.4	-	0.0	-	0.0
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Preservation/development of interpersonal skills	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in	Mainly for habilitation and rehabilitation	Mainly for independent life skills in the	Mainly for independent life skills in the	Mainly for other types of activities

	the Care and Support Centre type of service	in the Habilitation and Rehabilitation Centre type of service	Independent Life Centre type of service	Sheltered Housing type of service	and services
Continuously	73.5	25.1	-	0.0	0.9
Regular	57.9	39.3	2.3	-	-
Sequentially	38.0	53.8	4.7	3.5	0.0
Minimum	53.1	28.3	-	11.7	-
Not at all	66.7	-	0.0	-	0.0
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Preservation/development of business transaction skills	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	69.6	28.6	0.7	-	0.8
Regular	49.2	47.9	2.7	-	0.0
Sequentially	51.9	41.9	3.7	-	0.0
Minimum	43.5	38.2	7.9	10.5	0.0
Not at all	74.1	18.9	-	-	-
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Preservation/development of social skills	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and	Mainly for independent life skills in the Independent Life Centre	Mainly for independent life skills in the Sheltered Housing	Mainly for other types of activities and services

		Rehabilitation Centre type of service	type of service	type of service	
Continuously	72.9	25.5	0.6	-	0.9
Regular	55.4	41.5	2.7	-	0.0
Sequentially	40.7	52.3	4.3	2.7	0.0
Minimum	39.6	42.3	-	11.4	-
Not at all	71.8	15.5	0.0	-	0.0
N	2182	1120	59	42	19

When the Assessment Form was applied to substantiate the reorganization process, the service user needed Interest for gainful employment	Based on the assessment, what need for activities and services has been identified				
Frequency of support needed	Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	Mainly for independent life skills in the Independent Life Centre type of service	Mainly for independent life skills in the Sheltered Housing type of service	Mainly for other types of activities and services
Continuously	72.7	26.2	-	0.0	0.9
Regular	53.6	42.6	3.0	-	0.0
Sequentially	36.4	55.2	4.5	3.6	-
Minimum	40.6	39.2	10.5	9.8	0.0
Not at all	82.0	10.5	0.0	7.5	0.0
N	2182	1120	59	42	19

Annex 3. Correspondence between informed decisions taken by service users and exit/housing solution identified by the assessment team for the service users of the restructuring centers

Type of informed decision		Exit (housing) solutions identified by the assessment team			
		RC	In the community	SH	Other options
The service user understood the differences between the housing options	Yes	65.6	3.2	30.0	1.1
	No	86.9	1.4	11.3	-
	Not known	81.0	1.7	16.1	1.2
The service user visited the services presented as options (or similar services) before expressing his/her choice	Yes	71.2	6.9	20.6	1.3
	No	74.6	1.8	22.9	0.7
	Not known	86.2	0.0	10.2	-
The service user received information from the assessment team about the services existing in the community before expressing a choice (personal assistant, home care services etc.)	Yes	70.4	2.8	25.7	1.0
	No	92.0	1.0	7.0	0.0
	Not known	85.9	0.0	11.2	-
The service user consulted with a family member/friend/sponsor in order to take a decision on his/her housing solution	Yes	71.3	4.4	23.3	1.0
	No	76.8	1.4	21.2	0.6
	Not known	72.8	1.6	23.4	2.2
Total (N)		4846	158	1437	60

N=6501. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted.

Type of informed decision		The accommodation arrangement preferred by the service user according to the Assessment Form				
		RC	In the community	SH	Other options	The service user did not express his/her

						opinion/does not communicate at all
The service user understood the differences between the housing options	Yes	65.9	7.8	21.2	1.7	3.5
	No	12.1	1.0	1.8	0.6	84.6
	Not known	43.6	3.8	3.8	1.3	47.4
The service user visited the services presented as options (or similar services) before expressing his/her choice	Yes	69.7	5.8	18.7	2.6	3.1
	No	42.2	5.2	11.9	1.1	39.6
	Not known	59.1	0.0	0.0	-	40.4
The service user received information from the assessment team about the services existing in the community before expressing a choice (personal assistant, home care services etc.)	Yes	51.0	5.9	14.9	1.4	26.7
	No	24.3	2.3	2.5	-	70.2
	Not known	51.9	-	-	-	45.6
The service user consulted with a family member/friend/sponsor in order to take a decision on his/her housing solution	Yes	64.5	7.6	17.2	1.6	9.1
	No	34.0	3.3	10.1	1.1	51.5
	Not known	57.5	7.1	10.1	1.6	23.7
Total (N)		3026	332	806	84	2253

N=6501. Source: World Bank data, first monitoring round on the implementation of the reorganization and restructuring plans. Data based on the information provided in the Fiche of the service users who were present in the Residential Centre at the moment when the Restructuring Plan was drafted.

Annex 4. Format of the Monitoring Report at County Level

Monitoring Report on Restructuring and Reorganization Processes³⁹

County level Report

County

List of restructured services monitored in the first round

Center Code	Service designation	Locality
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Date on which the first service was restructured:

Date on which the last service was restructured:

List of reorganized services monitored in the first round

Center Code	Service designation	Locality
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Date on which the first service was reorganized:

Date on which the last service was reorganized:

³⁹ The formats of the monitoring reports at residential and county center level can be modified depending on the availability of the collected data.

Summary

Restructuring

Total restructured residential centers ⁴⁰
Total number of service users in the Restructured RC at the moment when the Restructuring Plan was drafted
Total number of service users in the Restructured RC at the time of monitoring
Total number of service users with transfer-to-community solutions (Family integration, PPA, Their own home/a rented house) identified in the Restructuring Plan
Total number of service users transferred to the community at the time of monitoring (compared to the total planned in the Restructuring Plan)
Total number of residential services planned in the Restructuring Plan
Number of planned residential services for which the pending application for funding situation is already approved
Number of planned residential services with delays from the Restructuring Plan
Total Day Centers planned in the Restructuring Plans
Total operational Day Centers at the time of monitoring (of those planned)
Total centers where it is necessary to update the Restructuring Plan by supplementing or amending it
Total restructured centers with a number equal to or greater than 100 service users at the time of monitoring

Summary

Reorganization

Total reorganized residential centers ⁴¹
Number of centers where, according to the most recent assessment, more than 60 percent of service users were deemed as in need of specific activities and services appropriate to the RC profile
Number of centers where, after the last assessment, it is necessary to develop a new Substantiation Note and to change the RC profile
Number of centers in which the number of jobs currently filled represents at least 80 percent of that planned in the Substantiation Note, for specialized staff
Number of centers where there are difficulties in ensuring the necessary human resources planed in the Substantiation Note
Number of centers where there is currently a social worker in the staff structure
Number of centers where there is currently a doctor in the staff structure

⁴⁰ Throughout the report at county level, the total number refers to the total number of restructured centers included in the first monitoring round.

⁴¹ Throughout the report at county level, the total number refers to the total number of reorganized centers included in the first monitoring round.

Number of centers where there is currently a physiotherapist in the staff structure
Number of centers where there is currently an occupational therapist in the staff structure
Number of centers where there is currently a psychologist in the staff structure
Number of centers in which at least one NGO representative for the people with disabilities was a member of the assessment team (as an observer)

Evaluation of Service Users

Planning of the restructuring/reorganization process

	Reorganization	Restructuring	Restructuring and Reorganization
Total residential centers			
<i>of which:</i>			
Number of centers in which a workgroup has been appointed in order to coordinate the elaboration of the Restructuring Plan/Substantiation Note			
Number of centers in which the GDSACP management was part of the workgroup			
Number of centers in which representatives of NGOs (providers of social services or other NGOs for persons with disabilities) were part of the workgroup			
Number of centers where there was a planning achieved for the key activities included in the Restructuring Plan			
Number of centers where the planning included a timeline with clear deadlines for the activities			

associated with drafting the
Restructuring Plan

Number of centers in which, prior to
starting the assessment activity,
there were debriefing and
consultation sessions organized with
the relevant stakeholders for the
processes

Source: Restructuring Process Form and Reorganization Process Form

Assessment Team

	Restructuring	Reorganization	Restructuring and Reorganization
Total residential centers			
<i>of which:</i>			
Number of centers where, before the assessment was delivered, there was a training performed for the members of the assessment team			
Number of centers in which at least three professions were represented among the members of the assessment team			
Number of centers in which a doctor was part of the assessment team members ⁴²			
Number of centers in which an occupational therapist was part of the assessment team members			
Number of centers in which a vocational counselor was part of the assessment team members			
Number of centers in which at least one NGO representative for persons with disabilities was a member of the assessment team (as an observer)			
Average number of members of the service user assessment team (including the coordinator) at RC level			
GDSACP has its own procedure for the participation of an NGO representative in the assessment process (Yes/No)			

Source: Restructuring Process Form and Reorganization Process Form

⁴² Psychiatrist or other specialist.

Service users assessed by different assessment teams (percentage)

	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100
Number of service users assessed by assessment teams with at least one member for each of the professions listed below (percentage of total service users)			
Social worker			
Psychiatrist			
Doctor of another specialty			
Nurse			
Doctor/Nurse			
Psychologist			
Psychopedagogue			
Recovery pedagogue			
Occupational therapist			
Psychologist/Psychotherapist/Recovery pedagogue/Occupational therapist			

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted



Service users assessed in teams where at least one representative of an NGO for persons with disabilities was included (% of service users)

Teams where...	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100
There weren't any NGO representatives			
At least one representative of an NGO providing social services			
At least one representative of an NGO active in protecting and promoting human rights			

At least one representative of another type of NGO for people with disabilities

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted



Service users for whom the assessment was performed through an interaction with the assessment team and the participants to such interactions (% of service users)

	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100
The assessment forms were filled in...	Without the need to interact with the service user, based on the already existing information		
	After the individual interview with the service user		
A sign language interpreter for the service users in need of such services	There was no sign language interpreter present		
	A sign language interpreter was present		
	Total number of service users in need of sign language interpretation		

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted



Number of centers in which the following difficulties were encountered during the	Restructuring	Reorganization	Restructuring and
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period when the restructuring process was substantiated...	Reorganization
Of total centers	
Appointing the assessment team	
The assessment team/s applying the Assessment Forms (Annex to Decision no. 878/2018)	
Difficulties in communicating with the service users to fill in the Assessment Forms	
The lack of proper tools to assess the service users (other than the Assessment Form)	
Determining the main needed activities and services for the service users based on the Assessment Forms filled in	
Co-opting the legal representatives in the assessment of the service users	
Identifying the NGO representatives to take part in the assessment process	
Lack of space/a room to carry out the assessment meeting	
Processing the collected data	
Elaborating the Summary Report.....	
Other difficulties.	

Source: Restructuring Process Form and Reorganization Process Form




	Restructuring	Reorganization	Restructuring and Reorganization
Total residential centers			
of which:			
Number of centers in which the data collected from assessing the service users were entirely input in a database (Excel or another format)			
Number of centers in which a Summary Report was prepared			
Number of centers in which, after developing the Restructuring Plan/Substantiation Note, there were debriefing and consultation sessions			

with the relevant stakeholders for the
restructuring/reorganization process

Number of centers in which there
were complaints/petitions/charges
against the assessment process

Source: Restructuring Process Form and Reorganization Process Form


Involvement of legal representatives in the assessment process



Percentage of service users with various types of legal representatives, depending on their participation level to the assessment process (of the total service users with legal representative)

The LR participated and answered the questions with the service user present	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users with legal representative (LR)			
Total	100	100	100
A family member			
A representative of the local public administration			
A representative of the Guardianship Supervisory Authority			
RC Head			
Another RC employee			
GDSACP Director			
Somebody else			

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted




The legal representatives who expressed their opinion on the best living arrangement and the type of preferred arrangement for the service user at the moment of drafting the Restructuring Plan (of the total service users with legal representative)

	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users with legal representative (LR)			
Total	100	100	100

According to the Assessment Form, did the legal representative express an opinion on the best living arrangements?	Yes
	No
Which was the living arrangement preferred by the legal representative according to the Assessment Form	To stay where he/she is
	To move with his/her family
	To move to his/her own house
	To move into sheltered housing
	To move to another residential center
	To move into a health care institution
	Another option
	The legal representative did not express his/her opinion

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted

The profile of service users at the time of the assessment

				
		Restructuring	Reorganization	Restructuring and Reorganization
Number of service users at the time of the assessment				
Total		100	100	100
Person's gender	Male			
	Female			
Age	18-34			
	35-44			

	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users at the time of the assessment			
	45-64		
	65-74		
	75+		
Degree of disability	Low		
	Moderate		
	Accentuated		
	Severe		
	Severe, with a personal assistant		
Type of disability	Physical		
	Visual		
	Auditive		
	Deafblind		
	Somatic		
	Mental		
	Psychiatric		
	HIV/AIDS		
	Associated		
	Rare diseases		
Communication with the service user	Easily		
	With difficulties		
	No communication could be established whatsoever		
Service user with special communication skills	In need of a sign language interpreter		
	In need of Braille support		
	In need of special communication devices		
	In need of communication using sign language, the RC employees were able to understand him/her		
	With other communication needs		

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted

Exit/housing solutions when the Restructuring Plan was developed

Restructuring

Exit/housing solutions presented to service users when the Restructuring Plan was developed	
	Percentage Service Users
Number of service users	
Total	100
To stay where he/she is	
To move with his/her family	
To move to his/her own house/a rented house	
To move into minimum sheltered housing	
To move into maximum sheltered housing	
To move to another center, into a Care and Support type of Center (CIA)	
To move to another center, into a Habilitation and Rehabilitation type of Center (CAbR)	
To move to another center, into an Independent Life type of Center (CPVI)	
To move into a health care institution	
Professional Personal Assistant	
Another option	

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted

Restructuring

Service users who were able to take an informed decision on the housing options when the RP was drafted		Ye s	No	Not known	Tot al
The service user understood the differences between the housing options	Frequency				
	Percentage				
The service user examined the presented options (or similar services) before making a choice	Frequency				
	Percentage				

The service user received information from the assessment team about the services existing in the community before expressing a choice (personal assistant, home care services etc.)	Frequency
	Percentage
The service user consulted with a family member/friend/sponsor in order to take a decision on his/her housing solution	Frequency
	Percentage

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted

Restructuring

Service users who expressed their opinion on the best living arrangement and the type of preferred arrangement at the moment of drafting the RP

	Percentage Service Users
Number of service users	
Total	100
According to the Assessment Form, did the service user express an opinion on the best living arrangements?	Yes
	No
	The service user cannot communicate at all
Which was the living arrangement preferred by the service user according to the Assessment Form	To stay where he/she is
	To move with his/her family
	To move to his/her own house
	To move into sheltered housing
	To move to another residential center
	To move into a health care institution
	Professional Personal Assistant
	Another option
	The service user did not express his/her opinion
	The service user cannot communicate at all

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted

Restructuring

The exit/hosting solutions identified by the assessment team for the RC service users at the moment when the RP was drafted

Exit/housing solutions	Percentage Service Users
Number of service users	
Total	100
To stay where he/she is	
To move with his/her family	
To move to his/her own house/a rented house	
To move into minimum sheltered housing	
To move into maximum sheltered housing	
To move to another center, into a Care and Support type of Center (CIA)	
To move to another center, into a Habilitation and Rehabilitation type of Center (CAbR)	
To move to another center, into an Independent Life type of Center (CPVI)	
To move into a health care institution	
Professional Personal Assistant	
Another option	

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted

Differences between the service users' options and those identified by the assessment team at the moment of drafting the RP and their reasons

	Percentage Service Users
Number of service users	
Total	100
Are there any differences between the service users' options and those identified by the assessment team?	Yes
	No
	The service user did not express his/her opinion
	The service user cannot communicate at all
Which is the reason for the fact that the option of the assessment team is different from the service user's option?	The service user has a high degree of autonomy
	The service user has a low degree of autonomy
	The relation with the family has not been maintained
	There were not enough places available in the newly established services
	Another option

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted

Service users in relation to whom various needs for activities and services were determined at the time of the assessment process for reorganization purposes (percentage of assessed service users)

	Percentage Service Users
Number of service users	
Total	100
Mainly for the preservation/development of personal potential in the Care and Support Centre type of service	
Mainly for habilitation and rehabilitation in the Habilitation and Rehabilitation Centre type of service	

Mainly for independent life skills in the Independent Life Centre type of service

Mainly for independent life skills in the Sheltered Housing type of service

Mainly for other types of activities and services

Source: Fiche of the service users who were present in the Residential Centre at the moment when the Substantiation Note was drafted

Reorganization

Number of centers in which more than 60 percent of service users were deemed as in need of specific activities and services appropriate to the RC profile, according to the assessment made in order to draft the Substantiation Note

Total reorganized centers

Source: Reorganization Process Form

Restructuring and Reorganization processes

Residential social services proposed in the Restructuring Plan

Restructuring

Total restructured residential centers
Total number of residential services planned in the Restructuring Plans
Of which:
CIA
CAbR
CPVI
mSH
MSH
Another type of residential service
Number of planned services with the funding source stipulated
Number of planned services for which the pending application for funding situation is already approved
Number of planned services with delays compared to the planning in the Restructuring Plan
Number of planned services for which the supply of human resources is in compliance with the timeline
Number of planned services for which the transfer of the service users is in compliance with the timeline

Source: Restructuring Process Form and Residential Service planned in the RP Form

Neighboring residential services planned in the Restructuring Plan

Restructuring

Total restructured residential centers
Total number of residential services planned in the Restructuring Plans
Number of services planned on the same location or on location adjacent to other services planned in the Restructuring Plans
Total capacity of all other residential services (including other services planned for development in the Restructuring Plan) in all neighborhoods (Number of service users)
Capacity of other residential services that are planned by the GDSACP in all services over the next 2 years (Number of service users)
Number of residential services planned in the same location and situated at the city limits and outside the city

Source: Residential Service planned in the RP Form

Delivery of activities stipulated in the Restructuring Plan for the integration of Service Users in the community

Restructuring

Number of centers with activities in compliance with the timeline, of total centers	Family - based transfer	Transfer into their own home/a rented house	Transfer with a PPA
RC staff training			
Preparing the families			
Identifying and preparing the housing			
Preparing the service users for transfer by carrying out assistance and support activities			
Transfer of service users			
Preparing the community			
Total centers			

Source: Restructuring Process Form

Establishment of Day Centers in accordance with the Restructuring Plan

Restructuring

Total restructured residential centers
Total number of Day Centers stipulated by the Restructuring Plans
Total number of operational Day Centers planned in the Restructuring Plans
Total number of Day Centers that had service users from residential services (including those of other services) in the last month
Total number of Day Centers planned in the courtyard of a residential service or in the immediate vicinity of a residential service

Source: Restructuring Process Form

Implementing the activities in the Personalized Plans for service users housed in restructured RC

Restructuring

Reorganization

Service users who had individual intervention plans at the moment of monitoring (%)	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100

Service users with individual intervention plans

Service users without individual intervention plans

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted, Fiche of the service users present in the RC during the monitoring who were not in the RC when the RP was drafted, Fiche of the service users who were present in the Residential Centre at the moment when the Substantiation Note was drafted and Fiche of the service users present in the RC during the monitoring who were not initially in the RC at the moment when the Substantiation Note was drafted



Service users who had their activities included in the PP achieved between the latest PP review and the date of monitoring depending on the types of needs (percentage)

	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100
Types of needs			
Information and social counseling			
Psychological counseling			
Habilitation and rehabilitation			
Care and assistance			
Independent living skills.			
Preservation/development of...			
a. Cognitive skills			
b. Daily skills			
c. Communication skills			
d. Mobility skills			
e. Self-care skills			
f. Self-health care skills			
g. Self-management skills			
h. Interpersonal skills			
i. Business transaction skills			
j. Social skills			
k. Interest for gainful employment			
Preparing for employment			
Decision-making assistance activities			
Social integration and citizenship			

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted, Fiche of the service users present in the RC during the monitoring who were not in the RC when the RP was drafted, Fiche of the service users who were present in the Residential Centre at the moment when the Substantiation Note was drafted and Fiche of the service users present in the

RC during the monitoring who were not initially in the RC at the moment when the Substantiation Note was drafted

Social integration activities and progress to an independent life for service users currently housed in the service in relation to which the RP was endorsed or the reorganized RC was approved

Activities	Reorganization		Restructuring		Number of service users	Number of service users
	Activities carried out (% of Service Users)	Carried out by Center employees (% of Service Users)	Restructuring	Reorganization		
Individual or group information meetings						
Meetings to identify obstacles in obtaining social rights and benefits						
Accompany service users to public authorities involved in granting social rights and benefits						
Applying different types of therapies/methods to define options and solutions						
Cognitive-behavioral therapies						
Occupational therapies						
Combined arts						
Different types of psychological counseling - educational, supportive, personal development						
Vocational counseling						
Organize and support service users' participation in cultural events, sports, exhibitions						
Accompany service users in different places - public places, various events, visits, shopping						
Stimulating/developing interpersonal skills with other adults than those they know						

Events to promote equal opportunities,
capacities, potential and contributions of
persons with disabilities

Events to stimulate social solidarity

Other types of activities. Which.....?

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted, Fiche of the service users present in the RC during the monitoring who were not in the RC when the RP was drafted, Fiche of the service users who were present in the Residential Centre at the moment when the Substantiation Note was drafted and Fiche of the service users present in the RC during the monitoring who were not initially in the RC at the moment when the Substantiation Note was drafted

Estimated impact on the service user of the activities aimed to increase the level of social integration in view of being transferred from the residential system to alternatives in the community from the date of approval until now

	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100
Positive impact, according to expected results			
Positive impact, but below the level of expected results			
No impact			
Negative impact			
The activity impact cannot be estimated			
Other			
No activities designed to increase the level of social integration were achieved			

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted, Fiche of the service users present in the RC during the monitoring who were not in the RC when the RP was drafted, Fiche of the service users who were present in the Residential Centre at the moment when the Substantiation Note was drafted and Fiche of the service users present in the RC during the monitoring who were not initially in the RC at the moment when the Substantiation Note was drafted

Taking into account all the information available in the personal file of the service user, did the independent life skills for this service user improved or worsened between the time of the assessment pursuant to Decision of ANPD President no. 878/2018 and the date of the latest assessment performed in the RC before this monitoring (pursuant to Order 82/2019)? Only for service users in the RC at the moment when RP/Substantiation Note was drafted

	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100
They have improved, to a greater extent			
They have improved, to a lesser extent			

Neither improved, nor worsened

They have worsened, to a lesser extent

They have worsened, to a greater extent

An answer cannot be provided based on the information in the file

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted

Service Users of the Restructured/Reorganized RC at the time of monitoring

The profile of Service Users at the time of monitoring

Number of persons currently in the center in the process of...		Restructuring	Reorganization	Restructuring and Reorganization
Number of service users				
Total		100	100	100
Person's gender	Male			
	Female			
Age	18-34			
	35-44			
	45-64			
	65-74			
	75+			
Degree of disability	Low			
	Moderate			
	Accentuated			
	Severe			
	Severe, with a personal assistant			
Type of disability	Physical			
	Visual			
	Auditive			
	Deafblind			
	Somatic			
	Mental			
	Psychiatric			
	HIV/AIDS			
	Associated			
	Rare diseases			
Communication with the service user	Easily			
	With difficulties			
	No communication could be established whatsoever			
Service user with special communication skills	In need of a sign language interpreter			
	In need of Braille support			
	In need of special communication devices			

In need of communication using
sign language, the RC
employees were able to
understand him/her

With other communication
needs

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted, Fiche of the service users present in the RC during the monitoring who were not in the RC when the RP was drafted, Fiche of the service users who were present in the Residential Centre at the moment when the Substantiation Note was drafted and Fiche of the service users present in the RC during the monitoring who were not initially in the RC at the moment when the Substantiation Note was drafted

Exit/housing solutions at the time of monitoring

Restructuring
Reorganization

Exit/housing solutions approved for the RC service users at the time of monitoring

	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100
Exit/housing solutions			
To stay where he/she is			
To move with his/her family			
To move to his/her own house/a rented house			
To move into minimum sheltered housing			
To move into maximum sheltered housing			
To move to another center, into a Care and Support type of Center (CIA)			
To move to another center, into a Habilitation and Rehabilitation type of Center (CAbR)			
To move to another center, into an Independent Life type of Center (CPVI)			
To move into a health care institution			
Professional Personal Assistant			
Another option			

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted, Fiche of the service users present in the RC during the monitoring who were not in the RC when the RP was drafted, Fiche of the service users who were present in the Residential Centre at the moment when the Substantiation Note was drafted and Fiche of the service users present in the RC during the monitoring who were not initially in the RC at the moment when the Substantiation Note was drafted

Restructuring
Reorganization

Service users able to take an informed decision on the housing options at the time of the monitoring process	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100

The service user agreed with this solution

The service user was presented with and informed all housing options



The service user understood the differences between the housing options

The service user examined the presented options (or similar services) before making a choice

The service user received information from the assessment team about the services existing in the community before expressing a choice (personal assistant, home care services etc.)

The service user consulted with a family member/friend/sponsor in order to take a decision on his/her housing solution

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted, Fiche of the service users present in the RC during the monitoring who were not in the RC when the RP was drafted, Fiche of the service users who were present in the Residential Centre at the moment when the Substantiation Note was drafted and Fiche of the service users present in the RC during the monitoring who were not initially in the RC at the moment when the Substantiation Note was drafted

			
			
Complaints/Petitions/Charges against staff or members of the assessment team	Restructuring	Reorganization	Restructuring and Reorganization
Total number of centers in which there were complaints/petitions/charges against staff or members of the assessment team (including cases/suspensions of abuse, neglect or exploitation of service users in this RC)			
Total centers			

Source: Restructuring Process Form and Reorganization Process Form

Service users' assessment on independent living in the restructured/reorganized service



Service users who think that...	Restructuring	Reorganization	Number of service users	Number of service users	Reorganization
In the past year, they were asked whether they wanted to move out of the RC and into the community					
In the past year, they were presented with several options to live in the community					
They understood their options about where they could live in the community					
They know the difference between life in the center and life in the community					
They know people who lived in the center and are living in the community					
They decided to live inside this RC					
They chose with whom to share their room					
They decide on their daily actions (what and when to eat, when to wake up/go to bed, when to leave/return to the center, when and who to be visited by, where to go, what to do)					
They can get involved in recreational activities whenever they want (TV, computer, using recreational areas in the RC, walks outside the RC etc.)					
Their intimacy and private life are respected (regarding couple and family life, sexuality, conversations and correspondence, medical issues etc.)					
They may refuse to take part in the activities in the RC/service (group or individual-based activities)					
They believe that they receive the services they need					
They may refuse to take part in the activities outside the RC/service (group or individual-based activities)					
They can spend their money as they wish, without asking the employees for permission					
They receive support when they need information to understand a situation and then to make a decision					
They receive information about the social and cultural events in the community					
They can take part in events in the community whenever they wish (movies, theatre, shows etc.)					
They receive help from the employees when they want to find a job					
They receive help from the employees when they want to go to school/continue their studies/attend certain classes					
They receive help from the employees when they want to contact their family/friends or make new friends					

Service users who think that...	Restructuring	Reorganization	Number of service users	Number of service users	Reorganization
They receive information about the services in the community					
They decide for themselves the services they need and where to receive them (psychological counseling, speech therapy, physiotherapy etc.)					
They may tell the employees if they are dissatisfied with the provided services					
The employees consider their opinion when they tell them about their discontents					
If something unpleasant happens in the RC or they are witnessing another unpleasant event that another resident goes through (conflicts or aggression from other residents or staff), they feel they can complain without fear of punishment					
They get the help they need from the others					
They feel that they are in control of their own lives, not anyone else					
<i>Source: Questionnaire applied to the service user regarding independent life for Restructuring and Reorganization processes</i>					

Status of service users who left the restructured/reorganized service

Status of service users assessed in order to draft the RP/Substantiation Note, by the time of the monitoring process	Restructuring and Reorganization		
	Restructuring	Reorganization	Restructuring and Reorganization
Number of service users			
Total	100	100	100
Present in the RC/absent momentarily			
Integrated in the family/within the community			
Transferred to another residential service			
Transfer with a Professional Personal Assistant			
Deceased			
Unknown			
Transferred to another type of service			

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted

	Restructuring	Reorganization	Restructuring and Reorganization
Service users transferred to other services or integrated with the family/community and who took an informed transfer/integration decision (frequency expressed in absolute figures)			
Number of service users			
The service user was presented with and informed about the housing option before making the final decision to transfer/leave the RC			
The service user understood the differences between RC and the housing option before making the final decision			
The service user reviewed the housing option before making the final decision to leave the RC			
The service user received information from the assessment team about the services existing in the community before making the final decision to leave (personal assistant, home care services etc.)			
The service user consulted with a family member/friend/sponsor before making the final decision to leave the RC			
The service user had the opportunity to meet the other people with whom they would leave before making the final decision			

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted

	Restructuring	Reorganization	Restructuring and Reorganization
Total service users transferred			
Of whom:			
Number of service users transferred to services located			

more than 60 minutes⁴³ away
from the hospital

Number of service users
transferred to services located
more than 15 minutes away
from Grocery
store/Supermarket

Number of service users
transferred to services located
more than 15 minutes away
from Bus stop

*Source: Fiche of the service users who were present in the RC at the moment
when the Restructuring Plan was drafted*

⁴³ Distance calculated in minutes of walking.

Post-services monitoring at the moment when the Restructuring Plan/Substantiation Note was drafted for the RC service users who had left the RC at the time of the monitoring process (Frequency)

	Restructuring	Reorganization	Restructuring and Reorganization
Total number of service users who had left the RC at the time of monitoring			
Was the case closed at the time of the monitoring process?	Yes	No	
Until the date of monitoring, was the post-services monitoring procedure decided?	Yes	No	

Source: Fiche of the service users who were present in the RC at the moment when the Restructuring Plan was drafted and Fiche of the service users who were present in the RC at the moment when the Substantiation Note was drafted

Qualitative aspects of the implementation of the Restructuring Plan

Total restructured residential centers
<i>of which:</i>
Total number of centers that have used qualitative aspects during the implementation of the Restructuring Plans
<i>of which centers that have used:</i>
Cooperation with public institutions at county level
Cooperation with local public services for social assistance
Cooperation agreements with multiple NGOs at county level
Experience exchanges
Awareness-raising events
Events engaging and encouraging volunteer activities
Other methods to achieve positive and supportive attitudes towards adults with disabilities

Source: Restructuring Process Form

Evaluation and monitoring of the Restructuring Plan/Substantiation Note

Restructuring

Total restructured residential centers

of which:

Number of centers in which a team has been assigned to deliver an internal evaluation of the Restructuring Plan implementation

Number of centers in which an internal evaluation report has been drafted

Number of centers in which the degree of achievement for the objectives and expected outcomes of the restructuring process is being evaluated as high (internal evaluation report)

Number of centers in which a team has been assigned to deliver an external evaluation of the Restructuring Plan implementation

Number of centers in which the degree of achievement for the objectives and expected outcomes of the restructuring process is being evaluated as high (external evaluation report)

The number of centers in which NARPDCA has so far organized a monitoring action

Number of centers where it is necessary to update the Restructuring Plan by supplementing or amending it

Reorganization

Total reorganized residential centers

of which:

Number of centers where, after the last assessment, it is necessary to develop a new Substantiation Note and to change the RC profile

Number of centers where, according to the most recent assessment, more than 60 percent of service users were deemed as in need of specific activities and services appropriate to the RC profile

Source: Restructuring Process Form and Substantiation Note Form

Annex 5. Reports with data at national, county and center level

Report with data at national level

Reports at county level

Reports for the restructured centers in each county

Reports for the reorganized centers in each county



***"Persoane cu dizabilități - tranziția de la servicii rezidențiale la servicii în comunitate", Cod
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